RECEIVED 9/24/07

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FORM APPROVED
OMB NO. 0938-0391

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 09G161 | | 08/22/2007 |

NAME OF PROVIDER OR SUPPLIER: WHOLISTIC 08

STREET ADDRESS, CITY, STATE, ZIP CODE: 1600 FRANKLIN STREET, NE, WASHINGTON, DC 20017

| (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 |
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| W 000 | INITIAL COMMENTS<br><br>A recertification survey was conducted from August 20, 2007 through August 22, 2007. The survey was initiated using the fundamental survey process. A random sample of two clients were selected from a population of four females with various disabilities.<br><br>The findings of this survey were based on observations at the group home, one day program, interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident and investigation reports. | W 000 | | |
| W 124 | 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS<br><br>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.<br><br>This STANDARD is not met as evidenced by: Based on observation, interview and record review, 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 two clients included in the sample. (Client #1 and #2)<br><br>The findings include:<br><br>1 a. During the medication pass on 8/20/07 at | W 124 | The facility will ensure the rights of all individuals. Parents and/or legal guardians will be informed of the individuals medical conditions, developmental and behavioral status, attendant risk of treatment and the right to refuse treatment. | On-going |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Matte Thomas
TITLE: Vice President
(X6) DATE: 9/20/07

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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| | 09G151 | | 08/22/2007 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| WHOLISTIC 08 | 1600 FRANKLIN STREET, NE<br>WASHINGTON, DC 20017 |

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| W 124 | Continued From page 1<br>6:17 PM, Client #1 was administered Abilify 15 mg, and Tegretol 200 mg 2 tabs. Interview with the Trained Medication Nurse (TME) on the same day at approximately 6:20 PM revealed that the medication was prescribed for maladaptive behaviors. Review of the client's physicians orders dated 7/30/07 on 8/21/07 at approximately 3:39 PM revealed that Abilify and Tegretol was incorporated in a Behavior Support Plan (BSP) dated 8/1/07, to address behaviors associated with physical aggression, self-injurious behaviors, noncompliance, talking to herself, laughing or grinning inappropriately, covering her face with her hands, and sticking her hands into her pants.<br><br>Interview with the Qualified Mental Retardation Professional (QMRP) on 8/22/07 at approximately 1:35 PM revealed that Client #2's mother was very involved in her life and gives consents for treatment. Review of Client #1's December 2007 Psychological Assessment on 8/21/07 at approximately 2:50 PM revealed that she did not evidence the capacity to make independent decisions or provided meaningful input into decisions regarding her habilitation planning, placement, treatment, financial, or medical matters. The Client could not execute a durable power of attorney. There was no documented evidence that the facility informed Client #1's mother or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.<br><br>b. Review of the Client #1's current (7/30/07) | W 124 | Client #2's mother has agreed to be the health care agent for her daughter. The documents have been sent and should be completed by Sept. 22, 2007 | 9/22 |

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| W 124 | Continued From page 2 physician's order sheet on 8/21/07 at approximately 11:39 AM revealed an order on 2/5/07 for deep conscious sedation for Gyn appointment. Further record review failed to evidence that consent had been obtained prior to the administration of the medication. Interview with the Qualified Mental Retardation Professional (QMRP) 8/21/07 revealed that Client #1's mother signs all consents for medications and medical procedures. Further interview with the QMRP revealed that Human Rights Committee (HRC) had approved the use of the sedative medications prior to the implementation.<br><br>c. On 12/8/06, Client #1's medication of abilify was discontinued at its currently prescribed dosage and increased to abilify 15 mg Q AM and PM. Interview with the Qualified Mental Retardation Professional (QMRP) 8/21/07 revealed that Client #1's mother signs all consents for medications and medical procedures. The facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.<br><br>2 a. During the medication pass on 8/20/07 at 6:06 PM, Client #2 was administered Lorazepam 0.5 mg, Seroquel 200 mg 2 tabs, Zyprexa 10 mg, and Haldol 5 mg. Interview with the TME on the same day revealed that the medication was prescribed for maladaptive behaviors. Interview with the Qualified Mental Retardation Professional (QMRP) on 8/21/07 at approximately 2:00 PM revealed that Client #2 had an involved sister, but had not been able to establish contact in over a year with the sister. Review of Client #2's August 2007 Psychological Assessment on 8/21/07 at approximately 1:50 PM revealed that | W 124 | | |

