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

PRINTED: 09/17/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G075		09/04/2008

NAME OF PROVIDER OR SUPPLIER: D C HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE: 901 14TH STREET, SE, WASHINGTON, DC 20003

(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 September 3, 2008, through September 4, 2008, using the fundamental survey process. A random sample of three clients was selected from a residential population of six clients (five males and one female) 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.	W 000	Received 10/10/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
W 120	483.410(1)(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 the three clients ~~(Client #1) included in the sample.~~ The findings includes: 1. Client #2 was observed on September 4, 2008, at 11:05 AM in a day program classroom entitled "Visually Impaired." The client was observed seated in his wheelchair, wearing earphones to listening to music. Further observation revealed a helmet hanging from one of the arms of the client's wheelchair. An interview was conducted with the day program's coordinator to ascertain information regarding the use of Client #2's helmet. The coordinator revealed that the client wore his helmet while commuting from his residence to the	W 120	The day program staff were retrained on 09/24/08 on the helmet protocol for client #2. The QMRP will make unannounced weekly and monthly visits to the day program to ensure that day program is adhering to the protocol. (Please see attachment A1)	9/24/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 120	Continued From page 1 day program. Since the client's placement in the visually impaired classroom on July 1, 2008, the helmet was taken off upon his arrival. Review of Client #2's medical record on September 4, 2008, at 11:36 AM revealed a day program Individual Service Plan (ISP) dated May 9, 2008. According to a section of the ISP entitled "Annual Summary" the client was to wear his helmet "during the daytime for seizure protection and to avoid head injury. Further review of the client's ISP revealed a Nursing/Medical Review that indicated that the client "uses helmet according to protocol." Interview with the day program coordinator on September 4, 2008, at 11:39 AM revealed that she had no knowledge about the protocol. Interview with the Qualified Mental Retardation Professional (QMRP) on September 4, 2008, at 2:45 PM revealed that the client was to wear his helmet "all day until he returns home from the day program." The facility failed to to ensure Client #2 wore his helmet at the day program as recommended. 2. The facility failed to provide recommended adaptive equipment for Client #2 as evidenced below: Client #2 was observed on September 4, 2008, at 11:41 AM in his day program classroom. The day program coordinator was overheard telling the client that she was about to to move him to another table for lunch. Interview with the coordinator revealed Client #2 had a meal-time protocol and that he used adaptive equipment	W120	As a result of progress made with eating abilities, client #2 does not need a plastic coated right curved spoon or a spout cup. The Day Program Individual Service plan is in error by stating that client # 2 " was recommended to use a plastic coated right curved spoon and sprout cup ." The ISP team did not recommend use of these adaptive equipment for client #2. Client #2 can use a regular cup and spoon. The QMRP reviewed the ISP for client #2 with the day program staff on 09/24/08. The statement in error was corrected at this time. The meal time protocol was reviewed with day program. The QMRP will make weekly and monthly visits to the day program to ensure that the same protocol is followed, at client #2's day program as is implemented in his residence. QMRP monitoring tool will include observation and data collection. (Please see attachment A2)	9/24/08

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W 120	Continued From page 2 that included a riser and a high-sided plate. Review of the client's Individual Service Plan (ISP) dated May 9, 2008 reviewed that the client also was recommended to use a plastic coated right curved spoon, and a spout cup. Interview with the day program coordinator on September 4, 2008, at 11:47 AM revealed that the client had a riser and a high-sided plate, however, he did not have a plastic right curved coated spoon or a spout cup. The coordinator indicated that Client #2 might have had those items in his former classroom, but since his placement in the Visually Impaired classroom (July 1, 2008), she had not seen those items. At time of the survey, the facility failed to ensure Client #2 was provided with the adaptive equipment to meet his needs.	W 120		
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 interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP). The findings include: 1. The QMRP failed to ensure employees were effectively trained to provide for each client's healthcare needs. (See W192)	W 159		

