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

RECEIVED 9/14/07

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G111	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1326 45TH PLACE, NE WASHINGTON, DC 20019	

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W 000	INITIAL COMMENTS The recertification survey was conducted from August 15, 2007 through August 17, 2007. The survey was initiated using the full survey process. A random sample of three clients was selected from a residential population of five females with mental retardation and other disabilities. The survey findings were based on observations in the group home and three day programs, interviews and a review of records, including unusual incident reports.	W 000		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's Governing Body failed to ensure the development and availability of needed policies. The finding includes: The Governing Body failed to ensure the development and availability of its incident management policy. (See W149)	W 104	RCM incident management policy was revised and the staff has been trained on the new incident management policy. See Attachment #1	8-20-07
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.	W 124		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 9/14/07

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 124	Continued From page 1 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights of each client and/or their legal guardian to be informed the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the three clients (Client #1) included in the sample. The findings include: Interview with the nurse and review of Client #1's record on August 16, 2007 at 4:43 PM revealed the client received Xanax 1 mg prior to her gynecology appointment on March 22, 2007. Further interview with the nurse revealed the sedation was given to address her anxiety and have her relax during her appointment. Interview with the Qualified Mental Retardation Professional (QMRP) was conducted on August 17, 2007 to ascertain information regarding any strategies implemented by the facility to assist Client #1 with her anxiety during medical appointments prior to administering sedation. Continued interview and review of the client's record failed to provide evidence of any systemized plan to assist the client. At the time of the survey, there was no evidence provided that ensured less restrictive techniques were implemented to assist Client #1 with her anxiety prior to being given a sedative. Additional interview with the QMRP and record review on August 17, 2007 revealed Client #1 was not competent to make decisions regarding her medical treatment and habilitation. The information was verified through review of the	W 124	QMRP has contacted the behavior specialist. Baseline data will be conducted on Client # 1's behavior regarding medical appointments. Behavior Specialist Case Note is attached. In the future less restrictive techniques will be implemeted to help Client #1 with her anxiety prior to administering sedation. See Attachment #2	9-11-07

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W 124	Continued From page 2 client's Individual Support Plan (ISP) dated October 12, 2006 on August 17, 2007 at 10:26 AM. Further discussion with the QMRP and review of Client #1's record revealed the client did not have a legal guardian to assist her with making necessary medical and habilitation decisions. At the time of the survey, the facility failed to provide evidence that Client #1's treatment needs, including the benefits and potential side effects associated with the medication, and the right to refuse treatment, had been explained to her and/or a legally authorized representative.	W 124	A consent form has been placed in client # 1 record. In the future the QMRP will ensure that the necessary treatment is explained to client # 1 including the benefits and potential side effects associated with the medication, and right to refuse treatment, had been explained to her and/or a legally authorized representative. See Attachment #3	9-11-07
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure policies were developed to ensure the clients health and safety, for five of five clients (Clients #1, #2, #3, #4, and #5) that resided in the facility. The finding includes: The facility failed to ensure an incident management policy was developed and available for reference. Interview was conducted with the House Manager and Qualified Mental Retardation Professional (QMRP) on August 15, 2007 (at 10:39 and 11:15 respectively) to ascertain information about the facility's policy on managing injuries of unknown	W 149		

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W 149	Continued From page 3 source, abuse, neglect and mistreatment. Additionally, at 11:01 AM the QMRP was asked to provide a copy of the facility's incident management policy for review. The QMRP agreed to have the policy available no later than 9:00 AM on August 16, 2007. At the time of the survey, the facility failed to provide evidence of an incident management policy.	W 149	Refer to W104 p. 1 Attachement #1	
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. The findings include: 1. The QMRP failed to ensure each client had a comprehensive assessment on file that depicted their current functional status. (See W214) 2. The QMRP failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP) made certain that the data collection system was directly related to the outcome of the objective . (See W237) 3. The QMRP failed to ensure that each client was provided opportunities for choice, encouraged and taught to make choices. (See	W 159	The self medication assessments for all clients were revised and depict the current functional status. The self medication programs have been developed and implemented. In the future the facility nurse will ensure that the clients self medication assessments reflect the current functional See Attachment #4 The ABC data sheet was revised by the behavior specialist. In the future, the facility will ensure that client # 1 ABC data sheet is designed to ensure that all her target behaviors could be documented. Staff was trained on the ABC data sheet. All preceeding data sheets have been removed from client # 1's program book. See attachment # 5	9-11-07 8-20-07

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W 159	Continued From page 4 W247) 4. The QMRP failed to ensure that each client was provided opportunities for choice and/or encouraged/taught to make choices. (See W247) 5. The QMRP failed to ensure that as soon as the interdisciplinary team (IDT) formulated each client's Individual Program Plan (IPP), the client received continuous active treatment. (See W249) 6. The QMRP failed to ensure data relative to the accomplishment of the criteria specified in each client' s individual program plan objectives were documented in measurable terms. (See W252) 7. The QMRP failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective. (See W255) 8. The QMRP failed to ensure individual program plans were revised in situations in which the client failed to progress with the identified objective even after reasonable efforts had been made. (See W257) 9. The QMRP failed to ensure an approved snack list was available for clients to make choices regarding appropriate snacks. (See also W247) Observation on August 16, 2007 and August 17, 2007 at approximately 4:00 PM revealed staff placed the clients' individual snack on the table, in front of each place setting, prior to the clients returning home from day program. Review of Clients #1, #2, and #3's August 2007 Physician's	W 159	The staff was in-serviced on client's choice. A snack list has been made available in the facility to ensure that client's # 1, 2, 3 make choice of their snacks. In the future the facility will ensure their clients are provided an opportunity to make choices during their snack time. See attachment #6 QMRP and Nurse have been in-serviced on client #3's behavior support plan and corresponding documentation form that was to be completed for each medical appointment. In the future the designated nurse will esure the cooresponding documentation form is completed for each medical appointment. See attachment #7 The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request. Client # 1's program objective has been revised. Staff has been trained on the new program objective. The objective will be changed from hand over hand assistance to phsyical prompt. Attachment # 8 Based on program data, Client #3 refused to participate with the program objective that required her to ambulate using her rolling walker. Physical Therapist has discontinued the program. In the future QMRP will ensure programs are reviewed and considered for revision. Attachment # 9 Refer to 159 p. 5 Attachement #6	8-20-07 8-20-07 8-20-07 8-20-07 8-20-07

