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

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Printed: 08/07/20
FORM APPROVI
OMB NO. 0938-03

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G193		07/27/2007

NAME OF PROVIDER OR SUPPLIER
WESTVIEW 02

STREET ADDRESS, CITY, STATE, ZIP CODE
74 'W' ST. NW
WASHINGTON, DC 20015

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The recertification survey was conducted from July 24, 2007 through July 27, 2007. The survey was initiated using the full survey process. A random sample of three clients was selected from a residential population of three females and three males with mental retardation and other disabilities. The findings of the survey were based on observations at the home and three day programs, interviews with clients and staff, and the review of records, including incident reports. The outcome of the survey revealed that the facility failed to be in compliance with the Condition of Participation of Governing Body and Active Treatment.	W 000		
W 102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. This Condition is not met as evidenced by: The governing body failed to maintain general operating direction over the facility to ensure clients' habilitation needs were adequately addressed. [See W104] The systemic effect of these practices resulted in the failure of the governing body to adequately manage and govern the facility and to operate in compliance with the Conditions of Participation in Active Treatment [See W195].	W 102	In the future, the governing body will maintain general operating direction over the facility to ensure that each client's habilitation is adequately addressed. The Administrator attended the Individual Support Plan meeting for Client #3 on August 13, 2007, to observe, offer recommendations regarding the transition plan, and to assist in the treatment planning process. (See Attachment #5) The Administrator will periodically attend Individual Support Plan meetings to ensure that each client's habilitation needs are being addressed. (Also see W 104) In the future, the governing body will adequately manage and govern the facility and operate in compliance with the Conditions of Participation in Active Treatment. (Also see W 195)	9/10/07 9/10/07
W 104	483.410(a)(1) GOVERNING BODY	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Fred R West Jr. MD
TITLE: Administrator
(X6) DATE: 8-31-07

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 104	Continued From page 1 The governing body must exercise general policy, budget, and operating direction over the facility. This Standard is not met as evidenced by: Based on observation, interview and record review during the recertification visit on July 24-27, 2007, the facility's Governing Body failed to provide operating direction and monitoring as evidenced by the deficiencies cited throughout this report.	W 104	In the future, the governing body will exercise general policy, budget, and operating direction over the facility to ensure that the deficiencies cited throughout this report are not repeated.	9/10/07
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. This Standard is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for two of the three clients in the sample. (Clients #1 and #2) The findings includes: 1. During the entrance conference on July 24, 2007 at 3:00 PM, the Qualified Mental Retardation Professional (QMRP) indicated that Client #2 received psychotropic medications for	W 124	Client # 2's guardian attended the Sixth Month Review meeting on July 23, 2007, at which time Client # 2's medical status, medications, training programs, and Behavior Support Plan were reviewed. (See Attachment # 8) When presented with the required consent forms, the guardian wanted to meet with the QMRP to review Client # 2's records before singing the forms. At the time of the survey, the QMRP had not met with Client # 2's guardian, despite numerous attempts to contact the guardian. The guardian, who was unable to be contacted due to illness, was contacted on August 28, 2007 and a meeting was scheduled. The consent form for the use of psychotropic medication was signed by Client # 2s guardian on August 29, 2007. (See Attachment # 12)	9/10/07

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W 124	Continued From page 2 her maladaptive behavior. Observations during the medication administration at 8:45 AM revealed that Client #2 received Seroquel 400 mg, Ativan 0.5 mg, Tegretol 300 mg and Risperdal 3 mg. Interview with the medication nurse revealed that the client received this medication for her maladaptive behaviors. During the record verification process on July 24, 2007, it was confirmed by the client's current physician orders, that the client received the aforementioned medications as well as Sertraline 100 mg in the morning. On July 25, 2007, further review of Client #2's record failed to provide evidence that written informed consent had been obtained for the use of the aforementioned medication. Continued review of Client #2's records revealed a Psychological assessment dated November 17, 2006, that documented the client had moderate mental retardation and lacked the capacity to process information effectively to make sound decisions. At the time of the survey, the facility failed to provide evidence that the potential risks involved in using this medication, or her right to refuse treatment had been explained to the client and/or legal sanctioned representative. 2. The facility failed to obtain consents prior to the use of sedation for medical appointments and/or to notify the client's guardian regarding the risks and benefits of treatments for one of the three clients in the sample. (Client #1) Review of Client #1's physician orders on July 25, 2007 at approximately 9:00 AM revealed the following sedations for medical procedures:	W 124	2. The guardian for Client #'1 signed all required consent forms on July 30, 2007. (See Attachment # 13). As noted, consent was not provided for the pre-sedation medications administered on the dates cited in this survey. A consent form for pre-sedation medication, for the purpose of recommended medical procedures, was developed and will be singed by the client's guardian prior to its administration. (See Attachment #14) The Nursing Coordinator will ensure that this practice is followed with oversight conducted by the QMRP.	9/10/07

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W 124	Continued From page 3 a. On March 22, 2007, the client received Ativan 5 mg prior to a scheduled MRI; b. On February 19, 2007, the client received Ativan 3 mg prior to MRI; and c. On July 20, 2006, the client received Ativan 5 mg prior to CT scan of the abdomen and pelvis. Interview with the Qualified Mental Retardation Professional (QMRP) on July 24, 2007 at approximately 3:00 PM, revealed Client #1 has a legal guardian. On July 25, 2007, further review of Client #1's record failed to provide evidence that written informed consent had been obtained for the use of the aforementioned medications. Continued review of Client #1's records revealed a Psychological assessment dated November 17, 2006, indicated that the client's cognitive abilities tested in the severe range of retardation and he lacked the capacity to process information effectively to make sound decisions. At the time of the survey, the facility failed to provide evidence that the potential risks involved in using this medication, or his right to refuse treatment had been explained to the client and/or legal sanctioned representative. [See W263]	W 124	At the time that the Informed Consent Form for Pre-sedation Medication is signed, the following information will be explained to the client, his/her guardian, and the available family members: the potential risks involved in using the prescribed medication, an alternative treatment plan, and the client's right to refuse the prescribed treatment. (See Attachment 14) The Nursing Coordinator will ensure that this practice is followed with oversight conducted by the QMRP.	9/10/07
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This Standard is not met as evidenced by: Based on observation, and interview, the facility	W 130		

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W 130	Continued From page 4 failed to ensure the right to privacy during the evening medication administration for one of the three clients in the sample. (Client #1) The findings include: During the evening medication administration on July 24, 2007 at 6:55, the Registered Nurse (RN) called Client #1 into the medication room. The client refused to enter the medication room and was observed to go up the stairs and stand at the front door. Interview with the RN indicated that the client will not stay downstairs to receive his medications. The RN was observed going upstairs and administered the client's medications while the client stood at the front door. Additional observations of the front door revealed that passerby could see into the house from the porch and street.	W 130	The Nursing Coordinator instructed each medication nurse to ensure that optimal privacy is given to each client during medication administration. (See Attachment # 15) If the client does not remain in the in the medication room until the administration of his/her medication is complete, an alternative location will be sought, such as the client's bedroom, which would also allow for privacy during the administration of medication. The Shift Supervisor will assist with ensuring that this practice is carried out. Oversight will be conducted by the Nursing Coordinator and the QMRP.	9/10/07
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This Standard is not met as evidenced by: Based on interview and record review, the facility failed to document prompt notification of parents or guardians of significant incidents or change in client's condition, for one of the three clients in the sample. (Client #2) The finding includes: Review of Client #2's nursing notes on July 26, 2007 revealed an entry dated May 9, 2007 that	W 148		

