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

RECEIVED 4/5/07

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G035		03/08/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C M S	3112 13TH STREET NW WASHINGTON, DC 20010

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W 000	INITIAL COMMENTS A recertification survey was conducted from March 6, 2007 through March 8, 2007. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a residential population of six male clients with varying degrees of disabilities. The findings of the survey were based on observations at the residence and three day programs. Also the findings were based on client and staff interviews in both the group home and day programs, as well as a review of habilitation and administrative records, to include the facility's unusual incident reports.	W 000		
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 staff interview and record review, the facility failed to ensure that a system had been developed to inform each client or legal guardian of the client's behavioral status, risks of treatment, and the right to refuse treatment, for three of the three clients in the sample. (Clients #1, #2 and #3) The findings include: 1. The facility failed to obtain consents prior to	W 124	The facility has developed and implimented a form to obtain consent for Clients #1, #2, and #3 prior to sedation and change in medication.	3/12/007

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

Cantance A. Reese — Program Director — 4-5-07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	Continued From page 1 the use of sedation for a medical appointment and/or to notify the risks and benefits of treatments for two of the three clients in the sample. (Clients #1 and #2) a. Review of Client #1's medical record on March 6, 2007 at approximately 2:30 PM revealed a medical consult of a CAT scan of the chest with and without contrast dated September 18, 2006. On the consultation form it was observed that Ativan 2 mg by mouth (PO) was given at 9:20 AM. Review of the physician orders revealed an order for Ativan 2 mg PO for CAT scan. Interview with the Qualified Mental Retardation Professional (QMRP) revealed that Client #1's father signs any necessary medical consents, however the QMRP was not aware that a consent was needed for sedation. Therefore a consent was not signed by the involved family member (father). b. Review of Client #2's medical record revealed the following physician orders for dental appointments: - February 25, 2006 Ativan 2 mg; - March 10, 2006 Ativan 1 mg; - July 11, 2006 Ativan 2 mg; - August 14, 2006 Ativan 2 mg; and - October 27, 2006 Ativan 3 mg. Interview with the QMRP on March 6, 2007 during the entrance conference indicated that Client #2's grandmother was actively involved in his life. Further record review revealed that the grandmother signed consents for the clients psychotropic medications and behavior support plan (BSP). Interview with the QMRP on March 8, 2007 indicated that she was not aware that	W 124		

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W 124	Continued From page 2 consent were required for sedations. The QMRP confirmed that the grandmother had not been informed of the risks and benefits of the sedation medications. 2. The facility failed to obtain consents prior to the use of psychotropic medications for Client #3. On March 6, 2007 at 7:22 AM, Client #3 was observed receiving Prozac 20 mg, Ability 2 mg and Topamax 25 mg. The nurse indicated that the client received these medication for his maladaptive behaviors. According to the current physician order it confirmed the medications and its usage. Interview with the QMRP on March 6, 2007 revealed that Client #3 has family involvement. The mother was involved in his habilitation and signs for consents of restrictive measures. Review of the record showed a written consent for the use of the Ability, Prozac, Neurontin, Zinc and the Behavior Support Plan (BSP). There was no evidence that the potential risks involved in using the all the medications, or the right to refuse these medications had been explained to the client or the family.	W 124		
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 Qualified Mental Retardation Professional (QMRP) failed to adequately	W 159	Clients #1, #2, and #3 are ambulatory; however, client #1 has been assessed by the Physical Therapist and there was no recommendation for a walking cane.	4/6/07

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W 159	Continued From page 3 integrate, coordinate and monitor the use of the walking cane for three of the three clients in the sample. (Clients #1, #2, and #3) The findings include: 1. The facility's QMRP failed to implement a system that provided an opportunity for clients choices and self management. [See W247] 2. The facility's QMRP failed to ensure that program data had been collected in accordance with the Individual Program Plan (IPP) [See W252] 3. The facility's QMRP failed to review and revise the Individual Program Plan (IPP) once the client has successfully completed an objective identified in the IPP. [See W255]	W 159	1. The QMRP will implement goals and objectives for clients to make choices and self management. 2. The QMRP will monitor program data daily to make sure it has been collected in accordance with the IPP. 3. The QMRP will revise the individual Program Plans once clients have successfully completed the objectives.	4/2/07 4/2/07 4/2/07
W 231	483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on record review, the QMRP failed to ensure that goals are written in measurable terms for one of the three clients in the sample. (Client #2) The finding includes: On March 6, 2007 at 7:17 AM, Client #2 was observed being administered his morning medications. The nurse was observed preparing the clients medication. The direct care staff poured the client a cup of water. The nurse	W 231	The QMRP and Primary Care Nurse will revise Client #2's self medication goal to measurable terms.	4/2/07