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W 159	Continued From page 5 Orders (POS) on August 17, 2007 revealed the clients all have specially prescribed diets. Interview with the QMRP and House Manager August 17, 2007 was conducted to ascertain information about the aforementioned practice and about an approved snack list for those clients on prescribed diets. The House Manager revealed that there was no snack list available. At the time of the survey, the QMRP failed to ensure an approved nutritional snack list was available for the clients to make appropriate snack choices.	W 159		
W 194	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observation, interview and the record review, the facility staff failed to demonstrate competency in the implementation of each clients individual program plan, for one of the three clients (Client #3) included in the sample. The finding includes: 1. Observation of Client #3 on August 15, 2007 and throughout the survey revealed the client utilized a wheelchair for ambulation. Observation of the dinner meal at 5:55 PM revealed the client seated at the dinner table in her wheelchair. Review of Client #3' s record on August 17, 2007 at 1:34 PM, revealed a physical therapy assessment dated August 3, 2006. According to	W 194		

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W 194	Continued From page 6 the assessment, the consultant recommended that the client be transferred from her wheelchair to a standard chair with arms when in the home. Additionally, the assessment indicated Client #3 should be seated in the arm chair at meals. Interview with the Qualified Mental Retardation Professional (QMRP) on August 17, 2007 verified the information documented by the consultant and indicated that the client should have been assisted to an armchair. At the time of the survey, the facility failed to ensure staff assisted Client #3 to an armchair as recommended by the physical therapist.	W 194	Staff have been traained on transfering Client #3 from her wheelchair to a standard chair in the future QMRP wil ensure all consultant recommendations are implemented in the home.	8-20-07
	2. The facility failed to ensure staff demonstrated knowledge of Client #1's specially prescribed diet. (See W460)		Refer to 159 p. 5 Attachement #6	
W 237	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP) made certain that the data collection system was directly related to the outcome of the objective for one of the three (Client #1) included in the sample. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on August 15, 2007 at	W 237		

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W 237	Continued From page 7 10:57 AM revealed Client #1 had a Behavior Support Plan (BSP) to address behaviors. Review of the client ' s BSP dated September 2006 on August 17, 2007 at 11:07 AM revealed the plan addressed target behaviors of spitting, rectal digging, and physical aggression including coughing on others, pushing or hitting staff/peers, and tossing personal items of others. Interview with the QMRP and review the corresponding data collection form for Client #1 ' s BSP on August 17, 2007 revealed that the form was not designed to allow for incidents of aggression to be documented. The form design required staff to circle a number that corresponded with the observed behavior as detailed below: 0 No behaviors of concern 1 Rectal Digging 2 Spitting - on others 3 Spitting - on surfaces 4 Spitting - on herself At the time of the survey, the facility failed to ensure Client #1 ' s BSP data collection form was designed to ensure all of her targeted behaviors could be documented.	W 237	Refer to W159 p. 4 Attachement #5	
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client was provided opportunities for choice,	W 247		

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W 247	Continued From page 8 encouraged and taught to make choices for three of the three clients (Clients #1, #2, and #3) included in the sample. findings include: 1. The facility failed to ensure that each client was provided an opportunity to make a choice during their snack time. Observation on August 16, 2007 and August 17, 2007 at approximately 4:00 PM revealed staff place the clients' individual snack on the table, in front of each place setting, prior to the clients returning home from day program. The Qualified Mental Retardation Professional was interviewed on August 17, 2007 to ascertain information about the aforementioned practice. According to the QMRP, he/she was not aware of the practice and revealed it would be addressed. At the time of the survey, the facility failed to provide evidence that clients were encouraged to make choices regarding their snacks. 2. The facility failed to ensure that each client was given the opportunity to participate to their self medication regimen to the extent of their capabilities as evidenced below: Observation of the evening medication administration on August 15, 2007 beginning at 6:35 PM revealed the nurse punched all the medications from the client's bubble packs and administered the medications as indicated below: Client #1- all tablet form medications administered by nurse in peanut butter Client #2- all tablet form medications administered by the nurse in apple sauce	W 247	Refer to W159 p. 5 Attachement #6 Refer to W159 p. 4 Attachement #4	

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W 247	Continued From page 9 Client #3- all tablet form medications administered by the nurse. The clients were not observed to participate with any of the medication regimen. Review of Clients #2, and #3's self medication assessments on August 17, 2007 (dated May 18, 2007 and March 18, 2007 respectively) revealed the clients were not able to self-medicate and no program had been developed. It should be noted however, that both Clients #2 and #3 were observed feeding themselves at mealtimes and were verbal. At the time of the survey, it could not be determined that the self medication assessments were comprehensive and depicted the client's current functional status as it related to abilities to participate in some form of their medication regimen.	W 247	Refer to W159 p. 4 Attachement #5	
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 interview and record review, the facility failed to ensure that as soon as the interdisciplinary team (IDT) formulated each client's Individual Program Plan (IPP), the client received continuous active treatment, for one of the three clients (Client#3) included in the	W 249		

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W 249	Continued From page 10 sample. The finding includes: Interview with the nurse and review of Client #3' s record on August 17, 2007 at 9:42 AM revealed the client was administered Xanax 3 mg, prior to her sonogram on August 13, 2007. According to the nurse the sedation was to address potential behaviors during the medical appointment. Continued review of Client #3's record and interview with the Qualified Mental Retardation Professional (QMRP) on August 17, 2007 at 1:32 PM revealed the client had a Behavior Support Plan (BSP) dated August 14, 2006 to assist with addressing combative behaviors exhibited during medical appointments. The plan had a corresponding documentation form that was to be completed for each medical appointment. The QMRP was further interviewed to ascertain information regarding the completed documentation form for the aforementioned August 13, 2007 consultation. At the time of the survey, there was no evidence the plan had been implemented.	W 249	Refer to W159 p. 5 Attachement #7	
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 interview and record review, the facility failed to ensure data relative to the accomplishment of the criteria specified in each	W 252		

