DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X4) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G120	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER I D I		STREET ADDRESS, CITY, STATE, ZIPCODE 2620 24TH STREET, NE 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) COMPLETION DATE
W 000	INITIAL COMMENTS A recertification survey was conducted from November 5, 2007 through November 7, 2007. Initially, the fundamental survey process was utilized however, due to observation, interview and record review, the survey was extended on November 7, 2007 at 10:06 AM in Active Treatment. A random sample of four clients was selected from a residential population of eight females with mental retardation and other disabilities. The survey findings were based on observations in the group home and at two day programs, interviews and a review of records, including unusual incident reports. At the time of the survey, it was determined that the facility was not in compliance with the Condition of Participation of Active Treatment.	W 000		
W 100	440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440.	W 100	W100 **This Standard will be met as evidenced:** Reference response to Federal Deficiency Report (W195)	12-27-07

2007 DEC 21 P 3:45

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DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Branch | TITLE: DPS | (X6) DATE: 12.20.07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 100	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure that each client received continuous active treatment services. [See W195]	W 100		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that outside services met the needs of one of four clients in the sample (Client #1). The finding includes: The facility failed to ensure day program staff (nurse) was familiar with techniques used to decrease Client #1's fear/anxiety prior to approaching and/or assisting her. Observation and interview the with the Facility Coordinator at the residential facility on November 5, 2007 at 8:15 AM revealed the client was blind. Continued observation at Client #1's day program on November 6, 2007 at 11:48 AM revealed the client arriving to the day program. It should be noted that the client utilizes a wheelchair for ambulation. At 12:12 PM, a nurse was observed to approach Client #1 and remove her from the treatment/classroom area without communicating any information with her. At which time, the surveyor asked the nurse where she was taking the Client #1? The nurse	W 120	**W120** **This Standard will be met as evidenced by:** QMRP/Nursing staff will follow-up with day program staff. Additional training (BSP, ISP)will be provided as needed to ensure that the nurse is knowledgeable and demonstrates the skills to implement intervention strategies. QMRP will provide follow-up visits as needed to further ensure compliance with this standard. Day program visits will be documented and maintained on file for review.	12-27-07 ongoing

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W 120	Continued From page 2 responded and revealed that it was time for Client #1's g-tube feeding. When the nurse arrived in the nurse's station she said "[client's name] I'm giving you a g-tube feeding." At 12:14 PM, the nurse asked the surveyor if she could give her a few minutes and left the client in the nurse's station alone with the surveyor. The nurse was not observed to communicate to Client #1 her intentions to leave the area. At 12:15 PM, the nurse returned. At 12:16 PM, the nurse was observed to lift Client #1's shirt without informing the client that she had returned and failed to indicate that she was going to begin Client #1's feeding. The client was immediately observed to grasp the nurse's hand, while simultaneously digging her nails into the nurse's hand. The nurse commented "she does this everyday." At 12:18 PM, the nurse was observed to check the client's g-tube placement. The client was again observed to dig into the nurse's hand with her nails. The nurse asked the client to "please stop scratching her." At 12:19 PM, the nurse was observed to rub Client #'s 1 hand without informing her. The client appeared to be startled and grabbed the g-tube. At 12:20 PM, the feeding was completed and the nurse was observed to secure Client #1's abdominal bandage, covering her g-tube. The nurse was not observed to communicate with the client before securing the bandage. Client #1 was again observed to dig into the nurse's hand with her nails. Interview with the day program's nurse on November 6, 2007 at 12:22 PM, confirmed that Client #1 was known to exhibit a scratching behavior. According to the nurse, communicating	W 120		

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W 120	Continued From page 3 your intentions or failure to communicate your intentions with Client #1 resulted in being scratched. Interview with the Support Services Coordinator (SSC) on November 6, 2007 revealed that Client #1 did not have a Behavior Support Plan (BSP) to address scratching. According to the SSC, the client was known to exhibit the aforementioned scratching behavior if you failed to communicate with her prior to approaching her. Review of Client #1's Individual Support Plan (ISP) on November 6, 2007 at 4:01 PM revealed a section entitled "Things That Work." In that section, the ISP referred to a "Standard Procedure for Scratching." Continued record review and interview with the Qualified Mental Retardation Professional (QMRP) revealed that the facility did not have a document the aforementioned procedure. Further review of the ISP documented that when unfamiliar persons entered the client's personal space Client #1 was known to scratch them. According to the plan, when Client #1 scratched a person it meant that she "does not know the person and would like him/her to move away and/or leave her alone." Continued review of the ISP at 4:15 PM revealed a section entitled, "My life's Story." The section documented that Client #1 was "easily frightened by sudden approach." Additionally, it documented that if Client #1 was "unfamiliar with your voice, she would scratch you if you touched her..." It further documented that Client #1 liked to feel a person's face in order to recognize them. At the time of the survey, the facility failed to ensure Client #1's known/exhibited scratching behavior had been addressed at the day	W 120		

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W 120	Continued From page 4 program.	W 120		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to establish and/or implement policies that ensured the client's health and safety, for three of the clients (Client #2, #4, and #8) residing in the facility. The findings include: 1. The facility failed to implement its "Disposal of Medication and Non-controlled Substances" policy as outlined. Observation of the morning medication administration on November 5, 2007 at 7:55 AM revealed Client #2 received medications including Lessina. The client was observed to drop the medication on the floor of her bedroom as she attempted to take it out of the medication cup. The medication nurse was then observed to pick up the dropped pill (Lessina) off of the floor and discard it in the garbage can located in the client's bedroom. After discarding the medication, the nurse was observed to punch out a fresh pill from the bubble pack and administered it to the client. Interview was conducted with the Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:43 AM, to ascertain information regarding the facility's policy on the disposal of	W 149	W149 **This Standard will be met as evidenced by:** 1. RN will review and discuss policy and procedures related to Disposal of Medication and Non-controlled substances. RN will continue to conduct routine observations of medication administration and provide feedback and direction as needed to further ensure compliance with this standard. 2. QMRP will receive additional training on the Incident Policy and Procedures, documentation and follow-up actions. QMRP will notify Health Regulatory Administration and MRDDA Incident Management Unit in a timely manner. Documentation will be maintained on file to reflect all notification to include date and time.	12-21-07 ongoing

