PRINTED: 07/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 07/17/2008
NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 302 'S' ST, NE WASHINGTON, DC 20002		

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I 000	INITIAL COMMENTS A licensure survey was conducted from July 16, 2008 through July 17, 2008. A random sample of three residents was selected from a resident population of five men with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with staff as well as the review of clinical and administrative records, including incident reports.	I 000	Received 8/8/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
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 observations and interview the GHMRP failed to properly equip each bathroom with the appropriate items to meet each residents need. The finding includes: During the environmental inspection on July 17, 2007, beginning at 2:17 PM revealed none of the resident's bathrooms had cups or cup dispensers available.	I 082	Ward & Ward has a weekly facility checklist that identifies cups for the bathroom. This checklist will be Completed weekly by House Mgr. and monthly by QMRP to ensure compliance. (attached)	8-15-08
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.	I 090		

Health Regulation Administration

Michael Warren — TITLE Program Director — (X6) DATE 8-8-08

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

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I 090	Continued From page 1 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 sanitary manner. The findings include: Observation and interview with the "Lead Staff" (House Manager) and Qualified Mental Retardation Professional (QMRP) during the environmental walk-through on July 17, 2008, at approximately 2:17 PM revealed the following: Bedrooms 1. Resident #2's top dresser drawer was off the track. Additionally, the resident had another dresser with the third drawer off the track. A third dresser was missing a handle from the top drawer. 2. The bedroom door was difficult to open freely. 3. The wood of Resident #3's bedroom door was detached from each side of the frame, causing it to flap open back and forth. Bathroom 1. The floor tile was detached from entrance to the 2nd floor bathroom. 2. The extension bar for shower curtain was rusty. Additionally, mildew was around the border of the bathtub. 3. The paper tower rack was broken.	I 090	see #1082. BEDROOM 1. Resident #2 Dresser to be repaired or replaced by 8-15-08. 2. Bedroom door to be repaired. 3. Resident #3 bedroom door to be repaired or replaced by 8-15-08 BATHROOM 1. Floor tile to be repaired 2ND floor bathroom. 2. Replace shower extention bar. 3. Replaced paper towel rack.	8-15-08 8-15-08 8-15-08 8-15-08 8-15-08 8-15-08

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I 090	Continued From page 2 4. The tile on the wall was loose adjacent to the bathtub. Kitchen 1. The floor tiles were cracked and dismantled in front of the washer. Additionally, there were tiles missing from the floor near the cabinet between the dishwasher. 2. The pots and pans had peeling surfaces. 3. Interview with the (house manager) during the environmental inspection revealed a china cabinet had been removed from an area in the kitchen leaving the wall discolored with a hole in the wall. Additionally, the floor where the cabinet had been removed was without tile. 4. The GHMRP's upright freezer was full of ice. The thermometer in the freezer was frozen and embedded in the ice. Additionally, in the bottom of the freezer a plastic container was used to hold up the shelf. Living Room The front exterior door frame was missing on the right side causing the visibility of the door's insulation.	I 090	CONT. 4. Replace loose wall tile adjacent to the bathtub. KITCHEN 1. Replace floor tiles in front of dishwasher. 2. Replace pots and pans. 3. Repair and paint wall, replace floor tile where cabinet was removed. 4. Defrost freezer and repair shelf.	8-15-08 8-15-08 8-15-08 8-15-08 8-15-08
I 161	3507.2 POLICIES AND PROCEDURES The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually. This Statute is not met as evidenced by:	I 161		

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I 161	Continued From page 3 Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures annually. The finding includes: Interview with the Services Coordinator and review of the policy and procedures manual on July 17, 2008 failed to provide evidence that the manual had been reviewed and approved by the governing body as required since January 5, 2007.	I 161	Please find attached signed Governing Body approval dated 3/08.	8-8-08
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job 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 "Lead Staff" (House Manager) and review of the GHMRP's personnel files on July 17, 2008, revealed the GHMRP failed to provide evidence that three direct care staff had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	I 203	Personnel and QMRP's will monitor staff records on a quarterly basis to ensure all staffs required certifications, physicals and job descriptions are current.	8-15-08
I 206	3509.6 PERSONNEL POLICIES	I 206		

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I 206	Continued From page 4 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 duties. The finding includes: Interview with the "Lead Staff" (house manager) on July 17, 2008, and review of the GHMRP's personnel records at 4:30 PM revealed that the GHMRP failed to provide evidence that current health certificates were on file for five direct care staff.	I 206	See #1203	8-15-08
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within	I 379		

