

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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
1000	INITIAL COMMENTS A licensure survey was conducted from April 14, 2008 through April 15, 2008. A random sample of two residents was selected from a resident population of three females with various disabilities. The findings of the survey were based on observations, interviews with staff, two resident, program coordinators in the home, as well as a review of client records, administrative records, and incident reports.	1000	<i>Received on 5/10/08</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
1022	3501.5 ENVIRONMENTAL REQ / USE OF SPACE Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure blinds were maintained in good repair at each window. The finding includes: On April 14, 2008 at approximately 1:30 PM one of the dining room windows blinds were observed to be bent and was missing one of the metal slats.	1022	1022 The Residential Director will ensure new blinds are purchased.	05/15/08 ✓
1056	3502.14 MEAL SERVICE / DINING AREAS Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute is not met as evidenced by: Based on observation, interview and record	1056	1056 The Nutritionist will provide training to facility staff, including the Residential Director.	05/15/08

Health Regulation Administration

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

[Signature]

TITLE *President*

(X6) DATE
5/5/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RITTENHOUSE ST, NW WASHINGTON, DC 20018		
(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
1056	Continued From page 1 review, the facility failed to ensure that each GHMRP prepared food in a sanitary conditions at all times. The finding includes: On April 14, 2008 at approximately 2:45 PM, a whole raw chicken was observed in a white bowl on the kitchen counter near the sink. The chicken remained in the bowl until 4:20 PM (approximately 1 hour and 35 minutes) when the direct care staff and one of the Resident #2 began preparing the chicken for dinner. Interview with the QMRP revealed that she had taken the chicken out of the freezer to thaw for the ladies dinner. Further interview with the QMRP revealed that she was trained to either placed the chicken in the refrigerator to thaw or run cold water over frozen chicken to allow for safe thawing and to ensure sanitary environmental conditions.	1056	1055 The Nutritionist will provide training to facility staff, including the Residential Director.	05/15/08
1060	3502.18 MEAL SERVICE / DINING AREAS Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that a thermometer was available for monitoring the temperature of the facility's freezers. The findings include: 1. Observations during the environmental walk-thru on 4/15/08 at approximately 3:30 PM revealed no thermometer was in the bottom or	1060	1060 The Residential Director will ensure thermometer will be purchased for the freezer and refrigerator.	05/15/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/08
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RITTENHOUSE ST, NW WASHINGTON, DC 20016		
(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
1060	Continued From page 2 freezer part of the refrigerator located in the kitchen area. Interview with facility's Qualified Mental Retardation Professional and Administrator acknowledged that there was no thermometer in the freezer section of the refrigerator. 2. Further observations during the environmental walk-thru on 4/15/08 at approximately 3:33 PM revealed no thermometer was in the deep freezer located in the sun room. Interview with facility's Qualified Mental Retardation Professional and Administrator acknowledged that there was no thermometer in the freezer.	1060		
1082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Based on observations and interview at the GHMRP failed property equip each bathroom with the appropriate items to meet each residents need. The findings include: During the environmental walk-through on 4/15/08 beginning at 3:06 PM revealed the following: 1. There was no cups or cup dispenser located in the bathroom located on the third level. 2. There was no cups or cup dispenser located Resident #3's in the bathroom.	1082	1082 1. The Residential Director will ensure cups and cup dispenser will be purchased and placed in all bathrooms.	05/15/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2008 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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)	DATE COMPLETE DATE
1082	Continued From page 3 3. The bathroom located in Resident #3's room had three light bulbs that was inoperable. 4. The bathroom located in the basement room had one light bulbs that was inoperable and two bulbs were missing over the bathroom mirror.	1082	2. The Residential Director will ensure light bulbs are replaced and a supply of light bulbs are kept in stock in the facility.	05/15/08
1090	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 observation, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The findings include: Observations of the GHMRP 's environment on 4/15/08 beginning at 3:06 PM revealed the following: Interior Kitchen 1. Grease build-up was observed on the cabinets above the stove. 2. Grease build-up was observed underneath the vent.	1090		