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W 252	Continued From page 11 client' s individual program plan objectives were documented in measurable terms, for three of the three clients (Clients #1, #2, and #3) included in the sample. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of Client #1' s data collection record on August 17, 2007 at 2:02 PM revealed the client participated with several formal program objectives. As the data collection record was reviewed, it was noted that several months of the data collection for Client #1' s formal objectives were missing as detailed below:	W 252		
	1. Client #1 will brush her teeth with hand over hand assistance in 4 out of 5 recorded trials per month for three consecutive months. No data was available for April, May, and June 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	2. Client #1 will select a leisure item once per month with hand over hand assistance on 75% of recorded trials per month for three consecutive months. No data was available for April, May and June 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	3. Given hand over hand assistance, Client #1 will wash her hands with 75% accuracy of recorded trials per month for three consecutive months. No data was available for April, May and June 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	4. Client #1 will identify coins (penny, nickel, and dime) with hand over hand assistance on 60% of recorded trials per month for three consecutive months. No data was available for January, April, May and June 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	It should be noted that review of Clients #2 and #3' s data collection records on August 17, 2007 also revealed missing data as detailed below:			

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	Client #2			
	1. Client #2 will move supine to/from sit with minimum assistance for on of ten trials two times a day on and ongoing basis. No evidence of data was available for the months of January, February, and March 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	2. Client #2 will propel her wheelchair between the living room and dining room before and after dinner with physical assistance. No evidence of data was available for the months of January, February, and March 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	3. Client #2 will roll in bed with minimum assistance and verbal cues using bedrails for 15 trials two times a day on an ongoing basis. No evidence of data was available for the months of January, February, and March 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	4. Client #2 will brush her gums using a swab with verbal assistance 80% of recorded trials per month for three consecutive months. No evidence of data was available for the months of January, February, and March 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	5. Client #2 will wash her body with hand over hand assistance form staff on 8 out of 10 trials in three consecutive months. No evidence of data was available for January, February, and March 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	Client #3			
	1. Client #3 will separate her dirty clothes into two piles (colors and whites) with verbal assistance. No evidence of data was available for April, May and June 2007.		The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
	2. Client #3 will state the function of five designated workers in the community, given hand over hand assistance with 80 % accuracy per session for three consecutive months. No		The missing data has been placed in the home for review. In the future, all the individuals	8-20-07

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W 252	Continued From page 13 evidence of data was available for February, April, May, and June 2007. 3. Client #3 will visit the beauty parlor with physical assistance from staff on 80% of recorded trials per month for three consecutive months. No evidence of data was available for the month of June 2007. Interview with the QMRP on August 17, 2007 revealed that data was collected for the aforementioned program objectives, however at the time of the survey, the requested data could not be located.	W 252	The missing data has been placed in the home for review. In the future, all the individuals program data will be kept in the home for review upon request.	8-20-07
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 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 one of the three clients (Client #1) included in the sample. The finding includes: Review of Client #1' s data collection record on August 17, 2007 at 2:02 PM revealed the client participated with a program objective that	W 255		

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W 255	Continued From page 14 required the client to wash her hands with hand over hand assistance for three consecutive months. Review of the available data (January, February, March, July, and August) revealed the client was participating with the program objective with 100% accuracy. The Qualified Mental Retardation Professional (QMRP) was interviewed on August 17, 2007 to ascertain information as to why the client continued to participate at the same level with the aforementioned program. Additionally, the QMRP was asked to provide information regarding the months for which there was no evidence of data collection. The QMRP revealed that data was collected but at the time of the survey could not be located. The QMRP further revealed that the program would be revised. At the time of the survey, the facility failed to provide evidence that Client #1' s hand washing program was revised after the client had achieved criteria.	W 255	Refer to W159 p. 5 Attachement #8	
W 257	483.440(f)(1)(iii) 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 is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure individual program plans were revised in situations in which the client failed to progress with the identified objective even after reasonable efforts had been made, for one of the three clients (Client #3) included in the sample.	W 257		

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W 257	Continued From page 15 The findings include: Review of Client #3' s data collection record on August 17, 2007 at 2:30 PM revealed the client participated with a program objective that required her to ambulate using her rolling walker. Review of the available data collection record revealed the client refused to participate with the program objective from January through August 2007. Interview with the Qualified Mental Retardation Professional (QMRP) and staff on August 17, 2007 revealed the client was afraid to fall while using the walker. At the time of the survey, the QMRP failed to ensure Client #3's ambulation program had been reviewed and considered for revision.	W 257	Refer to W159 p. 1 Attachement #1	
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence that its Human Rights Committee (HRC) thoroughly monitored and made suggestions about the facility's practice of administering a sedation for a client's anxiety prior to and during medical appointments without the use of a less restrictive technique, for one of the	W 264		

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W 264	Continued From page 16 three clients (Client #1) included in the sample. The finding includes: Interview with the nurse and review of Client #1 ' s record on August 16, 2007 revealed Client #1 received sedation of Xanax 1 mg on March 22, 2007 for her gynecology appointment. According to the nurse, the medication was administered to address the client's anxiety and to help her relax during her gynecological visit. Interview with the Qualified Mental Retardation Professional (QMRP) and continued review of Client #1' s record on August 17, 2007 failed to provide evidence of a program plan to address potential behaviors during medical appointments prior to administering sedative medications. Furthermore, at the time of the survey, there was no evidence that the facility's HRC had monitored and made suggestions about the practice of administering a sedation prior to ensuring a less restrictive technique had been implemented. (See also W124)	W 264		
W 278	483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure that prior to the use of more restrictive techniques, the client's record	W 278		

