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

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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		10/19/2007

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

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W 000	INITIAL COMMENTS A recertification survey was conducted from October 17, 2007 through October 19, 2007. The survey was initiated using the fundamental survey process. A random sample of four clients were selected from a population of one female and six male clients with various degrees of disabilities. The findings of this survey were based on observations at the group home, four day programs, interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports.	W 000		
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 observations, staff interview, and record review, the facility failed to effectively monitor each client's day program to assure that the day program met the needs of two of the four clients included in the sample (Clients #1 and #3). The findings include: On October 17, 2007 from 10:30 AM to 11:45 AM, Client #3 was observed at her day program. At 10:35 AM, the client was observed screaming loudly. At 10:38 AM, the client was observed leaving the treatment room and going to the next room "The Quiet Room". The Program Director went in the Quiet Room with the client. At 10:54 AM, the client was calm. At 10:58 AM, the day program staff provided the client with a magazine	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Gymey Stephen
TITLE: President
(X6) DATE: 11/13/07

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 120	Continued From page 1 and verbal praise. The day program staff left the The Quiet Room and returned to her treatment room. At 11:15 AM, the client began screaming, again. The day program staff was observed going to "The Quiet Room", redirect the client. After the client calmed down, the day program staff asked the client if she would like to return to the treatment room. The client replied, "No" and remained in the Quiet Room, alone.	W 120		
	Review of the Client #3's day program Behavior Support Plan (BSP) dated September 15, 2007 indicated that the client should receive verbal redirection (twice); verbally direct the client to a less stimulating environment; staff should remain present to supervise and speak in a calm reassuring, soothing tone. Once calm, ask the client if she wanted to rejoin the group. If the client responds in the affirmative, have the client return. If she choose to remain in the The Quiet Room, a staff should remain with her.	W 120 #1	QMRP observed and met the Day Program staff on 11-8-07 to ensure that Individual #3's BSP is implemented appropriately. QMRP will continue to monitor on a monthly basis. QA will also monitor on a quarterly basis. Please see attachment #A	11-8-07
	2. On October 17, 2007, Client #1 was observed at his day program on from 12:00 PM to 1:50 PM. The client sat in his wheelchair, with his feet dangling, in front of the television. The client was transported to the dinning room in his wheel chair. "Individual Plan for Support Services" at the day program revealed the recommendation that the Client #1's feet be elevated while seated during waking hours. The client was seated at all times during the observation. At no time was his feet elevated as recommended. Interview with the staff revealed he was not aware that the client's feet needed to be elevated.	W120 #2	Individual #1 does not have a protocol for wheelchair usage or elevation of his feet while sitting during waking hours. B	11-9-07
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be	W 159		

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W 159	Continued From page 2 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 failed to ensure that each client's active treatment program was coordinated, integrated and monitored by the Qualified Mental Retardation Professional (QMRP). The findings include:	W 159		
	1. The QMRP failed to effectively monitor each client's day program to assure that the day program met the needs of two of the four clients. [See W120]	W159 #1	Please see answer to W120.	11-8-07
	2. The QMRP failed to ensure that an Occupational Therapy assessment was completed for one of the four clients in the sample. [See W212]	W159 #2	Please see answer to W212.	2-5-07
	3. The QMRP failed to ensure that the individual program plan (IPP) included objectives to meet the client's needs as recommended from the comprehensive functional assessments. [See W227]	W159 #3	Please see answer to W227.	11-12-07
	4. The QMRP failed to ensure that goals are written in measurable terms. [See W231]	W159 #4	Please see answer to W231.	11-12-07
	5. The QMRP failed to ensure that clients' individual program plans (IPP) included training in personal skills in both formal and informal setting. [See W242]	W159 #5	Please see answer to W242.	11-12-07
	6. The QMRP failed to provide continuous active			