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| W 124 | Continued From page 3<br>she did not evidence the capacity to make independent decisions on her behalf or provided meaningful input into decisions regarding her habilitation planning, placement, treatment, financial, or medical matters. There was no documented evidence that the facility informed Client #2 or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.<br><br>b. On 12/4/06, a new medication of abilify 15 mg was added to Client #2's medication regimen and the medication Clozaril was discontinued. There was no documented evidence that the facility informed Client #1 or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.<br><br>c. On 3/5/07, a new medication Seroquel 400 mg was added to Client #2's medication regimen to address increasing symptoms of paranoia. There was no documented evidence that the facility informed Client #1 or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual | W 124 | | |

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| W 124 | Continued From page 4<br>or entity.<br><br>Note: The QMRP has submitted an affivadit form for Client #2 to obtain guardianship to the doctor and was still awaiting the doctor's review and approval. | W 124 | Doctor has reviewed and approved guardian package submitted to case management. | 9/20 |
| W 125 | 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS<br><br>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.<br><br>This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure that individuals who lacked the capacity to make informed decisions had received assistance with identifying a surrogate decision-maker for habilitation and treatment needs, for two of two clients included in the sample. (Client #1 and #2)<br><br>The findings include:<br><br>The facility failed to ensure clients' rights were protected by making certain each client had a legally sanctioned representative to assist them with making decisions regarding their treatment. [See W124] | W 125 | The facility will ensure the rights of all persons. All persons will be encouraged to exercise their rights as people of the facility and citizens of the U.S. including the right to file complaints and the due process. Client #2's mother is her surrogate decision maker.<br><br>See 124 | |
| W 153 | 483.420(d)(2) STAFF TREATMENT OF CLIENTS<br><br>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported | W 153 | | |

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| W 153 | Continued From page 5<br>immediately to the administrator or to other officials in accordance with State law through established procedures.<br><br>This STANDARD is not met as evidenced by: Based on interview, review of the investigative and incident reports and the review of the facility's Incident Management System (IMS), the facility failed to ensure that all allegations of mistreatment, neglect or abuse as well as injuries of unknown origin were reported immediately to the administrator or to other officials as required by State Law [22 DCMR Chapter 35 - 3519.10] through established procedures for one of two clients included in the sample. (Client #1)<br><br>The finding includes:<br><br>Review of the incident reports on 8/21/07 at 10:47 AM revealed that on 1/7/07, Client #1 was "banging up in her room." The client came down stairs with staff and explained that a voice name "Angie" was messing with her. The client picked up a chair and a piece of tile and attempted to hit staff, however other staff intervened. Client #1 ran into the living room area threw backpack and hit staff in the face. Staff was injuried (face and lip swollen). There was no evidenced that the following incident had been reported to the facility's administrator. | W 153 | Each client has a legally sanctioned representative to assist them withe making decisions regarding their treatment.<br><br>This ~~client~~ event is not an allegation of abuse, mistreatment, neglect, or injury of unknown orgin. It was an unusual event but does not fall in one of the forementioned categories. Thus, the requirement for report to administrator does not apply. | on-going |
| W 159 | 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL<br><br>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. | W 159 | | |

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| W 159 | Continued From page 6<br>This STANDARD is not met as evidenced by:<br>Based on observation, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to integrate, coordinate and monitor its clients active treatment programs.<br><br>The findings include:<br><br>1. The QMRP failed to ensure that informed consent were obtained from family/legal guardians for psychotropic medications, sedation, and the implementation of Behavior Support Plans prior to their implementation. [See W124 and W283]<br><br>2. The QMRP failed to ensure that clients were provided with opportunities for choice and self-management. [See W 247]<br><br>3. The QMRP failed to ensure Client #1 was provided opportunities for continuous active treatment in accordance the Physical Therapist recommendations. [See W249]<br><br>4. The QMRP failed to ensure to teach clients to use and make informed choices about the use of their adaptive equipment (glasses). [See W436]<br><br>5. The QMRP failed to monitor facility compliance with the established fire drill schedule, to ensure that drills were held at least quarterly on every shift. [See W440] | W 159 | QMRP will ensure that each person's active treatment program is integrated, coordinated and monitored.<br><br>See 124 and 283<br><br>See 247<br><br>See 246<br><br>See 435<br><br>See 440 | |
| W 247 | 483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN<br><br>The individual program plan must include opportunities for client choice and self-management. | W 247 | | |