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W 159	Continued From page 3 2. The CMRP failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective. (See W255)	W 159	Please see an answer for W 255.	
	3. The CMRP failed to ensure that outside services met the needs of each client. (See W120)		Please see an answer for W 120.	
	4. The CMRP failed to furnish adaptive equipment (spout cup and plastic, and right curved coated spoon) for each client and failed to teach the client to use his helmet as recommended by the interdisplinary team. (See 436)		Please see an answer for W 436.	
W 192	483.430(a)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure employees were effectively trained to provide for each client's healthcare needs, for one of the three clients (Client #1) included in the sample. The finding includes: The facility failed to ensure staff were trained to assist Client #1 with maintaining his hair as recommended by the dermatologist (not cut short). (See W322)	W 192	Please see the answer to W 322	
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at	W 255		

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W 255	Continued From page 4 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 observation, 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 three clients (Clients #1 and #2) included in the sample. The findings include: 1. Observation of the evening medication administration on September 3, 2008, at 5:50 PM revealed Client #1 received eardrops but did not receive any oral medications. Review of the client's Medication Administration Record (MAR) after the medication administration, revealed a data collection form for the client's self medication program (September 2008). According to the data collection form, the client was required to participate in self medication by picking up the package of medication, popping pills from the package into a medicine cup, pouring his water, taking his medicine, drinking his water and putting his cup in the trash. Interview with the Qualified Mental Retardation Professional (QMRP) and further review of Client #1's records on September 4, 2008, revealed the client had been participating with the same program since October 2007. It should be further	W 255		

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W 255	Continued From page 5 noted that review of the available corresponding data collection record on September 4, 2008, revealed the client met the criteria for the program consistently since October 2007 (at least ten months). At the time of the survey, the facility failed to ensure Client #1's self-medication program was revised once the client had successfully completed the objective. 2. Observation of the evening medication administration on September 3, 2008, at 5:37 PM revealed the client participated in his medication regimen by picking up his medication cup to take his medications (after the nurse dispensed the medications). The client was further observed to pick up a cup of water and drink the water while consuming his medications. Interview with the Qualified Mental Retardation Professional (QMRP) and review of Client #2's records on September 4, 2008, at approximately 4:14 PM revealed the client's Self-Medication Assessment dated May 9, 2008. According to the assessment, it was recommended that Client #2 participate with a self medication program that required the client to pick up his medicine and water cup to take his medications with physical assistance. Continued interview with the QMRP and further review of the client's record on September 4, 2008, revealed the client had been participating with the same program since October 2007. It should be further noted that review of the available corresponding data collection record on September 4, 2008 revealed the client met the criteria for the program consistently since October 2007 (at least ten months). At the time of the survey, the facility failed to ensure Client #2's	W255	Client #1's self medication program was revised on 09/25/08. Client # 1 has achieved 100% independence on targeted steps of self- medication administration program. This will be maintained. In addition, medication program has been revised where as he will be keeping his medication in a locked box outside the medication cabinet. Keys will remain in med cabinet please see attached steps. Self medication programs for all clients in this facility have also been revised to meet individual needs and ability. (attachment C). Client #2 is blind and has achieved 100% independence on targeted steps of self- medication program. Due to lack of good fine motor abilities and blindness, client #2's self medication administration program will be maintained at the current level.	10/1/08

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W 255	Continued From page 6 self-medication program was revised once the client had successfully completed the objective.	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 ensure general and preventative care services, for one of the three clients (Client 1) included in the sample. The finding includes: Observation of the evening medication administration on September 3, 2008, at 5:50 PM revealed Client #1 received eardrops but did not receive any oral medications. Review of Client #1's September 2008 Physician's Orders (POS) was conducted on September 3, 2008, after the medication administration to verify the observed medication administration. The POS revealed the client had diagnoses which included Xerosis and Cystic Acne with Keloid Formation. Review of Client #1's medical record on September 4, 2008, revealed the client was seen by a dermatologist on July 22, 2008. According to the dermatologist, the findings and recommendations at the time of the visit included the following: 1. Erosion due to scratching - cut nails, mupirocin ointment twice a day to open wounds on vertex scalp.	W 322		