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W 149	Continued From page 6 contaminated/wasted medications. According to the QMRP, the medication nurse was to inform the Licensed Practical Nurse (LPN) supervisor and Director of Nursing (DON) of the contaminated/wasted medication. The QMRP further revealed that the doctor was to be informed of the wasted/contaminated medication and it was to be disposed of in the sharps container located in the locked medication cabinet. Afterwards, the disposal of the medication was to be documented in the client's Medication Administration Record (MAR). Interview with the medication nurse on November 5, 2007, at 9:48 AM revealed that the dropped medication must be documented and the incoming nurse must be made aware of it. The nurse further revealed that the dropped medication was to be placed in the trash. Interview with the LPN Coordinator/ Staff Coordinator on November 5, 2007, at 10:15 AM revealed the medication, if crushable, should be crushed and disposed of in the sharps container. The LPN Coordinator/Staff Coordinator further revealed that the medication should not have been disposed of in the garbage can. Review of the facility's " Disposal Of Medication and Non-controlled Substances " on November 5, 2007 at 10:34 AM revealed that an employee should witness the disposal of damaged and expired medications. Further review of the policy revealed that "all vials, ampoules, needles, and expired line tests" were to be disposed of in the sharps container. The policy further revealed that "all pills, liquids, and other types of containers (e.g. tubes, bottles)" should be placed in secured plastic bags and then the bag should be placed in	W 149	W149, Continued... The incident occurring on January 12, 2007 was reviewed in January 2007 by the administrator or designated representative. Document has been initiated to verify review.	

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W 149	Continued From page 6 the medical waste container/box for disposal. At the time of the survey, the facility failed to ensure the medication nurse followed its " Disposal Of Medication and Non-controlled Substances" policy. 2. The facility failed to ensure the implementation of its "Incident Management" policy as outlined. The following incident reports were reviewed on November 5, 2007 beginning at 9:11 AM: a. An incident report dated October 15, 2007 revealed Client #4 was discovered with a scratch on her left jaw. Continued record review and interview with the Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 12:06 PM revealed that an investigation was completed but there was no documented evidence of the completion date for the investigation. Further interview with the QMRP revealed that he/she thought that the investigation was completed on October 30, 2007 (fifteen days after the incident was reported). There was no documented evidence that revealed the investigation had been reviewed by the administrator or a designated representative. b. An incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care staff hit her in the chest. Further review of the incident report revealed that the QMRP conducted an investigation however, there was no evidence of the date the investigation was completed. Interview with the QMRP on November 5, 2007 at 12:06 PM revealed that he/she started the investigation immediately but, he/she could not recollect the date the investigation was	W 149		

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W 149	Continued From page 7 completed. There was no documented evidence that revealed the investigation had been reviewed by the administrator or a designated representative. It should be noted that further interview with the QMRP on November 6, 2007, at 10:20 AM revealed investigations were to be initiated immediately and completed within thirty days. Review of the facility's "Incident Management" policy on November 5, 2007 at 1:15 PM revealed that the results of investigations should be reported to the Incident Management Coordinator within four days. The policy further documented that the results of investigations should be forwarded to the Health Regulatory Administration and MR-DDA Incident Management Unit within five working days. At the time of the survey, the facility failed to ensure the implementation of their "Incident Management" policy as outlined.	W 149		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed ensure injuries of unknown source and allegations of abuse were reported immediately to the administrator and other officials in accordance with state law, for two of the eight residents (Clients #4 and #8) residing in the facility.	W 153	W153 **This Standard will be met as evidenced by:** Reference response to W149.	12-28-07 ongoing

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W 153	Continued From page 8 The findings include: The following incident reports were reviewed on November 5, 2007 beginning at 9:11 AM: a. [Cross-refer to W149, 2] An incident report dated October 15, 2007 revealed Client #4 was discovered with a scratch on her left jaw. Further review of the incident report revealed that the injury was of an unknown origin. At the time of the survey, review of the incident report and corresponding investigation failed to provide evidence that the Department of Health (DOH) had been immediately notified of the aforementioned incident as required. b. [Cross-refer to W149] An incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care staff hit her in the chest. The allegation of physical abuse was investigated, and further review of the incident report form revealed that the State Agency's Health Services Coordinator was notified. Interview with the State Agency's Health Services Program Coordinator on November 14, 2007 at approximately 7:30 PM revealed that she had no knowledge of the aforementioned incident/investigation.	W 153		
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by:	W 156	W156 **This Standard will be met as evidenced by:** Reference response to W149.	12-28-07 ongoing

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W 156	Continued From page 9 Based on interview and record review, the facility failed to ensure that investigations were reported (within five working days), for two of the eight clients residing in the facility. (Clients #4 and #8) The findings include: The following incident/investigation reports were reviewed on November 5, 2007 beginning at 9:11 AM: a. An incident report dated October 15, 2007 revealed Client #4 was discovered with a scratch on her left jaw. Continued record review and interview with the Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 12:06 PM revealed that an investigation was completed but there was no documented evidence of the completion date for the investigation. Further interview with the QMRP revealed that he/she thought that the investigation was completed on October 30, 2007 (fifteen days after the incident was reported). It should additionally be noted that there was no evidence that the investigation was reviewed by the administrator or designated representative. b. An incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care staff hit her in the chest. Further review of the incident report revealed that the QMRP conducted an investigation however, there was no evidence of the date the investigation was completed. Interview with the QMRP on November 5, 2007 at 12:06 PM revealed that he/she started the investigation immediately, but, he/she could not recollect the date the investigation was completed. It should additionally be noted that	W 156		