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W 231	Continued From page 4 handed the client his medications and he consumed the medication along with the water. Interview with the medication nurse indicated that the client has a self medication program. Review of the IPP revealed a program objective which stated, "[the client] will complete steps required to independently take his medication daily with _____ independence". The steps include: will wash his hands independently; will punch out medications with physical assistance, pur water into cup; and will swallow water and medications.	W 231		
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to implement a system that provided an opportunity for clients choices and self management for six of the six clients residing in the facility. (Clients #1, #2, #3 , #4, and #5) The findings include: 1. The facility failed to ensure that each client was provided an opportunity to have a choice during their snack time for six of the six clients residing in the facility. (Clients #1, #2, #3 , #4, #5 and #6) Observations on March 6, 2007 at approximately 3:30 PM, staff was observed giving the clients fruit cups. On March 8, 2007 at approximately 3:00 PM, staff was observed giving clients a snack of pudding. Interview with the Qualified	W 247	The facility will allow clients #1, #2, #3, #4, #5, and #6 to select their own clothes to wear daily and allow them choices in the kind of snacks they recieve. Staff will receive additional training on how to provide clients with the opportunity to make choices.	4/2/07

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W 247	Continued From page 5 Mental Retardation Professional (QMRP) on March 8, 2007 revealed that the clients enjoyed the snacks that they received. During the environmental inspection on March 8, 2007 at approximately 2:30 PM, there was a variety of snacks in the cabinet and the refrigerator. At no time during the observation were the clients offered a variety of snack choices that were available in the facility. 2. The facility failed to allow clients to pick out their clothing for the following day for six of the six clients residing in the facility. (Clients #1, #2, #3, #4, #5, and #6) Observations on March 6, 2007 at approximately 4:00 PM, Clients #1, #2, #3, #4, #5, and #6 clothes were sitting on their dresser. On March 8, 2007 during the environmental inspection, Clothes (pants, shirt, underwear, socks and t-shirts) were observed on Clients #1, #2, #3, #4, #5, and #6 dressers. Interview with the QMRP indicated that the day shift person selected the clients clothes to wear for the following day. Interview with the direct care staff who works the 8:00 AM - 4:00 PM shift indicated that she had been directed to take out the clients clothes, daily.	W 247		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249		

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W 249	Continued From page 6 This STANDARD is not met as evidenced by: Based on observations, staff interview and record review, the facility failed to provide continuous active treatment for two of the three clients in the sample. (Clients #1 and #2) The finding includes: 1. Observations on March 6, 2007 at approximately 4:30 PM, Client #1 was observed manipulating sensory items with direct care staff. The client required physical assistance to hand over hand assistance to manipulate the items. Interview with the direct care staff indicated that the client requires many prompts to complete the task. Review of the IPP revealed that the client had a program objective which stated, "During structured small group activity time with his peers, [the client] will interact with at least one of his peers up to 15 minutes with 1-2 verbal prompts, 4/5 trials." There was no evidence that the direct care staff encouraged, Client #1 to participate with his peers. 2. On March 6, 2007 at 7:00 AM, the medication nurse arrived in the facility to administer the morning medications. At 7:12 AM, the medication nurse called Client #2 into the medication room for his morning medications. At 7:17 AM, Client #2 was observed being administered his morning medications. The nurse was observed preparing the clients medication. The direct care staff poured the client a cup of water. The nurse handed the client his medications and he consumed the medication along with the water. Interview with the medication nurse indicated that the client has a self medication program. Review of the IPP revealed a program objective which	W 249	The facility will provide training for the direct care staff on how to implement clients #1 and #2 goals and objectives.	3/29/07

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W 249	Continued From page 7 stated, "[the client] will complete steps required to independently take his medication daily with _____ independence". The steps include: will wash his hands independently; will punch out medications with physical assistance, pur water into cup; and will swallow water and medications. The medication nurse failed to allow the Client #2 the opportunity to participate in his self medication program.	W 249		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that program data had been collected in accordance with the Individual Program Plan (IPP) for two of the three clients included in the sample. (Client #1) The findings include: 1. Observations on March 6, 2007 at approximately 4:30 PM, Client #1 was observed manipulating sensory items with direct care staff. The client required physical assistance to hand over hand assistance to manipulate the items. Interview with the direct care staff indicated that the client requires many prompts to complete the task. Review of the IPP revealed that the client had a program objective which stated, "During structured small group activity time with his peers, [the client] will interact with at least one of his peers up to 15 minutes with 1-2 verbal prompts,	W 252	Cross reference to W231.	4/2/07

