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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	(X3) DATE SURVEY COMPLETED
	09G216	A. BUILDING _____ B. WING _____	07/12/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METRO HOMES, INC	929 55TH STREET, NE WASHINGTON, DC 20019

(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 An initial certification survey was conducted from July 10, 2007 through July 12, 2007 utizing the full survey process. The census at the time of the survey was five clients (two females and three males) with varying degrees of mental retardation. The findings of the survey were based on observations at the home and at three day programs; interviews with the staff at the home and day programs; and review of records to include the medical, administrative and incident reports.	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observations, staff interview, and record review, the facility failed to effectively monitor client's day program to ensure adaptive feeding equipment was available for one of three clients in the sample. (Client #1) The finding includes: On July 10, 2007 at 12:30 pm Client #1 was observed during lunch at his day program. The client was observed drinking and eating witn staff assistance (hand over hand). The client used a sippy cup, a built up handle spoon, and a divided plate with a plate guard which was elevated. Review of the mealtime protocol at the day program revealed that the client was required to have a built up handled angle spoon and a high sided divided plate. Interview with the day program staff revealed that the client would	W 120	W 120 A set of adaptive equipment – high sided divided plate and a cup with a built in straw have already been delivered to the Day Program. In the future, the facility QMRP will ensure that clients using adaptive equipment will have availability of it at both programs. The Agency has instituted a monthly QMRP audit and the Monthly Day program visit record has been amended to include a check for adaptive equipment. See attached	7/18/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan J. Sloan RN, BSN, MA
TITLE: VP Operations
(X6) DATE: 7/23/07

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 120	Continued From page 1 benefit from a high sided plate because it would give the client a more stable plate than the plate guard. It should be noted that obsrvations during the dinner at the group home revealed that the client was capable of independently drinking from a cup that had a straw attached to it.	W 120		
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 interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services for two of three clients in the sample. (Client #1 and Client #3) The findings include: 1. The QMRP failed to ensure the day program utilized the proper adaptive equipment for Client #1 as evidenced by the following: On July 10, 2007 at 12:30 pm Client #1 was observed during lunch at his day program. The client was observed drinking and eating witn staff assistance (hand over hand). The client used a sippy cup, a built up handle spoon, and a divided plate with a plate guard which was elevated. Review of the mealtime protocol at the day program revealed that the client was required to have a built up handled angle spoon and a high sided divided plate. Interview with the day	W 159	W 159 A set of adaptive equipment – high sided divided plate and a cup with a built in straw have already been delivered to the Day Program. In the future, the facility QMRP will ensure that clients using adaptive equipment will have availability of it at both programs. The Agency has instituted a monthly QMRP audit and the Monthly Day program visit record has been amended to include a check for adaptive equipment.	7/18/07

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W 159	Continued From page 2 program staff revealed that the client would benefit from a high sided plate because it would give the client a more stable plate than the plate guard. It should be noted that obsrvations during the dinner at the group home revealed that the client was capable of independently drinking from a cup that had a straw attached to it. 2. [Cross refer to W255] The QMRP failed to revise Client #3's self medication program to ensure that support needs identified in the Self Administration of Medication Assessment (SAMA) were addressed as evidenced below: During the medication pass observation on July 10, 2007 at 5:18 pm, Client #3 was observed to independently administer his medication with nursing supervision. Prior to the client taking his medication, the nurse asked him "why do you take most of your medications." The client replied "for seizures." Review of the SAMA, dated March 22, 2007revealed that the client was independent in the majority of self medication task. The SAMA, however, identified support needs such as name medication received, pour correct dosage of medications, obtain adequate amount of fluids, and inital the medication administration record. There was no evidence that the QMRP revised the client's IPP to reflect the need for training in these areas.	W 159		
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	W 249		