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W 159	Continued From page 3 treatment.[See W249]	W 159	Please see answer to W249.	11-12-07
	7. The QMRP failed to review and revise the Individual Program Plan (IPP) once the client has successfully completed an objective identified in the IPP. [See W255]		Please see answer to W255.	11-12-07
W 212	483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that an Occupational Therapy assessment was completed for one of the four clients in the sample. (Client #1) The finding includes: During the entrance conference on October 17, 2007, the Qualified Mental Retardation Professional (QMRP) disclosed that Client #1 had been hospitalized from January 17, 2007 through February 2, 2007 for cellulitis to his left elbow. Review of the physician's orders dated February 2, 2007, revealed that the client was to be evaluated by Occupational Therapist and Physical Therapist. Review of Client #1's record lacked evidence that the client had been evaluated by an Occupational Therapist as recommended post-hospitalization.	W 212	Individual #1 was evaluated by the Occupational Therapist on 2-5-07 and the Physical Therapist on 2-5-07 and 2-8-07 as recommended post-hospitalization. All documents were on file in each Individuals record at the time of the survey. Please see attachments #C1-5	2-5-07 & 2-8-07
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment	W 227		

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W 227	Continued From page 4 required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the individual program plan (IPP) included objectives to meet the client's needs as recommended from the comprehensive functional assessments for two of the two clients in the sample. (Clients #2 and #4) The findings include: 1. The facility failed to develop and implement a toothbrushing objective identified in the comprehensive functional assessment (CFA) for Client #4. Review of Client #4's medical record on October 19, 2007 at approximately 10:00 AM revealed a dental consultation dated July 3, 2007. The dentist noted that the client had moderate calculus deposits and needed scaling. Interview with the Qualified Mental Retardation Professional (QMRP) on October 19, 2007 indicated that the client needs preauthorization prior to returning to the dentist office. Additional review of the Psychological assessment dated October 19, 2006 indicated that the development of an adaptive skills programming to strengthen his oral hygiene was needed. Further interview with the QMRP indicated that she could not understand the Psychologist' recommendation. Review of the IPP revealed no evidence of a training program in this area. 2. The facility failed to develop a program	W 227	The need for a formal tooth brushing will be determined after re-evaluation by the Occupational Therapist by 11-14-07.	11-14-07

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W 227	Continued From page 5 objective as identified in the comprehensive functional Assessment (CFA) for Client #2. On October 17, 2007 Client #2 was observed sitting either in his wheel chair or in regular chairs. Review of the Physical Therapy assessment dated June 28, 2007 revealed a recommendation for a range of motion and muscle strengthening program. The client was to achieve this recommendation by participating in the following: a. While sitting in a chair in the living room, the client was to straighten his right knee. He was to repeat this action ten times on each leg; b. While sitting in a chair he was to march in place. He was to repeat this action ten times on each leg; c. While lying on back in bed. Assist the client to bend his right knee toward chest. He was to repeat this action ten times on each leg; and d. While lying on back in bed. Assist the client to slide his right leg away from his body as far as possible. He was to repeat this action ten times on each leg. These programs was not observed being implemented during the survey. Additionally, review of the IPP revealed no evidence of a training program in this area. These programs were not observed being inplemented during the survey.	W 227	The QMRP and QA provided in service training on 11-2-07 on appropriately implementing Individual #2's range of motion and muscle strengthening program. In-service training will continue on an as needed basis to ensure staff's comprehension and appropriate implementation of the program. QMRP will monitor weekly and QA will monitor monthly to ensure proper implementation and documentation. Please see attachment # D	11-2-07
W 231	483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be expressed in behavioral terms that	W 231		