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W 322	Continued From page 7 2. Folliculitis scalp with acne keloidalis nuchae - Dicloxcillin 250 mg by mouth every 10 for seven days, Toprox shampoo 2-3 weeks, Dermasmooth FS scalp oil (leave in scalp 3 times per week). Do not cut hair short. 3. Xerosis body It should be noted that observation of Client #1 on September 3, 2008, beginning at 4:42 PM revealed the client had a closely shaved hair cut. Interview was conducted with the Qualified Mental Retardation Professional (QMRP) on September 4, 2008 at approximately 4:30 PM regarding Client #1's haircut and the dermatologist's recommendation to not cut his hair short. The QMRP revealed that staff were told not to cut the client's hair short and further revealed that the haircut happened a few days prior to the survey. At the time of the survey, the facility failed to ensure the dermatologist's recommendation had been implemented.	W 322	The staff was retrained on 09/08/08 on the dermatologist recommendation for client #1. The QMRP will ensure that client #1's hair is not cut short on his next visit to the barber shop. QMRP will ensure that all medical recommendations for all residents are explained concisely to all staff and a "medical alert" notice posted in the facility for all staff to see. Please see attachment "B"	
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 furnish adaptive equipment (spout cup and plastic, curved coated spoon) for one of the three clients (Client #2) and	W 436		

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W 436	Continued From page 8 failed to teach each client to wear their helmet as recommended by the interdisplinary team. Observations on September 4, 2008, beginning at 11:05 AM revealed Client #2 seated in a wheelchair with a helmet hanging from one of the arms of his wheelchair. An interview was conducted with the day program's coordinator to ascertain information regarding the use of Client #2's helmet. Continued interview with the coordinator revealed revealed that the client wears his helmet while commuting from his residence to the day program. Since the client's placement in the visually impaired classroom on July 1, 2008, the helmet was taken off upon his arrival. Review of Client #2's medical record on September 4, 2008, at 11:36 AM revealed a day program Individual Service Plan (ISP) dated May 9, 2008. According to a section of the ISP entitled "Annual Summary" the client was to wear his helmet "during the daytime for seizure protection and to avoid head injury. Further review of the client's ISP revealed a Nursing/Medical Review that indicated that the client "uses helmet according to protocol." Interview with the day program coordinator on September 4, 2008, at 11:39 AM revealed that she had no knowledge about the protocol. Interview with the Qualified Mental Retardation Professional (QMRP) on September 4, 2008, at 2:45 PM revealed that the client was suppose to wear his helmet "all day until he returns home from the day program." The facility failed to to	W 436	The QMRP met with the day staff on 09-24-08 and reviewed the protocol for the use of a helmet at the Day Program. The QMRP will visit the Day Program weekly and monthly to ensure that the protocol is being followed. Protocol for helmet use completed by PMD was submitted to day program. The QMRP will ensure that day program servicing our clients adhere to protocols supplied to them for all individuals. (please see attachment A3)	9-24-08

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W 436	Continued From page 9 ensure Client #2 wore his helmet at the day program as recommended. 2. Cross Refer W120 - The facility failed to ensure Client #2 was provided with adaptive equipment to meet his needs.	W 436 2.	Please refer to response and cross reference W120.	

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I 000	INITIAL COMMENTS A relicensure survey was conducted from September 3, 2008, through September 4, 2008. A random sample of three residents was selected from a residential population of six residents (five males and one female) 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.	I 000		
I 207	3509.7 PERSONNEL POLICIES A new employee's physical examination shall have been performed within ninety (90) days prior to employment. This Statute is not met as evidenced by: Based on review of the personnel records the facility failed to ensure health inventories were available for direct care staff prior to employment. ~~The findings include:~~ Review of the personnel records on September 4, 2008, revealed the GHMRP failed to have evidence of health inventories for staff, S2, S3, and S5.	I 207	~~DCH will ensure that all staff provide~~ current health certificates. Current health certificates have been obtained. (Please see attachments C, D and E)	~~9/7/08~~
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the 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:	I424	DCHC will ensure all employees provide annual health certificate prior to the expiration of the previous health certificate. New employees will not be assigned to work with our clients without a current health certificate. The QMRP will work with the Human Resources Manager to ensure that all staff posted to this facility are medical cleared to work with our clients.	