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W 148	Continued From page 5 indicated an apparent change in the client's speech within the previous 24 hours. The client appeared to be talking with a "thick" tongue sound. The client was sent to the local emergency room for evaluation. On July 24, 2007 at approximately 3:00 PM, during the entrance conference, the Qualified Mental Retardation Professional (QMRP) indicated the client has a legal guardian and an aunt who was involved in her habilitation and care. Review of the the nursing and Qulafiied Mental Retardation notes incident revealed that the guardian/family members were not notified of this chnage in the client's speech. The QMRP further indicated that notification of guardians/family members are documented on incident reports.	W 148	Client #2's attorney and case manager were notified, verbally, by the QMRP of the incident mentioned in this survey report, at the time of the incident. However, her guardian and available family members were not notified. Client # 2's guardian, and available family members were notified, by the Incident Management Coordinator, in writing, on August 27, 2007. (See Attachment # 15) In the future, all persons involved in the client's care will be notified immediately by telephone and in writing of any unusual incidents, changes in medical status, emergency room visits, and hospital admissions. This process will be monitored by the QMRP with oversight by the Administrator.	9/10/07
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This Standard is not met as evidenced by: Based on observation, interviews with medical and direct care personnel, the facility failed to ensure that all injuries of unknown source, were reported immediately to the administrator or to other officials in accordance with State law through established procedures for one of the three clients in the sample. The finding includes: On July 25, 2007, Client #2's nursing notes included in the medical record were reviewed and	W 153		

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W 153	Continued From page 6 revealed that on May 9, 2007, the client experienced an apparent speech change within the previous 24 hours. The client appeared to be talking with a "thick" tongue sound. The client was sent to the local emergency room for evaluation. Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the change i in the client's speech was not documented in an incident report. Review of the facility's policy revealed that all injuries are to be reported on an incident report and notifications made. There was no evidence that the injury of unknown origin was documented as per the facility's policy.	W 153	The incident regarding the change in Client # 2's speech was documented and investigated. Documentation of the incident was filed accordingly. A copy of the incident report and other documentation is attached for review by the Department of Health. (See Attachment # 16) In the future, all incidents, including those of unknown origin, changes in a client's medical status, hospital admissions, and ER visits will be documented properly and persons involved in the client's care will be notified immediately, by telephone, and followed up in writing within 24 hours. The documentation will describe the incident, actions taken, and the outcome. This process will be completed by the Incident Management Coordinator, and monitored by the QMRP and the Administrator as an incident occurs.	9/10/07
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This Standard is not met as evidenced by: Based on review of medical records, the facility failed to document that an investigation had been conducted relating to a change in the speech condition for one of three clients in the sample. (Client #2) The finding includes: On July 25, 2007, Client #2's nursing notes were reviewed and revealed that on May 9, 2007, there was an apparent change in the client's speech within the previous 24 hours. The client appeared to be talking with a "thick" tongue sound. The client was sent to the local emergency room for evaluation. There was no evidence that this incident of unknown origin had been investigated. [See	W 154		

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W 154	Continued From page 7 W153]	W 154		
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, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to adequately, monitor, integrate and coordinate clients active treatment programs for three of three client in the sample. The findings include: 1. The facility's QMRP failed to integrate or coordinate an aggressive active treatment plan, a least restrictive environment or an alternative residential placement. [See W197] 2. The facility's QMRP failed to ensure that Client #2's legal guardian or family member participated in her annual Individual Support Plan (ISP) meeting. [See W209] 3. The facility's QMRP failed to ensure that the Individual Program Plan (IPP) included objectives to meet the client's needs. [See W227] 4. The facility's QMRP failed to ensure that clients' IPP included training in personal skills in both formal and informal setting. [See W242] 5. The facility's QMRP failed to ensure that each client was provided opportunities to make choices during snack time. [See W247]	W 159	W 154 The unusual incident cited in the nursing notes on May 9, 2007 was investigated by the Incident Management Coordinator. (See Attachment # 16) In the future, all incidents of known and unknown origin will be investigated by the Incident Management Coordinator in accordance with regulations and facility policies and procedures. Monitoring of this practice will be conducted by the QMRP with oversight by the Administrator. W 159 1. In the future, the QMRP will integrate and/or coordinate an aggressive active treatment plan, a least restrictive environment, and/or an alternative residential environment. (See also 1421 #2)	9/10/07 9/10/07

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W 154	Continued From page 7 W153]	W 154		
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, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to adequately, monitor, integrate and coordinate clients active treatment programs for three of three client in the sample. The findings include: 1. The facility's QMRP failed to integrate or coordinate an aggressive active treatment plan, a least restrictive environment or an alternative residential placement. [See W197] 2. The facility's QMRP failed to ensure that Client #2's legal guardian or family member participated in her annual Individual Support Plan (ISP) meeting. [See W209] 3. The facility's QMRP failed to ensure that the Individual Program Plan (IPP) included objectives to meet the client's needs. [See W227] 4. The facility's QMRP failed to ensure that clients' IPP included training in personal skills in both formal and informal setting. [See W242] 5. The facility's QMRP failed to ensure that each client was provided opportunities to make choices during snack time. [See W247]	W 159	W159 2. Client #2's guardian and available family members were notified, in writing, of the Individual Support Plan meeting. (See Attachment # 17) However, the guardian nor the family member attended the meeting. The QMRP will continue to give each client's guardian, family members, and others involved in their care the opportunity to attend the client's meeting through timely written notification of the scheduled meeting. 3. In the future, the QMRP will ensure that the IPP includes objectives that meets the client's needs as identified in the comprehensive assessment tooth brushing objective was developed for Client # 1 and is currently being implemented by the direct care staff. (See Attachment # 18) Monitoring of this objective will be performed by the QMRP on a monthly basis and revised as needed. (See also 1432)	9/10/07 9/10/07