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I 379	Continued From page 5 twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the Department of Health (DOH), Health Facilities Division was immediately notified, followed by written notification within 24 hours, of unusual incidents that substantially interfered with a resident's health, for one of the three residents (Resident #2) included in the sample. The findings include: Review of the facility's incident reports on July 16, 2008, revealed the following incidents were not reported as required: On October 2, 2007, Resident #2's day program staff reported that the resident was complaining of stomach pain. Continued review of the incident report revealed that the resident was transported to the emergency room. Interview with the "Lead Staff" on July 16, 2008, revealed that staff have been instructed to transport Resident #2 to the hospital, whenever he experiences stomach pain, diarrhea,etc. According to the Lead Staff and the review of the resident's medical record revealed that the resident had been diagnosed with a history of Colon Cancer. At the time of the survey there was no documented evidence that DOH had been notified.	I 379	Ward & Ward's Incident Management Coordinator will review all incidents submitted and ensure that all Gov. agencies including DOH are notified within the incident management guide-lines. (attached fax list).	8-8-08

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I 379	Continued From page 6 On May 15, 2008, staff reported that Resident #2 was complaining of stomach pain. Interview with the "Lead Staff" and continued review of the incident report on July 16, 2008 revealed the resident was transported to the emergency room and that he was admitted to the hospital. There was no documented evidence that DOH had been notified.	I 379		
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, client and staff interviews, and record review, the facility failed to ensure that the GHMRP provided 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 for one of the three clients in the sample. The finding includes: Observation of the administration of medication was conducted on July 16, 2008, beginning at 3:52 PM. Resident #2 was observed with the assistance of the Trained Medication Employee (TME), participating in the following activities related to the administration of his medication: The facility's TME was observed to punch Resident #2's medication from his bubble pack in	I 420	Tag 1420 TME(Trained Medication Employee) training scheduled August 29, 2008 will center upon Individual rights and responsibilities and reference Chapter 61 section 6112.2 of the District of Columbia Municipal Regulations for Trained Medication Employees	8-29-08

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I 420	Continued From page 7 a medication cup. The TME gave the cup of medication to the client. The client was observed to take the pill and place it in his mouth independently. He was also observed to pick up a cup of water (already poured) and drank it independently. Review of Resident #2's medical record on July 17, 2008, at 5:27 PM revealed that the client had been assessed on October 1, 2007. Continued review of the assessment revealed that Resident #2 was able to get a glass, take the glass to the sink, and turn on the cold water faucet with verbal prompting. The assessment also revealed that the resident was also able to fill the glass with water with verbal prompting. According to the assessment the resident was able to open the blister pack and count out the required number of pills into his hand or cup with verbal prompting. At the time of the survey, the facility failed to ensure Resident #2 was given the opportunity to participate in a self-medication program.	I 420		
I 474	3522.5 MEDICATIONS Each GHMRP shall maintain an individual medication administration record for each resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that nursing staff maintained Medication Administration Records (MAR), as follows: The findings include: During an entrance interview with the house manager on July 16, 2008, it was revealed that Client #2 received psychotropic medication for	I 474		

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I 474	Continued From page 8 maladaptive behaviors. Review of the client's medical record on the aforementioned date revealed a physicians order dated July 2008. Continued review of the order revealed Client #2 had been prescribed Risperdal 1 mg QAM. Further review of the client's medical record revealed Medication Administration Records (MARs) for the months of May through July 2008. An interview with the facility's Licensed Practical Nurse (LPN) was conducted on July 17, 2008, to ascertain if the facility had maintained MARs for September 2007 through April 2008. The LPN verified that the client's MARs for the aforementioned months were not in the record and indicated that they had been purged. At 4:17 PM, the LPN submitted MARs for the months of January 2008 through April 2008. At the time of the survey, the facility's failed to maintain MARs for the months of September 2007 through April 2008.	I 474	Tag 1474 Ward and Ward Association Inc will maintain on site 12 consecutive MARS in the individual's medical chart. Archived MARS will be made available to government regulatory representatives.	8-8-08
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 observation, interview and record review, the GHMRP failed to ensure each resident's rights were observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and Federal Laws. The finding includes:	I 500		

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I 500	Continued From page 9 The GHMRP failed to ensure each resident's rights as documented in D.C. Law 2-137, Chapter 19 , § 6-1962 Living conditions; teaching of skills. Observation of the evening administration of medication was conducted on July 16, 2008, beginning at 3:52 PM. Although the TME administered each client's medication individually, it was done in the presence of other residents and staff.. The Trained Medication Employee (TME) was observed to call each of the aforementioned residents one at a time, however, there was no evidence of privacy provided to each of them during the time they received their medication.	I 500	See # 1420	8-29-08

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R 000	INITIAL COMMENTS A licensure survey was conducted from July 16, 2008 through July 17, 2008. A random sample of three residents was selected from a resident population of five men with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with staff as well as the review of clinical and administrative records, including incident reports	R 000		
R 124	4701.4 BACKGROUND CHECK REQUIREMENT The facility shall obtain a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. This Statute is not met as evidenced by: Based on interview and review of the records the GHMRP failed to ensure all direct care staff had obtained a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. The finding includes: Review of the GHMRP's personnel files on July 17, 2007, revealed the GHMRP failed to provide evidence that police clearances were on file for three direct care staff.	R 124	See #1203 Received 8/18/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	8-15-08

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Michael Dan TITLE Program Director (X6) DATE 8-8-08

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