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W 278	Continued From page 17 documented that programs incorporating less intrusive techniques had been attempted and were ineffective for one of the three clients (Client #1) included in the sample. The finding includes: Interview with the nurse and review of Client #1' s record on August 16, 2007 revealed Client #1 received sedation of Xanax 1 mg on March 22, 2007 for her gynecology appointment. According to the nurse, the medication was administered to address the client's anxiety and to help her relax during her gynecological visit. Interview with the Qualified Mental Retardation Professional (QMRP) and continued review of Client #1' s record on August 17, 2007 failed to provide evidence of a program plan to address potential behaviors during medical appointments prior to administering sedative medications. At the time of the survey, the facility failed to provide evidence that behaviors potentially exhibited during medical appointments were addressed by a least restrictive technique prior to the administration of a sedative medication.	W 278	Refer to W124 p. 2 Attachement #2	
W 288	483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that techniques to address client behaviors were not used as a substitute for an active treatment, for one of the three clients (Client #1) included in the sample.	W 288		

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W 288	Continued From page 18	W 288		
	The facility failed to ensure that sedation to address behaviors exhibited during medical appointments were not administered without an active treatment program. (See W278)			
W 322	483.460(a)(3) PHYSICIAN SERVICES	W 322		
	The facility must provide or obtain preventive and general medical care.			
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure general and preventive care for two of the three clients (Clients #1 and #3) included in the sample.			
	The findings include:			
	1. Review of Client #1' s record on August 16, 2007 at 5:19 PM revealed Client #1 had lab studies conducted on June 15, 2007. Documented on the lab report was a note that indicated Client #1 needed to have her stools checked for blood. The nurse was interviewed on August 16, 2007, regarding the note and revealed that Client #1 had her stool checked as indicated in the note. However, at the time of the survey, there was no evidence in the record that revealed the recommended test was conducted.		Client #1's stools were checked for blood on 7-30-07. See Attachement #10	7-30-07
	2. Review of Client #1' s record on August 16, 2007 at 5:01 PM revealed the client was seen by the Audiologist on April 10, 2006. The consultant recommended that the client return for a re-evaluation in one year. Interview with the nurse on August 16, 2007 revealed that the client was scheduled for a follow up visit to the		Client #1 was seen by the audiologist on 8-27-07. In the future follow up appointments will be scheduled in a timely manner per recommendation by specialist. See Attachment #11	8-27-07

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W 322	Continued From page 19 audiologist in September 2007. At the time of the survey, the facility failed to provide evidence that Client #1 was seen by the audiologist timely. 3. Interview with the nurse and review of Client #3' s record on August 17, 2007 at 9:58 AM revealed the client was seen by the dermatologist on June 19, 2007. Continued review of the consultation report revealed the client was to return for follow-up in ten days. The nurse was interviewed to ascertain information as to whether the follow-up appointment was kept and revealed that at the time of the survey, Client #3 had not returned to the dermatologist as recommended.	W 322	Client #3 had a follow up appointment with the dermatologist on 7-6-07 & 8-6-07. Client #3 did not return for follow up with the dematologist in 10 days. in the future the nurse will ensure follow up appointments are scheduled per recommendation by the specialist. If an appointment is not kept, the nurse will sign and date noting why. See Attachement #12	8-6-07
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 interview and record review, the facility failed to provide nursing services in accordance with the needs of two of the three clients (Clients #1 and #3) included in the sample. The findings include: 1. The facility's nursing services failed to ensure clients received timely medical services. (See W322)	W 331	Refer to W322 p. 20 Attachement #12	
	2. Review of Client #1' s record on August 16, 2007 at 3:23 PM revealed a physician' s quarterly note dated March 7, 2007. According to the note, the client was seen for a neurology follow-up and an EEG was done. Continued review of Client #1' s record and interview with the nurse revealed, prior to the physician' s note, an EEG was		The EEG Report is attached for review. See attachment #13	9-12-07

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W 331	Continued From page 20 conducted on June 22, 2006. The nurse was queried to ascertain information regarding the location of the EEG report and its findings, however at the time of the survey, the report was not located.	W 331		
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 timely dental services, for one of the three clients (Client #1) included in the sample. The finding includes: Review of Client #1' s record on August 16, 2007 at 4:00 PM revealed Client #1 was seen by the dentist on November 22, 2006. According to the consultant, Client #1 had " severe attrition of remaining teeth numbers 22, 23, 27, 28, 29, 30, and 31. " A recommendation was made that the teeth be extracted because they were " worn down " and due to the fact that the aforementioned teeth had no opposing teeth, they served no purpose. Continued review of Client #1 ' s record revealed that the client was seen again by the dentist on May 29, 2007. That consultant made no mention of the aforementioned recommendation and there was no evidence that the teeth were extracted.	W 356	An appointment has been scheduled for Client # 1's teeth to be extracted on	

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W 356	Continued From page 21 Interview was conducted with the nurse on August 16, 2007 regarding Client #1' s teeth. According the nurse, Client #1 saw a different dentist on May 29, 2007 and the dentist' s recommendations from November 22, 2006 were not addressed. At the time of the survey, the facility failed to ensure the recommendation made by the dental consultant on November 22, 2006 regarding Client #1's teeth was addressed.	W 356		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to hold evacuation drills quarterly on all shifts. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on August 15, 2007 at 9:44 AM revealed the direct care staff were assigned the following shifts of duty: 7:00 AM - 3:00 PM 3:00 PM - 11:00 PM 11:00 PM - 7:00 AM Review of the fire drill records from January 2007 through August 2007 revealed there was no evidence evacuation drills were conducted on the 11:00 PM - 7:00 AM shift.	W 440	The staff was in-serviced by facilities coordinator and was provided a copy of the 2007 evacuations drill calendar and how to conduct a fire drill. In the future Qmrp and facilities coordinator will ensure fire drills are conducted in accordance to evacuation drill schedule. See Attachment # 14	8-20-07
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions.	W 441		

