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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2008
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NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 5TH SREET, N W WASHINGTON, DC 20020
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1000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted on February 26, 2008 through and February 27, 2008. A random sample of two residents was selected from a population of four male residents with varying degrees of mental retardation and other disabilities.</p> <p>The findings of the survey were based on observations at the residence. Also the findings were based on interviews management and direct care staff in the residential, as well as a review of habilitation and administrative records, to include the facility's unusual incident reporting system.</p>	1000		
1022	<p>3501.5 ENVIRONMENTAL REQ / USE OF SPACE</p> <p>Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure window blinds were maintained.</p> <p>The finding includes:</p> <p>On February 27, 2008 at approximately 2:30 PM, the window blinds in the kitchen near the stove were greasy and dirty to touch.</p>	1022		
1056	<p>3502.14 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p>	1056		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Gmery Stephen TITLE: President (X6) DATE: 3/20/08

STATE FORM 0000 WGF611 If continuation sheet 1 of 16

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1056	<p>Continued from page 1</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each GHMRP staff was trained in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p> <p>The finding includes:</p> <p>Observation of the evening dinner preparation on February 23, 2008 and morning breakfast preparation on February 27, 2008 revealed that the direct care staff and residents involved in handling food. Interview with the direct care staff revealed that primarily the direct care staff are responsible for preparing the meals for the residents.</p> <p>Review of the direct care staff personnel file did not provide evidence that any of the direct care staff had participated in any food handling course to ensure safe food practices. Review of the in-service training log failed to evidence any training had been provided to staff in food preparation and safe food storage practices. The GHMRP failed to ensure that each the direct care staff who are designated food handlers had Food Handler Certification.</p>	1056		
1090	<p>3504.1 (H) JSEKEEPING</p> <p>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.</p>	1090		

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1090	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on observations, the GHMRP failed to maintain a safe, clean, orderly, attractive facility free from dirt and rubbish.</p> <p>The findings include:</p> <p>During the environmental inspection conducted on February 26, 2008 at approximately the GHMRP failed to ensure the following:</p> <p>Internal</p> <ol style="list-style-type: none"> 1. The toilet seat in the basement bathroom was cracked. 2. The light fixture in the medication area did not provide adequate light for medication administration purposes. 3. Client #1: closet was with out a working light fixture. 4. The blind covering the window near the back door were greasy and dirty. 5. The chest freezer in the basement was without a thermometer. 6. The refrigerator was without a thermometer <p>External</p> <ol style="list-style-type: none"> 1. The fence boardering the property from the street was hanging loose and metal support poles and fence wire was lying on the ground exposing sharpe metal edges. 2. Trash in the rear of the GHMRP in front of the 	1090	<p>#1 The cracked toilet seat cover was replaced on 02/26/08.</p> <p>#2 The light fixture was replaced on 02/26/08</p> <p>#3 The light fixture was replaced for individual # 2 on 02/26/08.</p> <p>#4 The blinds near the door was cleaned and on 02/26/08</p> <p>#5 The Thermometer in refrigerator was replaced on 02/26/08.</p> <p>#6 The thornometer in the freezer was replaccd on 02/26/08.</p> <p>#1 The fence will be repaired on 04/15/08.</p>	<p>02/26/08</p> <p>02/26/08</p> <p>02/26/08</p> <p>02/26/08</p> <p>02/26/08</p> <p>02/26/08</p> <p>04/15/08</p>

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I 090	Continued from page 3 garage was strewn on the ground. Boxes, paper and bottles were observed around the garbage containers. The containers were unable to be closed due to the overflowing garbage.	I 090	The overflowing trash was cleared on 02/28/08 and D.C.H.C. will make sure that trash is removed in timely manner.	02/28/08
	3. The front storm door had a glass insert which was without the support brackets and when the door closed it made a loud noise and the glass moved back and forth.	#3	The door was fixed on 02/28/08.	02/28/08
I 183	<p>3508.4 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to have a residence director who met the requirements of § 3509.1 and who managed the GHMRP in accordance with approved policies and this chapter.</p> <p>The finding includes:</p> <p>Interview with the QMRP on February 27, 2008 at approximately 2:55 PM revealed that Resident #1 was admitted in the group home as a respite placement a little over a month. Interview with the DON revealed that his placement was to occur for 30 days, however it had been extended for an additional 30 days until permanent residential placement could be identified.</p> <p>Review of the agency's Respite Policy and Procedure revealed that the agency was to have inventoried Resident #1's personal property upon his admission into the facility. Direct staff reported that Resident #1 has some "very nice</p>	I 183	<p>The QA provided the QMRP with a training on DCHC Respite Care/Emergency Placement Policy on 03/17/08. (Attachment A)</p> <p>An inventory (which was done at the time of admission) was completed on D.C.H.C. paper and placed in the active medical record.</p>	03/17/08