PRINTED: 04/22/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES			STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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 096	Continued From page 6 This Statute is not met as evidenced by: Observation and interview revealed that the GHMRP failed to ensure that caustic agents were not stored in the food preparation and serviced area. The finding includes: During the environmental walk-through on 4/15/08 beginning at approximately 3:06 PM caustic agent was observed being stored in a food preparation area in a cabinet underneath the sink unlocked. [Also See Citation 3504.8]	I 096	1096 See answer to 1095		
I 135	3505.6 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to hold evacuation drills quarterly on all shifts. The findings include: Interview with the facility's President and review of the staffing pattern on 4/14/08 at 3:10 PM revealed the scheduled shifts are as follows: Weekdays 2nd Shift 3 PM to 11 PM 2nd Shift 11 AM to 7 AM Weekends/Saturday and Sunday 1st 8 AM to 6 PM	I 135			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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 135	Continued From page 7 2nd 8 PM to 8 AM Further interview with the Qualified Mental Retardation Professional (QMRP) revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log book from April 2007 to April 2008 revealed that the facility failed to hold simulated fire drills at least four times a year for each shift during. There was no evidence that fire drills were conducted quarterly on all shifts.	I 135	1135 The QMRP will develop a monthly Fire drill schedule.	05/15/08
I 136	3505.6 FIRE SAFETY Each GHMRP shall maintain records of each simulated fire drill. This Statute is not met as evidenced by: Based on record review revealed that the GHMRP failed to ensure fire drills records were monitored and accurately completed. The findings include: The simulated fire drill records reviewed on 4/15/08 revealed the following: The documentation for the simulated drills inconsistently identified the times of the drills, the location of the devices, or the methods of egress.	I 136	1136 See answer to 1135	05/15/08
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents funds received and disbursed.	I 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST. NW WASHINGTON, DC 20018		
(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 189	Continued From page 8 This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to maintained each resident's funds received and disbursed. The findings include: On 4/15/08 at approximately 11:00 AM, interview with the organizations President and the review of the resident's financial records revealed the following: 1. The GHMRP did not have receipts for Resident #1 withdrawals from her personal bank account on 8/19/07 for \$300.00, 8/1/07 two withdrawals of \$40.00 each totaling \$80.00 and 8/3/07 for \$150.00. 2. The GHMRP did not have receipts for Resident #2 withdrawals from her personal bank account on 8/21/07 for \$150.00, 8/1/07 for \$40.00, 9/27/07 for \$50.00, 12/7/07 for \$40.00 and 12/11/07 for \$30.00. 3. The GHMRP did not have receipts for Resident #3 withdrawals from her personal bank account on 8/1/07 for \$40.00, 12/12/07 for \$50.00, 2/1/08 for \$30.00 and 2/29/08 for \$40.00. According to the President a new financial accountant has been hired and the old necessary documentation will be secured form the previous accountant.	I 189	1189 The President has hired a new Financial Accountant to handle residential funds. A new system will put in place.	05/15/08
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.	I 203		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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 203	Continued From page 9 This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees annually. The finding includes: Review of the personnel files conducted on 4/15/08 at 11:20 AM, revealed that GHMRP failed to provide evidence of current signed job descriptions for one direct care staff and the QMRP (██████████)	I 203	1203 The Human Resources Director will provide the required documentation to ensure all personal records are up to date and all Licensed are on file.	05/15/08
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 interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties. The findings include: Interview with the QMRP and review of the GHMRP's personnel files on 4/15/08 at 2:00 PM revealed the GHMRP failed to provide evidence	I 206		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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 208	Continued From page 10 that current health certificates were on file two (2) consultants (Physical Therapist and Podiatrist).	I 208	1206 See answer to 1203	
I 226	3510.5(c) STAFF TRAINING This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure the implementation of infection control procedures to prevent communicable infectious diseases for one of two residents included in the sample. (Resident #1) The finding includes: Evening observations conducted on 4/14/08 at approximately 5:35 PM revealed Resident #1 sneezed five (5) times while sitting in the living room area watching television. At 5:38 PM, Resident #1 was asked to finish setting the table by the evening direct care staff. Resident #1 placed eating utensils on the dining table. At no time did direct care staff encourage or redirect Resident #1 to wash her hands prior to entering the kitchen to get the eating utensils. There was no evidence that infections control procedures to prevent communicable infectious diseases were being implemented.	I 226	1226 The nurse will provide training to the facility staff on infection control.	05/15/08
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents: This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in CPR and	I 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
--	--	--	--