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W 154	Continued From page 7 W153]	W 154		
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, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to adequately, monitor, integrate and coordinate clients active treatment programs for three of three client in the sample. The findings include: 1. The facility's QMRP failed to integrate or coordinate an aggressive active treatment plan, a least restrictive environment or an alternative residential placement. [See W197] 2. The facility's QMRP failed to ensure that Client #2's legal guardian or family member participated in her annual Individual Support Plan (ISP) meeting. [See W209] 3. The facility's QMRP failed to ensure that the Individual Program Plan (IPP) included objectives to meet the client's needs. [See W227] 4. The facility's QMRP failed to ensure that clients' IPP included training in personal skills in both formal and informal setting. [See W242] 5. The facility's QMRP failed to ensure that each client was provided opportunities to make choices during snack time. [See W247]	W 159	4. In the future, the QMRP will ensure that the client's IPP included training in personal skills in both the formal and informal setting. Upon Client # 1's admission to the home, in December 2005, training objectives regarding personal living skills were developed. Per the documentation reviewed, staff reports, and clinician's observation/assessment, Client # 1 reached his maximum potential with formulated objectives. Therefore, objectives were discontinued. Client # 1's IPP was revised and includes objectives to meet Client # 1's needs. (See Attachment # 19)	9/10/07
			5. The staff were in-serviced on providing choice for the consumers during snack time. (See Attachment 20). They were instructed, by the QMRP, to provide a choice of two items taken from the approved snack list developed by the Dietician. The Shift supervisor will ensure that the direct care staff carries out this practice. The QMRP will provide oversight.	9/10/07

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W 159	Continued From page 8 6. The facility's QMRP failed to review and revise an IPP once the client has successfully completed an identified objective. [See W255] 7. The facility's QMRP failed to ensure or coordinator services with Client #2's day program with a current copy of her ISP.	W 159	6. See 1424 7. A copy of Client #2's current ISP was provided to the day treatment program, by DDS, as a part of the referral package before she was admitted. In the even that the ISP was misplaced, a second copy was provided to the Director of Client # 2's day treatment program. (See Attachment # 20) In the future the QMRP will ensure that a current ISP is provided to each client's day treatment program, via DDS, on an annual basis.	9/10/07
W 195	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. This Condition is not met as evidenced by: Based observations, interviews, and record reviews, the facility failed to provide services to one of the three clients in the sample who has been assessed as being generally independent and able to function with little supervision in the absence of a continuous active treatment programs [See W197]; the facility's QMRP failed to enusre that Client #2's legal guardian or family member participated in her annual Individual Support Plan (ISP) meeting [See W209]; the facility failed to ensure that the individual program plan (IPPs) included objectives to meet the client's needs [See W227]; the facility failed to ensure that clients' individual program plans (IPP) included training in personal skills in both formal and informal settings [See W242]; the facility failed to ensure that each client was provided opportunities to make choices during snack time [See W247]; and the facility failed to ensure that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the individual program plan (IPP) [See W312].	W 195	W 195 1. See W 197 2. See W 209 3. See W 227 4. See W 242 5. See W 247 6. See W 312 7. See W 102 & 104	

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W 195	Continued From page 9 The findings of these systemic practices results in the facility's failure to adequately govern the facility in a manner that would ensure its clients' are provided active treatment in accordance to their assessed needs.	W 195		
W 197	483.440(a)(2) ACTIVE TREATMENT Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. This Standard is not met as evidenced by: Based on observation, client and staff interview, and record verification, the facility provides services to two of the three clients who may not be in need of active treatment services as identified by the Intermediate Care Facility (ICF/MR) regulations. (Client #2 and #3) The findings include: 1. During evening observation on July 24, 2007 from 3:00 PM to 6:30 PM, Client #3 required no supervision while conducting activities of daily living skills. At 3:45 PM, the client #3 arrived home from day program. At 4:00 PM, the client began preparing afternoon snack and she placed items on the table for all clients and herself. After snack time, Client #3 cleaned her area, independently. At 4:15 PM, the client completed her snack and put the dishes in the dishwasher, independently. At 4:25 PM, the client read the menu for dinner and retrieved the menu items needed from the refrigerator and cabinets and placed them on the countertop. At 4:30 PM, Client #3 was observed sorting, washing, drying	W 197	1. An Interdisciplinary Team Meeting was held for Client #3 on August 13, 2007 (See Attachment #5) It was agreed by the team that Client #3 would benefit from a lesser restrictive environment, given her independent abilities. Recommendations were made and a transition plan was developed. (See Attachment #7) However, the team, along with her mother/guardian, recommended that Client #3 remain with Westview, Inc. until a confirmation is received that Westview, Inc. can provide services for Client #3 when she moves into an apartment. The team also agreed that Client # 3 would benefit from being around familiar people during and after the transition. Westview, Inc. has applied for an independent living apartment and a response should be received within 30 days. In the meantime, a new IPP was developed and is being implemented by the direct care staff. The QMRP will monitor her progress on a monthly basis and revise as needed. The team will meet again in 60 days to review Client # 3's progress and the status of the transition plan.	9/10/07

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W 197	Continued From page 10 and putting her clothes away in the dresser drawers and closet. The client selected appropriate clothing for the following day. At 5:05 PM, client #3 began writing a list of the personal items she wanted to purchase. The list included the name of the store she wanted to visit as well as the name of the restaurant she wanted to visit. The list also included items she should not purchase/consume (regular soda, chips, and candy). The client reviewed the list with the direct care staff. At 6:15 PM, the medication nurse arrived in the facility. Client #3 was observed washing her hands and unlocking her medication box. The client removed the bubble pack from the medication box and stated the medication name and it's usage without receiving any prompts. She also stated the side effects with minimal verbal prompts. The client punched the medication out the of bubble packs, poured a cup of water and took the medications, independently. She then put the medication bubble packs into the medication box and locked the box, independently. On July 25, 2007 at Client #3's day program, the client was observed participating in Speech Therapy as the sign language interpreter. The client was observed performing math problems (addition) and writing a list words that included her food likes and dislikes. The client was also observed performing work related tasks to include setting the table for lunch and cleaning the tables after the meal. Interview with the day program lead teacher stated that the client requires little to no supervision after being called to her assigned area and performs her assigned task independently.	W 197		

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W 197	Continued From page 11 The client stated in an interview on July 24, 2007 at 5:45 PM, "I work at my day program and I receive a check twice a month". Interview with the Qualified Mental Retardation Professional (QMRP) on July 25, 2007 confirmed that she fills out her bank deposits slip independently and deposits her check. Review of the ISP dated August 14, 2006 and the Community and Home Life Skills assessment dated August 8, 2006 indicated that the client is independent in self care skills, is able to use the telephone to make a phone calls and place an emergency call. The client is able to make purchases up to $20.00, independently. She can compute math problems of addition and subtraction. According to the IPP dated August 14, 2006 the client's program objectives included: - name her medications; - state side effects of her medications; - the purpose of the medications; - place her initials in the appropriate box on the medication administration records (MARs); - participate in physical exercise; and - shop for personal items. All program objectives were achieved documented as since February 2007 and no revisions were made. Review of Client #3 ISP's reflected that the Interdisciplinary Team (IDT) failed to address the need for a least restrictive environment or alternative placement. 2. Interview with Client #2 on July 24, 2007 at	W 197	2. A Six Month Review meeting was held for Client #2 on July 23, 2007. (See Attachment #8) The team agreed that Client #2 would benefit from a lesser restrictive environment, given her independent abilities and the services that could be provided. However, Client # 2 verbalized at the meeting that she would like to continue living at Westview, Inc. It was recommended that Client #2 be provided with opportunities to look at apartments and/or other possible residential settings. The case manager will begin looking for places that she could visit. In addition, on August 15, 2007, a follow up meeting was held with Quality Trust regarding Client #2's trip to Canada. (Attachment #9) At that meeting, the fact that Client #2 wanted to remain at Westview, Inc. was discussed. It was decided that Quality Trust would work with Westview, Inc. to develop a Person Center Plan to be implemented within her current environment. The plan should allow Client #2 to have more opportunities for individual choice and to be more independent.	9/10/07