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I 183	Continued From page 4 luggage" and it was being stored in the basement storage area. According to the QMRP a note had been written on a separate piece of paper and was to be transferred to the agency's required Resident property form, however, at the time of the survey this documentation was not available for review.	I 183			
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, 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 their required duties. The finding includes: On February 27, 2008 at approximately 2:00 PM, interview with the QMRP and review of the GHMRP's personnel files revealed the GHMRP failed to provide evidence that current health certificates were on file for Primary Care Physician.	I 206	The Primary Care Physician's Health Certificate was obtained on 02/28/08. (Attachment B)	02/28/08	

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1222	Continued From page 5	1222		
1222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to have evidence of on-going in-service training for direct care staff. The finding includes: See Citation 3510.5 (a), 3510.5 (b) and 3510.5 (i)	1222	Please see the answer to 3510.5 (a) & 3510.5 (b)	
1224	3510.5(a) STAFF TRAINING Each training program shall include, but not be limited to, the following: (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills; This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training on the health and well-being requirements of caring for the mental/retarded. The finding includes: Interview with the QMRP on February 27, 2008 at approximately 2:20 PM and review of the in-service training records revealed that none of the direct care staff received training specific to the overview of mental retardation and its	1224	The Staff was provided with an in-service training on the overview of mental retardation and corresponding service needed to ensure the health and safety of the individuals on 03/17/08. (Attachment C).	03/17/08

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I 224	Continued From page 6 corresponding service needs to ensure the health and well-being of its residents.	I 224		
I 225	3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training. The finding includes: On February 27, 2008 at approximately 2:30 PM, interview with the QMRP and the review of the in-service training records failed to reflect that the GHMRP failed to provide training in the area of Human Development.	I 225		
I 232	3510.5(i) STAFF TRAINING Each training program shall include, but not be limited to, the following: (i) Training of the residents in the maintenance of oral health and hygiene. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training. The finding includes:	I 232	The staff was provided with an in-service training on from Birth to Death on 03/17/08. (Attachment D).	03/17/08

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1232	Continued From page 7 On February 27, 2008 at approximately 2:30 PM, interview with the QMRP and the review of the in-service records failed to provide oral health and hygiene training to the staff.	1232	Staff were trained on oral health and hygiene on 10/24/07. However, another training was done on 03/17/08. D.C.H.C. will continue to train staff on regular basis. (Attachment E)	03/17/08
1391	3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual rehabilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: The GHMRP failed to have current license available as required by District of Columbia law in the following areas of professional services: The finding includes: Review of the consultant personnel files on February 27, 2008, revealed the facility failed to provide a license for one primary care physician.	1391	The Primary Care Physician's license was obtained on 02/28/08 and has been kept in file. (Attachment F)	
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment	1401		

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1409	<p>Continued From page 9</p> <p>the community involved in the habilitation of the resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provide Speech services recommendation for Resident #2.</p> <p>The finding includes:</p> <p>On February 27, 2008 interview with QMRP and record review Speech and Language Assessment dated 2/1/07 revealed that this therapist recommended a ENT exam be conducted to investigate Resident #2's "low vocal output". Further review of the records did not evidence at the time of the survey (1 year and three weeks later) that the GHMRP ensured that timely completion of this service as recommended by the Speech consultant.</p>	1409	<p>An ENT appointment for individual # 2 is scheduled for April 14, 2008. D.C.H.C. will ensure all appointments are followed up in a timely manner.</p>	04/14/08
1436	<p>3521.7(f) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of its residents in the area of self-medication administration.</p> <p>The finding includes:</p>	1436		

