Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

Received 6/24/11

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FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/17/2011
NAME OF PROVIDER OR SUPPLIER: WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE: 807 FERN PL, NW WASHINGTON, DC 20012		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	INITIAL COMMENTS A licensure survey was conducted on May 16, 2011 through May 17, 2011. A random sample of two residents was selected from a resident population of four men. The survey findings was based on observations in the home, interviews with administrative, nursing and direct care staff, as well as a review of resident and administrative records, including incident reports.	I 000	1090 ADDENDUM Once a maintenance need is identified on the weekly checklist it is reported to maintenance. If it is a safety or health risk it is addressed immediately otherwise it is completed within 72 hrs. Once a repair or replacement is completed it is inspected by the QDDP and the maintenance form is signed by both.	6/24/11
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure the maintenance and upkeep of the facility's environment. The finding includes: 1. The facility failed to ensure the front gutters were clean and free of debris on the left side of the house. 2. The common bathroom toilet top did not fit and when flushed it would raise up. The flush handle was also loose. 3. In Resident #2 's bedroom bathroom, the paper towel holder was loose on the wall.	I 090	Facility Managers Complete a checklist weekly to ensure the safe, clean, orderly and attractive appearance of the facility. This checklist is reviewed weekly by the QDDP and monthly by the Program Director. Additionally: 1. Gutters were cleaned. 6/17/11 2. Put in new toilet. 6/17/11 3. Repaired paper towel holder. 6/17/11	

Health Regulation & Licensing Administration

Michael Warren

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Program Director

(X6) DATE 6/20/11

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I 090	Continued From page 1	I 090	Cont.	
	4. The metal strip on the floor between the kitchen and dining room was raised posing as a trip hazard.		4. Replaced with new strip.	6/17/11.
	5. The metal strip on the landing upon entry to the facility leading to the basement was loose.		5. Repaired carpet strip.	6/17/11.
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure that all employees/consultants had an annual inventory. The findings include: Review of the facility's personnel files on May 17, 2011, at approximately 12:15 p.m. revealed there was no evidence that a health screenings were completed over the past 12 months for Staff #2 and the agency's Speech and Language Therapist. Interview with the facility's qualified intellectual disabilities professional (QIDP) on this same day at approximately 1:10 p.m., confirmed the above findings. The QIDP indicated he would contact the home office and have the above deficiencies	I 206	Please find attached the current health screening report for the Speech and Language therapist (Ms. Jones). Additionally the health screenings are monitored by HR to ensure staff are compliant.	6/20/11

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I 206	Continued From page 2 corrected.	I 206		
I 330	3517.8 ADMISSION POLICIES PROCEDURES Each GHMRP shall secure a physician ' s written report of the health inventory, which shall provide sufficient information concerning the resident ' s health including treatment, special diet, or medication orders to enable the GHMRP to provide appropriate services. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with developmental disabilities (GHPID) failed to secure a health inventory that include current medications for one of the two resident's health needs included in the sample. (Resident #2) The finding includes: During the entrance conference on May 16, 2011, interview with the qualified intellectual disabilities professional (QIDP) revealed Resident #2 had a Behavior Support Plan (BSP) and was prescribed psychotropic medications to manage the residents maladaptive behavior. There was no evidence that the facility updated the health inventory to include psychotropic medications.	I 330	Please find attached the Health Passport and HMCP for Resident # 2 and they both indicate the use of psychotropic medications for maladaptive behaviors.	6/20/11
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall	I 379		

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I 379	Continued From page 3 be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and review of the incident reports, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all incidents that presented a risk to residents' health or safety were reported immediately to the Department of Health (DOH), Health Regulation Administration, for two of the two residents included in the sample. (Resident #2) The findings include: The GHPID failed to report an incident involving Resident #2 as evidenced below: Review of the Medication Administration Record (MAR) on May 17, 2011 revealed a physician's order (PO) dated May 2011. According to the PO, Resident #2 was prescribed Naproxen 500 mg tablet twice a day for ten (10) days. Interview with the Licensed Practical Nurse (LPN) on the same day revealed the resident was prescribed the aforementioned medication for pain. Interview with the direct care staff on May 17, 2011 at 2:51 p.m. revealed that he heard that the resident had slipped in the shower on the day that he was off. The surveyor requested the GHPID's personal log. Review of the personal log on May 17, 2011, revealed a note dated May 9, 2011. According to the note, Resident #2 told a direct care staff that he was experiencing pain in his lower back the morning before going to the day	I 379	Upon review of Medical records there is indication that the individual fell. An Incident report was completed (attached) and as indicated in the actions taken section Resident #2 was interviewed to determine cause of fall as a result a grab bar will be installed in the shower to prevent future falls. As requested a Copy of the incident policy is also attached.	6/24/11

