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

Printed: 08/07/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G049	A. BUILDING _____ B. WING _____	07/26/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	3605 10TH STREET NE WASHINGTON, DC 20019

(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 This re-certification survey was conducted from July 24, 2007 through July 26, 2007. The survey was initiated utilizing the fundamental survey process, however, due to concerns derived from observations and the review of clinical records, the survey process was extended to examine the condition of Active Treatment on July 25, 2007. The census at the time of the survey was two females diagnosed with moderate mental retardation. Both clients were included in the sample. The findings of the survey were based on observations in the group home, visits to two day programs, interviews with staff at the group home and day programs, and record review to include medical, administrative and incident reports.	W 000		
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 review, the facility's Qualified Mental Retardation Professional (QMRP) failed to adequately monitor, integrate and coordinate each client's active treatment programs . The findings include: 1. The QMRP failed to ensure Client #1's self medication program was implemented as written. (See W249) 2. The QMRP failed to ensure a client was	W 159	**W 159, 1** **Nurses have been trained on how to implement client#1's self medication program. The facility's Registered Nurse (RN) will, on a weekly basis monitor the implementation of client #1's self medication program.**	08/14/07

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HEALTH REGULATION
ADMINISTRATION
2007 AUG 17 P 1:40

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Adm. Assistant	8/17/07

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 159	Continued From page 1 encouraged to wear glasses prescribed to improve her vision. (See W436) 3. The QMRP failed to revise objectives identified in the individual program plans (IPPs) as they had been successfully achieved. (See W252) 4. The QMRP failed to ensure that the data collected yielded information relevant to making program decisions regarding the objectives. (See W255) 5. The QMRP failed to ensure that diet change recommendations made by the nutritionist for Client #1; was relayed to the primary care physician (PCP) and other interdisciplinary team members for consideration. (See W322.3)	W 159	**W 159, 2** **A formal program has been put in place to help client #1 to consistently wear her glasses (Please see attached). The House Manager (HM) and weekend staff will, on a daily basis monitor program implementation.** **W 159, 3** **Cross Reference W252** **W 159, 4** **Cross Reference W255** **W 159, 5** **Cross Reference W322.3**	08/14/07
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. This Standard is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure Client #1's self medication program was implemented as written. The finding includes: During the medication pass observation on July	W 249		

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W 249	Continued From page 2 24, 2007, Client #1 was observed receiving her medication. The nurse punched the medication from the bubble pack into a cup and handed the cup to the client. The client took the medication. The same observation was made on July 25, 2007 at the morning medication pass. Interview with the evening nurse on the same day revealed that she did not ask the client to participate in her medication program because the client is usually uncooperative and refuses to participate. Interview with Client #1 on July 26, 2007 revealed that she has never been asked to punch her medication from the bubble pack, however, she expressed a desire to do so. Review of Client #1's Individual Program Plan (IPP), revealed a program goal that she was to "enhance her active participation in self-meds." The objective was that the client was to independently punch her medications from a blister pack into a cup 60% of the trials. At no time during the observations was Client #1 observed to be uncooperative and at no time was Client #1 afforded an opportunity to participate in her self-medication program.	W 249	**W 249** **Nurses have been trained on how to implement client#1's self medication program. The facility's Registered Nurse (RN) will, on a weekly basis monitor the implementation of client #1's self medication program.**	08/14/07
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This Standard is not met as evidenced by: Based on observation, interview and record review of individual program plans (IPPs) and data collection documents, the facility failed to ensure that the data collected yielded information relevant to making program decisions regarding the objectives for one of the two clients in the sample (Client #2).	W 252	**W 252** **A letter has been written to client #2's day program requesting that client #2's program data sheets be sent to the home at the end of each month. The Qualified Mental Retardation Professional (QMRP) will on a Monthly basis present data from the home and the day program to the Interdisciplinary Team (IDT) during psychotropic drug review and other meetings.**	08/14/07

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W 252	Continued From page 3 The finding includes: During the survey conducted from July 24, 2007 through July 26, 2007, Client #2 was observed responding to external stimuli. Review of Client #2's Psychotropic medication reviews on July 25, 2007 at 8:30 AM, revealed that at the April 2007 review, the team indicated that there was no evidence that the day program data was reflected in the numbers reported. Interview with the QMRP acknowledged that the data did not include day program occurrences and therefore was not a true reflection of the client's hallucinations throughout the day/month.	W 252		
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 record review, the Qualified Mental Retardation Professional (QMRP) failed to revise objectives identified in the individual program plans (IPPs) as they had been successfully achieved for one (Client #2) of two clients in the sample. The finding includes: IPPs and related data collection was reviewed on July 25, 2007 at 11:10 AM. There were no revisions made to programs that had been achieved at the stated criterion level as reflected	W 255	**W 255** **The IDT will, on a quarterly basis review program goals and make recommendations. The QMRP will ensure that all maximized goals are revised in a timely manner.**	08/25/07