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W 441	Continued From page 22 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to hold evacuation drills under varied conditions. The finding includes: (Cross Refer W440) Interview with the Qualified Mental Retardation Professional (QMRP) on August 15, 2007 at 9:44 AM revealed the direct care staff were assigned three shifts of duty. Review of the evacuation drill records failed to provide evidence that drills were conducted during sleeping hours (from 11:00 PM - 7:00 AM).	W 441		
W 448	483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to address problems which occurred when evacuation drills were held. The finding includes: Review of the fire drill records on from January 2007 through August 2007 on August 15, 2007 a drill report dated January 5, 2007. According to the review of the report, the fire alarm went off by itself. Interview with the Qualified Mental Retardation Professional and further record review failed to provide evidence that the aforementioned incident was investigated.	W 448	Refer to W. 440 P.22 Attachment #14	
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES	W 460		

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W 460	Continued From page 23 Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that each client received their prescribed diet, for one of the three clients (Client #1) included in the sample. The finding includes: Observation and interview with staff on August 15, 2007 at 5:55 PM revealed sausage, cabbage, sweet potatoes, succotash, cornbread muffin and water were served for the evening meal. Client #1' s sausage was cut up into bite sized pieces. Review of Client #1' s Physician' s Orders (POS) dated August 2007 on August 16, 2007 at 4:43 PM revealed Client #1 was prescribed a 1500 calorie diet with finely chopped meats and vegetables. Interview with the nurse on August 16, 2007 at 5:56 PM verified the diet order. At the time of the survey, the facility failed to ensure Client #1 received her diet as ordered.	W 460	Refer to W159 p. 5 Attachement #6	

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I 000	INITIAL COMMENTS The recertification survey was conducted from August 15, 2007 through August 17, 2007. A random sample of three residents was selected from a residential population of five females with mental retardation and other disabilities. The survey findings were based on observations in the group home and three day programs, interviews and a review of records, including unusual incident reports.	I 000	1	
I 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that modified diets were served as prescribed, for one of the three residents (Resident #1) included in the sample. The finding includes: Observation and interview with staff on August 15, 2007 at 5:55 PM revealed sausage, cabbage, sweet potatoes, succotash, cornbread muffin and water were served for the evening meal. Resident #1' s sausage was cut up into bite sized pieces. Review of Resident #1' s Physician' s Orders (POS) dated August 2007 on August 16, 2007 at 4:43 PM revealed resident #1 was prescribed a 1500 calorie diet with finely chopped meats and vegetables. Interview with the nurse on August 16, 2007 at 5:56 PM verified the diet	I 042	Refer to W 159 P.5 Attachment #6	

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I 042	Continued From page 1 order. At the time of the survey, the facility failed to ensure Resident #1 received her diet as ordered. (See also Federal Deficiency Report Citation W460)	I 042		
I 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure bathrooms were equipped with cup dispensers. The finding includes: Observations of the GHMRP' s environment and interview with the Qualified Mental Retardation Professional on August 17, 2007 at 3:17 PM revealed that there was no cup dispenser located in the bathroom outside of Client #3's bedroom.	I 082	Cup dispenser was purchased and placed in the home.	8-21-07
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and	I 090		

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NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1326 45TH PLACE, NE WASHINGTON, DC 20019		

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I 090	Continued From page 2 sanitary manner. The findings include: Observation and interview with the Facility Coordinator during the environmental walkthrough on August 17, 2007 revealed the following. 1. There was one light bulb blown in the ceiling fan light fixture in the living room. 2. The light located in the hood of the stove was missing its cover. Additionally, the interior of the hood was observed to be dirty.	I 090	Light Bulbs in the ceiling fan light fixture has been inserted. New cover has been inserted over the Stove.	8-21-07 8-21-07
I 095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that cleaning agents were stored in a locked cabinet and out of direct reach of each resident. The finding includes: Observation of the GHMRP's environment on August 15, 2007 at 4:30 PM revealed the residents entering the facility. At 4:47 PM, a box of clothes washing detergent with bleach was observed between the washer and dryer. Located above the washer and dryer was a cabinet that housed the GHMRP's caustic agents. The closet was unlocked and revealed various types of cleaners including oven cleaner, pine	I 095		

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I 095	Continued From page 3 cleaner and comet with bleach. At the time of the survey, the GHMRP failed to ensure caustic agents remained secured.	I 095	The staff has been inserviced by the facilities Coordinator. See Attachment #15	8-20-07
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that simulated fire drills were conducted at least four times a year for each shift. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on August 15, 2007 at 9:44 AM revealed the direct care staff were assigned the following shifts of duty: 7:00 AM - 3:00 PM 3:00 PM - 11:00 PM 11:00 PM - 7:00 AM Review of the fire drill records from January 2007 through August 2007 revealed there was no evidence evacuation drills were conducted on the 11:00 PM - 7:00 AM shift. (See also Federal Deficiency Report Citation W440)	I 135	Refer to W. 440 Page #22 See Attachment #14	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job	I 203		

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I 203	Continued From page 4 descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the GHMRP's personnel files on August 15, 2007 at 1:01 PM revealed the GHMRP failed to provide evidence that five staff had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	I 203	Employee Files have been updated.	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required	I 206	Employee Files have been updated.	

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I 206	Continued From page 5 duties. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the GHMRP's personnel files on August 15, 2007 at 1:01 PM revealed the GHMRP failed to provide evidence that current health certificates were on file for six staff and five consultants.	I 206	Employee Files have been updated.	9/13/07
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all staffs personnel records. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the personnel files on August 15, 2007 at 1:01 PM revealed that the GHMRP failed to provide evidence of personnel files for the one nurse, one consultant and one staff.	I 271	Employee Files have been updated.	9/13/07
I 274	3513.1(e) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following	I 274		

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I 274	Continued From page 6 administrative records: (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded (GHMRP) failed to provide evidence of contracts with each of their consultants. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the personnel records on August 15, 2007 at 1:01 PM revealed the GHMRP failed to have contract on file for the the three consultants.	I 274	Employee Files have been updated. Attachment #16	9-14-07
I 398	3520.2(h) 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: (h) Social Work; This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provide evidence of a valid license on file for the social worker.	I 398		

