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

PRINTED: 05/22/2008
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
	09G037		R 05/15/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CMS	3815 ALBERMARLE STREET NW WASHINGTON, DC 20008

(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 A revisit was completed on 5/15/2008 to verify the level of compliance with the plan of correction submitted in response to the 4/4/2008 recertification survey. The survey was conducted to assess the level of compliance to the deficiencies cited in the previous report and as presented in their Plan of Correction (POC). The results of the survey were based on observation, staff interviews, as well as a review of the client and administrative records, including a review of the unusual incident reports. A recertification survey was conducted from April 2, 2008 through April 4 2008. The full survey process was utilized. A random sample of four clients was selected from a residential population of seven males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at four day programs, interviews and a review of records, including unusual incident reports. Observations conducted throughout the survey revealed concerns related to the health and safety of Client #1. On April 4, 2008, a determination was made that an immediate jeopardy of Client #1's health and safety existed. The facility's Qualified Mental Retardation Professional (QMRP) and House Manager were notified of the safety concerns regarding the immediate jeopardy at 5:28 PM. The surveyors remained onsite until the facility addressed the serious and immediate jeopardy by initiating a plan that prohibited Client #1's return to the day program until his mealtime service at the program was addressed. The support was designed to protect Client #1 from potential harm.	{W 000}		

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DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION
2008 JUN 12 P 12: 08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Constance A. Reese — TITLE: Program Director — (X6) DATE: 6/16/08

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 000}	Continued From page 1 The outcome of the survey resulted in the facility's failure to be in compliance with the Conditions of Participation in Governing Body and Client Protection.	{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 facility's governing body failed to maintain general operating direction over the facility to ensure the provision of active treatment and the clients' health and safety [See W104 and W127]. The results of these systemic practices revealed the facility's Governing Body failed to adequately govern the facility in a manner that would ensure clients' were free from neglect. [See also W122]	{W 102}	Cross reference W104 and W127	6/20/08
{W 104}	483.410(a)(1) GOVERNING BODY 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, the facility's Governing Body failed to monitor and/or revise its operation directions to ensure its client ' s are provided an environment appropriate to promote the health and safety as well as active treatment services for its residents. This deficient practice was observed for one of four sampled clients. [Client #1]	{W 104}		

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{W 104}	Continued From page 2 The finding includes: The facility was cited during the 4/4/2008 recertification survey for failing to ensure that Client #1 is transitioned to an environment more suitable to his age and mobility. Observation on the afternoon of 5/15/2008 at approximately 3:45pm revealed Client #1 had extreme difficulty navigating the steps leading up to the door of his home from the van when he arrived home from his day program. The process took approximately 19 minutes and required the assistance of four different staff as he made his way up the steps and into the house at 4:04pm. Earlier in the day, interview with the facility ' s House Manager (HM) on 5/15/2008 at 3:22pm revealed he has noticed a decline in [Client #1 ' s] ability to ambulate independently, and [Client #1] has been refusing outings. Further interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on the same day at 3:26pm revealed, " The facility has taken part in several meetings regarding having him placed in a better suited facility. His placement here does not meet his needs because of the activity levels of his housemates and the fact that the current placement is not age appropriate. In addition, a one level placement is being sought to address his mobility. " In addition, Client #1 ' s Physical Therapy Assessment dated 7/26/2007 details the following: 1. The following Comments were written: [Client #1] ambulates with severely hip and knee flexion. He has decrease stride strength and poor endurance. He has increased hip flexion and knee flexion 2 degrees to postural limitations. He requires assistance with getting off the van.	{W 104}	Client#1's DDS case manager submitted a referral for a barrier free environment on 4/8/08. CMS, Inc. Program Director submitted a letter to Client#1's case manager, attorney, and guardian to identify.	