NAME OF PROVIDER OR SUPPLIER H C RESOURCES	STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RITTENHOUSE ST, NW WASHINGTON, DC 20015
---	--

(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
1 227	Continued From page 11 First Aid for employees. The findings include: On 4/15/08, review of personnel records/training records revealed that the following two direct care staff [redacted], one LPN [redacted] and the QMRP [redacted] are without current CPR and First Aid.	1 227	1227 See answer to 1203	
1 228	3510.5(e) STAFF TRAINING Each training program shall include, but not be limited to, the following: (e) Resident ' s rights; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure effective training was provide to each staff. The finding includes: Review of the training records on 4/15/08 revealed that the GHMRP failed to provide training in Resident's Rights.	1 228		
1 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by:	1 229		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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 229	Continued From page 12 Based on interview and review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need. The findings include: Interview and the review of the in service training records on 4/15/08, the GHMRP failed to provide training on nutrition, sexuality, behavior management and communication.	I 229	1229 The QMRP will request the Psychologist, Nurse, Speech Therapist, QMRP and Nutritionist to provide the follow training in Behavior Management, Sexuality, Nutrition, Recreation, Total Communications, Assistive Technologies and Oral Hygiene.	05/15/08
I 232	3610.6(i) STAFF TRAINING Each training program shall include, but not be limited to, the following: (i) Training of the residents in the maintenance of oral health and hygiene. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training. The finding includes: On 4/15/08 at approximately 2:30 PM, interview with the QMRP and the review of the in-service records failed to provide oral health and hygiene training to the staff.	I 232	1232 See answer to 1229	
I 260	3612.1 RECORDKEEPING: GENERAL PROVISIONS Each Residence Director shall maintain current and accurate records and reports as required by this section.	I 260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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 260	Continued From page 13 This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to maintain current and accurate records and reports during fire drills. The finding includes: The simulated fire drill records reviewed on 4/15/08 revealed the following: The documentation for the simulated drills inconsistently identified the times of the drills, the location of the devices, or the methods of egress.	I 260	 1260 See answer to 1135	
I 281	3512.2 RECORDKEEPING: GENERAL PROVISIONS Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each residents rights, for one of the two residents (Resident #1) included in the sample. The finding includes: The facility failed to provide evidence that informed consent was obtained from Resident #1 and/or her family member for the use of psychotropic medications and Behavior Support Plan (BSP) for example: Observations of the evening medication administration on 4/14/08 beginning at 5:50 PM	I 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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
1261	Continued From page 14 revealed Resident #1 was administered Risperdal 3 mg and Topamax 100 mg by mouth. Review of Resident #1's medical records on 5/15/08 at 9:37 AM revealed current Physician's Orders (PO) dated 3/1/08. According to the PO's, Resident #1 has diagnosis of Bi-Polar and Impulse Control Disorder and is prescribed Risperdal 3 mg and Topamax 100 mg every evening for behaviors. The psychotropic medication was incorporated in a Behavior Support Plan (BSP) to address behaviors associated verbal and physical aggression, non compliance, property destruction, cursing, and false allegations against others. Interview with the Qualified Mental Retardation Professional (QMRP) on 4/15/08 at approximately 2:15 PM revealed that Resident #1 has involved family members that signs consent for treatment. There was no documented evidence that the facility informed Resident #1 or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. It should be further noted that Resident #1's psychotropic medications and BSP was reviewed and approved by HRC. However, there was no evidence of HRC minutes located in the facility at the time of the survey. Additionally, there was no record of informed consent authorizing the use of the restrictive measures.	1261	1261 The QMRP will ensure all consent are sign by the family members.	05/15/08
1379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5,	1379		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20016		
(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