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I 398	Continued From page 7	I 398		
	The finding includes:			
	Interview with the Qualified Mental Retardation Professional and review of the personnel files on August 15, 2007 at 2:09 PM revealed the facility failed to have a license on file for the social worker.		Employee Files have been updated. Attachment #16	9-14-07
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS	I 401		
	Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.			
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure professional services were received in a timely manner.			
	The finding includes:			
	1. Review of Resident#1' s record on August 16, 2007 at 5:19 PM revealed Resident#1 had lab studies conducted on June 15, 2007. Documented on the lab report was a note that indicated Resident#1 needed to have her stools checked for blood. The nurse was interviewed on August 16, 2007, regarding the note and revealed that Resident#1 had her stool checked as indicated in the note. However, at the time of the survey, there was no evidence in the record that revealed the recommended test was conducted.		Refer to W. 322 Page #19 Attachment #10	
	2. Review of Resident #1' s record on August 16, 2007 at 5:01 PM revealed the resident was seen			

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I 401	Continued From page 8	I 401		
	by the Audiologist on April 10, 2006. The consultant recommended that the resident return for a re-evaluation in one year. Interview with the nurse on August 16, 2007 revealed that the resident was scheduled for a follow up visit to the audiologist in September 2007. At the time of the survey, the facility failed to provide evidence that Resident #1 was seen by the audiologist timely.		Refer to W. 322 Page #19 Attachment #11	
	3. Interview with the nurse and review of Resident #3' s record on August 17, 2007 at 9:58 AM revealed the resident was seen by the dermatologist on June 19, 2007. Continued review of the consultation report revealed the resident was to return for follow-up in ten days. The nurse was interviewed to ascertain information as to whether the follow-up appointment was kept and revealed that at the time of the survey, Resident #3 had not returned to the dermatologist as recommended.		Refer to W. 322 Page #20 Attachment #12	
	(See Federal Deficiency Report Citation W322)			
I 422	3521.3 HABILITATION AND TRAINING	I 422		
	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 GHMRP failed to ensure habilitation, training and assistance was provided to its residents in accordance with their Individual Habilitation Plan(s).			
	The finding includes:			
	Interview with the nurse and review of Resident #3' s record on August 17, 2007 at 9:42 AM			

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I 422	Continued From page 9 revealed the resident was administered Xanax 3 mg, prior to her sonogram on August 13, 2007. According to the nurse the sedation was to address potential behaviors during the medical appointment. Continued review of Resident #3's record and interview with the Qualified Mental Retardation Professional (QMRP) on August 17, 2007 at 1:32 PM revealed the resident had a Behavior Support Plan (BSP) dated August 14, 2006 to assist with addressing combative behaviors exhibited during medical appointments. The plan had a corresponding documentation form that was to be completed for each medical appointment. The QMRP was further interviewed to ascertain information regarding the completed documentation form for the aforementioned August 13, 2007 consultation. At the time of the survey, there was no evidence the plan had been implemented. (See Federal Deficiency Report Citations W249)	I 422	Refer to W. 159 Page #5 Attachment #7	
I 426	3521.5(c) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (c) Is failing to progress toward identified objectives after reasonable efforts have been made; This Statute is not met as evidenced by: Based on interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure that revisions were considered when residents' demonstrated a lack of achievement in attaining the established criterion levels for one of three residents	I 426		

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I 426	Continued From page 10 (Resident #3) included in the sample. The findings include: Review of Resident #3' s data collection record on August 17, 2007 at 2:30 PM revealed the resident participated with a program objective that required her to ambulate using her rolling walker. Review of the available data collection record revealed the resident refused to participate with the program objective from January through August 2007. Interview with the Qualified Mental Retardation Professional (QMRP) and staff on August 17, 2007 revealed the resident was afraid to fall while using the walker. At the time of the survey, the QMRP failed to ensure Resident #3's ambulation program had been reviewed and considered for revision.	I 426	Refer to W. 159 Page #5 Attachment #9	
I 484	3522.11 MEDICATIONS Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to promptly destroy prescribed medication that was expired. . The finding includes: Observation during the environmental inspection and interview with the Qualified Mental Retardation Professional on August 17, 2007 beginning at 3:17 PM revealed the following expired medications were housed in the residents' hygiene containers:	I 484	All expired medications have been discarded. In the future the Designated Nurse will weekly check hygiene kits to discard expired medications.	8-17-07

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I 484	Continued From page 11 Resident #1- Naftin 1% cream expired April 25, 2007 Resident #3 - Selsun Blue, expiration date May 3, 2007 At the time of the survey, the GHMRP failed to ensure the prescribed expired treatments were discarded.	I 484		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights of each resident and/or their legal guardian to be informed the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the three residents (Resident #1) included in the sample. The findings include: Interview with the nurse and review of Resident #1's record on August 16, 2007 at 4:43 PM revealed the Residentreceived Xanax 1 mg prior to her gynecology appointment on March 22, 2007. Further interview with the nurse revealed the sedation was given to address her anxiety and have her relax during her appointment. Interview with the Quallfied Mental Retardation Professional (QMRP) was conducted on August .	I 500		

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I 500	Continued From page 12 17, 2007 to ascertain information regarding any strategies implemented by the facility to assist Residen t#1 with her anxiety during medical appointments prior to administering sedation. Continued interview and review of the residnet's record failed to provide evidence of any systemized plan to assist the resident At the time of the survey, there was no evidence provided that ensured less restrictive techniques were implemented to assist Resident #1 with her anxiety prior to being given a sedative. Additional interview with the QMRP and record review on August 17, 2007 revealed Residen t#1 was not competent to make decisions regarding her medical treatment and habilitation. The information was verified through review of the client's Individual Support Plan (ISP) dated October 12, 2006 on August 17, 2007 at 10:26 AM. Further discussion with the QMRP and review of Resident #1's record revealed the resident did not have a legal guardian to assist her with making necessary medical and habilitation decisions. At the time of the survey, the facility failed to provide evidence that Resident #1's treatment needs, including the benefits and potential side effects associated with the medication, and the right to refuse treatment, had been explained to her and/or a legally authorized representative.	I 500	Refer to W.124 Page #2 Attachment #2 Refer to W.124 Page #3 Attachment #3	