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W 249	Continued From page 3 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. This STANDARD is not met as evidenced by: Based on observations, interviews, and record verification, the facility failed to demonstrated that one out of three clients in the sample were actively and consistently encouraged to engage in learning opportunities to maintain or enhance their skill levels. (Client #3) The findings include: 1. The facility failed to ensure the implementation of Client #2's Individual Program Plan (IPP) that addressed self medication training as evidenced below: a) During the medication pass observation on July 10, 2007 at 5:00 PM the nurse punched Client #2's medication into a cup, handed the cup to the client at which time the client took the medications without assistance. Review of the client's "medication administration program sheet" for the month of June 2007 the client was required to perform the following steps: Identify time of medication; Wash hands; Obtain water/juice; Obtain medicine cup; Remove medication from each blister pack into med cup; Swallow medications;	W 249	W 249 1, 2 & 3 - The self medication programs have been revised to enhance the clients' skill level. The nursing staff has been in serviced on the steps of the self medication programs. In the future the DON will monitor nursing assessments and programs on a quarterly basis to ensure clients receive appropriate interventions and learning opportunities to enhance their life skills. The Agency has instituted a Quarterly nursing audit system which is overseen by the DON. See attached	7/23/07

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W 249	Continued From page 4 Throw cup in the trash can; and Replace blister pack in the medication box. The observed medication adminstration failed to show evidence that Client #2 was afforded an opportunity to perform all of the steps in her medication administration program. 2. During the medication pass observation on July 10, 2007 at 5:18 pm, Client #3 was observed to independently administer his medication with nursing supervision. Prior to the client taking his medication, the nurse asked him "why do you take most of your medications." The client replied "for seizures." Review of the clients "medication administration program sheet" for July 2007, revealed that the client was required to identify the time and name of each medication. The observed medication adminstration failed to show evidence that Client #3 was afforded an opportunity to perform all of the steps in her medication administration program. 3. On July 10, 2007 at 5:55 PM Client #1 was observed during the medication pass. The nurse was observed putting Client #1's medication into a cup with apple sauce. After which the nurse attempted to spoon feed the client his medication, however, the client resisted. [It should note that once the surveyor left the area, the client was reported to have taken the medication.] Review of the clients data collection and program strategy sheet revealed program steps that included a) obtain medicine cup; and b) recite the name of one medication. 4. On July 10, 2007 at 6:15 pm, Client #1 was	W 249	W 249 - 4. – Staff has been in serviced on Client #1's Mealtime Protocol. In the future the QMRP will monitor staff, at least weekly, during mealtimes, to ensure all staff are following the protocol. See attached	7/23/07

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W 249	Continued From page 5 observed during dinner being fed by staff. Although the client's food was in a high sided plate and the staff used a spoon with a larger handle, the client was not encourage to participate in feeding himself. Review of the client's mealtime protocol revealed that the staff was required to use hand over hand assistance.	W 249		
W 250	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop an active treatment schedule that outlined the current active treatment programs, for one of the three clients (Client #2) included in the sample. The finding includes: On July 10, 2007 at approximately 9:00 AM, Client #2 was observed to leave the house with her peers. Interview with the staff revealed that the client was not attending a day program, but was going with staff to escort her peers to their day programs. It should be noted that the client did not return to her group home until 4:00 PM. Upon the client's return, the residential staff was interviewed and revealed that the client went on the van run for the day, but did not eloborate on th client's activities and whereabout between 9:00 PM. When asked if there was a schedule that outlined the client's daily activity the QMRP indicated that	W 250	W 250 An alternative schedule has been developed for the clients, which will enable staff to continue appropriate programming and active treatment at the residential site. The staff has been in serviced on all the schedules. In the future the QMRP will ensure that the alternative schedule is part of the client's ISP and that the schedule is implemented whenever clients stay away from day program. See attached	7/23/07

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W 250	Continued From page 6 there was no schedule developed. Interview with the client's day program staff at 11:35 AM revealed that the client had not attended the program since June 27, 2007.	W 250		
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 observations and record review, the facility failed to ensure the collection of program data that was measureable for one of the three clients included in the sample. (Client #3) The finding include: During the medication pass observation on July 10, 2007 at 5:18 pm, Client #3 was observed to independently administer his medication with nursing supervision. Review of the client's Individual Program Plan revealed a program objective that the client would increase her self esteem by self administering medication. The data collection and program steps assigned to this program failed to measure the objective as evidenced by the following: a) The data collection sheets were blank and therefore did not include any data; b) The steps to be performed included self medication tasks; and	W 252	W 252 Cross refer W 159, W 249	