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W 252	Continued From page 8 4/5 trials." Review of the data sheet indicated that the client participates in many types of multi-sensory activities. However there was no indication for the number of minutes or the peer interaction that the client participated in each sensory items. 2. On March 6, 2007 at 7:17 AM, Client #2 was observed being administered his morning medications. The nurse was observed preparing the clients medication. The direct care staff poured the client a cup of water. The nurse handed the client his medications and he consumed the medication along with the water. Interview with the medication nurse indicated that the client has a self medication program. Review of the IPP revealed a program objective which stated, "[the client] will complete steps required to independently take his medication daily with _____ independence". The steps include: will wash his hands independently; will punch out medications with physical assistance, pur water into cup; and will swallow water and medications. The facility failed to write the objective in measurable terms.	W 252		
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	W 255	Cross reference W159 (#3)	4/2/07

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W 255	Continued From page 9 Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the client has successfully completed an objective identified in the IPP for two of the three clients in the sample. (Clients #2 and #3) The findings include: 1. The facility's QMRP failed to revise Client #3's program objectives. a. Observations on March 6, 2007 at approximately 7:00 PM, Client #3 was observed putting his clothes into the washing machine and the dryer. Interview with the direct care staff #1 and Qualified Mental Retardation Professional (QMRP) indicated that the client has a program to load/unload the washes his clothes twice a week. Further interview with the direct care staff #2 on March 8, 2007 indicated that the direct care staff (8:00 AM- 4:00 PM) washes the clients clothes. The direct care staff have been instructed by the Program Director to wash clothes on the day time shift. Review of the IPP dated April 18, 2006 revealed a program objective which stated, "[the client] will learn how to wash with verbal visual and hand over hand instruction". Record verification of the data sheets indicated that the client achieved the established criteria since June 2006. b. Observations on March 6, 2007 at approximately 6:00 PM, Client #3 was observed sweeping the dining room floor with little to no prompts. Interview with the direct care staff indicated that the client helps with dinner clean up. Review of the IPP dated April 18, 2006 revealed a program objective which stated, "[the client] will sweep the dining room floor after	W 255		

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W 255	Continued From page 10 dinner with verbal and hand over hand instruction". Record verification of the data sheets indicated that the client achieved the established criteria since February 2006. 2. The facility's QMRP failed to revise Client #2's program objective once the client met the established criteria. a. On March 6, 2007 at 6:20 PM, Client #2 was observed putting dishes in the dishwasher, requiring verbal prompts from direct care staff. Interview with the direct care staff indicated that the client assist with dinner clean up. Review of the IPP that the client had a program objective which stated, "[the client] will learn to load/unload the dish washer three time per week with verbal prompts 4/5 trials". Record verification of the data sheets indicated that the client achieved the established criteria since September 2006. b. Review of the Client #2's IPP revealed a program objective which stated, "[the client] will learn how to shower independently with verbal prompts and physical assistance." Record verification of the data sheets indicated that the client achieved the established criteria since August 2006.	W 255		
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. This STANDARD is not met as evidenced by: Based on observation, interview and record	W 263	Cross reference W124.	3/12/07

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W 263	Continued From page 11 review the facility failed to ensure program which incorporate restrictive techniques and use of behavior modification were conducted only with written informed consent of the client, or legal guardian for three of the three clients in the the sample. (Clients #1, #2, and #3) The finding includes: There was no evidence of written informed consent for the use of Clients #1, #2, and #3's restrictive measures that was included in the Client's behavior support plan. [See W124]	W 263		
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 two clients in the facility. (Client #1) The finding includes: The facility failed to address Client #1's elevated lipid panel lab results. Review of Client #1's medical record revealed elevated cholesterol levels over 200 dated August 3, 2006, July 24, 2006 and June 20, 2006. The LDL levels were 173 and 127. The LDL range is 0-99. According to the Nutrition Assessment dated July 24, 2006 revealed that the client had significant biochemical findings of cholesterol of 234. However there was no recommendation by the Nutritionist to address the elevated levels.	W 322	Client #1 received an updated liped panel lab, The physician and nutritionist will assess the result of the updated liped panel lab.	3/8/07 4/6/07

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W 322	Continued From page 12 Additionally, there was no evidence that the primary care physician addressed the elevated lipid levels.	W 322		
W 325	482.460(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on observations, staff interview and record verification, the facility failed to provide routine laboratory testing as determined necessary by the physician for one of the three clients in the sample. (Client #1) The finding includes: The facility failed to ensure that Client #1 obtained laboratory studies as prescribed by the physician's orders. Review of Client #1's physician orders dated March 2007 revealed an order for laboratory studies to include lipid panel and fasting blood sugar, every three months. Record verification indicated that the client received a fasting blood sugar and a lipid profile on August 3, 2006. There was no evidence that the facility had any updated laboratory profiles.	W 325	Cross reference W322 (#1).	3/8/07
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.	W 331		