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I 379	Continued From page 4 program. The resident also informed the staff that he had slipped in the shower the night before (May 8, 2011). Interview with the GHPID's nurse and the House Manager on May 17, 2011 at approximately 2:53 p.m. revealed they had no knowledge of the incident. At the time of the survey, there was no documented evidence that the aforementioned incident was reported to the Department of Health (DOH) within 24 hours.	I 379		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observations, interviews and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District laws that govern the care and rights of persons with mental retardation, for two of two residents included in the sample. (Residents #1 and #2) The findings include: 1. Section 7-1305.05 (g). [Formerly 6-1965] The facility failed to ensure the resident's right to receive prompt medical attention, as evidenced	I 500	A. Ward & Ward has assigned an RN and LPN to each of our individuals responsible for all medical needs and concerns including scheduling follow up appointments. Additionally the D.O.N. will provide oversight to ensure prompt medical service.	6/21/11

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I 500	Continued From page 5	I 500		
	below:			
	a. Review of Resident #1's medical record on May 16, 2011 at approximately 9:45 a.m., revealed a medical consult dated July 26, 2010. According to the consult, the resident's Primary Care Physician, (PCP) assessed Resident #1 and diagnosed him with right ankle soft tissue swelling and right ankle pain. Additionally, the PCP recommended for the resident to get an x-ray. Interview and record review failed to evidence that Resident #1 had an x-ray as recommended. It should be noted on the day of the survey, (May 17, 2011), interview with the direct care staff at approximately 9:38 a.m. revealed Resident #1 was being transported to get an x-ray of his ankle, ten (10) months later.			
	At the time of the survey, the GHPID failed to ensure prompt medical attention for Resident #1's left angle.	I500	b. Since Resident #1 was seen by Dentist at HUH on 8-11-10 and oral surgery (w) GA was recommended Ward & Ward has made the following attempts to comply: (1) Bi-weekly calls to HUH Dental Clinic to schedule. (2) 10-1-10 Seen by Dr. Campbell DDS given instructions to call Dr. Bonnick 202 865-4291.	6/21/11
	b. Review of Resident #1's medical record on May 16, 2011 beginning at approximately 11:00 a.m., revealed a dental consult dated July 14, 2010. The dentist recommended general anesthesia (GA) or IV sedation in hospital setting for extraction, then return to clinic for scaling. Continued review of the dental consults revealed a dental consult dated August 11, 2010. The resident was diagnosed with periodontal disease and tooth #1 and #32 was severely decayed. "Patient to be scheduled under GA for dental work." Ten (10) months later another consult, dated April 28, 2011 revealed Resident #1 was scheduled for multiple extractions. The consult also revealed the resident was diagnosed with heavy calculus and debris, gingiva recession,			

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I 500	Continued From page 6 periodontal abscess, Tooth #19, 20, and #24, food imparted under gingiva. Treatment recommended for gross scaling and debridement, drainage of periodontal abscess. Additionally, the dentist recommended multiple extractions using GA. Interview with the qualified intellectual disabilities professional (QIDP) on May 16, 2011 at approximately 11:11 a.m., revealed Resident #1 had been cleared for the dental procedure scheduled for April 28, 2011, however to date, the resident had not received the dental services as recommended. At the time of the survey, the GHPID failed to ensure adequate and prompt medical (dental) attention was provided for Resident #1.	I 500	b. (2) cont. unsuccessful in scheduling procedure. (3) 12-8-10. Received pre-op instructions for consent Labs, EKG all completed. (4) Continued to make bi-weekly calls to HUH Dental Clinic and Dr. Bonnick to schedule procedure unsuccessful. (5) 6-1-11 Seen again by Dr. Campbell. (6) 6-21-11 contacted Dr. Bonnick, D.O.N. R. Carter and Prog. Dir. M. Warren told that she is aware of Resident #1 need but schedule is booked. Additionally DCHRP has been unsuccessful in identifying a Dental Clinic that performs oral surgery on our D.D. population.	