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W 197	Continued From page 12 approximately 5:00 PM, the client stated that she went to Canada for a seminar. Interview with the QMRP indicated that the client was selected to attend the seminar by the Quality Trust. According to the QMRP, the focus of the seminar was for clients who are ready for a less restrictive living environment. Client #2 was observed on July 24, 2005 at 4:00 PM, Client #2 reviewing the schedule of activities and read her activities aloud. At 6:15 PM, the medication nurse arrived in the facility. Client #2 was observed washing her hands and unlocked her medication box. The client removed the bubble pack from the medication box and stated the name of the medication and it's usage with no prompts. She also stated the side effects with several verbal prompts. The client punched the medication out the of bubble packs, poured a cup of water and took the medications, independently. She then put the medication bubble packs into the medication box and locked the box, independently. The medication nurse signed the medication administration record (MAR). Interview with the day program staff revealed that the client began the program in March 2007. The client has not had any incidents and her participation is good. She requires little to no supervision to participate in group sessions and activities. Record review of Client #2's ISP dated January 8, 2007 and the Community and Home Life Skills assessment dated August 8, 2006 indicated that the client is independent in toileting, personal hygiene, dressing, eating, and can self medicate. The client can identify community helpers and	W 197		

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W 197	Continued From page 13 know their function. She can operate the washer and dryer with minimal assistance. She knows the function of money and is able to make purchases up to $20.00, independently. She can compute math problems of addition and subtraction. According to the IPP dated January 8, 2007 the client does not need continuous active treatment programming. Review of Client #2 ISP reflected that the Interdisciplinary Team (IDT) failed to address the need for an aggressive active treatment plan, a transition plan, a least restrictive environment, or an alternative placement.	W 197		
W 209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. This Standard is not met as evidenced by: Based on record review, it could not be determined if Client #2's legal guardian or family member participated in her annual Individual Support Plan (ISP) meeting. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) during the entrance conference on July 24, 2007 at 3:00 PM revealed that Client #2 has a legal guardian and an aunt involved her life. Review of Client #2's ISP revealed the meeting was held on January 8, 2007. Further review of the ISP's signature attendance sheet revealed several members of	W 209	Client #2's guardian and available family members were notified, in writing, of the Individual Support Plan meeting. (See Attachment # 17) However, the guardian nor the family member attended the meeting and the QMRP did not follow up to inquire why they did not attend. In the future, the QMRP will continue to give each client's guardian, family members, and others involved in their care the opportunity to attend the client's meeting by timely written notification of the scheduled meeting. If someone does not attend the meeting, verbal follow up will be conducted by the QMRP and documentation of the reason for non-participation will be filed appropriately in the client's record.	9/10/07

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W 209	Continued From page 14 her interdisciplinary team were present, however, there was no evidence that Client #2's legal guardian or aunt was present at the meeting.	W 209		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This Standard is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the individual program plan (IPP) included objectives to meet the client's needs for one of the three clients in the sample. (Client #1). The finding includes: On July 24, 2007, Client #1 was observed with brown stains on his teeth and with missing top teeth. Record review of the dental consultation dated June 11, 2007 revealed that the client has a diagnosis of advanced peridontal disease due to poor oral hygiene. The client had heavy deposits of plaque calculus present on all teeth surfaces. Interview with the direct care staff on July 26, 2007 indicated that the client needs assistance to thoroughly perform the task of toothbrushing. According to the Individual Support Plan dated January 8, 2007, the client needs assistance with activities of daily living. The IPP lacked any programs to address the clients needs, and there was no evidence that training program had been developed in this area.	W 227	Upon Client 1's admission to the home, in December 2005 and thereafter, objectives in daily living tasks, to include personal hygiene, were developed and implemented. (See Attachment # 12) Objectives were discontinued after they were achieved at Client #1's maximum potential, which was with verbal prompting. However, tooth brushing was not addressed. An objective has been formulated and is now being implemented by the direct care staff. (See Attachment #1[illegible]) In the future, the QMRP, in conjunction with the Interdisciplinary Team, will develop and maintain appropriate programs in the area of personal hygiene. The direct care staff will implement the programs and monitoring of the programs will be conduced by the QMRP on a monthly basis and revised as needed.	9/10/07
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for	W 242		

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W 242	Continued From page 15 those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This Standard is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that clients' individual program plans (IPPs) included training in personal skills in both formal and informal settings for one of the three clients in the sample. (Client #1) The finding includes: Review of Client #1's nursing assessment dated December 30, 2006 revealed that the client needs assistance with bathing, dressing, laundry, oral hygiene and hair care. Interview with the direct care staff indicated that the client requires assistance to perform activities of daily living skills. According to the Occupational Therapy assessment dated June 20, 2007, the client requires assistance in grooming, oral hygiene, dressing and verbal reminders for toileting and washing his hands. There were no programs developed or implemented to address training in personal living skills.	W 242	In the future, the QMRP will ensure that the client's IPP included training in personal skills in both the formal and informal setting. Upon Client # 1's admission to the home, in December 2005, training objectives regarding personal living skills were developed. Per the documentation reviewed, staff reports, and clinician's observation/assessment, Client # 1 reached his maximum potential with formulated objectives. Therefore, objectives were discontinued. Client # 1's IPP was revised and includes objectives to meet Client # 1's needs. (See Attachment # 1~~4~~8) (Also see W 159, #4 & W 227)	9/10/07
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.	W 247		

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W 247	Continued From page 16 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 to make choices during snack time for six of the six clients in the sample. (Clients #1, #2, #3, #4, #5 and #6) The findings include: On July 24, 2007 at 4:00 PM, staff was observed giving the clients applesauce with cinnamon, juice and a cup of water. Interview with the direct care staff on July 24, 2007 revealed that the clients enjoyed the snack they received. Further interview with the Qualified Mental Retardation Professional (QMRP) on July 25, 2007 at approximately 2:30 PM revealed that the nutritionist had incorporated the snacks into the menu so that the direct care staff could provide the appropriate diet. During the environmental inspection on July 27, 2007, a variety of snacks were observed in the pantry and the refrigerator. At no time during snacktime were the clients given the opportunity to select a snack from the variety of food choices that were available.	W 247	The staff was in-serviced on proving choice for the consumers during snack time. (See Attachment 29). They were instructed, by the QMRP, to provide a choice of two items taken from the approved snack list that was developed by the Dietician. The Shift supervisor will ensure that the direct care staff carries out this practice. The QMRP will provide oversight.	9/10/07
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This Standard is not met as evidenced by: Based on observations, staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise	W 255		