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W 331	Continued From page 13 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide each client with nursing services in accordance with their needs. The findings include: 1. The facility's nurse failed to ensure that Client #1 received laboratory studies as prescribed by the physician's orders. [See W325] 2. The facility's nurse failed to ensure that the health status was reviewed by the Registered Nurse (RN) staff on a quarterly or more frequent basis. [See W336] 3. The facility's nurse failed to ensure timely dental services. [See W356] 4. The facility's nurse failed to ensure that each client's medication regimen was reviewed by the pharmacist quarterly. [See W362] 5. The facility's nurse failed to remove medications that were discontinued by the physician. [See W392]	W 331	1. Cross reference to W322 (#1) 2. The facility's nurse will review the health status of clients quarterly. 3. The facility's nurse will schedule all needed dental appointments. 4. The facility's nurse will review each client's medication regimen with the pharmacist. 5. The primary care nurse has removed discontinued medications.	3/8/07 4/2/07 4/2/07 4/2/07 3/10/07
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the health status was reviewed by the Registered Nurse (RN) staff on a	W 336	W336- Cross reference W331 (#2).	4/2/07

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	09G035		03/08/2007

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W 336	Continued From page 14 quarterly or more frequent basis for one of the three client in the sample. (Client #1) The finding includes: Interview with the facility's Registered Nurse (RN) on March 7, 2007 revealed that the Registered Nurse (RN) should complete quarterly nursing exams. Review of Client #1's medical record revealed a quarterly nursing assessment dated November 20, 2006 with the next quarterly scheduled February 2007. There was no evidence that the client's health status had been reviewed quarterly by the nursing staff since her current ISP.	W 336		
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 March 8, 2007, Client #1 was observed with brown stains on his teeth. Review of the medical records revealed that Client #1 had a dental consultation on June 22, 2006. During the visit the client received cleaning and it was recommended that the client return in six months.	W 356	Client #1 has received a scheduled dental appointment.	3/7/07

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W 356	Continued From page 15 At the time of the survey, the facility failed to schedule a dental appointment.	W 356		
W 362	483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each client's medication regimen was reviewed by the pharmacist quarterly, for one of three clients in the sample. (Client #1) The finding includes: Morning observations of the medication medication administration on March 6, 2007 at 7:50 AM revealed that Client #1 received Zyprexa 10 mg. Interview with the Qualified Mental Retardation Professional (QMRP) on March 6, 2007 at approximately 3:00 PM and the review of the medical record revealed that the pharmacist last reviewed Client #1's drug regimen on November 7, 2006. The QMRP indicated that she's for certain that the pharmacist had reviewed the medications since then but was not able to located the documents in the records. At the time of the survey, there was no evidence that Client #1's drug regimen had been reviewed at least quarterly by the pharmacist as required.	W 362	Client #1's medication regimen will be reviewed by the pharmacist quarterly.	4/6/07
W 392	483.460(m)(3) DRUG LABELING Drugs and biologicals packaged in containers designated for a particular client must be immediately removed from the client's current medication supply if discontinued by the	W 392	Cross reference W331 (#5).	3/10/07

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W 392	Continued From page 16 physician. This STANDARD is not met as evidenced by: Based on observation, interview and review of records, the facility failed to remove medications that were discontinued by the physician for one of the three clients in the sample. (Client #1) The finding include: Interview with the Registered Nurse and the Qualified Mental Retardation professional (QMRP) on March 6, 2007 at approximately 10:00 AM, revealed that Client #1 had been hospitalized from December 15, 2007 through January 10, 2007. The client had a scheduled medical procedure, "mass resection dysphagia". After the hospital discharge the client was prescribed Oxycodone 10 for pain. The primary care physician discontinued the order on February 12, 2007. However, the medication was still stored in the medication cabinet as of March 8, 2007. Interview with the Registered Nurse indicated that the medication should be sent to the nursing station for destruction.	W 392		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of fire drill records, the facility failed to hold evacuation drills at least quarterly for each shift of personnel. The finding includes:	W 440	The facility will conduct quarterly fire drills on the 8am-4pm shift.	4/2/07

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W 440	Continued From page 17 Interview with the Qualified Mental Retardation Professional on September 18, 2006 revealed that the staff shifts are as follows: 8:00 AM - 4:00 PM; 4:00 PM - 12:00 PM; 12:00 PM - 8:00 AM Review of the fire drill log revealed that the facility failed to hold fire evacuation drills for all shifts at least quarterly. The last fire drill recorded for the 8:00 AM- 4:00 PM shift was September 26, 2006. These above findings were referred to the Office of the Fire Marshall.	W 440		