PRINTED: 09/26/2008
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G220		09/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW MEDICAL 03	3703 VISTA STREET, NE WASHINGTON, DC 20018

(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
R 000	INITIAL COMMENTS A licensure survey was conducted on September 24, 2008. A random sample of three residents was selected from a residential population of six residents (six females) with mental retardation and other disabilities. The survey findings were based on observations in the group home, interviews, and a review of records, including unusual incident reports.	R 000	Received 10/6/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check. The finding includes: Review of the personnel files on August 1, 2008, revealed the GHMRP failed to provide evidence of a criminal background checks for the previous seven years in all jurisdictions where four staff persons had worked or resided at the time of the survey.	R 125	Letters requesting background checks were given to the seven employees cited in this deficiency report. (See Attachment 1) In the future the personnel department will ensure that all current employees as well as current employees receive a criminal background check from each jurisdiction that he/she resided or worked in within the seven years prior to the check.	9/28/08

Health Regulation Administration

Fred R West Jr MD
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator

(X6) DATE: 10-6-08

STATE FORM 6899 O92S11 If continuation sheet 1 of 1

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2008
NAME OF PROVIDER OR SUPPLIER: WESTVIEW MEDICAL 03	STREET ADDRESS, CITY, STATE, ZIP CODE: 3703 VISTA STREET, NE WASHINGTON, DC 20018		

(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)	(X6) COMPLETE DATE
I 000	INITIAL COMMENTS A licensure survey was conducted on September 24, 2008. A random sample of three residents was selected from a residential population of six residents (six females) with mental retardation and other disabilities. The survey findings were based on observations in the group home, interviews, and a review of records, including unusual incident reports.	I 000	Received 10/16/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior of the facility in a safe, clean, orderly, and attractive manner. The findings include: On September 24, 2008, beginning at 5:59 PM, observation of the environment revealed the following deficiencies: 1. The trash can in the kitchen was was without a lid. 2. There was unfinished patchwork in the hallway ceiling on the second floor. 3. The ceiling light's globe in Resident #2's bedroom was infested with dead insects. 4. Resident #2's bedroom door was soiled and	I 090	1. A lid was placed on the trash can in the kitchen. Each Shift Supervisor will ensure that a lid is on the kitchen trash can at all times. Periodic monitoring will be conducted by the Residential Manager. 2. The patchwork in the hallway ceiling on the second floor will be completed by the maintenance worker. In the future periodic environmental walk-throughs will be conducted at that time maintenance needs will be identified and completed in a timely manner. 3. The light globe in the ceiling of Resident #2's room was cleaned of the dead insects. All light globes will be cleaned as needed by the sight with monitoring conducted by the Residential Manager.	9/24/08 10/15/08 9/25/08

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2008
NAME OF PROVIDER OR SUPPLIER WESTVIEW MEDICAL 03	STREET ADDRESS, CITY, STATE, ZIP CODE 3703 VISTA STREET, NE WASHINGTON, DC 20018		

(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 090	Continued From page 1	I 090		
	had peeling paint. There was unfinished patch work on the resident bedroom closet and the bedroom wall was partially painted. In addition, portions of the paint on the inside of the closet door and its frame was peeled. 5. The linen closet door located on the second floor was off it's track. 6. There was peeling paint throughout the facility. 7. Resident #1 and #2's hygiene kits were soiled with toothpaste. Resident #1's deodorant container was without a top. 8. Resident #1's pillow shames were soiled with a white substance. Additionally, the bed pillows were also soiled with a white substance. 9. Resident #1 had a floor lamp leaning over her bed. The globe attached to the lamp was loose, and therefore presented a potential safety hazard.		4. Resident #2's bedroom door was cleaned and will be kept clean by the staff. Periodic monitoring will be conducted by the Residential Manager. The door will be repainted and maintained by the maintenance worker. The bedroom closet, inside, outside, and its frame; and the bedroom wall will be completed painted and maintained by the maintenance worker. 5. The linen closet door on the second floor was placed back on track and will be periodically checked by the maintenance worker.	9/25/08 10/15/08 9/25/08
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 GHMRP failed to ensure that each employee,	I 206	6. Due to a new provider agency taking over on October 15th, the overall repainting of the home will be completed by the agency. Those small painting jobs noted in items 2, 3, 4, and 5 will be completed by the current provider agency. A target date cannot be determined for them.	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G220		09/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW MEDICAL 03	3703 VISTA STREET, NE WASHINGTON, DC 20018