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I 000	INITIAL COMMENTS The recertification survey was conducted from August 15, 2007 through August 17, 2007. A random sample of three residents was selected from a residential population of five females with mental retardation and other disabilities. The survey findings were based on observations in the group home and three day programs, interviews and a review of records, including unusual incident reports.	I 000		
I 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that modified diets were served as prescribed, for one of the three residents (Resident #1) included in the sample. The finding includes: Observation and interview with staff on August 15, 2007 at 5:55 PM revealed sausage, cabbage, sweet potatoes, succotash, cornbread muffin and water were served for the evening meal. Resident #1' s sausage was cut up into bite sized pieces. Review of Resident #1' s Physician' s Orders (POS) dated August 2007 on August 16, 2007 at 4:43 PM revealed resident #1 was prescribed a 1500 calorie diet with finely chopped meats and vegetables. Interview with the nurse on August 16, 2007 at 5:56 PM verified the diet	I 042	Refer to W 460 P.24 Attachment #6	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 9-18-07

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I 042	Continued From page 1 order. At the time of the survey, the facility failed to ensure Resident #1 received her diet as ordered. (See also Federal Deficiency Report Citation W460)	I 042		
I 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure bathrooms were equipped with cup dispensers. The finding includes: Observations of the GHMRP' s environment and interview with the Qualified Mental Retardation Professional on August 17, 2007 at 3:17 PM revealed that there was no cup dispenser located in the bathroom outside of Client #3's bedroom.	I 082	Cup dispenser was purchased and placed in the home.	8-21-07
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and	I 090		

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I 090	Continued From page 2 sanitary manner. The findings include: Observation and interview with the Facility Coordinator during the environmental walkthrough on August 17, 2007 revealed the following. 1. There was one light bulb blown in the ceiling fan light fixture in the living room. 2. The light located in the hood of the stove was missing its cover. Additionally, the interior of the hood was observed to be dirty.	I 090	Light Bulbs in the ceiling fan light fixture has been inserted. New cover has been inserted over the Stove.	8-21-07 8-21-07
I 095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute Is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that cleaning agents were stored in a locked cabinet and out of direct reach of each resident. The finding includes: Observation of the GHMRP's environment on August 15, 2007 at 4:30 PM revealed the residents entering the facility. At 4:47 PM, a box of clothes washing detergent with bleach was observed between the washer and dryer. Located above the washer and dryer was a cabinet that housed the GHMRP's caustic agents. The closet was unlocked and revealed various types of cleaners including oven cleaner, pine	I 095		

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I 095	Continued From page 3 cleaner and comet with bleach. At the time of the survey, the GHMRP failed to ensure caustic agents remained secured.	I 095	The staff has been inserviced by the facilities Coordinator. In the future staff will document on updated shift responsbility sheets to ensure all caustic agents are secured. See Attachment #15 & 15a	8-20-07
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute Is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that simulated fire drills were conducted at least four times a year for each shift. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on August 15, 2007 at 9:44 AM revealed the direct care staff were assigned the following shifts of duty: 7:00 AM - 3:00 PM 3:00 PM - 11:00 PM 11:00 PM - 7:00 AM Review of the fire drill records from January 2007 through August 2007 revealed there was no evidence evacuation drills were conducted on the 11:00 PM - 7:00 AM shift. (See also Federal Deficiency Report Citation W440)	I 135	Refer to W. 440 Page #22 See Attachment #14 & 14a	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job	I 203		

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I 203	Continued From page 4 descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the GHMRP's personnel files on August 15, 2007 at 1:01 PM revealed the GHMRP failed to provide evidence that five staff had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	I 203	A copy of individuals's files has been placed in the home in a locked cabinet. In the future quarterly QMRP and House Mangager will go to RCM Headquarters to ensure all staff in the home have current files placed in the home which will include signed job descrptions. QMRP and House Manger will cross-reference employee's files that are kept in the home with the files in the main office to ensure accuracy.	9-14-07
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required	I 206		

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I 206	Continued From page 5 duties. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the GHMRP's personnel files on August 15, 2007 at 1:01 PM revealed the GHMRP failed to provide evidence that current health certificates were on file for six staff and five consultants.	I 206	A copy of personnel files and consultant files has been placed in the home in a locked cabinet. In the future quarterly QMRP and House Mangager will go to RCM Headquarters to ensure all personnel and consultant files in the home have current health certificates for files placed in the home which will include current health certificates.QMRP and House Manger will cross-reference employee's and personnel files that are kept in the home with the files in the main office to ensure accuracy.	9-14-07
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all staffs personnel records. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the personnel files on August 15, 2007 at 1:01 PM revealed that the GHMRP failed to provide evidence of personnel files for the one nurse, one consultant and one staff.	I 271	Refer to W. 206 P. 5	
I 274	3513.1(e) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following	I 274		

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I 274	Continued From page 6 administrative records: (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded (GHMRP) failed to provide evidence of contracts with each of their consultants. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the personnel records on August 15, 2007 at 1:01 PM revealed the GHMRP failed to have contract on file for the the three consultants.	I 274	A copy of personnel files and consultant files has been placed in the home in a locked cabinet. In the future quarterly QMRP and House Mangager will go to RCM Headquarters to ensure all onsultant files in the home have current health certificates and contracts. QMRP and House Manger will cross-reference personnel and consultant files that are kept in the home with the files in the main office to ensure accuracy.	9-14-07
I 398	3520.2(h) 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: (h) Social Work; This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provide evidence of a valid license on file for the social worker.	I 398		