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W 255	Continued From page 4 below: Client #2 has a program objective that indicates that she will select clothes for the next day given verbal prompts on 100% if trials for three months. Review of the program data documentation revealed that the client acheived this objective at the verbal prompt level in April 2007and is presently performing the task independently. There was no evidence that the QMRP revised the program to ensure Client #2 continues to be challenged in her goal areas.	W 255		
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This Standard is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide general and preventive care for one of the two clients in the sample (Client #1). The finding includes: 1. The facility failed to monitor and record Client #1's menses as evidenced below: On July 26, 2007 at 9:00 AM, Client #1 told the nurse that her menses had started that morning. Interview with the nurse revealed that the client had experienced high prolactin levels due to the medication Risperdal; and had not seen her menses for a while. When asked if her menses was being monitored and recorded as the presence of her menses could be an indication that the prolactin level was decreasing the nurse indicated that Client #1's menses was not being	W 322	**W 322.1** **A chart (menses flow sheet) has been put in place to track client # 1's menses. Nurses will monitor occurrences of menses and ensure proper documentation of same on the menses flow sheet. Direct Care Staff will be trained on tracking and documentation of client #1's menses. The House Manager will, on a monthly basis keep track of the menstrual records. Prolactin level will be rechecked and reported to the primary care physician.**	08/14/07

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W 322	Continued From page 5 monitored. 2. The facility failed to develop a system to ensure diets are adhered to when clients eat outside of the facility for one of the two clients in the sample (Client #1) as evidenced below: On July 26, 2007 at 9:00 AM, a direct care staff told Client #1 that she would have her lunch in the community. She asked the client what she wanted to eat for lunch and the client said, "chicken". The staff told the client that she could not have chicken as she had eaten chicken several times during the week. Interview with the Qualified Mental Retardation Professional (QMRP) on the same day revealed that there were no established guidelines developed by the nutritionist to assist staff on foods appropriate for Client #1 who is prescribed a 1500-calorie diet for weight reduction. 3. The facility failed to ensure that diet change recommendations made by the nutritionist for Client #1; was relayed to the primary care physician (PCP) and other interdisciplinary team members for consideration as evidenced below: On July 24, 2007, Client's #1 was observed eating a hamburger, green beans and macaroni and cheese for dinner. Interview with the staff and review of the record revealed that Client #1 is prescribed a 1500-calorie diet for weight reduction. Further review of Client #1's record revealed a nutrition assessment dated April 15, 2007, with a recommendation for a diet change to 1200 calories for weight reduction. Review of the weights documented in the client's record revealed that the client has had a weight range of 290lbs to 280lbs. The ideal body weight identified by the nutritionist was 111 - 149lbs. The July	W 322	**W 322.2** **The nutritionist will in-service staff on the diet plans for clients #1 and #2. The QMRP and the House Manager will, on a daily (5 days a week) basis emphasize to staff to strictly adhere to the diet plans for clients #1 and #2 independent of the environment.** **W 322.3** **Client #1's Primary Care Physician (PCP), and other members of the IDT have been notified of the diet change for client #1. In the future, the QMRP and/or the RN will ensure that all members of the support cycle are notified through writing of new recommendations.** **Monthly weight in excess of five (5) pounds and/or consecutive weight gain per a three-month period will be brought to the attention of the nutritionist and the primary care physician for immediate intervention.**	08/25/07 08/14/07

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W 322	Continued From page 6 2007 weight was recorded as 280lbs (131lbs above her IBW). There was no evidence that the PCP and IDT were made aware of this recommendation.	W 322		
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, staff interview and record review, the facility failed to ensure nursing services in accordance with the needs of one of two clients in the sample (Client #1). The findings include: 1. The facility's nursing staff failed to record the receipt and disposition of scheduled IV medication (Klonopin). (See W385) 2. The facility's nursing staff failed to reconcile the receipt and disposition of Klonopin. (See W386) 3. The facility's nursing staff failed to monitor the menses of Client #1. (See W322) 4. The facility's nursing staff failed to ensure that Client #2's Health Care Management Plan (HCMP) reflected the client's needs as evidenced below: Client #2 was observed wearing braces on her teeth. Review of the HCMP, however did not reflect oral hygeine as an area for monitoring. 5. The facility's nursing staff failed to afford Client #1 an opportunity to participate in her	W 331	**W 331.1** **A Controlled Medication Utilization Record/Form has been put in place in order to record receipt and disposition of scheduled IV medications. Nurses have been trained on how to utilize the form. The RN will, on a monthly basis review the Utilization Record to ensure compliance.** **W 331.2** **Cross Reference W331.1** **W 331.3** **Cross Reference 322.** **W 331, 4** **Client #2's Health Care Management Plan (HMCP) will be updated to reflect oral hygiene, with particular reference to care and management of client #2's braces.** **W 331.5** **Cross Reference W249.**	08/14/07 08/25/07