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| W 247 | Continued From page 7<br><br>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure clients were provided with opportunities for choice and self-management, for two of the two clients included in the sample. (Client #1 and #2)<br><br>The finding includes:<br><br>The facility failed to ensure Client #1 and #2 were afforded opportunities for choice and /or self-management during dinner.<br><br>During dinner on 8/20/07 at 5:32 PM, direct care staff was observed preparing the table diner style by placing a bowl of soup, a bowl of mixed vegetables, and pitchers of water and soda on the table. The staff was further observed to measure each client portion on to their plate/bowl. Although the dining table was set for family style dining, Client #1 and #2 did not participate in the service of the food.<br><br>Interview with the Qualified Mental Retardation Professional (QMRP) on the same day revealed that the clients were "very capable" of assisting direct care staff in serving food. The QMRP further revealed that Client #2 could serve herself independently. | W 247 | Individuals will be afforded opportunities for choice and/or self management during dinner.<br><br>NOTE<br><br>Person #2 tends to pick her nose. Other persons in the home (one resident) in particular does not like to touch her or her food (even if her hands ar washed). However Person #2 can serve herself last to avoid upsetting others. | 9/22 |
| W 249 | 483.440(d)(1) PROGRAM IMPLEMENTATION<br><br>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program | W 249 | | |

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| W 249 | Continued From page 8<br>plan.<br><br>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure as soon as the interdisciplinary team formulated the individual program plan (IPP), each client received a continuous active treatment plan consisting of needed interventions to achieve identified objectives for two of two clients in the sample. (Clients #1 and #2)<br><br>The findings include:<br><br>1. Observations conducted on 8/20/07 at 4:54 PM revealed Client #1 standing up with ankle weights on holding onto a chair and doing leg swings and knee bends (range of motion exercises). Review of Client #1's Individual Support Plan (ISP) book on 8/21/07 at 2:50 PM revealed a Physical Therapist (PT) assessment dated 12/6/06. According the PT's recommendation, staff should encourage repetitive activities such as vacuuming, going up and down the steps to increase her energy expedition. Further review of the PT's assessment revealed a goal that Client #1 will go up and down a flight of stairs 2/2 trials every hour at 100% of the trials five (5) times a week. Interview with the Qualified Mental Retardation Professional (QMRP) on 8/22/07 at approximately 1:45 PM revealed that she was unaware of the recommendation. The QMRP further indicated that she would follow up with the PT for verification. There was no evidence that the goal had been implemented in accordance with the PT's recommendations. | W 249 | QMRP did follow-up with PT for verification.<br>Staff has been retrained on goal Program is now being implemented according to PT recommendations. | 9/22 |

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| W 249 | Continued From page 9<br><br>2. [See W247] The facility failed to allow clients to participate in their meal time service. | W 249 | See 247 | |
| W 263 | 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE<br><br>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.<br><br>This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee (Human Rights Committee) failed to ensure that restrictive programs were used only with written consents, for two of two clients included in the sample. (Client #1 and #3 )<br><br>The findings includes:<br><br>The facility's human rights committee failed to ensure that informed consent had been obtained for the use of Client #1's and #2's Behavior Support Plan (BSP) in conjunction with the use of prescribed psychotropic medications as evidenced below.<br><br>1. There was no evidence that written consent had been obtained for Client #1's Behavior Support Plan (BSP), for the use of prescribed psychotropic medications, and sedation prior to medical appointments. Interview with the Qualified Mental Retardation Professional (QMRP) on 8/22/07 at approximately 1:35 PM revealed that Client #2's mother is very involved in her life and gives consents for treatment. [See W124] | W 263 | The committee will ensure that these programs are conducted only with written informed consent of the individuals parents or legal guardian.<br><br>Guardians/health agents are being obtained for persons #1 and #2. | on-going<br><br>9/22 |

