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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2008
NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 825 FERN PL, NW WASHINGTON, DC 20012		

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I 000	INITIAL COMMENTS A licensure survey was conducted July 14 and 15, 2008. A random sample of two clients was selected from a population of six male individuals with primary diagnosis of mental retardation. The findings of this survey were based on observations at the group home, interview with management and direct care staff, and a review of the habilitation and administrative records to include the review of unusual incident management system and 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 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that clients prescribed modified diets received at least quarterly by a dietitian. The finding includes: There was no documented evidence that a quaterly nutritional review had been conducted for client #1 who had been recommended a 1500 calorie, low cholesterol diet as noted by the nutritionist. The last quaterly review filed was dated 1/19/08.	I 043	***Tag 1043*** Modified diet for #1 also identified [redacted] receives a 1500KCAL low fat, low cholesterol and low sodium diet. Section 3502.2(c) requires modified diets to be reviewed at least quarterly by a dietitian. To ensure inclusion of quarterly nutritional assessments in the medical chart the QMRP monthly notes and Nursing Quarterly assessment will include reference to nutrition for all individuals on modified diets. Next nutritional training August 29, 2008. Please find attached copies of 4/08 and 7/08 nutrition consults for client #1.	8-15-08
I 160	3507.1 POLICIES AND PROCEDURES Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served, and	I 160		

Health Regulation Administration

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

TITLE Program Director

(X6) DATE 8-8-08

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I 160	Continued From page 1 provide guidance to each staff member. This Statute is not met as evidenced by: Based on record review, and interviews, the GHMRP failed tohave on site a written manual describing the policies and procedures it followed to meet the needs of each client served and provide guidance to each staff member. The finding includes: The GHMRP failed to have available a policy and procedures to guide staff in how to address missing person. The QMRP requested this information from the main office on 7/14/08; however, the policy had not been made available as of 7/15/08 at the conclusion of the survey.	I 160	The policy & procedure manual has been revised to include missing persons and a copy of the manual is in the facility.	8/29/08
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specially areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on the review of the training record and interview with the Qualified Mental Retardation Professional, the GHMRP failed to ensure that each training program included, specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; The findings include:	I 229	Please find attached revised on-site staff training Log to include sexuality, recreation and communication.	8-15-08

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I 229	Continued From page 2 There was no documented evidence found by the Qualified Mental Retardation Professional on 7/15/08 at 4:40 PM to verify that the staff had received training in the areas of: Sexuality, Recreation, or Communications	I 229		
I 232	3510.5(i) STAFF TRAINING Each training program shall include, but not be limited to, the following: (i) Training of the residents in the maintenance of oral health and hygiene. This Statute is not met as evidenced by: Based on review of record and interview with the Qualified Mental Retardation Professional , the GHMRP failed to ensure that each training program included, training of the individuals in the maintenance of individuals' oral health and hygiene. The finding includes: According to client #1's medical records, the individual's oral health was deteriorating. The dental report dated 1/29/08 revealed that the client had "gingivitis type II" while the 5/20/08 dental report revealed "gingivitis type III". There was no documented evidence of staff training in dental care. The Qualified Mental Retardation Professional confirmed on 7/15/08 at 10:07 AM that evidence of training could not be located. It could be determined that he staff had been provided effective training to improve and/or maintain client #1's oral health care.	I 232	***Tag 1232*** Gingivitis Type III addition to HMCP after mandatory staff training on August 29, 2008. Request made to primary provider of dental care for training materials to be included in training.	8-29-08