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{W 104}	Continued From page 3	{W 104}		
	2. With regards to Client #1 ' s Functional Skills, the assessments states: a. Gait: he has abnormal gait, which requires assistance. b. Mobility: one - two staff [required] c. Functional distance - approximately 15 - 20 feet independently. This citation could not be abated, as the client was still residing at the facility and a viable placement had not been identified to date.		a barrier free facility for Client #1. A case conference will be held with the team to discuss the referral being processed and Client #1's current functional status and his supports at this time. The QMRP will continue to communicate with Client #1's DDS case manager twice a month regarding the status of the referral for a barrier free placement.	6/20/08
{W 122}	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.	{W 122}		
	This CONDITION is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the health and safety of each client by making certain all meals were served in accordance with prescribed dietary orders [See W127]; and failed to provide barrier free environment to ensure client's health and safety risk [W104]. The effects of these systemic practices results in the failure of the facility to protect its clients and to ensure their health and safety. Previously cited in the 4/4/2008 Recertification Survey: Based on observation, interview and record review, the facility failed to ensure the health and safety of each client by making certain all meals			

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{W 122}	Continued From page 4 were served in accordance with prescribed dietary orders [See W127]; failed to ensure parents/guardians were notified of serious incidents [See W148]; failed to implement policies and procedures that ensured clients' health and safety [See W149]; and failed to ensure that all injuries of unknown source were reported [See W153]; failed to ensure that prior to the use of more restrictive techniques, the client's record documented that programs incorporating less intrusive techniques had been attempted and were ineffective [See W278]; failed to provide barrier free environment to ensure client's health and safety risk [W104]; and failed to provide 1:1 supervision to ensure clients' health and safety [W249]. The effects of these systemic practices results in the failure of the facility to protect its clients and to ensure their health and safety.	{W 122}	Cross reference W127 Cross reference W104	6/20/08 6/20/08
{W 127}	483.420(a)(5) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure client ' s received their meals in the form and texture as prescribed in their dietary orders, for two of the four sampled clients. [Clients #1 and #6] The findings include: The facility was previously cited for failing to	{W 127}		

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{W 127}	Continued From page 5 ensure that clients with modified food texture diets received their meals in the form and consistency as required by their approved habilitation plans. The facility was still out of compliance with this section as outlined below: 1. Observation on the evening of 5/14/2008 at 5:15pm revealed Client #1 was served approximately 12 - 16oz of milk to accompany his pureed diet. At approximately 5:40pm Client #1 was observed drinking his milk. As he drank, the milk in the cup was observed to move around at a regular (poured) consistency as he drank. Record review revealed Client #1 ' s Speech assessment dated 8/2/2007 detailed the following information: a. " [Client #1] continues to tolerate a blenderized pureed diet with thickened liquids (pudding consistency). He receives Thick-n-Easy thickener which is added to his liquids. " b. "Client #1 has a history of aspiration of thin liquids. A Modified Barium Swallow study was last conducted in May 2001 at Washington Hospital Center. A moderate to severe oral phase of swallow was detected. Coughing and choking were noted to occur after swallow initiation." c. [Client #1] tolerated a " blenderized pureed diet with thickened liquids (pudding consistency)." Interview with the facility ' s House Manager on 5/15/2008 at 3:16pm revealed Client #1 ' s milk should have been " thickened " before it was served. The facility failed to ensure that Client #1 received his liquids at the form and consistency as outlined his Speech assessment.	{W 127}	1. An in-service was held on 5/23/08 on Client #1's diet and the preparation of his foods/ liquids. In the future, Management will supervise staff's preparation of Client #1's food weekly.	6/20/08

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{W 127}	Continued From page 6 2. Observation on the evening of 5/14/2008 at 5:21pm revealed Client #6 was served a whole portioned meal of Macaroni & Cheese, Baked Chicken, and mixed vegetables (cabbages and sliced carrots). The baked chicken appeared firm and cooked well and did not appear moist. Client #6 was later served a bowl of sliced peaches as desert to round out his meal. At the start of his meal, he was observed eating without staff assistance. At 5:30pm, one of the direct care staff realized Client #6 was having a little difficulty cutting up his chicken, walked over and cut the meat up into smaller portions (bite sized) for him. Client #6 continued to eat his meal. During the process, the facility ' s House Manager was interviewed about the required food texture requirements for all the clients sitting at the table. While detailing everyone ' s required meal textures, he stated that Client #6 ' s required a " mechanically soft diet " . Record review revealed, Client #6 ' s Nutritional assessment dated 8/2/2008 recommended that he receives a " 1500 calorie, Mechanically Soft, Low Sodium diet. " The facility failed to ensure that Client #6 received his meal in the form and consistency as outlined in his Nutritional assessment. Previously cited in the 4/4/2008 Recertification Survey: Based on observation, interview and record review, the facility failed to ensure the health and safety of one client by making certain all meals were served in accordance with prescribed dietary orders, for one of the four clients (Client #1) included in the sample.	{W 127}	2. An in-service was held on 5/23/08 on Client #6's diet and the preparation of his foods/ liquids. In the future, Management will supervise staff's preparation of Client#6's food weekly.	6/20/08