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W 231	Continued From page 6 provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on record review, the QMRP failed to ensure that goals are written in measurable terms for one of the four clients in the sample. (Client #3) The finding includes: On October 17, 2007 during the dinner, Client #3 was observed using her napkin and requiring multiple physical assistance. Interview with the Qualified Mental Retardation Professional (QMRP) on October 19, 2007 at approximately 11:00 AM revealed that the client did not wipe her mouth during meals, independently. She required assistance to complete the task. Review of the Individual Program Plan (IPP) dated January 16, 2007 revealed an objective which stated, "[The client] will utilize napkin at all meal times to wipe her mouth. She will complete task with verbal prompting and hand-over-hand/physical assistance.	W 231	On 10-22-07, Individual #3's IPP and objective for utilizing her napkin during mealtimes to wipe her mouth was revised and has been written in measurable term to meet Individual #3's habilitative needs. Please see attachment #E	10-22-07
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by:	W 242		

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W 242	Continued From page 7 Based on observation, staff interview and record review, the facility failed to ensure that clients' individual program plans (IPP) included training in personal skills in both formal and informal setting for one of the four clients in the sample. (Client #2) The findings include: 1. Observations on October 17, 2007 revealed Client #2 putting his hands in his mouth, sticking his fingers up his nose and smearing his hands on various objects in the home, (i.e. the couch, the dinning room table, etc.) The direct care staff was observed wiping the surfaces after observing the client wiping his hands on it. The direct care staff was also observed using disposable wipes to clean the client's hands whenever it was noticed that the client put them into his mouth and/or nose. At 5:37 PM, the staff attempted to get Client #2 to pull a wipe out of the container. The client required hand over hand assistance to complete the task. The staff indicated that "he needs to learn how to wipe his own hands." Review of the clients Individual Program Plan lacked evidence that the facility developed a program to enhance Client #2's skills in this area.	W 242	According to individual # 2's psychological assessment dated August 16, 2007, his personal skills were equivalent to 2 years 3 months and he requires assistance for all personal hygiene skills. However, at his next quarterly review, the IDT will decide if a program of this nature is warranted.	
	2. The facility failed to develop and implement a toothbrushing objective for Client #4. Review of Client #4's medical record on October 19, 2007 at approximately 10:00 AM revealed a dental consultation dated July 3, 2007. The dentist noted that the client had moderate calculus deposits and needed scaling. Interview with the Qualified Mental Retardation Professional (QMRP) on October 19, 2007 indicated that the client needs preauthorization	# 2	Individual # 4 has a Pre ISP meeting scheduled for 11/08/07. The O.T. will evaluate him to see if a formal toothbrushing program is needed.	11/08/07

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W 242	Continued From page 8 prior to returning to the dentist office. Additional review of the Psychological assessment dated October 19, 2006 indicated that the development of an adaptive skills programming to strengthen his oral hygiene was needed. Further interview with the QMRP indicated that she could not understand the Psychologist' recommendation or provide clarity for the recommendation. Review of the IPP revealed no evidence of a training program in this area.	W 242		
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 observations, staff interview and record review, the facility failed to provide continuous active treatment for one of the four clients in the sample. (Client #3) The finding includes: The facility failed to implement Client #3's speech program as written. Observations during the evening snack on October 17, 2007 at 4:35 PM, the direct care staff was over heard asking Client #3 if she wanted a snack. The client refused the snack. Interview with the Qualified Mental Retardation	W 249		

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W 249	Continued From page 9 Professional (QMRP) at 6:00 PM revealed that the client refused her snack on most days, until she observes the other clients partaking in snacktime. Review of Client #3's Individual Program Plan (IPP) dated January 16, 2007 revealed a program objective which stated, "[the client] will use a communication board to express her choice of a snack when shown pictures with 50% independence ...". The staff failed to provide the client with the opportunity to implement her communication program. There was no evidence that the direct care staff implemented the strategies for Client #3's speech program objective.	W 249	The Speech Therapist provided an in-service training to all staff on proper implementation of individual # 3's speech. DCHC will make sure that the individual will use a communication board to express her choices of snacks. See attachment. F	11/02/07
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 observations, staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the client has successfully completed an objective identified in the IPP for one of the four clients in the facility. (Client #4) The finding includes: During the entrance conference on October 17, 2007 at 8:45 AM, the Qualified Mental	W 255		