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W 156	Continued From page 10 there was no evidence that the investigation was reviewed by the administrator or designated representative. At the time of the survey, the facility failed to ensure that the administrator or designated representative was made aware of the results of the aforementioned investigations as required.	W 156	W159 **This Standard will be met as evidenced by:** 1. Reference responses to W120. 2. Reference responses to W189. 3. Reference responses to W249. 4. Reference responses to W252. 5. Reference responses to W255. 6. QMRP/Nurse will review current self-medication skills and further assess as needed to determine if client #2, #3, #5 and #8 would benefit from a program in this domain. QMRP will provide staff training as needed and monitor implementation of program objectives. QMRP will also document progress and interventions in the monthly progress notes for each individual.	12-28-07 ongoing
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP), for four of the four clients (Clients #1, #2, #3, and #4) included in the sample. The findings include: 1. The QMRP failed to ensure that outside services met the client's needs. [See W120] 2. The QMRP failed to ensure each employee was provided with initial and continuing training that enabled them to perform their duties effectively, efficiently, and competently. [See W189] 3. The QMRP failed to ensure that as soon as the interdisciplinary team formulated the individual program plan (IPP), clients received a	W 159		

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W 159	Continued From page 11 continuous active treatment consisting of needed interventions to achieve identified objectives. [See W249] 4. The QMRP failed to ensure data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms. [See W252] 5. The QMRP failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective. [See W255] 6. The QMRP failed to ensure that self-medication training programs had been designed to address the identified lack of skills in that domain. Observation of the morning medication administration on November 5, 2007 beginning at 7:22 AM revealed both Clients #2 and #3 received oral medications. The medication nurse was observed to punch all of the medications from each client's bubble pack and provide the clients with a beverage to take after receiving their medications. Client #2 was observed to take her medications from the medication cup and individually place them into her mouth. Interview with the Facility Coordinator (FC) on November 5, 2007 at 8:57 AM revealed that none of the clients in the facility had a self-medication program. Interview with the Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:59 AM also revealed that none of the client's in the facility had a self-medication program.	W 159		

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	09G120		11/07/2007

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STREET ADDRESS, CITY, STATE, ZIP CODE: 2620 24TH STREET, NE WASHINGTON, DC 20018

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W 159	Continued From page 12	W 159		
	Review of Clients #2 and #3's records on November 7, 2007 at 2:21 PM and 6:20 PM respectively, revealed both clients had Self-Medication Assessments. According to Client #2's assessment dated March 5,2007 and Client #3's assessment dated September 4, 2007, both clients lacked skills in the domain of self-medication administration. Client #2's assessment further revealed that she had not been approved for a self-medication program due to her cognitive and physical impairment. Continued review of Client #3's assessment revealed the client had not been approved for a self-medication program due to her physical impairment. It should be noted that interview with the QMRP on November 5, 2007 at 8:47 AM revealed that three clients (Clients #3, #5, and #8) were going to be moved to a supervised apartment/setting in the waiver system. At the time of the survey, the QMRP failed to ensure training programs had been designed to address the identified lack of skills in the domain of self-medication administration.			
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each employee was provided with initial and continuing	W 189	**W189** **This Standard will be met as evidenced by:** 1. Reference responses to W149. 2. Reference responses to W149.2.	12.27.07 ongoing

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NAME OF PROVIDER OR SUPPLIER ID I		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 24TH STREET, NE WASHINGTON, DC 20018	

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W 189	Continued From page 13 training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The findings include: 1. The facility failed to provide evidence that nursing staff were effectively trained on the facility's "Disposal Of Medication and Non-controlled Substances" policy. (See W149, 1) 2. The facility failed to provide evidence that the Qualified Mental Retardation Professional was effectively trained on the facility's "Incident Management" policy. (See W149, 2)	W 189		
W 195	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure continuous active treatment services (See W196 and W249); failed to ensure the accurate and consistent documentation of each client's formal programs (See W252); and failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective (See W255). The effects of these systemic practices resulted in the failure of the facility to ensure the delivery of continuous active treatment services.	W 195	W195 **This Condition will be met as evidenced by:** Reference responses to W196, W249, W252, and W255.	12-28-07 ongoing
W 196	483.440(a)(1) ACTIVE TREATMENT	W 196		

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W 196	Continued From page 14 Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client received continuos active treatment services, for four of the four clients (Clients #1, #2, #3 and #4)) included in the sample. The findings include: 1. The he facility failed to ensure that outside services met the Client #1's needs. (See W120) 2. The facility failed to ensure clients received continuous active treatment services in the form and frequency specified in each client's individual Support Plan. (See W249) 3. The facility failed to ensure data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms. (See W252) 4. The facility's failed to provide evidence that Individual Program Plans (IPP)'s were reviewed	W 196	W196 **This Standard will be met as evidenced by:** 1. Reference response to W120. 2. Reference response to W249. 3. Reference responses to W252. 4. Reference responses to W255.	12-27-07 ongoing

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W 196	Continued From page 15	W 196		
	and revised once the client had successfully completed the objective. (See W255)			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION	W 249		
	As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.		W249 **This Standard will be met as evidenced by:** 1. All program objectives will be implemented as outlined on the IPP/ISP for client #1, #2, and #3. 2. Reference response to W249.1 3. QMRP will receive additional in-service training/disciplinary action to address implementation training objectives and services consistent with the current IPP/ISP.	12-26-07 Ongoing
	This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that as soon as the interdisciplinary team formulated a client's individual program plan, each client must receive continuous active treatment services, in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan, for four of the four clients (Clients #1, #2, #3, and #4) included in the sample.			
	The findings include:			
	Observation of Clients #2 and #3 on November 5, 2007 during the morning medication administration beginning at 7:44 AM revealed the nurse punched all of the client's medications from their bubble packs and provided the clients with a beverage (water and juice, respectively) to drink. Client #2 was observed in her bedroom to take her medications from the medication cup and individually place them into her mouth in order to swallow them. Client #3 was observed to be fed			