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{W 127}	Continued From page 7 The facility failed to ensure Client #1's day program provided Client #1 with meals that were prepared in accordance with his prescribed dietary order. The finding includes: A. Observation of the dinner meal on the evening of April 2, 2008 at approximately 5:47 PM and staff interview revealed Client #1 was served fishsticks, creamed corn, collard greens, milk, water and peaches. Client #1's meal was pureed and his beverages were thickened. A staff member was further observed to be situated next to the client during his meal. It should be noted that the client was also observed to be edentulous. Review of Client #1's April 2008 Physician's Orders on April 3,2008 at 4:47 PM revealed he was prescribed a low sodium, low fat, low cholesterol pureed diet and thickener was to be added to his liquids. Observation at Client #1's day program on April 4, 2008 at approximately 11:48 AM revealed the client seated at a table in a room eating lunch with his peers. Closer observation and interview with the day program staff revealed the client was eating greens, breaded fish fillet, macaroni and cheese, juice and milk. It should be noted however, that Client #1's fish fillet was cut up into bite sized pieces; the macaroni and cheese and the prepared collard greens were portioned and served without any special modifications to their form and/or consistency as required by Client #1's dietary order. Continued observation revealed that staff were present in the dining room but intermittently left the room. Day program staff was not observed to be continuously by his side during the lunch.	{W 127}		

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{W 127}	Continued From page 8 While the Client #1 was eating his lunch, the day program staff monitoring the meal was asked if she was aware of the client's dietary order and aware that the client had not received the correct textured diet. The staff person acknowledged the client's dietary order as a pureed diet with thickened beverages, but failed to intervene with the served meal in order to provide the client with the correct textured diet. Due to the staff members failure to address the observed food texture concern, the staff member was asked who was responsible for preparing the clients' meals at the day program. The staff member replied that it was the responsibility of another staff member at the day program and further indicated that the responsible staff person was in the kitchen. Interview was conducted with the staff person responsible for preparing Client #1's meal on April 4, 2008 at 11:52 AM to ascertain if she was aware of Client #1's prescribed dietary order. According to that staff person Client #1's meal was to be pureed or chopped. The staff member further revealed a document, located in the kitchen, that indicated Client #1 was to receive a No Added Salt (NAS), low fat, low cholesterol pureed diet with thickened liquids. When the staff member was informed of the consistency of the meal that was served to Client #1, she indicated he could eat it in the manner it was served. Interview was conducted with the day program nurse on April 4, 2008 at 12:04 PM that revealed Client #1 was to have a pureed diet due to being at risk for aspiration. When the nurse was informed that Client #1's meal was not served as prescribed, she immediately stopped the client	{W 127}		

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{W 127}	Continued From page 9 from eating and told the kitchen staff person to prepare another meal for him in accordance with his dietary order (pureed). B. Interview was conducted with the residential facility's former House Manager (HM) and Qualified Mental Retardation Professional (QMRP) on April 4, 2008 at 5:13 PM to verify Client #1's dietary order and ascertain the reason why the client was prescribed his pureed diet with thickened beverages. According to the HM, Client #1 received a pureed diet with thickened liquids due his risk for aspiration. Review of Client #1's records on April 4, 2008, at approximately 7:35 PM revealed a speech and language evaluation dated August 1, 2007. According to the assessment, "Client #1 has a history of aspiration of thin liquids. A Modified Barium Swallow study was last conducted in May 2001 at Washington Hospital Center. A moderate to severe oral phase of swallow was detected. Coughing and choking were noted to occur after swallow initiation." Continued review of the assessment revealed a recommendation that documented , "one to one supervision at mealtimes is needed." The assessment also documented that Client #1 tolerated a "blenderized pureed diet with thickened liquids (pudding consistency)." It further described his eating at mealtimes and indicated that he had "the tendency to shovel his food..." Note: The QMRP was notified on April 4, 2008 at 5:28 PM of the State Agency's determination that the day program's failure to provide Client #1 with meals in accordance with his prescribed dietary order. This failure resulted in neglect which posed a serious and immediate threat to Client	{W 127}		