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W 255	Continued From page 10 Retardation Professional (QMRP) revealed that Client #4 received psychotropic medications and had a Behavior Support Plan (BSP) to address his maladaptive behaviors. On October 17, 2007 at 4:50 PM, Client #4 was observed administering his psychotropic medications. The medications include Seroquel 300 mg, Neurontin 200 mg and Zyprexa 15 mg. Record verification of the BSP dated July 15, 2006 indicated that the following maladaptive behaviors were included in the BSP: aggression and agitation. One objective stated, "[the client] will decrease aggression to zero incidents per month for 12 consecutive months"; and "[the client] will decrease agitation behavior to five incidents per month for 12 consecutive months." According to the Psychology Quarterly reviews from September 2006 through September 2007, the client had not displayed the any of the maladaptive behaviors included in the BSP. There was no evidence that the QMRP revised Client #4's behavior objectives once he met the established criteria.	W 255	The Psychologist will review individual # 4's BSP and the behavioral data collection for the past year, 11/08/07 and recommend the necessary changes to the Psychiatrist and the PMD. The BSP will also be revised after the data review.	11/08/07
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 and record review, the facility failed to provide preventive and general medical care for four of four clients included in the sample. (Clients #1, #2, #3, and #4)	W 322		

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W 322	Continued From page 11 The findings include: 1. On October 17, 2007, Client #2 was observed at the group home from 3:44 PM to 6:30 PM. The staff was observed transferring the client from his wheelchair to a regular chair. Review of the medical records revealed a document titled "Protocol for elevating Feet." The protocal required the client's feet to be elevated when seated. The client was not observed to have his feet elevated from 3:44 PM to 5:47 PM.	W 322	In-service training was held November 2, 2007 to re-emphasize individual # 2's protocol for elevating his feet. Training will be on-going to ensure staff comprehension. Please see attachment # G	11/02/07
	2. On October 17, 2007, Client #2 was observed wearing black low top tennis shoes. Review of the Physical Therapy assessment dated June 28, 2007, on October 18, 2007 at 9:25 PM revealed a recommendation for "shoes that provide good ankle support." The shoes observed did not provide support to the client's ankles as recommended.	# 2	Individual # 2 wears black custom made shoes as ordered by his PMD. See attachment.	
	3. On October 17, 2007, Client #2 was observed wearing black tennis shoes and white socks. The client's "Protocol for elevating Feet " revealed the primary care physician recommended to wear anti-embolism (TED) hose. The socks stoped mid calf leaving the the bare skin above it exsposed. Interview with the House Manager and Qualified Mental Retardation on October 19, 2007 at approximately 1:00 PM, indicated that the client always wears TED hose. The House Manager could not show evidence of TED stockings in the client's dresser drawer. However the House Manager did retrieve a pair of TED hose from the storage supply cabinet.	# 3	All staff received in-service training on 11/02/07 to re-emphasize appropriate use of Ted hose and the protocol for elevating individual # 2's feet. Please see attachment # G	11/02/07
	4. The facility failed to obtain podiatry appointments for four of the four clients in the sample. (Clients #1, #2, #3, and #4)			

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W 322	Continued From page 12 Record review of clients #1, #2, #3, and #4 medical records between October 17 through 19, 2007, revealed that Clients #1, #2, #3, and #4 had a podiatry consult on January 15, 2007. It was recommended that the clients return in twelve weeks. At the time of the survey, there was no evidence that the facility had scheduled an podiatry follow up appointment.	W 322	Individuals # 1, 2, 3 and 4 had follow up podiatry visits on 04/18/07 and 07/20/07. These documents were available and on file on in each of the individuals records. Please see attachment # H1-8	07/20/07
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure comprehensive treatment services for the maintenance of dental health for two of the four clients in the sample. (Clients #3 and #4) The finding includes: 1. On October 17, 2007 at approximately 8:00 AM, Client #3 was observed with brown stains on his teeth. Record review of the dental consultation dated July 6, 2006 revealed the dentist could not see Medicaid Waiver clients due to the lack of funding. The client returned to the dentist on November 27, 2006 for a recall examination. At that time, the dentist diagnosed heavy calculus deposits and recommended scaling under deep sedation. The dentist indicated that a request for pre-authorization	W 356		