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W 249	Continued From page 16 her medications by the nurse. Interview was conducted with the Facility (FC) and Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:57 AM and 9:59 AM respectively, to ascertain if any of the clients in the facility had a self-medication program. The FC and QMRP revealed that none of the clients participated in a formal program to learn skills in the domain of self-medication administration. This was verified through the review of Client #2's record on November 6, 2007 and Client #4's on November 7, 2007. Continued observation on November 5, 2007 at 4:23 PM revealed Clients #1, #2, #3 and #4 in the facility. At 4:26 PM, Client #1 was observed seated in the living room in her wheelchair with her legs crossed. At 4:30 PM, Client #2 was observed seated on the sofa in the living room engaged with a portable electric keyboard (either playing it or listening to it). Client #4 was observed to be repositioned from her wheelchair to a large bean bag in the living room. At 4:43 PM, Client #2 was asked to by the QMRP to dance. The client danced until 4:46 PM and then resumed her activity with the keyboard. At 5:01 PM, Client #2 was observed to have a cylinder shaped object that rattled in her hand. Observation of Client #1 at 4:40 PM, revealed a direct care staff attempting to engage the client in an activity with a ball. The QMRP was also observed to participate in the activity by offering the client different balls from which to choose. At 4:41 PM, however, Client #1 was escorted by a direct care staff to her bedroom to change her adult protective undergarment. At 4:55 PM, Client #1 was escorted back to the living room.	W 249	QMRP will review program documentation on a weekly basis and provide feedback and direction for staff as needed to further ensure that active treatment is continuous and supports the achievement of the objective. **4. Reference response to W255.** QMRP will review all program objectives and modify as needed. Routine QA audits will be completed to further ensure compliance with this standard.	12-28-07 ongoing

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W 249	Continued From page 17 At 4:57 PM, Clients #1 and #4 were escorted to their bedroom. Interview with the QMRP revealed that Clients #1 and #4 remained in their bedroom during mealtimes because they both were fed through their g-tubes. Continued client observation at 5:04 PM, revealed Client #2 walking down the hallway with the Facility Coordinator (FC). The Assistant Director of Residential Services (ADRS) followed shortly behind the FC to remind the FC about the guide cane to be used by Client #2 during ambulation. It should be noted that Client #2 was observed to be blind. At 5:17 PM, dinner was served at the dining room table by staff. Each client's plate was individually prepared in the kitchen by staff and placed on the table. Clients #2 and #3 were not observed to be involved with meal preparation or service. At approximately 5:31 PM, dinner was concluded. Clients #2 and #3 were neither observed to remove their dishes from the table nor were they observed to be involved in component of dinner clean up. Observation on November 6, 2007 beginning at 3:40 PM revealed Client #3 in the kitchen with a direct care staff during dinner preparation. The client remained in the kitchen until 4:04 PM. The client was not observed to participate/assist with dinner preparation. At 4:06 PM, Client #3 was observed participating in an activity that required her to identify objects/animals on flash cards. Observation on November 7, 2007 at 8:44 AM revealed Client #2 seated on the sofa in the living room. The client remained on the sofa in the living room until 9:31 AM when she was escorted to the van to depart for day program.	W 249		

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W 249	Continued From page 18 1. Review of Clients #1, #2, #3 and #4's records revealed information regarding their formal training programs and data collection. According to the review of Client #1's record on November 6, 2007 at 4:01 PM, the client's Individual Support Plan (ISP) was held on August 1, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 6:29 PM) revealed the team recommended the following programs for the current ISP year: a. Client #1 will tolerate her hands being groomed on 80% of the trial recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. b. Three times a week when prompted by staff Client #1 will tolerate having a textured item rubbed on arms (lotion, sponge, cotton balls, cloth, feather, etc.) for 4 minutes on 80% of the trials 3 recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. c. Client #1 will listen to one story being read to her by staff for five minutes on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. d. Three times weekly, Client #1 will participate in a multisensory stimulation activity for five minutes	W 249		

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W 249	Continued From page 19 with hand over hand assistance for six consecutive months by January 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. It should be noted that further review of Client #1's data collection record revealed that data was being collected on all of objectives recommended for the previous year's ISP 2. According to the review of Client #2's record on November 7, 2007 at 2:30 PM, the client's ISP was held on April 12, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 3:14 PM) revealed the team recommended the following programs for the current ISP year: a. Client #2 will improve her daily living skills. Given hand over hand assistance, Client #2 will carry her laundry inside the basket to the laundry room on 80% of the trials recorded per month for 6 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. b. Client #2 will improve her daily livingskills. Given hand over hand assistance, Client #2 will participate in a group reading session with two of her peers for five minutes on 80% of the trials recorded per month for 12 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. c. Client #2 will enhance social awareness skills.	W 249		

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W 249	Continued From page 20 Once per month, Client #2 will visit a sight/sound center or nature center with physical assistance for 3 consecutive months by 6/07. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. d. Client #2 will enhance social interaction skills. Three times per week, Client #2 will participate in a music related activity for 10 minutes with physical assistance for 6 consecutive months by 9/07. Interview with the QMRP and review of the client's record revealed data had been collected for September 2, 4 and 6, 2007, only. 3. Review of Client #3's record on November 7, 2007 at 11:55 AM, revealed the client's ISP was held on August 2, 2006. Interview with the QMRP and continued review of the client's record revealed the ISP was expired. Additional interview with the QMRP and review of the client's data collection record revealed the client continued to work on program objectives specified in the August 2006 ISP. It should be noted however, that interview with the Assistant Director of Residential Services (ADRS) on November 7, 2007 revealed that Client #3 had an ISP on September 7, 2007. Review of the IPP for the September 2007 ISP and interview with the QMRP revealed that only two formal residential program were recommended. One program objective required Client #3 to improve her functional communication skills and the other objective required the client to enhance her money management skills. Continued interview the QMRP and review of Client #3's record revealed the following as it pertained to her recommended program objectives:	W 249		