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W 331	Continued From page 7 self-mediction program as written. (See W249 and W371)	W 331		
W 371	483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This Standard is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure clients are taught to administer their own medications, for one of the two clients (Client #1) included in the sample. The finding includes: During the medication pass observation on July 24, 2007 Client #1 was observed receiving her medication. The nurse punched the medication into a cup and handed it to the client. The client took the medication. The same observation was made on July 25, 2007 during the morning medication pass. Interview with the evening nurse revealed that the client is usually uncooperative and does not participate in her medication administration. Interview with Client #1 on July 26, 2007 revealed that she has not been afforded an opportunity to punch her medications out of the bubble pack but would like to do so. Review of Client #1's Individual Program Plan (IPP), revealed a program goal that she was to "enhance her active participation in self-meds." The objective was that the client was to independently punch her medications from a blister pack into a cup 60% of the trials. At no	W 371	**W371** **Cross Reference W249.**	

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W 371	Continued From page 8 time during the observations was the client afforded an opportunity to participate in her self-medication program.	W 371		
W 385	483.460(I)(3) DRUG STORAGE AND RECORDKEEPING The facility must maintain records of the receipt and disposition of all controlled drugs. This Standard is not met as evidenced by: Based on observation, interview and record review, the facility failed to record the receipt and disposition of scheduled IV medication (Klonopin) for one of the two clients in the sample (Client #1). The finding includes: On July 24, 2007 at 6:55 PM, Client #1 was observed receiving Klonopin 0.5mg. Interview with the nurse revealed that there is no system to account for the receipt and disposition of the medication. Inspection of the medication cabinet on June 25, 2007 at 8:30 AM revealed two bubble packs (one for the morning and one for the evening) of Klonopin. Both packs contained twenty-one pills. Interview with the nurse acknowledged a discrepancy in the count of the medication, however there was no way to account for the medication given to the client. Interview with the nurse on July 26, 2007 at 8:45 AM, revealed that the client was hospitalized for behavior related issues in June 2007. When asked the disposition of the medication missed during the hospitalization, the nurse indicated that the medication was disposed of at the main office. The nurse however could not produce for surveyor the proper form used to document the	W 385	**W385** **Controlled medications will be recorded and accounted for through a Controlled Medication Utilization Record. Tracking of medication dispensed and amount remaining will be done on a daily basis. Nurses have been in-serviced on how to utilize the form.** **All unused controlled drugs will be disposed off through flushing in the presence of two nurses. Nurses will document name of medicine, dose, and amount of meds flushed. Copies of the completed disposition sheet will be sent to pharmacy and same kept in the client's record.**	08/14/07

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W 385	Continued From page 9 destruction of medications.	W 385		
W 386	483.460(l)(4) DRUG STORAGE AND RECORDKEEPING The facility must, on a sample basis, periodically reconcile the receipt and disposition of all controlled drugs in schedules II through IV (drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801 et seq., as implemented by 21 CFR Part 308). This Standard is not met as evidenced by: Based on observation, interview and record review, the facility failed to reconcile the receipt and disposition of Klonopin for one of the two clients in the sample (Client #1). The findings include: 1. On July 24, 2007 at 6:55 PM, Client #1 was observed receiving Klonopin 0.5mg. Interview with the nurse revealed that there is no system to account for the receipt and disposition of the medication. Inspection of the medication cabinet on June 25, 2007 at 8:30 AM revealed two bubble packs (one for the morning and one for the evening) of Klonopin. Both packs contained twenty-one pills. Interview with the nurse acknowledged a discrepancy in the count of the medication, however there was no way to account for the medication given to the client. 2. Interview with the nurse on July 26, 2007 at 8:45 AM revealed that the client was hospitalized for behavior related issues in June 2007. When asked the disposition of the medication missed during the hospitalization, the nurse indicated that the medication was disposed of at the main	W 386	**W386** **Cross Reference W385**	

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W 386	Continued From page 10 office. The nurse however could not produce for surveyor the proper form used to document the destruction of medications.	W 386		
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 review, the facility failed to ensure a client was encouraged to wear glasses prescribed to improve her vision for one of the two clients in the sample (Client #1). The finding includes: During the three days of survey (July 24, 2007 through July 26, 2007) Client #1 was not observed wearing glasses. Interview with the Qualified Mental Retardation Professional (QMRP) on July 26, 2007, revealed that the client only wears the glasses for reading. Review of the clients Ophthalmology consultation dated May 21, 2007, revealed that the client "needs to wear her glasses all of the time to improve her vision." The surveyor informed the QMRP of the recommendation on July 26, 2007, who acknowledged not being aware of the vision consultant's recommendation.	W 436	**W436** **Cross Reference W159.2**	