(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 090	Continued From page 1 had peeling paint. There was unfinished patch work on the resident bedroom closet and the bedroom wall was partially painted. In addition, portions of the paint on the inside of the closet door and its frame was peeled. 5. The linen closet door located on the second floor was off it's track. 6. There was peeling paint throughout the facility. 7. Resident #1 and #2's hygiene kits were soiled with toothpaste. Resident #1's deodorant container was without a top. 8. Resident #1's pillow shames were soiled with a white substance. Additionally, the bed pillows were also soiled with a white substance. 9. Resident #1 had a floor lamp leaning over her bed. The globe attached to the lamp was loose, and therefore presented a potential safety hazard.	I 090	7. Resident #1 and #2's hygiene kits were cleaned and will be maintained by the staff. Periodic monitoring will be conducted by the Residential Manager. Resident #1's deodorant container was replaced with one that had a cap. 8. Resident #1's pillows and shams were cleaned and will be maintained by staff. Periodic monitoring will be conducted by the Residential Manager for compliance. 9. The lamp in Resident #1's room was removed.	9/25/08 9/25/08 9/25/08
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 GHMRP failed to ensure that each employee,	I 206		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2008
NAME OF PROVIDER OR SUPPLIER: WESTVIEW MEDICAL 03	STREET ADDRESS, CITY, STATE, ZIP CODE: 3703 VISTA STREET, NE WASHINGTON, DC 20018		

(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 206	Continued From page 2	I 206		
	prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties. The finding includes: Interview with the Qualified Mental Retardation Professional on September 24, 2008, and review of the GHMRP's personnel records at approximately 4:30 PM revealed that the GHMRP failed to provide evidence that current health certificates were on file for four direct care staff and two consultants.		Letters requesting a health inventory was given to each of the four employees and two consultants. Periodic personnel chart reviews will be conducted by the personnel department to ensure that all personnel records are complete and includes a health screening for all current employees as well as new employees.	9/28/08
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;	I 227		
	This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHRMP failed to train staff emergency procedures to include first aid and cardiopulmonary resuscitation (CPR) for six of the six residents that resided in the facility. (Residents#1, #2, #3, #4, #5, and #6) The findings include: The Qualified Mental Retardation Professional (QMRP) failed to ensure that all staff had been		The QMRP will ensure that each staff is trained in CPR and retraining done as indicated. A training session will be scheduled.	11/06/08

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G220		09/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW MEDICAL 03	3703 VISTA STREET, NE WASHINGTON, DC 20018

(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 227	Continued From page 3 effectively trained to implement cardiopulmonary resuscitation. Review of the facility's training records on September 24, 2008, revealed there was no documented evidence that first aid and cardiopulmonary resuscitation (CPR) training was provided for eight of the eleven direct care staff. At the time of the survey, interview with the QMRP revealed that the facility began services for the six female residents on July 1, 2008.	I 227		
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 technologies; This Statute is not met as evidenced by: Based on staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation of the meal time protocol for one of one resident being investigated. (Resident #1) The finding includes: Interview with the House Manager (HM) on September 24, 2008, at 9:34 AM revealed that the facility's nutritionist conducted training with the direct care staff sometime in July, 2008. Further interview with the HM revealed that the Qualified Mental Retardation Professional (QMRP) would have the sign in sheet for that training.	I 229	The QMRP will ensure that each staff is trained by the Nutritionist as well as by the Speech Pathologist on the Meal Protocols and retrained at least annually.	11/06/08