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I 424	Continued From page 1 Based on interview and record review, the GHMRP failed to ensure program revisions were made at least every six months or when a resident successfully completed the objective, for two of the three residents (Residents #1 and #2) included in the sample. The finding includes: 1. Observation of the evening medication administration on September 3, 2008, at 5:50 PM revealed Resident #1 received eardrops but did not receive any oral medications. Review of the resident's Medication Administration Record (MAR) after the medication administration, revealed a data collection form for the resident's self medication program (September 2008). According to the data collection form, the resident was required to participate in self medication by picking up the package of medication, popping pills from the package into a medicine cup, pouring his water, taking his medicine, drinking his water and putting his cup in the trash. Interview with the Qualified Mental Retardation Professional (QMRP) and further review of Resident #1's records on September 4, 2008, revealed the resident had been participating with the same program since October 2007. It should be further noted that review of the available corresponding data collection record on September 4, 2008, revealed the client met the criteria for the program consistently since October 2007 (at least ten months). At the time of the survey, the facility failed to ensure Resident #1's self-medication program was revised once the client had successfully completed the objective 2. Observation of the evening medication	I 424	Please refer to response and cross reference with W255 (1&2) Please refer to response and cross reference with W255(1&2)	

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I 424	Continued From page 2 administration on September 3, 2008, at 5:37 PM revealed the resident participated in his medication regimen by picking up his medication cup to take his medications (after the nurse dispensed the medications). The resident was further observed to pick up a cup of water and drink the water while consuming his medications. Interview with the Qualified Mental Retardation Professional (QMRP) and review of Resident #2's records on September 4, 2008, at approximately 4:14 PM revealed the resident's Self-Medication Assessment dated May 9, 2008. According to the assessment, it was recommended that Resident #2 participate with a self medication program that required the resident to pick up his medicine and water cup to take his medications with physical assistance. Continued interview with the QMRP and further review of the resident's record on September 4, 2008, revealed the resident had been participating with the same program since October 2007. It should be further noted that review of the available corresponding data collection record on September 4, 2008 revealed the resident met the criteria for the program consistently since October 2007 (at least ten months). At the time of the survey, the facility failed to ensure Resident #2's self-medication program was revised once the resident had successfully completed the objective.	I 424		
I 430	3521.7(a) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (a) Eating and drinking (including table manners,	I 430		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
D C HEALTH CARE	901 14TH STREET, SE WASHINGTON, DC 20003

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 430	Continued From page 3 use of adaptive equipment, and use of appropriate utensils); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed teach each resident to wear their adaptive equipment (helmet) for one of the three residents (Resident #2) as recommended by the interdisplinary team. The finding includes: Resident #2 was observed on September 4, 2008, at 11:05 AM in a day program classroom entitled "Visually Impaired." The resident was observed seated in his wheelchair, wearing earphones to listening to music. Further observation revealed a helmet hanging from one of the arms of the resident's wheelchair. An interview was conducted with the day program's coordinator to ascertain information regarding the use of Resident #2's helmet. Continued interview with the coordinator revealed revealed that the resident wears his helmet while commuting from his residence to the day program. Since the resident's placement in the visually impaired classroom on July 1, 2008, the helmet was taken off upon his arrival. Review of Resident #2's medical record on September 4, 2008, at 11:36 AM revealed a day program Individual Service Plan (ISP) dated May 9, 2008. According to a section of the ISP entitled "Annual Summary" the resident was to wear his helmet "during the daytime for seizure protection and to avoid head injury. Further review of the resident's ISP revealed a Nursing/Medical Review that indicated that the resident "uses helmet	I 430	Please refer to response and cross reference W436.	

Health Regulation Administration

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I 430	Continued From page 4 according to protocol." Interview with the day program coordinator on September 4, 2008, at 11:39 AM revealed that she had no knowledge about the protocol. Interview with the Qualified Mental Retardation Professional (QMRP) on September 4, 2008, at 2:45 PM revealed that the resident was suppose to wear his helmet "all day until he returns home from the day program." The facility failed to to ensure Resident #2 wore his helmet at the day program as recommended.	I 430		