Health Regulation Administration

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I 000	INITIAL COMMENTS This licensure survey was conducted from July 24, 2007 through July 26, 2007. The census at the time of the survey was two females diagnosed with moderate mental retardation. Both residents were included in the sample. The findings of the survey were based on observations in the group home, visits to two day programs, interviews with staff at the group home and day programs, and record review to include medical, administrative and incident reports.	I 000		
I 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that one of the two residents (Resident #2) in the sample prescribed a modified diet is being monitored quarterly by a dietitian. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the records revealed that Resident #2 was assessed by the nutritionist on October 21, 2006. There was no evidence that the nutritionist had monitored Resident #2's nutritional status since the October 2006 assessment. Interview with the QMRP on July 25, 2007 acknowledged the lack of nutritional monitoring.	I 043	**1043** **The nutritionist has been made aware of the need to monitor nutritional status of clients at least quarterly. The QMRP will, on a quarterly basis audit clients' records and refer to the appropriate domain for up dating.**	08/14/07

Health Regulation Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Adm. Assistant — (X6) DATE: 8/17/07

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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 record review, the GHMRP failed to have on file for review current health certificates for all employees. The finding includes: Review of the personnel files on July 25, 2007 at 10:00 AM, revealed the GHMRP failed to provide current health certification for two direct care staff (D7 and D8), the Podiatrist (C1),and two Licensed Practical Nurses (N2 and N3).	I 206	**1206** **Health Certificates for the two Direct Care Staff (D7 and D8) have been updated. The podiatrist's (C1) has submitted a current health certificate (please see herewith). Health certificates for the two Licensed Practical Nurses (N2 and N3) have been updated.**	**08/14/07**
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 First Aid and CPR for employees. The finding includes: Review of the personnel records on July 25, 2007 at 10:00 AM revealed the following direct care staff did have current First Aid and CPR:	I 227		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G049	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/26/2007
NAME OF PROVIDER OR SUPPLIER COMP CARE I I	STREET ADDRESS, CITY, STATE, ZIP CODE 3605 10TH STREET NE WASHINGTON, DC 20019		

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I 227	Continued From Page 2 D1, D3, D4, D5 and D7. Review of the nursing personnel records on the same day revealed that Nurse #1 did not have evidence of current First Aid and CPR certification.	I 227	**1227** **Personnel folders have been updated to include copies of current CPR and First Aid for all staff.** **It should be noted that nurses are not required to fulfill the First Aid requirement since their practice "License Practical Nurse," surpasses the basics of First Aid treatment.**	08/14/07
I 391	3520.2(a) 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: (a) Medicine; This Statute is not met as evidenced by: The GHMRP failed to have evidence of curent licensure for its Primary Care Physician, Podiatrist and Psychiatrist.	I 391	**1391** **Please find herewith current licenses for the primary care physician, the podiatrist, and the psychiatrist.** **The QMRP will, ensure that consultants' folders are reviewed quarterly and updated as needed.**	08/14/07
I 436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);	I 436	**1436** **Cross Reference W249 and W371.**	

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	09G049		07/26/2007

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I 436	Continued From Page 3 This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure the habilitation of its residents included training in the area of self-medication administration. The finding includes: See Federal Deficiency Report - Citations W249 and W371.	I 436		
I 479	3522.6(e) MEDICATIONS The record for a resident ' s prescribed controlled substances shall include the following: (e) Each time the controlled substance is to be taken or administered. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to record the receipt and disposition of scheduled IV medication (Klonopin) for one of the two clients in the sample (Resident#1) The finding includes: 1. On July 24, 2007 at 6:55 PM, Resident was observed receiving Klonopin 0.5mg. Interview with the nurse revealed that there is no system to account for the receipt and disposition of the medication. Inspection of the medication cabinet on June 25, 2007 at 8:30 AM revealed two bubble packs (one for the morning and one for the evening) of Klonopin. Both packs contained twenty-one pills. Interview with the nurse acknowledged a discrepancy in the count of the medication, however, there was no way to	I 479	**1479, 1** **Cross Reference W 385.** **1479, 2** **Cross Reference W 386.**	

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I 479	Continued From Page 4 account for the medication given to the client. 2. Interview with the nurse on July 26, 2007 at 8:45 AM, revealed that the Resident was hospitalized for behavior related issues in June 2007. When asked the disposition of the medication missed during the hospitalization, the nurse indicated that the medication was disposed of at the provider's main office. The nurse, however, could not produce for the surveyor the proper form used to document the destruction of medications.	I 479		