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{W 127}	Continued From page 10 #1's health and safety. The surveyors remained onsite until the facility addressed the serious and immediate jeopardy by initiating a plan that prohibited Client #1's return to the day program until his mealtime service at the program was addressed. The support was designed to protect Client #1 from potential harm.	{W 127}		
{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, interview and record review, the facility failed to ensure each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP), for two of the four sampled clients (Clients #1, and #6) that resided in the facility. The findings include:	{W 159}		
	1. The facility ' s Qualified Mental Retardation Professional (QMRP) failed to ensure that clients be served meals in the form and consistency as required in their habilitation plans. [Reference W127]		1. Cross reference W127 #1	6/20/08
	2. The facility ' s Qualified Mental Retardation Professional (QMRP) failed to ensure that staff was trained and are able to effective implement a client ' s habilitation plan. [Reference W194]		2. Cross reference W127 #2	6/20/08
{W 194}	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and	{W 194}		

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{W 194}	Continued From page 11 techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observation, interviews and the review of records, the facility's staff failed to demonstrate competency in the implementation of each clients Individual Program Plan (IPP) for two of the four sampled clients. (Clients #1 and #6) The finding includes: This facility was previously cited during the recertification survey conducted on 4/4/2008 for failing to ensure that its staff showed competency in implementing a client ' s individual program plan. As cited previously, the facility was still found to be out of compliance with this section as exampled below:	{W 194}		
	1. Observation on the evening of 5/14/2008 at 5:15pm revealed Client #1 ' s liquids were not " thickened " before being served. Record review revealed, his current Speech assessment dated 8/2/2007 recommended that his liquids be served at a " pudding thick " consistency. [Reference W127]		1. Cross reference W127 #1	6/20/08
	2. Observation on the evening of 5/14/2008 at 5:21pm revealed Client #6 ' s meal was not served in a mechanically soft texture. Record review revealed, his current Nutritional assessment dated 8/2/2007 recommended that this client be on a " mechanically soft diet " . [Reference W127]		2. Cross reference W127 #2	6/20/08

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{I 000}	INITIAL COMMENTS A licensure revisit was completed on 5/15/2008 to verify the level of compliance with the plan of correction submitted in response to the 4/4/2008 survey. The revisit was conducted to assess the level of compliance to the deficiencies cited in the previous report and as presented in their Plan of Correction (POC). The results of the survey were based on observation, staff interviews, as well as a review of the client and administrative records, including a review of the unusual incident reports. An annual relicensure survey was conducted from April 2, 2008 through April 4 2008. A random sample of four residents was selected from a residential population of seven males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at four day programs, interviews and a review of records, including unusual incident reports.	{I 000}		
{I 180}	3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on observation, interviews and the review of records, the facility's staff failed to demonstrate competency in the implementation of each clients Individual Program Plan (IPP) for two of the four sampled clients. (Clients #1 and #6) The finding includes: This facility was previously cited during the licensure survey conducted on 4/4/2008 for failing	{I 180}		

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NAME OF PROVIDER OR SUPPLIER C M S	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 ALBERMARLE STREET NW WASHINGTON, DC 20008		

(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) COMPLETE DATE
{I 180}	Continued From page 1	{I 180}		
	to ensure that its staff showed competency in implementing a client ' s individual program plan. As cited previously, the facility was still found to be out of compliance with this section as exampled below:			
	1. Observation on the evening of 5/14/2008 at 5:15pm revealed Client #1 ' s liquids were not " thickened " before being served. Record review revealed, his current Speech assessment dated 8/2/2007 recommended that his liquids be served at a " pudding thick " consistency. [Reference 3510.5(f)]		1. Cross reference W127 #1	6/20/08
	2. Observation on the evening of 5/14/2008 at 5:21pm revealed Client #6 ' s meal was not served in a mechanically soft texture. Record review revealed, his current Nutritional assessment dated 8/2/2007 recommended that this client be on a " mechanically soft diet " . [Reference 3510.5(f)]		2. Cross reference W127 #2	6/20/08
	3. The facility was cited during the 4/4/2008 recertification survey for failing to ensure that Client #1 was transitioned to an environment more suitable to his age and mobility. Observation on the afternoon of 5/15/2008 at approximately 3:45pm revealed Client #1 had extreme difficulty navigating the steps leading up to the door of his home from the van when he arrived home from his day program. The process took approximately 19 minutes and required the assistance of four different staff as he made his way up the steps and into the house at 4:04pm. Earlier in the day, interview with the facility ' s House Manager (HM) on 5/15/2008 at 3:22pm revealed he has noticed a decline in [Client #1 ' s] ability to ambulate independently, and [Client #1] has been refusing outings. Further interview with the facility ' s Qualified Mental Retardation			