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| W 263 | Continued From page 10 | W 263 | | |
| | 2. There was no evidence that written consent had been obtained for Client #2's Behavior Support Plan (BSP), for the use of the prescribed psychotropic medications, and the addition of new medications. Interview with Qualified Mental Retardation Professional (QMRP) on 8/22/07 at approximately 2:00 PM revealed that Client #2 did not have written informed consent signed by a guardian or any other person identified as responsible at the time of the survey; however, the QMRP submitted paper to obtain guardianship for the client. [See W124] | | See 124 | |
| W 436 | 483.470(g)(2) SPACE AND EQUIPMENT | W 436 | | |
| | The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. | | | |
| | This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to teach clients to use and make informed choices about the use of their adaptive equipment (glasses) for one of two clients included in the sample. (Client #2) | | | |
| | The finding includes: | | | |
| | Observations during the survey period from 8/20/07 through 8/22/07, Client #2 was not observed to wear her glasses in the home or the day program. Interview with House Manager and the Qualified Mental Retardation Professional (QMRP) on 8/22/07 at approximately 2:10 PM | | | |

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| NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08 | | STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FRANKLIN STREET, NE WASHINGTON, DC 20017 | |

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| W 436 | Continued From page 11<br>revealed that the client refused to wear them. Client #2's Individual Support Plan (ISP) dated 12/11/06 was reviewed on 8/21/07 at 1:36 PM. According the ISP, Client #2 wears eye glasses to compensate for her left eye impairment. There was no evidence that staff documented Client #2's refusal to wear her glasses. Additionally, there was no evidence of any program objective designed to train/teach Client #2 when to wear her eyeglasses. | W 436 | An informed program will be put in place to train person #2 to wear glasses | 9/22/07 |
| W 440 | 483.470(l)(1) EVACUATION DRILLS<br><br>The facility must hold evacuation drills at least quarterly for each shift of personnel.<br><br>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on all shifts.<br><br>The finding includes:<br><br>Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on 8/20/07 at 3:50 PM revealed the scheduled shifts are as follows:<br><br>Weekdays/Weekends<br><br>1st Shift 8 AM to 4 PM<br>2nd Shift 4 PM to 12 AM<br>3rd Shift 12 AM to 8 PM<br><br>Further interview with the QMRP revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log for August 2006 through October 2006 revealed that the facility failed to hold fire evacuation drills | W 440 | | |

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OMB NO. 0938-0391

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

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NAME OF PROVIDER OR SUPPLIER: WHOLISTIC 08

STREET ADDRESS, CITY, STATE, ZIP CODE: 1600 FRANKLIN STREET, NE, WASHINGTON, DC 20017

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| W 440 | Continued From page 12 for the third shift. Further review of the fire drills logs for November 2006 through January 2007 revealed the facility failed to hold fire evacuation drills for the second shift. There was no evidence that fire drills were conducted quarterly on all shifts. | W 440 | Our quarterly schedule is based on a calendar year. HRA's may be based on survey year. Calendar will be adjusted to ensure quarterly variance in shift. fire drills will be held under varied conditions. | 9/22 |
| W 441 | 483.470(l)(1) EVACUATION DRILLS<br><br>The facility must hold evacuation drills under varied conditions.<br><br>This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility failed to hold evacuation drills under varied conditions.<br><br>The finding includes:<br><br>Review of the facility's fire drill records on 8/20/07 at approximately 3:50 PM revealed that most of the fire drills were conducted via the front and back door exits. Review of the fire drill record revealed that the exit to basement had not been used at any time. Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the facility had at least four method of egress. Further interview with the QMRP revealed that the clients primarily used the front and back door exits during the past year. There was no evidence that evacuation drills were held under varied conditions. | W 441 | Residents do not spend time in the basement. We use that space for storage primarily. However, it will be incorporated into fire drills prospectively. | 9/22 |

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| R 000 | INITIAL COMMENTS<br><br>A licensure survey was conducted from August 20, 2007 through August 22, 2007. The survey was initiated using the fundamental survey process. A random sample of two residents were selected from a population of four females with various disabilities.<br><br>The findings of this survey were based on observations at the group home, one day program, interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident and investigation reports. | R 000 | | |
| R 125 | 4701.5 BACKGROUND CHECK REQUIREMENT<br><br>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.<br><br>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 prior to the check.<br><br>The finding includes:<br><br>Review of the personnel files on 8/22/07 at 11:38 AM revealed the GHMRP failed to evidence criminal background checks for six of eight staff for the state of Maryland in which they reside: [S1, S2 S3, S5, S6, and S8] | R 125 | Six Staff multi-jurisdictional Criminal background have been initiated. Process shall take 4-6 weeks thru private investigation firm. | 9/22 |