1379	Continued From page 15 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 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 record review revealed that the the GHMRP failed to make notification by reporting all incidents within twenty-four (24) hours or the next day. The finding includes: Review of the Resident #1's medical records on 4/14/08 at approximately 10:20 AM revealed a nurse's note dated 8/13/07. According to the nurse's note, Resident #1 had a seizure and was transported to Sibley Hospital via ambulance. Interview with the Qualified Mental Retardation Professional (QMRP) on 4/15/08 at 2:27 PM revealed that she had forwarded the incident report to the main office for processing. The QMRP stated that the office should have forwarded the incident report to the Department of Health (DOH). There was no documented evidence that the DOH was notified of these aforementioned incident as required.	1379	1379 The facility will be trained on Incident Management and the importance of reporting all incident in a timely manner to all departments are notified. A protocol procedure will be established and posted in the facility.	05/15/08
1391	3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor	1391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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
1391	Continued From page 16 necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: The GHMRP failed to have current license available as required by District of Columbia law in the following areas of professional services: The finding includes: Review of the consultant personnel files on 4/15/08, revealed the facility failed to provide a license for the primary care physician.	1391	1391 See answer to 1203	
1394	3620.2(d) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (d) Nutrition;	1394		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HPD12-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2605 RITTENHOUSE ST, NW WASHINGTON, DC 20018		
(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
1394	Continued From page 17 This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the professional license was available for the nutritionist. The finding includes: Interview with the QMRP and record review on 4/15/08 revealed no current DC License was not on file for the nutritionist.	1394	1394 See answer to 1203	
1397	3520.2(g) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (g) Psychology; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file current licenses for all consultants. The finding includes: Review of the consultant personnel files on 4/15/08, revealed the facility failed to provide a current license for the Psychologist and Psychiatrist.	1397	1397 See answer to 1203	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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
1398	Continued From page 18	1398		
1398	<p>3520.2(h) PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:</p> <p>(h) Social Work;</p> <p>This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to have each professionals license on file.</p> <p>The finding includes:</p> <p>Interview and review of the consultants files on 4/15/08 failed to evidence that the Social Worker had current license on file at the time of the survey.</p>	1398	<p>1398 See answer to 1203</p>	
1399	<p>3520.2(i) PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals</p>	1399		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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
1399	Continued From page 19 trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (i) Speech and language therapy; and... This Statute is not met as evidenced by: Based on interview and record review of the consulting professional records the GHMRP failed to have current Speech Language license on file in the facility. The finding includes: Interview with the Residence Director and review of the personnel files on 4/15/08 at 1:50 PM failed to evidence that the Speech Language Therapist has a current license on file.	1399	1399 See answer to 1203	
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provided diagnosis, evaluation, treatment services and necessary follow up service to prevent deterioration or further loss of functioning for each resident in the facility. The findings include: 1. Interview and record review on 4/15/08 at approximately 3:00 PM revealed that Resident	1401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2008
NAME OF PROVIDER OR SUPPLIER H C RESOURCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RITTENHOUSE ST, NW WASHINGTON, DC 20015		
(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
1401	Continued From page 20 #1 was receiving quarterly Podiatry visits. Further review of the clinical records revealed that the last documented Podiatry consultation occurred in May 2007. Interview with the QMRP revealed that the Podiatrist had been to the facility, however, she was unable to provide evidence of a more current visit. 2. On 4/15/08 at approximately 3:15 PM, interview with the QMRP and review of Resident #2's medical records revealed a Dental consultation occurred on 10/1/07 and included: "Progress is poor. Patient needs follow up. There are mobile teeth evident of causing pain. Recommend sedating for immediate denture." Further interview with the QMRP revealed that the consultation had not been completed due to the resident's refusal, however, review of the medical records made no mention of the resident's refusal. The GHMRP failed to evidence a dental follow up as recommended.	1401	1401 The nurse will ensure all consultations sheets are reviewed and recommendation are follow in a timely manner.	05/15/08