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I 379	Continued From page 3	I 379		
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 twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that the Department of Health, Health Facilities Division were notified within 24 hours or the next business day of all unusual incidents that posed risk to the health and safety of client #1. The finding includes: 1. A review of the incident reports was conducted on July 14, 2008 at 12:05 PM. This review revealed that on October 22, 2007, client #1 was "missing" after being left at the wrong day program site. The client was not located until 4:00 AM on the following morning. There was no evidence that this incident had been reported to the DOH. 2. According to an incident report dated November 15, 2007, client #2 "had a physical injury of a black bruise eye. The report reflected that when confronted about what happened, the client pointed at another client initially and when questioned again the individual "shook his head no" to deny his initial claim. The injury was not reported to the DOH. 3. The GHMRP's incident management policy that was reviewed on July 14, 2008 at	I 379	1. All serious reportable incidents are faxed to DDS/IMEU, Office of the DC Inspector General, Dept of Health. See attached fax list. 2. The incident of 11-15-07 was a reportable incident and was not required to be faxed to the Dept. of Health. 3. Policy will be revised to include the law under chapter 35.	8-6-08 8-6-08 8-29-08

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I 379	Continued From page 4 12:20 PM read that " reportable incidents that are not defined as serious are not required to be verbally reported outside of the provider; however the provider should verbally notify the persons ' case manager of all incidents that occur with their person whether reportable or serious reportablez". Examples of the reportable incidents included: missing person, medication errors, and burns. The DCMR, Chapter 35 required that 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. The GHMRP policy failed to include the law under this chapter.	I 379		
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 the review of record and interview with the Qualfied Mental Retardation Professional Professional services to 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 client was not available. The finding includes:	I 401		

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I 401	Continued From page 5 According the the GHMRP's policy dated 1/1/07, "medications will only be administered to clients with a formal psychiatric assessment". Individual #1's physician order reflected that the individual was prescribed Lithium and there was no psychiatric assessment shown when requested from the Qualified Mental Retardation Professional on 7/14/08 at approximately 1:20 PM. The records contained only two documented visits with the psychiatrist that were dated 7/08 and 6/08.	I 401	***Tag 1401*** #1 is not on Lithium but Chlorpromazine HCL 200mg twice daily. Next mental health Psychiatric review is scheduled for August 14, 2008.	8-14-08
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on the review of record the GHMRP failed to ensure that each professional service provider provided a written report at least quarterly for services provided during the preceding quarter. The findings include: 1. The RN failed to ensure that a quarterly nursing assessment due 6/08 had been documented in client #1's medical record. 2. There was no documented evidence that a quarterly nutritional review had been conducted for client #1 who had been recommended a 1500 calorie, low cholesterol diet as noted by the nutritionist. The last quarterly review filed was dated 1/19/08.	I 407	***Tag 1407*** 1). Computerized quarterly inserted into medical chart. 2). See tag 1043 i. Please find attached	8-14-08 8-8-08

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I 422	Continued From page 6	I 422		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based individual interview, staff interview, and record review, the GHMRP failed to ensure that training and assistance to clients were provided in accordance with the individuals' s Individual Support Plan. The findings include: 1. According to client #1's individual program plan (IPP), he had an objective that read "with staff assistance he will write his first name three times per week". There was no evidence of the clients writing practices although the data sheet reflected he required maximum and moderate physical assistance. When request to see the writing practices, the direct care showed two request for monies documents and indicated that the "markings" were client #1's signature. 2. The client #1 had an objective that read "will use public transportation on community outings atleast one time weekly". The documentation sheet reflected Bus Ride and the next line Subway Ride. The QMRP stated at 12 Noon on 7/14/08 that the program was to differentiate between the bus and the rail. In addition, between 1/08 and 5/08, the client's data revealed that the client had participated one to twice monthly; therefore, not meeting the frequency as per the IPP. During the interview with client #1 on 7/14/08 at 4:40 PM, he stated that he goes out on the van and stated the places that he goes on weekends.	I 422	1. Ward & Ward will require that staff maintain the current month's actual writing attempts to verify staff documentation of level of assistance. 2. QMRP will monitor weekly the use of public transportation to ensure compliance with goal as written.	8-15-08 8-15-08