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W 255	Continued From page 17 the Individual Program Plan (IPP) once the client has successfully completed an identified objective for one of the three clients in the sample (Client #3). The finding includes: On July 24, 2007 at 6:10 PM, Client #3 was observed administering her medications. Interview with the medication nurse indicated that the client participates in self medication and does very well, independently, although she does not sign the official Medication Administration Record (MAR). Review of the Individual Program Plan (IPP) revealed an objective which stated, "[the client] will be able to independently place her initials in the appropriate box on this unofficial medication record for the six medications indicated below on 80% of the trials recorded per month by 8/07. Further review of the data sheets and the nurse's monthly notes from January 2007 through June 2007 revealed that the client participated in the program with 100% independence. There was no evidence of the interdisciplinary team (IDT) and/or the QMRP had reviewed the client's progress or had considered revising the objectives to further enhance the skills of the client.	W 255	Client # 3's Individual Support Plan meeting was held on August 13, 2007 and her self-medication administration program was reviewed by the team. (See Attachment #9) It was recommended that the objective be modified and she begin to sign a copy of the original MAR form. Also, after review by the nurse, along with the QMRP, it was recommended that a copy of the MAR be sent home with her, beginning in September, to see if she would master signing the form in a different setting. (Attachment #10) The self-medication administration program is reviewed monthly by the QMRP, however, in the monthly notes it is stated that the Nursing Coordinator would revise the program as needed. (See Attachment #10) In the future, after monthly review of the self-medication administration program, the QMRP will consult with the nurse to discuss possible revisions to the program, if indicated.	
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.	W 263		9/10/07

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W 263	Continued From page 18 This Standard is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that each client's behavior intervention technique, including the use of behavior modification drugs was conducted with the written informed consent of the client, parents (if the client is a minor) or legal guardian for two of three clients in the sample (Clients #1 and #2). The findings include: 1. The facility failed to obtain informed consent prior to the use of restrictive measures as described in Client #2's Behavior Support Plan. [See W124] 2. The facility failed to ensure that informed consent was obtained prior to the administration of sedations for Client #2. [See W312]	W 263	1. Client # 2's guardian attended the Sixth Month Review meeting on July 23, 2007, at which time Client # 2's medical status, medications, training programs, and Behavior Support Plan were reviewed. (See Attachment #9) When presented with the required consent forms, the guardian wanted to meet with the QMRP to review Client # 2's records before singing the forms. At the time of the survey, the QMRP had not met with Client # 2's guardian, despite numerous attempts to contact the guardian. The guardian, who was unable to be contacted due to illness, was contacted on August 28, 2007 and a meeting was scheduled. The consent form for the use of psychotropic medication was signed by Client # 2s guardian on August 29, 2007. (See Attachment # 12)	9/10/07
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This Standard is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the individual program plan (IPP) for one of the three clients in the sample (Client #1). The findings include:	W 312		

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W 263	Continued From page 18 This Standard is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that each client's behavior intervention technique, including the use of behavior modification drugs was conducted with the written informed consent of the client, parents (if the client is a minor) or legal guardian for two of three clients in the sample (Clients #1 and #2). The findings include: 1. The facility failed to obtain informed consent prior to the use of restrictive measures as described in Client #2's Behavior Support Plan. [See W124] 2. The facility failed to ensure that informed consent was obtained prior to the administration of sedations for Client #2. [See W312]	W 263	W 263 2. The guardian for Client #'1 signed all required consent forms on May 30, 2007. (See Attachment # 13). As noted, consent was not provided for the pre-sedation medications administered on the dates cited in this survey. A consent form for pre-sedation medication, for the purpose of recommended medical procedures, was developed and will be singed by the client's guardian prior to its administration. (See Attachment #14) The Nursing Coordinator will ensure that this practice is followed with oversight conducted by the QMRP.	
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This Standard is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the individual program plan (IPP) for one of the three clients in the sample (Client #1). The findings include:	W 312		9/10/07

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W 312	Continued From page 19 Review of Client #1's physician orders on July 25, 2007 at approximately 9:00 AM revealed the following sedations for medical procedures: a. On March 22, 2007, the client received Ativan 5 mg prior to a scheduled MRI; b. On February 19, 2007, the client received Ativan 3 mg prior to a MRI; and c. On July 20, 2006, the client received Ativan 5 mg prior to a CT scan of the abdomen and pelvis. Interview with the Qualified Mental Retardation Professional and review of the IPP on July 25, 2007, revealed that Client #1 did not have a desensitization program for medical appointments. Additionally review of Client #1's Behavior Support Plan (BSP) dated January 8, 2007, failed to provide evidence that a program to address the client's non-compliant behaviors during medical appointments had been developed to justify the use of the sedative medication. There was no evidence that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the IPP.	W 312	**Client # 1, as stated, does not currently have a desensitization plan for medical appointments. He has typically been cooperative for medical appointments. However, the appointments cited in this report, a CT scan and a MRI, were new appointments and appointments for which he had to be very still for. Client #1 is diagnosed with involuntary movement disorder. The QMRP consulted with the Psychologist and the situations cited were discussed. The Psychologist will revise Client #1's Behavior Support Plan to include behavior modifications for medical procedures. In the future, the QMRP will report any difficulty, displayed by a client, during medical procedures to the Psychologist. A determination will be made to include a behavior modification plan, for medical procedures, in the IPP based on the information provided by the consulting physician and/or baseline** data collected thereafter.	9/10/07
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This Standard is not met as evidenced by: Based on staff interview and record review, the facility failed to provide medical follow up for one of the three clients included in the sample. (Client #1)	W 322		

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W 322	Continued From page 20 The finding includes: The facility's primary care physician failed to address a recommended made by the Nutritionist for Client #1. Review of the Client #1's medical records revealed a nutritionist quarterly review dated July 13, 2007 that recommended that the client begin receiving double portions. Interview with the Qualified Mental Retardation Professional (QMRP) confirmed that the recommendation was made during a July 23, 2007 meeting. Review of the client's weight record reflected that the client had lost 13 pounds since August 2006. Record review of the clients medical progress notes and physician's orders failed to address the Nutritionist recommendation.	W 322	**As stated, On July 13, 2007, the nutritionist recommended that Client #1 begin receiving double portions during mealtimes. Client #1's six month review meeting was held 3 days prior to the start of the survey and documentation of the physician's approval or disapproval of the change in the diet was not documented in the chart at the time of the survey. Since then, proper documentation has been placed in Client #1's record regarding the physician's approval of the diet change. In the future, the Nursing Coordinator will ensure that the primary care physician is made aware of all recommended medical changes, to include diet, in a timely manner and proper documentation of his approval or disapproval is placed immediately in the client's chart. The QMRP will monitor this practice.**	9/10/07
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This Standard is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to schedule timely dental appointments for one of the three clients in the sample. (Client #1) The finding includes: On July 24, 2007, Client #1 was observed with brown stains on his teeth and missing top teeth. Record review of the dental consultation dated June 11, 2007 revealed that the client has a	W 356		