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	09G075		10/19/2007

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D C HEALTH CARE	901 14TH STREET, SE WASHINGTON, DC 20003

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W 356	Continued From page 13 would be submitted to Medicaid and that the facility would be contacted to schedule the procedure once pre-authorization was received. On June 27, 2007 the client had a recall examination. At that time, the dentist diagnosed heavy calculus deposits and recommended scaling under deep sedation. The dentist indicated that a request for pre-authorization would be submitted to Medicaid and that the facility would be contacted to schedule the procedure once pre-authorization was received. There was no evidence that the client received the recommended dental care.	W 356	Obtaining pre-authorization is a systemic city-wide problem. DCHC staff will continue to work with the dental office to obtain appointment immediately after pre-authorization is given. Individual # 3's dental appointment is scheduled for 11/28/07. I	
	2. Review of Client #4's medical record on October 19, 2007 at approximately 10:00 AM revealed a dental consultation dated July 3, 2007. The dentist noted that the client had moderate calculus deposits and needed scaling. Interview with the Qualified Mental Retardation Professional (QMRP) on October 19, 2007 indicated that the client needs preauthorization prior to returning to the dentist office. At the time of the survey, there was no evidence that the client received dental scaling.		Individuals # 4's dental appointment was completed on 11/05/07. DCHC staff will continue to work with the dental office to obtain appointments as soon as the pre-authorization is issued. Please see attachment J	11/05/07
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, and record review, the facility failed to ensure that the client received prescribed medications without error for one of the four clients in the sample. (Client #1)	W 369		

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WASHINGTON, DC 20003

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W 369	Continued From page 14 The finding includes: Observation of the medication administration on October 17, 2007 at 5:24 PM, Client #1 was administered Flonase three sprays in his left nostril and two into his right nostril. Record review of the medication administration records (MARs) and the current physician orders indicated that the client should have received two sprays in each nostril.	W 369	Individual # 1 is learning to self-administer his own medication. In-service training was provided to individual # 1 regarding the importance of only taking the medication as prescribed. The nurse received training on ensuring that the medication is always reviewed with the individual before he/she administers his/her own medication. K	11/05/07
W 381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observation and client and staff interview, the facility's nurse failed to ensure that medications were appropriately stored and secured for two of the seven clients in the facility. (Clients #1 and #4) The findings include: 1. On October 17, 2007 at 4:50 PM during the medication administration, Client #4 was observed to reach to the top of the medication cabinet and retrieve his medication box. The medication box was observed with a unlocked top drawer which stored two keys. During observation, the client retrieved one key to unlock the box and the second key unlocked the controlled substance. Once the client completed his medication administration, he locked both boxes and put the medication box back on top of the medication cabinet. Further observations on October 18 and 19, 2007 revealed that the	W 381		

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W 381	Continued From page 15 medication box was stored on top of the medication cabinet. Interview with the Qualified Mental Retardation Professional (QMRP) and Quality Assurance Specialist on October 19, 2007 at approximately 11:30 AM, revealed that the key is generally located inside of the locked medication cabinet. According to the self medication assessment dated November 11, 2006, the client will be allowed to keep key in his custody in a safe place. 2. On October 19, 2007 at 12:36 PM, during the environmental inspection, a box of Anucort - HC 25 mg (suppository) was stored in a locked cabinet with the client's external (topical) medications. The direct care staff had access to the locked cabinet. Interview with the House Manager revealed that the morning medication nurse administered the suppository. Review of the policy revised on January 2, 2007, "all medications are to be stored in a locked area". There was no evidence that all drugs were stored under proper conditions of security.	W 381	The Nurse was provided an in-service training on 11/05/07, on properly storing and securing medication at all times. Please see attachment # K Ensure that medication is properly stored. Please see attachment # K	11/05/07