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 09/24/2008
NAME OF PROVIDER OR SUPPLIER WESTVIEW MEDICAL 03	STREET ADDRESS, CITY, STATE, ZIP CODE 3703 VISTA STREET, NE WASHINGTON, DC 20018		

(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 229	Continued From page 4 Observation during the dinner meal on September 24, 2008, beginning at 6:17 revealed Resident #3 ate her meal with an extremely rapid pace. The resident was observed to start eating her meal at 6:17 PM and finished at 6:21 PM. During the observation it should be noted three direct care staff and the HM was present during the meal. Continued observation revealed that one of the direct care staff provided attention to another resident (Resident #1) with the same aforementioned behavior (rapid eating) to ensure that she slowed down between spoonfuls. However, Resident #3 was observed to be left alone while she ate her food. Interview with the Qualified Mental Retardation Professional (QMRP) was conducted on September 24, 2008, to ascertain if the staff had been trained by the nutritionist and if the residents had meal-time protocols. According to the QMRP the nutritionist had trained the staff, and each of the residents had a meal-time protocol. At the time of the survey, there was no documented evidence that the direct care staff had been trained to address a meal-time protocol for the health and safety of Resident #3.	I 229		
I 325	3517.6(a) ADMISSION POLICIES PROCEDURES Each resident, prior to admission if possible or within ten (10) days of admission shall receive a health inventory, screening and immunizations which may include the following and any other tests as determined appropriate by the examining physician:	I 325	The Nursing Coordinator will ensure that each resident receives a health inventory, screening, and immunizations within ten days of admission.	11/06/08

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 09/24/2008
NAME OF PROVIDER OR SUPPLIER WESTVIEW MEDICAL 03	STREET ADDRESS, CITY, STATE, ZIP CODE 3703 VISTA STREET, NE WASHINGTON, DC 20018		

(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 325	Continued From page 5 (a) A complete medical history including vaccination history, immune status and any condition that may predispose the resident to acquiring or transmitting infectious diseases; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that prior to admission or within ten days of admission, Resident #1 received the following: (a) a complete medical history including vaccination history The finding includes: Interview with the QMRP on September 24, 2008, revealed that Resident #1 was admitted to the GHMRP on July 1, 2008, from another provider. Further interview with the QMRP and review of the medical record on September 24, 2008 at 12:45 PM verified that Resident #1 did not have a medical evaluation since her admission. At the time of the survey, there was no documented evidence that the current primary care physician determined what, if any, immunization schedule might be indicated to protect the resident and her new housemates.	I 325		
I 330	3517.8 ADMISSION POLICIES PROCEDURES Each GHMRP shall secure a physician ' s written report of the health inventory, which shall provide sufficient information concerning the resident ' s health including treatment, special diet, or medication orders to enable the GHMRP to provide appropriate services. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to acquire all pertinent medical	I 330		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G220	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2008
NAME OF PROVIDER OR SUPPLIER WESTVIEW MEDICAL 03	STREET ADDRESS, CITY, STATE, ZIP CODE 3703 VISTA STREET, NE WASHINGTON, DC 20018		

(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 330	Continued From page 6 records prior to admitting a resident for care for one of the three residents (Resident #1) included in the sample. The finding includes: Interview with the QMRP on September 24, 2008, revealed that Resident #1 was admitted to the GHMRP on July 1, 2008, from another provider. Continued interview with the QMRP revealed that each of the residents were seen by the facility's Primary Care Physician (PCP) on July 24, 2008. Review of Resident #1's medical record on September 24, 2008, at 12:45 PM revealed the resident did not have a medical assessment. At the time of the survey, there was no documented evidence that Resident #1 had received a health inventory to provide sufficient information for the resident's treatment.	I 330	Resident #1 was seen by the PCP on July 24, 2008; however, the documentation was misplaced. In the future the Nursing Coordinator will ensure that all health screenings are secured in the medical records for review by outside agencies.	11/06/08