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W 356	Continued From page 21 diagnosis of advanced peridontal disease due to poor oral hygiene. The client had heavy deposits of plaque calculus present on all teeth surfaces. The dentist recommended that the client needed full mouth scaling and polishing of all teeth surfaces after the receipt of payment authorization. There was no evidence that the client received the recommended dental care.	W 356	The dental follow up for Client # 1 is still pending due to pre-authorization payment from MAA. The Nursing Coordinator followed up with the dentist on the status of the pre-authorization. At this time, it has not been received, therefore, alternative measures will be taken. In the future, when pre-authorization is not received in a timely manner, alternative payment methods will be discussed with the administrator in order for the client involved to receive the recommended treatment as soon as possible. The QMRP will monitor this process.	9/10/07
W 381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This Standard is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medications identified as controlled substances were secured under double lock. The finding includes: On July 24, 2007 at 6:10 PM, Client #2 was observed to retrieve a key to open her locked medication box from a desk in the office shared by the facility's nurse and Qualified Mental Retardation Professional (QMRP). The client was observed self administering Ativan 0.5 mg (a controlled substance). The QMRP was sitting in her office on July 25-27, 2007, where the client's key to the locked medication box was observed sitting on the desk, unsecured. Interview with the QMRP indicated that the client's keys are always left sitting on the desk. When questioned about who had access to the office, the QMRP stated, "the nurse and myself". The medications were not properly secured under double lock as required.	W 381	The Nursing Coordinator in-serviced the medication nurses on the storage of the keys to the client's medication boxes. (See Attachment # ~~21~~ 15 A nursing policy for the storage of the keys to the clients' lock boxes, to be followed hence forth, was developed by the Nursing Coordinator. (See Attachment ~~#22~~ 15) The medication nurses will implement this policy with oversight by the Nursing Coordinator.	9/10/07

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W 426	Continued From page 22	W 426		
W 426	483.470(d)(3) CLIENT BATHROOMS The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This Standard is not met as evidenced by: Based on observations, the facility failed to maintain water temperatures not to exceed 110 degrees Fahrenheit. The finding includes: On July 25, 2007 at 9:00 AM, the hot water temperature felt hot to the touch. Measurements were made utilizing the surveyor's thermometer and were recorded as 128 degrees Fahrenheit in the kitchen and the main floor bathroom sink. The upstairs bathroom used by all clients for bathing, had a temperature reading of 130 degrees. The Qualified Mental Retardation Professional (QMRP) was informed at approximately 10:00 AM of the high temperatures; she in turn informed the maintenance staff and instructed him to lower the water temperature. On July 26, 2007 at 10:00 AM, the water temperature registered at 128 degrees Fahrenheit in the kitchen and in the bathroom sinks on the main floor. On July 27, 2007 at 1:00 PM, a reading from the surveyor's thermometer was 128 degrees Fahrenheit in the kitchen and the main floor bathroom sinks. Again the maintenance worker adjusted the water temperature. The QMRP informed the surveyor that the direct care staff would assist the clients	W 426	**The staff was in-serviced on how to take the hot water temperature and the fact that it should be no greater than 110 degree. The Evening and Night Shift Supervisors were instructed to test the water temperature before each bath time to ensure that the water is not too hot as well as too cold when the clients take a shower/bath. (See Attachment #2~~3~~) The water temperature log was revised in order to document the testing twice a day. (See Attachment 2~~3~~) Should the water temperature continue to be too hot or too cold after setting the hot water tank gage at 110 degrees, the Environmental Manager is to be informed immediately. In the future, the QMRP will provide oversight to ensure that this practice is carried out and it is determined that regulation of the water temperature is under control.**	9/10/07

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W 426	Continued From page 23 with regulating the water for baths, until the water temperature could be adjusted and maintained at 110 degrees Fahrenheit.	W 426		
W 455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This Standard is not met as evidenced by: Based on observation, interview and record review,the facility failed to properly defrost meats in preparation for dinner. The finding includes: The facility failed to properly defrost the meat prepared for dinner. On July 25, 2007 from 9:15 AM until 12:00 PM, a package of raw chicken was observed sitting on top of the toaster on the kitchen counter. Review of the dinner menu indicated that chicken was on the menu for dinner.	W 455	As stated, a package of raw chicken was observed sitting on the microwave. The staff responsible for this informed the QMRP that leaving the chicken on the microwave was a mistake. He was distracted and forgot that he had placed the chicken there. This person is trained in food preparation and services, and is fully aware that this is not a standard practice. (~~See Attachment 23~~ 22) The QMRP felt that this was an isolated incident, however, all staff were retrained on how to properly thaw out frozen foods. (See Attachment 24) In the future, each Shift Supervisor, when food is prepared, will ensure that all food is prepared properly and all direct care counselors will be in-serviced annually in the area of dietary. Those trained in Food Handlers will also receive annual training by the dietician as well as retake the food handlers course as there card expires. The QMRP will ensure that all training ins conducted.	9/10/07

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I 000	INITIAL COMMENTS The licensure survey was conducted from July 24, 2007 through July 27, 2007. The survey was initiated using the full survey process. A random sample of three residents was selected from a residential population of three females and three males with mental retardation and other disabilities. The findings of the survey were based on observations at the home and three day programs, interviews with residents and staff, and the review of records, including incident reports. The outcome of the survey revealed that the facility failed to be in compliance with the Condition of Participation in Active Treatment	I 000		
I 103	3504.10(e) HOUSEKEEPING Each GHMRP shall provide clean linens as follows to each resident at least weekly: (e) One (1) wash cloth. This Statute is not met as evidenced by: Based on observation and staff interview the Group Home for Mentally Retarded Person (GHMRP) failed to ensure clean linens for Resident #3. The finding includes: During the environmental inspection on July 27, 2007 there was only one washcloth in the linen closet.	I 103	**Additional linen was purchased for Resident #3, as well as for the other residents, on August 21, 2007. (See Attachment #1) At a minimum, two sets of linen, clean and in good repair, will be available to each resident on a weekly basis. The Residential Manager will review the availability and condition of the linen on a monthly basis and replace linen as needed. The QMRP will monitor this process.**	9/10/07
I 104	3504.11 HOUSEKEEPING Each GHMRP shall maintain at least one (1)	I 104		

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

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I 104	Continued From Page 1 additional set of the linens specified in §3504.10 for each resident. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure an additional set of linens (specified in 3504.10) was afforded to each resident. The finding includes: During the environmental inspection on July 27, 2007 revealed the GHMRP failed to provide evidence that an additional set of linens had been maintained for each resident.	I 104	Additional linen was purchased for Resident #3, as well as for the other residents, on August 21, 2007. (See Attachment #1) At a minimum, two sets of linen, clean and in good repair, will be available to each resident on a weekly basis. The Residential Manager will review the availability and condition of the linen on a monthly basis and replace linen as needed. The QMRP will monitor this process.	9/10/07
I 186	3508.5(c) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (c) The categories and numbers of supportive and direct care staff; and... This Statute is not met as evidenced by: The finding includes: There was no organization chart that listed categories and numbers of supportive and direct care staff.	I 186	The organizational chart for Westview, Inc. is divided into two sections, Westview I & Westview II. It lists the categories and numbers of supportive and direct care staff for Westview II. (See Attachment #2) In the future, an organizational chart for the GHMRP being surveyed will be available for review, by the surveyor, at the time of survey. The organizational chart will be updated, as needed, by the Administrator and the QMRP will ensure that a copy is kept in the home at all times.	9/10/07
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents;	I 227		