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W 249	Continued From page 21 a. Client #3 will select the software program she wishes to use on the computer for 4 outof 5 trials as measured by active treatment documentation. Interview with the QMRP revealed that the aforementioned program was continued from the previous year. That information was verified through review of the QMRP monthly progress notes. According to the notes, Client #3 was unable to participate with the program from February 2007 through April 2007 due to either the computer or the printer malfunctioning. Further review of the QMRP notes revealed the client failed to achieve the criteria specified in the program from May 2007 through September 2007. b. Two times monthly, Client #3 will purchase an item of her choice not to exceed $10.00on 75% of the trials presented for six consecutive months by September 2008. Interview with the QMRP and record review revealed that the aforementioned program was continued from the previous year with one slight modification. According to review the QMRP monthly notes from January 2007 through September 2007 the client was not to exceed $5.00 when purchasing an item of her choice. Continued review of the notes revealed that the program was not implemented in January and February 2007 due to the cold weather. According to the April 2007 monthly Client #3 refused to performed the objective and could not perform the objective due to the problems with the facility van (notworking). Review of the QMRP monthly notes from May 2007 through September 2007 revealed the client met the criteria outlined in the objective with 100% accuracy. Note: It should be noted that interview with the	W 249		

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W 249	Continued From page 22 QMRP on November 5, 2007 at 8:47 AM revealed Clients #3 was scheduled to move to a less restrictive environment (supervised apartment). 4. On November 7, 2007 review of Client #4's record at 4:21 PM revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 5:23 PM) revealed the team recommended the following program for the current ISP year: Client #4 will improve activities of daily living skills. Given hand over hand assistance, Client #4 will help brush her teeth on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP, revealed that at the time of the survey, the aforementioned program had not been implemented. Continued record review revealed additional program objectives were recommended at the 2007 ISP that were continued from the previous ISP. They included objectives to participate in lower extremity range of motion exercises, improve communication skills by passing an object and participate in a multi-sensory stimulation activity. Interview with the QMRP and record review on November 7, 2007, revealed that Client #2 had already met the criteria outlined in the continued program objectives. At the time of the survey, the QMRP failed to provide information that justified why the program objectives were continued (See also W255). The facility failed to provide evidence that Clients #1, #2, #3, and #4 were provided the opportunity	W 249		

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W 249	Continued From page 23	W 249		
	to participate with recommended program objectives in the form and frequency required.			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION	W 252		
	Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.		W252 **This Standard will be met as evidenced by:**	
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure data relative to the accomplishment of the criteria specified in each client's Individual Program Plan (IPP) objective was documented in measurable terms, for one of the four clients (Client #2) included in the sample.		Reference responses to W249 and W196.	12-28-07 ongoing
	The finding includes:		QMRP will review program objective for client #2. QMRP will provide additional training as needed for staff on implementation and documentation of program objectives.	
	Review of Client #2's record on November 7, 2007 at 2:30 PM, revealed the client's Individual Support Plan (ISP) was held on April 12, 2007. Interview with the Qualified Mental Retardation Professional (QMRP) and review of the client's corresponding IPP at 3:14 PM revealed the team recommended the following program for the current ISP year:		QMRP will monitor on a weekly basis.	
	Client #2: will enhance social interaction skills. Three times per week, Client #2 will participate in a music related activity for 10 minutes with physical assistance for 8 consecutive months by 9/07. Interview with the QMRP and review of the client's record revealed data had been collected for September 2, 4 and 6, 2007, only. At the time of the survey, the facility failed to ensure data for the aforementioned program was collected in the			

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W 252	Continued From page 24	W 252		
	frequency required.			
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective, for two of the four clients (Clients #2 and #4) included in the sample. The findings include: 1. Review of Client #2's record on November 7, 2007 at 2:30 PM, revealed the client's ISP was held on April 12, 2007. Interview with the QMRP and review of the client's corresponding IPP at 3:14 PM revealed the team recommended the following program objective for the current ISP year: Client #2 will improve functional communication skills. When given verbal prompts, Client #2 will activate a keyboard for 5 of 5 trials as measured by Active Treatment Documentation. According to interview with the QMRP at 3:59 PM, the aforementioned program was continued from last year with slight modifications. Last year's ISP	W 255	W255 **This Standard will be met as evidenced by:** Reference responses to W249, W196, and W255. QMRP will modify and/or develop program objectives for client #2 and #4. QMRP will continue to monitor and assess each individual's progress at least monthly. QMRP will make changes/revisions to individual program objectives as needed particularly in situations in which the client has successfully completed an objective. QMRP will maintain documentation on file to reflect program interventions.	12-27-07 ongoing

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	09G120		11/07/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDI	2620 24TH STREET, NE 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) COMPLETION DATE
W 255	Continued From page 25 required the client to perform the task 3 out of 5 trials. Review of the documentation for last years program objective revealed the client completed the program for 5 out of 6 trials per month from September 2006 through February 2007; then again from May 2007 through August 2007. The QMRP was queried to determine what skills the client was supposed to learn/attain with the modified program. At the time of the survey, continued interview with the QMRP and record review revealed that the client had already met the criteria level established in the modified program prior to its implementation. 2. Review of Client #4's record on November 7, 2007 at 4:21 PM, revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP at 5:23 PM revealed the team recommended the following program objectives for the current ISP year: a. Client #4 will improve lower extremity range of motion. Given physical assistance, Client #4 will participate in lower extremity range of motion exercises 10 repetitions holding for 15 seconds, 5 days per week for 12 consecutive months. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month with the exception of April 2007 since November 2006. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision. b. To improve functional communication skills.	W 255		