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I 000	INITIAL COMMENTS A relicensure survey was conducted from October 17, 2007 through October 19, 2007. The survey was initiated using the fundamental survey process. A random sample of four residents were selected from a population of one female and six male residents with various degrees of disabilities. The findings of this survey were based on observations at the group home, four day programs, interviews with both the group home and day program staff, review of clinical and administrative records to include the facility's unusual incident reports.	I 000		
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 interviews and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6). The finding includes: The State regulatory agency conducted a review of personnel records on October 18, 2007, at which time there was no evidence that one direct carf staff (Staff #1) had current health certificates.	I 206	Staff # 1's health certificate is available. See attachment. L	

Health Regulation Administration

Gomey Shyshe

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

TITLE President

(X6) DATE 11/13/07

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I 395	3520.2(e) 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: (e) Nursing; This Statute is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of one of four residents in the sample. (Resident #1) The finding includes: See Federal Deficiency Report - Citation W369	I 395	Individual # 1 is learning to self-administer his own medication. In-service training was provided to individual # 1 regarding the importance of only taking the medication as prescribed. The nurse received training on ensuring that the medication is always reviewed with the individual before he/she administers his/her own medication.	
I 405	3520.7 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure professional	I 405		

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I 405	Continued From page 2 services had been provided in accordance with each resident's needs. The finding includes: See Federal Deficiency Report - Citations W120	I 405	Please see answer to W120.	11-8-07
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure habilitation and training was provided to its residents that would enable them to acquire and maintain life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning for two of the four residents in the sample. (Residents #2 and #4) The finding includes: See Federal Deficiency Report - Citations W227	I 420	Please see answer to W227.	11-12-07
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 interview and record review, the	I 422		

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I 422	Continued From page 3 GHMRP failed to ensure habilitation, training and assistance was provided to residents in accordance with his Individual Habilitation Plan for one of the four residents in the sample. (Resident #3) The finding includes: See Federal Deficiency Report Citation W249	I 422	Please see answer to W249.	11-12-07
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: Based on observation, staff interview and record review, the GHMRP failed to ensure habilitation and training was provided to its residents that would enable them to acquire and maintain life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning for one of the four residents in the sample. (Resident #4) The finding includes: See Federal Deficiency Report - Citations W255	I 424	Please see answer to W255.	11-12-07
I 428	3521.5(e) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months	I 428		

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I 428	Continued From page 4 or when the client: (e) As indicated by a change in his or her health status. This Statute is not met as evidenced by: Based on observation, staff interview and record review the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure modifcation to the residents' program as indicated by a change in the residents health status one of the four resdients. (Resident #1) The finding includes: See Federal Deficiency Report - Citation W212	I 428	Please see answer to W212.	2-5-07
I 432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in toothbrushing and hand washing for one of the four residents in the sample. (Resident #2) The finding includes: See Federal Deficiency Report Citation W242	I 432	Please see answer to W242.	11-12-07

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I 437	Continued From page 5	I 437		
I 437	3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required); This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to provide habilitation and training for one of the four residents included in the sample. (Resident #3) The finding includes: See Federal Deficiency Report - Citation W249	I 437	The Speech Therapist provided an in-service training to all staff on proper implementation of individual # 3's speech. DCHC will make sure that the individual will use a communication board to express her choices of snacks. See attachment.	11/02/07
I 445	3521.7(o) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (o) Motor and perceptual skills (including balance, posture, and gross and fine motor skills); This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the GHMRP failed to provide gross motor skills for one of the four residents (Resident #1) The finding includes:	I 445		

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I 445	Continued From page 6 See Federal Deficiency Report - Citations W322, 1 and 2	I 445		