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I 227	Continued From Page 2 This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in First Aid for employees. The findings include: On July 27, 2007, review of personnel records/training records revealed that one direct care staff (staff #6) did not have on file her first aide and CPR cards.	I 227	A First Aid/CPR card was not obtained from staff # 6. Staff # 6 was informed that she had until August 27, 2007 to submit a valid CPR/First Aid card. She was scheduled to take a class on August 28, 2007 which would have still been in time to submit a copy of her card with this report. She did not do so, and was subsequently suspended until one is submitted. In the future, the QMRP will ensure that all staff are trained in First Aid/CPR, cards are obtained, and a copy is placed in each personnel folder and updated	9/10/07
I 374	3519.5 EMERGENCIES After medical services have been secured, each GHMRP shall promptly notify the resident ' s guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident ' s status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to provide evidence of the prompt notification of parents or guardians of significant incidents for one of the three residents in the facility. The finding includes: See Federal Deficiency Report - Citation W148	I 374	**The QMRP notified Client #2's attorney and case manager when they were in the home on May 10th of the incident mentioned in the survey report. However, her guardian and available family member were not notified of the incident. The guardian and the available family member were notified, in writing, of the incident and its outcome on August 27, 2007 by the Incident Management Coordinator. (See Attachment #3) In the future, the Incident Management Coordinator will immediately notify all persons involved in a clients life of any unusual incidents, follow up, and outcome. This process will be monitored by the QMRP with oversight by the Administrator.**	9/10/07
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	I 379		

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I 379	Continued From Page 3 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 interview record review, the GHMRP failed to ensure the Department of Health, was notified of unusual incidents or events that substantially interfered with each resident's health and welfare within twenty-four hours or the next work day. The finding includes: Refer to Federal Deficiency Report W153	I 379	**In the future, the Department of Health will be notified immediately, via telephone, by the Incident Management Coordinator of any and all unusual incidents or events which substantially interferes with a client's health and welfare. The incidents will then be followed up, in writing, within 24 hours. The monitoring of this process will be conducted by the QMRP as each incident occurs. Oversight will also be conducted by the Administrator. A copy of the incident report has been provided for review. (See Attachment #4)**	9/10/07
I 421	3521.2 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to residents in the most normalizing environment and the least restrictive circumstances. This Statute is not met as evidenced by: Based on observation, client and staff interview, and record verification, the facility provides services to two of the three residents who may not be in need of active treatment services as identified by the Intermediate Care Facility (ICF/MR) regulations. (Client #2 and #3) The findings include:	I 421		

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I 421	Continued From Page 4 1. [Also See W197] During evening observation on July 24, 2007 from 3:00 PM to 6:30 PM, Client #3 required no supervision while conducting activities of daily living skills. At 3:45 PM, the client #3 arrived home from day program. At 4:00 PM, the client began preparing afternoon snack and she placed items on the table for all clients and herself. After snack time, Client #3 cleaned her area, independently. At 4:15 PM, the client completed her snack and put the dishes in the dishwasher, independently. At 4:25 PM, the client read the menu for dinner and retrieved the menu items needed from the refrigerator and cabinets and placed them on the countertop. At 4:30 PM, Client #3 was observed sorting, washing, drying and putting her clothes away in the dresser drawers and closet. The client selected appropriate clothing for the following day. At 5:05 PM, client #3 began writing a list of the personal items she wanted to purchase. The list included the name of the store she wanted to visit as well as the name of the restaurant she wanted to visit. The list also included items she should not purchase/consume (regular soda, chips, and candy). The client reviewed the list with the direct care staff. At 6:15 PM, the medication nurse arrived in the facility. Client #3 was observed washing her hands and unlocking her medication box. The client removed the bubble pack from the medication box and stated the medication name and it's usage without receiving any prompts. She also stated the side effects with minimal verbal prompts. The client punched the medication out the of bubble packs, poured a cup of water and took the medications, independently. She then put the medication bubble packs into the medication box and locked	I 421	1. An Interdisciplinary Team Meeting was held for Client #3 on August 13, 2007 (See Attachment #5) It was agreed by the team that Client #3 would benefit from a lesser restrictive environment, given her independent abilities. Recommendations were made and a transition plan was developed. (See Attachment #6) However, the team, along with her mother/guardian, recommended that Client #3 remain with Westview, Inc. until a confirmation is received that Westview, Inc. can provide services for Client #3 when she moves into an apartment. The team also agreed that Client # 3 would benefit from being around familiar people during and after the transition. Westview, Inc. has applied for an independent living apartment and a response should be received within 30 days. In the meantime, a new IPP was developed and is being implemented by the direct care staff. The QMRP will monitor her progress on a monthly basis and revise as needed. The team will meet again in 60 days to review Client # 3's progress and the status of the transition plan.	9/10/07

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I 421	Continued From Page 5 the box, independently. On July 25, 2007 at Client #3's day program, the client was observed participating in Speech Therapy as the sign language interpreter. The client was observed performing math problems (addition) and writing a of list words that included her food likes and dislikes. The client was also observed performing work related tasks to include setting the table for lunch and cleaning the tables after the meal. Interview with the day program lead teacher stated that the client requires little to no supervision after being called to her assigned area and performs her assigned tasks independently. The client stated in an interview on July 24, 2007 at 5:45 PM, "I work at my day program and I receive a check twice a month". Interview with the Qualified Mental Retardation Professional (QMRP) on July 25, 2007 confirmed that she fills out her bank deposit slips independently and deposits her check. Review of the ISP dated August 14, 2006 and the Community and Home Life Skills assessment dated August 8, 2006 indicated that the client is independent in self care skills, is able to use the telephone to make a phone calls and place an emergency call. The client is able to make purchases up to $20.00, independently. She can compute math problems of addition and subtraction. According to the IPP dated August 14, 2006 the client's program objectives included: - name her medications; - state side effects of her medications; - the purpose of the medications; - place her initials in the appropriate box on the	I 421		