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W 255	Continued From page 26 After placing an object in Client #4's hand, she will give the object to the trainer, upon request, for 3 of 5 trials as measured by active treatment documentation. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month from November 2006 through September 2007. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision. c. To enhance attending skills. Once a/week, Client #4 will participate in a multi-sensory stimulation activity of her selection for 5 minutes with hand over hand assistance for 6 consecutive months by 8/06. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month from November 2006 through September 2007. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision.	W 255		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's nursing services failed to	W 331	W331 **This Standard will be met as evidenced by:** Physician order includes information about the abdominal binder. Nurses will document information daily to support interventions. RN will continue to conduct routine audits/observations to further ensure compliance with this standard.	12-13-07 ongoing

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W 331	Continued From page 27 ensure that each client received nursing services in accordance with their needs, for one of the four clients included in the sample. (Clients #1) The finding includes: Observation at Client #1's day programon November 6, 2007 at 12:16 PM revealed the nurse assisting the client with her g-tube feeding. At 12:20 PM, the feeding was completed and the nurse was observed to immediately secure Client #1's abdominal bandage covering her g-tube. At 12:24 PM, the nurse was observed to return Client #1 to her classroom area. Review of the Client #1's medical records on November 6, 2007 at 1:53 PM revealed a written physician's order dated April 10, 2007 that documented to cover the g-tube with an abdominal binder every shift for protection. Release abdominal binder every hour for 10 minutes after feeding. It should be noted that there was no documented evidence that revealed the order was discontinued. It should be further noted that review of Client #1's physician's orders for June 2007 and September 2007 (good for 120 days) on November 7, 2007, failed to document information about the abdominal binder. Interview was conducted with the residential nurse on November 6, 2007 at 5:21PM to ascertain information about the aforementioned order regarding the abdominal binder. According to the nurse, Client #1's abdominal binder was released for one hour after feeding. When further queried to ascertain if the one hour release of the binder was still practiced by the interviewed nurse, the nurse responded "yes."	W 331		

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W 331	Continued From page 28 At the time of the survey, the facility's nursing services failed to ensure the aforementioned order was adhered to as written.	W 331		
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the maintenance of each client's adaptive equipment (wheelchairs) for two of five (Clients #2 and #5) that reside in the facility. The findings include: Observation of Client #5 on November 5, 2007 and November 6, 2007 revealed the client utilizes one wheelchair when in the facility and a different wheelchair when out in the community. Observation of the wheelchair that Client #5 uses in home on November 6, 2007 at 5:39 PM revealed that the right and left armrest covers were ripped/torn and exposed the inner stuffing material. Continued observation of the wheelchair revealed that the seat was worn and cracked. Observation of the wheelchair the client uses in the community on November 7, 2007, at 9:00 AM revealed that there was a tear in the right tire's tread. Observation of Client #4's wheelchair and	W 436	W436 **This Standard will be met as evidenced by:** QMRP/Home Manager will continue to implement wheelchair monitoring documentation of wheelchairs. QMRP/Home Manager will follow-up to secure all necessary wheelchair repairs. QMRP/Home Manager will conduct routine inspections of wheelchair and provide follow-up as needed to further ensure compliance with this standard.	12-27-07 ongoing

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W 436	Continued From page 29 interview with the client's day program staff on November 6, 2007 at 12:32 PM revealed that the closure mechanism for the client's chest harness (left side) was broken. At the time of the survey, the facility failed to ensure each client's wheelchair was maintained in good repair.	W 436		

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I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning of employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Interview with the Facility Coordinator and review of the GHMRP's personnel files on November 5, 2007, revealed the GHMRP failed to provide evidence that one direct care staff and six nurses had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	I 203	3509.6 This Statute will be met as evidenced by: Current health certificate for two direct care staff and four consultants will be obtained. Administrative Assistant will continue to maintain a master listing of all consultant health certificates and expiration dates. Administrative Assistant will send notifications at least 45 days prior to expiration date to identified consultant requesting needed information.	12.28.07 ongoing
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	I 206		

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I 379	Continued From page 4 The following incident reports were reviewed on November 5, 2007 beginning at 9:11 AM: An incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care staff hit her in the chest. The allegation of physical abuse was investigated, and further review of the incident report form revealed that the State Agency's Health Services Coordinator was notified. Interview with the State Agency's Health Services Program Coordinator on November 14, 2007 at approximately 7:30 PM revealed that this office (DOH) was not notified of the aforementioned incident/investigation.	I 379		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to four out of four residents (Residents #1, #2, #3, and #4) in the sample as specified in their Individual Habilitation Plan(s). The finding includes: Observation of Clients #2 and #3 on November 5, 2007 during the morning medication administration beginning at 7:44 AM revealed the nurse punched all of the client's medications from their bubble packs and provided the clients with a beverage (water and juice, respectively) to drink. Client #2 was observed in her bedroom to take her medications from the medication cup and individually place them into her mouth in order to	I 422	1422 3521.3 This Statute will be met as evidenced by: Reference responses to Federal Deficiency Report W149, W156, W159, W195, W196, W249, and W255.	12-28-07 ongoing

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NAME OF PROVIDER OR SUPPLIER IDI	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 24TH STREET, NE WASHINGTON, DC 20018		

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I 422	Continued From page 5 swallow them. Client #3 was observed to be fed her medications by the nurse. Interview was conducted with the Facility (FC) and Qualified Mental Retardation Professional (QMRP) on November 5, 2007 at 9:57 AM and 9:59 AM respectively, to ascertain if any of the clients in the facility had a self-medication program. The FC and QMRP revealed that none of the clients participated in a formal program to learn skills in the domain of self-medication administration. This was verified through the review of Client #2's record on November 6, 2007 and Client #4's on November 7, 2007. Continued observation on November 5, 2007 at 4:23 PM revealed Clients #1, #2, #3 and #4 in the facility. At 4:26 PM, Client #1 was observed seated in the living room in her wheelchair with her legs crossed. At 4:30 PM, Client #2 was observed seated on the sofa in the living room engaged with a portable electric keyboard (either playing it or listening to it). Client #4 was observed to be repositioned from her wheelchair to a large bean bag in the living room. At 4:43 PM, Client #2 was asked to by the QMRP to dance. The client danced until 4:46 PM and then resumed her activity with the keyboard. At 5:01 PM, Client #2 was observed to have a cylinder shaped object that rattled in her hand. Observation of Client #1 at 4:40 PM, revealed a direct care staff attempting to engage the client in an activity with a ball. The QMRP was also observed to participate in the activity by offering the client different balls from which to choose. At 4:41 PM, however, Client #1 was escorted by a direct care staff to her bedroom to change her adult protective undergarment. At 4:55 PM, Client #1 was escorted back to the living room.	I 422		