Health Regulation Administration

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

TITLE Vice President

(X6) DATE 9/20/07

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| I 000 | INITIAL COMMENTS<br><br>A licensure survey was conducted from August 20, 2007 through August 22, 2007. A random sample of two residents were selected from a population of four females with various disabilities.<br><br>The findings of this survey were based on observations at the group home, one day program, interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident and investigation reports. | I 000 | | |
| I 080 | 3503.8 BEDROOMS AND BATHROOMS<br><br>One (1) bathroom consisting of a toilet, lavatory and a bathing facility that is appropriate for the needs of the residents shall be provided for the use of each six (6) persons including staff, except that non-live-in staff shall not be counted when calculating persons using bathing facilities.<br><br>This Statute is not met as evidenced by: Based on observation and interview the GHMRP failed to have a toilet operating in good working condition.<br><br>The finding includes:<br><br>During the environmental walk-through on 8/21/07, the toilet located on the third (3rd) level was observed not to flush. Interview with the House Manager revealed that the toilet was broken by one of the residents earlier that morning. | I 080 | Toilet has been Fixed. | 8/22 |
| I 082 | 3503.10 BEDROOMS AND BATHROOMS | I 082 | | |

Health Regulation Administration

Mirtha Thomas — LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Vice President — TITLE

9/20/07 — (X6) DATE

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| I 082 | Continued From page 1<br><br>Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.<br><br>This Statute is not met as evidenced by:<br>Based on observations and interview at the GHMRP failed properly equip each bathroom with the appropriate items to meet each residents need.<br><br>The findings include:<br><br>During the environmental walk-through on 8/21/07 at 12:15 PM revealed the lights located in the bathroom on the third level was observed to be without a light cover. | I 082 | Light has covered | 9/15 |
| I 135 | 3505.5 FIRE SAFETY<br><br>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.<br><br>This Statute is not met as evidenced by:<br>Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on all shifts.<br><br>The finding includes:<br><br>Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on 8/20/07 at 3:50 PM revealed the scheduled shifts are as follows:<br><br>Weekdays/Weekends | I 135 | | |

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| I 135 | Continued From page 2<br><br>1st Shift 8 AM to 4 PM<br>2nd Shift 4 PM to 12 AM<br>3rd Shift 12 AM to 8 PM<br><br>Further interview with the QMRP revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log for August 2006 through October 2006 revealed that the facility failed to hold fire evacuation drills for the third shift. Further review of the fire drills logs for November 2006 through January 2007 revealed the facility failed to hold fire evacuation drills for the second shift. There was no evidence that fire drills were conducted quarterly on all shifts.<br><br>Also see FederalDdeficiency Citation W441. | I 135 | See W441 | |
| I 202 | 3509.2 PERSONNEL POLICIES<br><br>Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control.<br><br>This Statute is not met as evidenced by:<br>Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.<br><br>The finding includes:<br><br>Review of the personnel files on 8/21/07, the GHMRP failed to provide a job description for the consulant #1. | I 202 | Consultant job description is incorporated in to consultant contract. | 8/22/07 |
| I 206 | 3509.6 PERSONNEL POLICIES | I 206 | | |

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| I 206 | Continued From page 3<br><br>Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the GHMRP failed to ensure that all staff had current health certificates on file.<br><br>The finding includes:<br><br>Review of personnel records on 8/21/07 at 12:09 PM revealed no documented evidence of current health certificates for consultant. [C1] | I 206 | Current health certificate is in file. | 9/20 |
| I 227 | 3510.5(d) STAFF TRAINING<br><br>Each training program shall include, but not be limited to, the following:<br><br>(c) Infection control for staff and residents;<br><br>This Statute is not met as evidenced by:<br>Based on record review, the GHMRP failed to have on file for review current training in first Aid and CPR for employees.<br><br>The findings include:<br><br>On 8/21/07, review of personnel records/training records revealed that the following staff was without current First Aid and CPR, or both.<br><br>a. First Aid - C 1 | I 227 | Staff has current CPR and First Aid | 9/22 |

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| I 227 | Continued From page 4<br>b. CPR - C 1 | I 227 | | |
| I 420 | 3521.1 HABILITATION AND TRAINING<br><br>Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning.<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the GHMRP failed to provide habilitation and training to its residents that would enable them to acquire and maintain life skills needed to cope with their environments and achieve optimum levels of physical, mental and social functioning.<br><br>The finding includes:<br><br>(See Federal Deficiency Report Citations W249 ) | I 420 | See W249 | |