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I 398	Continued From page 7 The finding includes: Interview with the Qualified Mental Retardation Professional and review of the personnel files on August 15, 2007 at 2:09 PM revealed the facility failed to have a license on file for the social worker.	I 398	A copy of consultant files has been placed in the home in a locked cabinet. In the future quarterly QMRP and House Mangager will go to RCM Headquarters to ensure all onsultant files in the home have current health certificates, licenses and contracts. QMRP and House Manger will cross-reference consultant and personnel files that are kept in the home with the files in the main office to ensure accuracy. Attachment #16	9-14-07
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure professional services were received in a timely manner. The finding includes: 1. Review of Resident#1' s record on August 16, 2007 at 5:19 PM revealed Resident#1 had lab studies conducted on June 15, 2007. Documented on the lab report was a note that indicated Resident#1 needed to have her stools checked for blood. The nurse was interviewed on August 16, 2007, regarding the note and revealed that Resident#1 had her stool checked as indicated in the note. However, at the time of the survey, there was no evidence in the record that revealed the recommended test was conducted. 2. Review of Resident #1' s record on August 16, 2007 at 5:01 PM revealed the resident was seen	I 401	Refer to W. 322 Page #19 Attachment #10 & 10 A	

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I401	Continued From page 8 by the Audiologist on April 10, 2006. The consultant recommended that the resident return for a re-evaluation in one year. Interview with the nurse on August 16, 2007 revealed that the resident was scheduled for a follow up visit to the audiologist in September 2007. At the time of the survey, the facility failed to provide evidence that Resident #1 was seen by the audiologist timely.	I401	Refer to W. 322 Page #20 Question (2) Attachment #11 & 10 a	
	3. Interview with the nurse and review of Resident #3' s record on August 17, 2007 at 9:58 AM revealed the resident was seen by the dermatologist on June 19, 2007. Continued review of the consultation report revealed the resident was to return for follow-up in ten days. The nurse was interviewed to ascertain information as to whether the follow-up appointment was kept and revealed that at the time of the survey, Resident #3 had not returned to the dermatologist as recommended. (See Federal Deficiency Report Citation W322)		Refer to W. 322 Page #20 Question (3) Attachment #12 & 10 a	
I422	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 GHMRP failed to ensure habilitation, training and assistance was provided to its residents in accordance with their Individual Habilitation Plan(s). The finding includes: Interview with the nurse and review of Resident #3' s record on August 17, 2007 at 9:42 AM	I422		

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I 422	Continued From page 9 revealed the resident was administered Xanax 3 mg, prior to her sonogram on August 13, 2007. According to the nurse the sedation was to address potential behaviors during the medical appointment. Continued review of Resident #3's record and interview with the Qualified Mental Retardation Professional (QMRP) on August 17, 2007 at 1:32 PM revealed the resident had a Behavior Support Plan (BSP) dated August 14, 2006 to assist with addressing combative behaviors exhibited during medical appointments. The plan had a corresponding documentation form that was to be completed for each medical appointment. The QMRP was further interviewed to ascertain information regarding the completed documentation form for the aforementioned August 13, 2007 consultation. At the time of the survey, there was no evidence the plan had been implemented. (See Federal Deficiency Report Citations W249)	I 422	Refer to W. 124 Page #2 Attachment #2	
I 426	3521.5(c) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (c) Is failing to progress toward identified objectives after reasonable efforts have been made; This Statute is not met as evidenced by: Based on interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure that revisions were considered when residents' demonstrated a lack of achievement in attaining the established criterion levels for one of three residents	I 426		

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I 426	Continued From page 10 (Resident #3) included in the sample. The findings include: Review of Resident #3' s data collection record on August 17, 2007 at 2:30 PM revealed the resident participated with a program objective that required her to ambulate using her rolling walker. Review of the available data collection record revealed the resident refused to participate with the program objective from January through August 2007. Interview with the Qualified Mental Retardation Professional (QMRP) and staff on August 17, 2007 revealed the resident was afraid to fall while using the walker. At the time of the survey, the QMRP failed to ensure Resident #3's ambulation program had been reviewed and considered for revision.	I 426	Refer to W. 257 Page #16 Attachment #9	
I 484	3522.11 MEDICATIONS Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to promptly destroy prescribed medication that was expired. The finding includes: Observation during the environmental inspection and interview with the Qualified Mental Retardation Professional on August 17, 2007 beginning at 3:17 PM revealed the following expired medications were housed in the residents' hygiene containers:	I 484	All expired medications have been discarded. In the future the Designated Nurse will weekly check hygiene kits to discard expired medications. Designated Nurse was in-Serviced on location of Hygiene kits and in the future Designated Nurse will check hygiene kits weekly and discard expired medications. (Attachment #17)	9-11-07

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I 484	Continued From page 11 Resident #1- Naftin 1% cream expired April 25, 2007 Resident #3 - Selsun Blue, expiration date May 3, 2007 At the time of the survey, the GHMRP failed to ensure the prescribed expired treatments were discarded.	I 484		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights of each resident and/or their legal guardian to be informed the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the three residents (Resident #1) included in the sample. The findings include: Interview with the nurse and review of Resident #1's record on August 16, 2007 at 4:43 PM revealed the Residentreceived Xanax 1 mg prior to her gynecology appointment on March 22, 2007. Further interview with the nurse revealed the sedation was given to address her anxiety and have her relax during her appointment. Interview with the Qualified Mental Retardation Professional (QMRP) was conducted on August	I 500		

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I 500	Continued From page 12 17, 2007 to ascertain information regarding any strategies implemented by the facility to assist Residen t#1 with her anxiety during medical appointments prior to administering sedation. Continued interview and review of the residnet's record failed to provide evidence of any systemized plan to assist the resident At the time of the survey, there was no evidence provided that ensured less restrictive techniques were implemented to assist Resident #1 with her anxiety prior to being given a sedative. Additional interview with the QMRP and record review on August 17, 2007 revealed Residen t#1 was not competent to make decisions regarding her medical treatment and habilitation. The information was verified through review of the client's Individual Support Plan (ISP) dated October 12, 2006 on August 17, 2007 at 10:26 AM. Further discussion with the QMRP and review of Resident #1's record revealed the resident did not have a legal guardian to assist her with making necessary medical and habilitation decisions. At the time of the survey, the facility failed to provide evidence that Resident #1's treatment needs, including the benefits and potential side effects associated with the medication, and the right to refuse treatment, had been explained to her and/or a legally authorized representative.	I 500	Refer to W.124 Page #2 Attachment #2	