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I 422	Continued From page 6 At 4:57 PM, Clients #1 and #4 were escorted to their bedroom. Interview with the QMRP revealed that Clients #1 and #4 remained in their bedroom during mealtimes because they both were fed through their g-tubes. Continued client observation at 5:04 PM, revealed Client #2 walking down the hallway with the Facility Coordinator (FC). The Assistant Director of Residential Services (ADRS) followed shortly behind the FC to remind the FC about the guide cane to be used by Client #2 during ambulation. It should be noted that Client #2 was observed to be blind. At 5:17 PM, dinner was served at the dining room table by staff. Each client's plate was individually prepared in the kitchen by staff and placed on the table. Clients #2 and #3 were not observed to be involved with meal preparation or service. At approximately 5:31 PM, dinner was concluded. Clients #2 and #3 were neither observed to remove their dishes from the table nor were they observed to be involved in component of dinner clean up. Observation on November 6, 2007 beginning at 3:40 PM revealed Client #3 in the kitchen with a direct care staff during dinner preparation. The client remained in the kitchen until 4:04 PM. The client was not observed to participate/assist with dinner preparation. At 4:06 PM, Client #3 was observed participating in an activity that required her to identify objects/animals on flash cards. Observation on November 7, 2007 at 8:44 AM revealed Client #2 seated on the sofa in the living room. The client remained on the sofa in the living room until 9:31 AM when she was escorted to the van to depart for day program. 1. Review of Clients #1, #2, #3 and #4's records	I 422		

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I 422	Continued From page 7 revealed information regarding their formal training programs and data collection. According to the review of Client #1's record on November 6, 2007 at 4:01 PM, the client's Individual Support Plan (ISP) was held on August 1, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 6:29 PM) revealed the team recommended the following programs for the current ISP year: a. Client #1 will tolerate her hands being groomed on 80% of the trial recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. b. Three times a week when prompted by staff Client #1 will tolerate having a textured item rubbed on arms (lotion, sponge, cotton balls, cloth, feather, etc.) for 4 minutes on 80% of the trials 3 recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. c. Client #1 will listen to one story being read to her by staff for five minutes on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. d. Three times weekly, Client #1 will participate in a multisensory stimulation activity for five minutes with hand over hand assistance for six consecutive months by January 2008. Interview	I 422		

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I 422	Continued From page 8 with the QMRP and review of the data collection record revealed that the aforementioned program had not been implemented. It should be noted that further review of Client #1's data collection record revealed that data was being collected on all of objectives recommended for the previous year's ISP 2. According to the review of Client #2's record on November 7, 2007 at 2:30 PM, the client's ISP was held on April 12, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 3:14 PM) revealed the team recommended the following programs for the current ISP year: a. Client #2 will improve her daily living skills. Given hand over hand assistance, Client #2 will carry her laundry inside the basket to the laundry room on 80% of the trials recorded per month for 6 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. b. Client #2 will improve her daily living skills. Given hand over hand assistance, Client #2 will participate in a group reading session with two of her peers for five minutes on 80% of the trials recorded per month for 12 consecutive months by April 2008. Interview with the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. c. Client #2 will enhance social awareness skills. Once per month, Client #2 will visit a sight/sound center or nature center with physical assistance for 3 consecutive months by 6/07. Interview with	I 422		

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I 422	Continued From page 9 the QMRP at 4:48 PM revealed that at the time of the survey, the aforementioned program had not been implemented. d. Client #2 will enhance social interaction skills. Three times per week, Client #2 will participate in a music related activity for 10 minutes with physical assistance for 6 consecutive months by 9/07. Interview with the QMRP and review of the client's record revealed data had been collected for September 2, 4 and 6, 2007, only. 3. Review of Client #3's record on November 7, 2007 at 11:55 AM, revealed the client's ISP was held on August 2, 2006. Interview with the QMRP and continued review of the client's record revealed the ISP was expired. Additional interview with the QMRP and review of the client's data collection record revealed the client continued to work on program objectives specified in the August 2006 ISP. It should be noted however, that interview with the Assistant Director of Residential Services (ADRS) on November 7, 2007 revealed that Client #3 had an ISP on September 7, 2007. Review of the IPP for the September 2007 ISP and interview with the QMRP revealed that only two formal residential program were recommended. One program objective required Client #3 to improve her functional communication skills and the other objective required the client to enhance her money management skills. Continued interview the QMRP and review of Client #3's record revealed the following as it pertained to her recommended program objectives: a. Client #3 will select the software program she wishes to use on the computer for 4 out of 5 trials as measured by active treatment documentation. Interview with the QMRP revealed that the	I 422		

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I422	Continued From page 10 aforementioned program was continued from the previous year. That information was verified through review of the QMRP monthly progress notes. According to the notes, Client #8 was unable to participate with the program from February 2007 through April 2007 due to either the computer or the printer malfunctioning. Further review of the QMRP notes revealed the client failed to achieve the criteria specified in the program from May 2007 through September 2007. b. Two times monthly, Client #3 will purchase an item of her choice not to exceed $10.00 on 75% of the trials presented for six consecutive months by September 2008. Interview with the QMRP and record review revealed that the aforementioned program was continued from the previous year with one slight modification. According to review the QMRP monthly notes from January 2007 through September 2007 the client was not to exceed $5.00 when purchasing an item of her choice. Continued review of the notes revealed that the program was not implemented in January and February 2007 due to the cold weather. According to the April 2007 monthly Client #3 refused to performed the objective and could not perform the objective due to the problems with the facility van (notworking). Review of the QMRP monthly notes from May 2007 through September 2007 revealedthe client met the criteria outlined in the objective with 100% accuracy. Note: It should be noted that interview with the QMRP on November 5, 2007 at 8:47 AM revealed Clients #3 was scheduled to move to a less restrictive environment (supervised apartment).	I422		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G120	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER: IDI	STREET ADDRESS, CITY, STATE, ZIP CODE: 2820 24TH STREET, NE WASHINGTON, DC 20018		