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{I 180}	Continued From page 2	{I 180}		
	Professional (QMRP) on the same day at 3:26pm revealed, " The facility has taken part in several meetings regarding having him placed in a better suited facility. His placement here does not meet his needs because of the activity levels of his housemates and the fact that the current placement is not age appropriate. In addition, a one level placement is being sought to address his mobility. " In addition, Client #1 ' s Physical Therapy Assessment dated 7/26/2007 details the following: a. The following Comments were written: [Client #1] ambulates with severely hip and knee flexion. He has decrease stride strength and poor endurance. He has increased hip flexion and knee flexion 2 degrees to postural limitations. He requires assistance with getting off the van. b. With regards to Client #1 ' s Functional Skills, the assessments states: i. Gait: he has abnormal gait, which requires assistance. ii. Mobility: one - two staff [required] iii. Functional distance - approximately 15 - 20 feet independently. This citation could not be abated, as the client was still residing at the facility and a viable placement had not been identified to date.		Cross reference W104.	6/20/08
{I 229}	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive	{I 229}		

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{I 229}	Continued From page 3 technologies; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure client ' s received their meals in the form and texture as prescribed in their dietary orders, for two of the four sampled clients. [Clients #1 and #6] The findings include: The facility was previously cited for failing to ensure that clients with modified food texture diets received their meals in the form and consistency as required by their approved habilitation plans. The facility was still out of compliance with this section as outlined below: 1. Observation on the evening of 5/14/2008 at 5:15pm revealed Client #1 was served approximately 12 - 16oz of milk to accompany his pureed diet. At approximately 5:40pm Client #1 was observed drinking his milk. As he drank, the milk in the cup was observed to move around at a regular (poured) consistency as he drank. Record review revealed the " Swallowing Section " Client #1 ' s Speech assessment dated 8/2/2007 detailed the following information: " [Client #1} continues to tolerate a blenderized pureed diet with thickened liquids (pudding consistency). He receives Thick-n-Easy thickener which is added to his liquids. " Interview with the facility ' s House Manager on 5/15/2008 at 3:16pm revealed Client #1 ' s milk should have been " thickened " before it was served. The facility failed to ensure that Client #1 received his liquids at the form and consistency as outlined his Speech assessment.	{I 229}	Cross reference W127 #1	6/20/08

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{I 229}	Continued From page 4	{I 229}		
	2. Observation on the evening of 5/14/2008 at 5:21pm revealed Client #6 was served a whole portioned meal of Macaroni & Cheese, Baked Chicken, and mixed vegetables (cabbages and sliced carrots). He was later served a bowl of sliced peaches as his desert. At the start of his meal, he was observed eating his meal without staff assistance. At 5:30pm, one of the staff attending to the meal walked over and cut his food into smaller portions (bite sized). Client #6 continued to eat his meal. During the process, the facility ' s House Manager was interviewed about the required food texture requirements for all the clients sitting at the table. While detailing everyone ' s required meal textures, he stated that Client #6 ' s requires a " mechanically soft diet " . Record review revealed, Client #6 ' s Nutritional assessment dated 8/2/2008 recommended that he receives a " 1500 calorie, Mechanically Soft, Low Sodium diet. " The facility failed to ensure that Client #6 received his meal in the form and consistency as outlined in his Nutritional assessment.		Cross reference W127 #2	6/20/08
{I 500}	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each client's rights. The findings include:	{I 500}		

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{I 500}	Continued From page 5 (Reference Federal Deficiency Report Citations W102, W104, W122, and W127)	{I 500}		