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	HFD12-0011		07/15/2008

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I 422	Continued From page 7 The actual training process could not be determined and the frequency was not as indicated by the individual support plan. It could not be determined that client #1's habilitation needs were being met.	I 422		
I 436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: Based on observation and record review, the GHMRP failed to provide self medicating training opportunities for clients #1, #2, and #4. The findings include: Clients identified as #1, #2 and #4 were observed during the medication administration conducted on July 15, 2008 at 5:15 PM. Each of these individuals' medications were punched from the blister packages and into medication cups by the trained medication employee (TME). The clients' participation was limited to bringing their water that had been poured by the direct care staff. The TME disposed of items after the medication had been taken. According to client #2's individual support plan (ISP) record, he was capable of understanding traffic lights and street signs, dialing 911, following two step directives and, identifying his name, letters, and numbers. The self medication assessment dated 12/1/07 did not reflect these abilities or how the individual would be	I 436	***Tag 1436*** #2 Individual's self medication assessment updated to reflect the possibility that two step directives, letter recognition of letters other than those in his name, or counting of pills may increase independent participation the medication administration process. #1 Individual's self medication assessment will be updated to indicate independent application of topical agents and assistance with ophthalmic agents.	

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I 436	Continued From page 8 encouraged in the skills that the assessment reflected that the individual had not attained. Client #1's 4/30/08 medication assessment reflected that the client was incapabe of self medication and no program was recommended. This client had objectives to include riding on buses, writing his name, and planning. There was no evidence that the clients were offered the opportunities to participate in the self administration of their medications to their potentials.	I 436		
I 470	3522.1 MEDICATIONS Drugs shall be administered as set forth in the User Of Trained Employees to Administer Medications to Persons of Mental Retardation or Other Developmental Disabilities Act of 1994, D.C. Code, sec. 21-1201 et seq. This Statute is not met as evidenced by: Based on review of the training document and observation the GHMRP failed to ensure that medications were administered as set forth in the User Of Trained Employees to Administer Medications to Persons of Mental Retardation or Other Developmental Disabilities Act of 1994, D.C. Code, sec. 21-1201 et seq.(Refer to DCMR, Chapter 61, 6110.1) The finding includes: On June 14, 2008 at 1:45 PM, the training record was reviewed. The documents reflected that thisTME had received training regarding medication storage and reporting omissions. There was no documented evidence that the TME had been trained on the administration of medications.	I 470		

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1481	3522.8 MEDICATIONS Each medication shall be stored in its original container and shall not be transferred to another container or taken or used by another person. This Statute is not met as evidenced by: Based on observation, interviews with the medical staff, the GHMRP failed to ensure that each medication was stored in its original container and not transferred to another container or taken or used by another perso The findings include: During observation of the medication administration conducted on July 15, 2008 at 6:30 PM, the TME dispensed topical medications in containers, wrote the clients ' names on the containers, and where the topical should be applied. The TME stated that the topicals would be given to the direct care staff to apply after clients ' showers. The TME then signed the medication administration record (MAR) as having administered the topicals. According to the TME, the directive to handle the medication in this manner was given by the Registered Nurse (RN). The TME stated that the RN stated that this was the policy of the provider. The RN was interviewed at 6:00 PM and denied having directed the TME to handle the medications (topical s) in this manner. The medications removed from the original containers were for client #2 and #4. Client #2 ' s topical included Econazole Nitrate and Ciclopirox Cream. Client # 4 ' s medications (topical) included Urealac lotion, Aloe Vera lotion, and Petroleum Jelly.		***Tag 1481*** Trained medication employee training is ongoing and designed to met the various learning styles of adult employees of varying levels of educational preparation. August 29, 2008 TME training agenda is attached. The specific TME will receive 30 days of supervised observation to reinforce regulations contained in **DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS** for Chapter 61 **TRAINED MEDICIATION EMPLOYEES** specifically section **6105.1 RECORD KEEPING** The licensed nurse or trained medication employee shall document in the Medication Administration ~~Rec~~ Record ("MAR") medications that have been administered to the program participant and whether the medications ordered have been taken as ordered	