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1436	<p>Continued From page 10</p> <p>The GHMFP failed to train Resident #2, #3 and #4 in self-medication.</p> <p>On February 27, 2008, interview with the medication nurse at 10:30 AM revealed that Resident #2, #3 and #4 are participating in a self-medication program. Review of the Medication administration records did not evidence that an program objective was being implemented, although, it was discovered that the residents had been signing their initials in the MAR for the entire month of February. The nurse confirmed that each residents is supervised by the nurse during medication administration and sign their initials in the MAR after taking their prescribed medications.</p> <p>Review of Resident #2, #3 and #4's IPP did not revealed a self medication program objective for either individual. According to the nurse no self-medication assessment were in the habilitation records and was unable to determine how these residents were participating in an objective. Additionally, review of the habilitation records did not evidence that Resident #2, #3 or #4 had a self-medication assessment to determine each residents functional level for participation in a self-medication program.</p> <p>Review of the medical records of Resident #2, #3 and #4 revealed a statement on each of their physician's order that indicated, "May self-medicate with staff supervision". However no self-medication assessment had been completed and signed by the physician. Neither a self-medication goal and objectives had been developed and/or the schedule for monitoring the self-medication program objectives and its implementation.</p>	1436	<p>A self medication administration assessment was completed on 02/28/08 and a program was devised and implemented as of 03/01/08. Program is monitored by licensed staff. (Please see attachment #)</p>	03/01/08
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1458	Continued From page 11	1458		
1458	<p>3521.11 HABILITATION AND TRAINING</p> <p>Each resident's activity schedule shall be available to direct care staff and be carried out daily.</p> <p>This Statute is not met as evidenced by: Based on interview and record review the CGMP failed to have current activity schedules on file on for Resident #2's Individual Program Plans.</p> <p>The findings includes:</p> <p>Interview with the direct care staff and review of Resident #2's individual program plan on February 27, 2008 did not revealed a current daily activity schedule detailing his Individual Program Plan (IPP). The daily activity schedule available reflected the a date in 2006 and did not have current program objectives. Further review of the records did not provide direction to the direct care staff as to when IPP program objectives were to be implemented.</p>	1458	<p>Individual # 2 was provided with a current daily activity schedule detailing his Individual Program Plan (IPP). (Sec Attachment 5)</p>	02/28/08
1470	<p>3522.1 MEDICATIONS</p> <p>Drugs shall be administered as set forth in the User Of Trained Employees to Administer Medications to Persons of Mental Retardation or Other Developmental Disabilities Act of 1994, D.C. Code, sec. 21-1201 et seq.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the CGMP failed to ensure direct care staff was trained in order to be able to administer medication to the resident's</p> <p>The findings includes:</p>	1470		

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1470	Continued From page 12 Interview with the direct care staff on February 26, 2008 revealed that they are sometime responsible to supervising resident's during the administration of their prescribed medications. Interview with the Director of Nursing (DON) on February 27, 2008 revealed that several direct care staff in training to become Trained Medication Employees (TME's) to include the Qualified Mental Retardation Professionals(QMRP). Interview with the License Practical Nurse (LPN) later the same morning revealed that she did not supervise the resident's medication administration the previous evening, however, she recanted her statement and explained that she forgot she was in the group home the previous evening supervising the residents during medication administration. Review of the the back of the February MAR revealed only the direct care staff signatures and initial to include the QMRP. Further review of the MAR revealed that nurses signature was not on the back of MAR initially, however the LPN was observed to signed her name and initials on the MAR after the surveyor brought it to her attention. According to the QMRP, the RN instructed her and the direct care staff to sign the back of the MAR during her monthly review. Review of the agency's personnel records did not evidence that the QMRP and/or the direct care staff in this facility was trained and certified as TME's.	1470	An in-service training was held on 02/28/08 with Q.M.R.P. and nurses responsible to monitor this facility. Licensed staff (i.e. - L.P.N. or T.M.E.) is to monitor and dispense medication at all times. Individuals at this facility are high functioning and has been able to take care of medication with supervision. (See Attachment # 7)	02/28/08
1471	3522.2 MEDICATIONS Each resident who has been certified by a physician as being able to self-administer to take medications independently shall be monitored by the GHMFI? to ensure that the resident is taking medications as prescribed	1471		

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1471	Continued From page 13 This Statute is not met as evidenced by: Based on interview and record rievew the GHMRP failed to ensure that each resident certified to participate in a self-medication objective was being monitored. The finding includes: See Citation O436 [3521.7(f)]	1471		
1472	3522.3 MEDICATIONS The physician who identifies the self-administration of medications as a goal for a resident shall develop and monitor the plan for implementation. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure that a self-medication objective was developed and implemented for three of the three resident's in the facility. The finding includes: See Citation O436 [3521.7(f)]	1472	Please see answer to (0436).	
1474	3522.5 MEDICATIONS Each GHMRP shall maintain an individual medication administration record for each resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP's nursing staff failed to ensure medication administration records were without documentation error.	1474		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2008
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NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 5TH SREET, N W WASHINGTON, DC 20020
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(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
1474	Continued From page 15 available to determine why this medication had run out.	1474		