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I 422	Continued From page 11 4. On November 7, 2007 review of Client #4's record at 4:21 PM revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP for the ISP (at 5:23 PM) revealed the team recommended the following program for the current ISP year: Client #4 will improve activities of daily living skills. Given hand over hand assistance, Client #4 will help brush her teeth on 80% of the trials recorded per month for six consecutive months by August 2008. Interview with the QMRP, revealed that at the time of the survey, the aforementioned program had not been implemented. Continued record review revealed additional program objectives were recommended at the 2007 ISP that were continued from the previous ISP. They included objectives to participate in lower extremity range of motion exercises, improve communication skills by passing an object and participate in a multi-sensory stimulation activity. Interview with the QMRP and record review on November 7, 2007, revealed that Client #2 had already met the criteria outlined in the continued program objectives. At the time of the survey, the QMRP failed to provide information that justified why the program objectives were continued (See also W255). The facility failed to provide evidence that Clients #1, #2, #3, and #4 were provided the opportunity to participate with recommended program objectives in the form and frequency required	I 422		
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the	I 424	1424 3521.5(a) **This Statute will be met as evidenced by:** Reference response to Federal Deficiency Report W149, W156, W159, W195, W196, W249 and W255.	12-28-07 ongoing

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NAME OF PROVIDER OR SUPPLIER: I D I	STREET ADDRESS, CITY, STATE, ZIP CODE: 2620 24TH STREET, NE WASHINGTON, DC 20018		

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I 424	Continued From page 12 resident's program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure program revisions were made at least every six months or whenna resident successfully completed the objective for two out of four residents (Resident #2 and #4) included in the sample. The finding includes: 1. Review of Client #2's record on November 7, 2007 at 2:30 PM, revealed the client's ISP was held on April 12, 2007. Interview with the QMRP and review of the client's corresponding IPP at 3:14 PM revealed the team recommended the following program objective for the current ISP year: Client #2 will improve functional communication skills. When given verbal prompts, Client #2 will activate a keyboard for 5 of 5 trials as measured by Active Treatment Documentation. According to interview with the QMRP at 3:59 PM, the aforementioned program was continued from last year with slight modifications. Last year's ISP required the client to perform the task 3 out of 5 trials. Review of the documentation for last years program objective revealed the client completed the program for 5 out of 5 trials per month from September 2006 through February 2007 then again from May 2007 through August 2007. The QMRP was queried to determine what skills the client was supposed to learn/attain with the	I 424		

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NAME OF PROVIDER OR SUPPLIER: IDI	STREET ADDRESS, CITY, STATE, ZIP CODE: 2620 24TH STREET, NE WASHINGTON, DC 20018		

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I 424	Continued From page 13 modified program. At the time of the survey, continued interview with the QMRP and record review revealed that the client had already met the criteria level established in the modified program prior to its implementation. 2. Review of Client #4's record on November 7, 2007 at 4:21 PM, revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP at 5:23 PM revealed the team recommended the following program objectives for the current ISP year: a. Client #4 will improve lower extremity range of motion. Given physical assistance, Client #4 will participate in lower extremity range of motion exercises 10 repetitions holding for 15 seconds, 5 days per week for 12 consecutive months. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month with the exception of April 2007 since November 2006. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision. b. To improve functional communication skills. After placing an object in Client #4's hand, she will give the object to the trainer, upon request, for 3 of 5 trials as measured by active treatment documentation. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met	I 424		

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NAME OF PROVIDER OR SUPPLIER: I D I	STREET ADDRESS, CITY, STATE, ZIP CODE: 2620 24TH STREET, NE WASHINGTON, DC 20018		

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I 424	Continued From page 14 every month from November 2006 through September 2007. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision. c. To enhance attending skills. Once a week, Client #4 will participate in a mult-sensory stimulation activity of her selection for 8 minutes with hand over hand assistance for 6 consecutive months by 8/08. Interview with the QMRP and record review revealed the aforementioned program objective had been continued from last year's ISP. Continued interview with the QMRP and review of the QMRP's monthly notes revealed the program objective had been met every month from November 2006 through September 2007. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision.	I 424		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09S120	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER: IDI	STREET ADDRESS, CITY, STATE, ZIP CODE: 2620 24TH STREET, NE WASHINGTON, DC 20018		

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R 000	INITIAL COMMENTS A re-licensure survey was conducted from November 5, 2007 through November 7, 2007. A random sample of four residents was selected from a residential population of eight females with mental retardation and other disabilities. The survey findings were based on observations in the group home and at two day programs, interviews and a review of records, including unusual incident reports.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker had worked or resided within the seven (7) years prior to the check. The finding includes: Interview with the Facility Coordinator and review of the personnel records on November 5, 2007 revealed that the GHMRP failed to provide evidence that criminal background checks were on file and disclosed a seven year history of all the jurisdictions where the employee resided and worked for two staff.	R 125	This Statute will be met as evidenced by: Human Resources Director will continue to secure background checks for all employees at the time of hire. Human Resource Director will continue to monitor/check records to ensure that all background checks are filed and available for review.	12.14.07 ongoing

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Brandy — TITLE: DRS — (X6) DATE: 12.20.07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER [D]	STREET ADDRESS, CITY, STATE, ZIP CODE 2629 24TH STREET, NE WASHINGTON, DC 20018		

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