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W 252	Continued From page 7 c) There was no data to mesure progress made on the client's self esteem.	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 record review, the Qualified Mental Retardation Professional (QMRP) failed to revise objectives identified in the individual program plans (IPPs)as they had been successfully achieved for one (#1) of four clients in the sample. The findings include: The QMRP failed to revise Client #3's self medication program to ensure that support needs identified in the Self Administration of Medication Assessment (SAMA) were addressed as evidenced below: During the medication pass observation on July 10, 2007 at 5:18 pm, Client #3 was observed to independently administer his medication with nursing supervision. Prior to the client taking his medication, the nurse asked him "why do you take most of your medications." The client replied "for seizures." Review of the SAMA, dated March 22, 2007revealed that the client was independent in	W 255	W 255 The client's IPP has been revised to include the self medication program and the need for on going training. In the future the QMRP will review and document the progress of the program on a monthly basis. The Agency has instituted a monthly QMRP audit record to ensure all clients programs are reviewed and amended accordingly. See attached	7/25/07

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W 255	Continued From page 8 the majority of self medication task. The SAMA, however, identified support needs such as name medication received, pour correct dosage of medications, obtain adequate amount of fluids, and inital the medication administration record. There was no evidence that the QMRP revised the client's IPP to reflect the need for training in these areas.	W 255		
W 436	483.470(g)(2) SPACE AND EQUIPMENT 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, staff interview and record review, the facility failed to have available adaptive feeding equipment for one of two clients included in the sample. (Client #1) The finding includes: On July 10, 2007 at 12:30 pm Client #1 was observed during lunch at his day program. The client was observed drinking and eating with staff assistance (hand over hand). The client used a sippy cup, a built up handle spoon, and a divided plate with a plate guard which was elevated. Review of the mealtime protocol at the day program revealed that the client was required to have a built up handled angle spoon and a high sided divided plate. Interview with the day program staff revealed that the client would benefit from a high sided plate because it would	W 436	W 436 Cross refer to W 120	

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W 436	Continued From page 9 give the client a more stable plate than the plate guard.	W 436		

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I 202	3509.2 PERSONNEL POLICIES Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees. The finding includes: Review of the personnel files on July 12, 2007, the GHMRP failed to provide evidence of signed job descriptions for two of nine direct care staff. (Direct Care Staff #3 and #9)	I 202	I 202 See attached job descriptions The Agency has instituted a computerized staff data base which is monitored by the HR Dept on a monthly basis to ensure all personnel files are in compliance with regulations. See attached	7/25/07
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and the review of records, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Review of the personnel files on July 12, 2007 revealed the GHMRP failed to provide evidence that job descriptions had been discussed with two of nine direct care staff (DCS). (DCS #3 and #9)	I 203	Cross refer to I 202	

Health Regulation Administration

Susan J. Gleason, N.B., N.M.A.

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

TITLE VP Operations

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I 206	Continued From page 1	I 206		
I 206	3509.6 PERSONNEL POLICIES 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. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all staff had current health certificates on file. The finding includes: Review of personnel records on July 12, 2007 at approximately 11:05 AM revealed no documented evidence of a health invintory for two of nine direct care staff (DCS #6 and #9) It should be noted that the aforementioned staff only had PPD results in their records.	I 206	I 206 The staffs have scheduled annual physicals with their physicians. The Agency has instituted a computerized staff data base which is monitored by the HR Dept on a monthly basis to ensure all personnel files are in compliance with regulations.	7/25/07
I 420	3521.1 HABILITATION AND TRAINING 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. This Statute is not met as evidenced by: Based on observation, 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	I 420	I 420 Cross refer to W 249, W 250	

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I 420	Continued From page 2 cope with their environments and achieve optimum levels of physical, mental and social functioning. The finding includes: 1. The GHMRP failed to ensure Resident's #1, #2, and #3 participated in their medication administration program as outlined in thier Indavidual Program Plans. (See Federal Deficiency Report Citations W249) 2. The GHMRP failed to ensure Resident #2 received active treatment during the day when not at her day program. (See Federal Deficiency Report Citations W250)	I 420		
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure program revisions were made at least every six months or when a resident successfully completed the objective. The finding includes: The facility failed to revise Resident #3's IPP when he successfully met the program objectives. (See Federal Deficiency Report-Citation W255)	I 424	I 424 Cross refer W 255	