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I 421	Continued From Page 6 medication administration records (MARs); - participate in physical exercise; and - shop for personal items. All program objectives were documented as achieved since February 2007 and no revisions were made. Review of Client #3's ISP reflected that the Interdisciplinary Team (IDT) failed to address the need for a least restrictive environment or alternative placement. 2. Interview with Client #2 on July 24, 2007 at approximately 5:00 PM, the client stated that she went to Canada for a seminar. Interview with the QMRP indicated that the client was selected to attend the seminar by the Quality Trust. According to the QMRP, the focus of the seminar was for client's who are ready for a less restrictive living environment. Client #2 was observed on July 24, 2007 at 4:00 PM, Client #2 reviewing the schedule of activities and read her activities aloud. At 6:15 PM, the medication nurse arrived in the facility. Client #2 was observed washing her hands and unlocked her medication box. The client removed the bubble pack from the medication box and stated the name of the medication and it's usage with no prompts. She also stated the side effects with several verbal prompts. The client punched the medication out the of bubble packs, poured a cup of water and took the medications, independently. She then put the medication bubble packs into the medication box and locked the box, independently. The medication nurse signed the medication administration record (MAR).	I 421	2. A Six Month Review meeting was held for Client #2 on July 23, 2007. (See Attachment #7) The team agreed that Client #2 would benefit from a lesser restrictive environment, given her independent abilities and the services that could be provided. However, Client # 2 verbalized at the meeting that she would like to continue living at Westview, Inc. It was recommended that Client #2 be provided with opportunities to look at apartments and/or other possible residential settings. The case manager will begin looking for places that she could visit. In addition, on August 15, 2007, a follow up meeting was held with Quality Trust regarding Client #2's trip to Canada. (Attachment #8) At that meeting, the fact that Client #2 wanted to remain at Westview, Inc. was discussed. It was decided that Quality Trust would work with Westview, Inc. to develop a Person Center Plan to be implemented within her current environment. The plan should allow Client #2 to have more opportunities for individual choice and to be more independent.	9/10/07

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I 421	Continued From Page 7 Interview with the day program staff revealed that the client began the program in March 2007. The client has not had any incidents and her participation is good. She requires little to no supervision to participate in group sessions and activities. Record review of Client #2's ISP dated January 8, 2007 and the Community and Home Life Skills assessment dated August 8, 2006 indicated that the client is independent in toileting, personal hygiene, dressing, eating, and can self medicate. The client can identify community helpers and knows their function. She can operate the washer and dryer with minimal assistance. She knows the function of money and is able to make purchases up to $20.00, independently. She can compute math problems of addition and subtraction. According to the IPP dated January 8, 2007 the client does not need continuous active treatment programming. Review of Client #2 ISP reflected that the Interdisciplinary Team (IDT) failed to address the need for an aggression transition plan, a least restrictive environment, or an alternative placement.	I 421	Also, Westview, Inc. has applied for an independent living setting and should receive a response within 30 days. Once the confirmation is received, the team agreed to give Westview, Inc. the opportunity to continue providing services for Client # 2. In addition, a meeting with the Director of Department on Disability Services, is pending to discuss the implementation of a Person Center Plan for Client # 2 within her current environment.	9/10/07
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;	I 424		

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I 424	Continued From Page 8 This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure habilitation and training was provided to its residents that would enable them to acquire and maintain life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. The finding includes: On July 24, 2007 at 6:10 PM, Client #3 was observed administering her medications. Interview with the medication nurse indicated that the client participates in self medication and does very well, independently, although she does not sign the official Medication Administration Record (MARs). Review of the Individual Program Plan (IPP) revealed an objective which stated, "[the client] will be able to independently place her initials in the appropriate box on this unofficial medication record for the six medication indicated below on 80% of the trials recorded per month by 8/07. Further review of the data sheets and the nurse's monthly notes from January 2007 through June 2007 revealed that the client participated in the program with 100% independence. There was no evidence that the interdisciplinary team (IDT) and/or the QMRP had reviewed the client's progress or had considered revising the objectives to further enhance the skills of the client.	I 424	Client # 3's Individual Support Plan meeting was held on August 13, 2007 and her self-medication administration program was reviewed by the team. (See Attachment # 6) It was recommended that the objective be modified and she begin to sign a copy of the original MAR form. Also, after review by the nurse, along with the QMRP, it was recommended that a copy of the MAR be sent home with her, beginning in September, to see if she would master signing the form in a different setting. (Attachment #9) The self-medication administration program is reviewed monthly by the QMRP, however, in the monthly notes it is stated that the Nursing Coordinator would revise the program as needed. (See Attachment #10) In the future, after monthly review of the self-medication administration program, the QMRP will consult with the nurse to discuss possible revisions to the program, if indicated.	9/10/07
I 432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the	I 432		

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I 432	Continued From Page 9 GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of residents in the domain of personal hygiene. The finding includes: Review of Client #1's nursing assessment dated December 30, 2006 revealed that the client needs assistance with bathing, dressing, laundry, oral hygiene and hair care. Interview with the direct care staff indicated that the client requires assistance to perform activities of daily living skills. According to the Occupational Therapy assessment dated June 20, 2007, the client requires assistance in grooming, oral hygiene, dressing and verbal reminders for toileting and washing his hands. There were no programs developed or implemented to address training in toothbrushing.	I 432	Upon Client 1's admission to the home, in December 2005 and thereafter, objectives in daily living tasks, to include personal hygiene, were developed and implemented. (See Attachment # 12) Objectives were discontinued after they were achieved at Client #1's maximum potential, which was with verbal prompting. However, tooth brushing was not addressed. An objective has been formulated and is now being implemented by the direct care staff. (See Attachment #13) In the future, the QMRP, in conjunction with the Interdisciplinary Team, will develop and maintain appropriate programs in the area of personal hygiene. The direct care staff will implement the programs and monitoring of the programs will be conduced by the QMRP on a monthly basis and revised as needed.	9/10/07
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	I 500		

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I 500	Continued From Page 10 review, the GHMRP failed to ensure the protections of each clients rights. The finding includes: See Federal Deficiency Report - CitationW124, W130, W148, W153, W154W159, W195, W197, W2227, W247, W255 and W263.	I 500	See W124 W130 W148 W153 W154 W159 W195 W227 W247 W255 W263	

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R 000	INITIAL COMMENTS The licensure survey was conducted from July 24, 2007 through July 27, 2007. The survey was initiated using the full survey process. A random sample of three residents was selected from a residential population of three females and three males with mental retardation and other disabilities. The findings of the survey were based on observations at the home and three day programs, interviews with residents and staff, and the review of records, including incident reports. The outcome of the survey revealed that the facility failed to be in compliance with the Condition of Participation in Active Treatment	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions who have worked or resided within the seven (7) years. The finding includes: Review of the personnel files on July 27, 2007 at approximately 1:30 PM revealed the GHMRP failed to evidence criminal background checks	R 125	Criminal background checks were obtained for Staff #2, #6, #8, #14, and #15 on August 23, 2007. (See Attachments #1 -5) In the future, criminal background checks will be obtained for all prospective employees prior to employment. To ensure this, the Human Resource Department will make the request for a criminal background check from a selected investigative agency for all prospective employees. This process will be monitored by the Assistant Administrator as prospective employees are selected.	9/10/07

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lloyd R West Jr. MD	Administrator	8-31-07

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R 125	Continued From Page 1 for five direct care staff #2, #6, #8, #14 and #15	R 125		