

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

PRINTED: 06/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2013
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NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 5051 LEE STREET NE WASHINGTON, DC 20019
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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) COMPLETION DATE
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W 000 INITIAL COMMENTS

A recertification survey was conducted from May 1, 2013 through May 2, 2013. A random sample of two clients was selected from a population of four males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.

The findings of the survey were based on observations in the home and two day programs, interviews with one client, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

W 426 483.470(d)(3) CLIENT BATHROOMS

The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.

This STANDARD is not met as evidenced by:
Based on observation and staff interview, the facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit (F.) for the health and safety of four of four clients residing in the facility. (Clients #1, #2, #3, and #4)

The findings include:

1. On May 4, 2012 at 5:10 p.m., the surveyor observed that the hot water temperature at the

W 000

W 426

Received 6/14/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

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

Anne Gordon

TITLE

Administrator

(X6) DATE

6/13/13

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 426	<p>Continued From page 1</p> <p>hand sink located in bathroom #2 (master bathroom) felt very warm. The hot water temperatures were then measured throughout the facility and revealed the following:</p> <ul style="list-style-type: none"> a. Bathroom #2 (master bathroom) - 117 degrees F. b. Bathroom #1 located across from the office - 117 degrees F. c. Kitchen sink - 115 degrees F. <p>The temperature readings were verified by the house manager (HM #1) who accompanied the surveyors during the inspection.</p> <p>Interview with the HM #1 on May 2, 2013 at 5:28 p.m., revealed that the setting on the hot water heater was lowered to ensure that the temperature did not exceed 110 degrees Fahrenheit.</p> <p>The administrator was in the facility at the time the hot water temperatures exceeded 110 F. and was notified of the finding. Staff were instructed to monitor and document the water temperatures hourly and to telephone the administrator immediately if the temperatures exceeded 110 degrees Fahrenheit.</p> <p>2. On May 3, 2013 at 10:00 a.m., HM#1 presented the water temperature log to the surveyor to verify monitoring of the hot water temperatures during the evening of May 2, 2013, and morning of May 3, 2013. This record documented that the hot water temperatures were maintained at less than 110 degrees. HM</p>	W 426		

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W 426	<p>Continued From page 2 #1 then accompanied the surveyor to recheck the hot water temperatures in the facility and they were the following:</p> <ul style="list-style-type: none"> a. Bathroom #2 (master bathroom) - 108 degrees F. b. Bathroom #1 (located across from the office) - 108 degrees F. c. Kitchen sink - 106 degrees F. <p>At the time of the survey, however, the facility failed to ensure that the hot water temperatures did not exceed 110 degrees F. as required at all times, in areas used by residents who have not been trained to regulate water temperature.</p> <p>[This is a repeat deficiency]</p>	W 426	<p>W426</p> <p>BRA will ensure that daily hot water temperature checks are implemented by the home manager or the designated support staff member and that should the temperature exceed 110 degrees, the Program Director is notified and corrective action is taken immediately...05-04-2013 Designated staff will be trained on lowering the hot water temperature when required (At the source)...06-01-2013</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2013	
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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from May 1, 2013 through May 2, 2013. A random sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and two day programs, interviews with one resident, direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1 000		
1 071	<p>3503.2 BEDROOMS AND BATHROOMS</p> <p>Each bed shall be placed at least three feet (3 ft.) from any other bed and at least three feet (3 ft.) from any unprotected radiator.</p> <p>This Statute is not met as evidenced by: Based on observation, and interview, the group home for individuals with intellectual disabilities (GHIID) failed to ensure a distance of at least three feet was maintained between beds in the bedroom for two of the four residents in the facility. (Residents #2 and #3)</p> <p>The finding includes:</p> <p>Observation on May 2, 2013 at 5:17 p.m., revealed three twin size beds were located in bedroom #2. Closer observation in the bedroom revealed the space between two of the beds was approximately twenty-four (24) inches.</p>	1 071	<p>3503.2</p> <p>The beds have been appropriately situated so that they are the required distance apart. During the Medicaid survey the carpet people were in place laying down the new carpet in the home. The furniture was not put back in proper place during the survey (please see photos attached and a copy of the certificate of occupancy)..... 6-1-2013</p>	

Health Regulation & Licensing Administration

Anne Gordon

Administration TITLE

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

(X6) DATE
6/13/13

STATE FORM

6899

XT0X11

If continuation sheet 1 of 5

Health Regulation & Licensing Administration

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I 071	Continued From page 1 Interview with the house manager (HM) on May 2, 2013 at 5:14 p.m., revealed the two beds that were close together belonged to Residents #2 and #3. During further discussion, the HM acknowledged that the beds were positioned less than the required three feet from each other. At the time of the survey exit, there was no evidence that each resident's bed in the facility was placed at least three feet from any other bed, as required.	I 071		
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 group home for individuals with intellectual disabilities (GHIID) failed to maintain the environment in accordance with the needs of four of four residents in the facility. (Residents #1, #2, #3, and #4) The findings include: Observations of the environment were conducted on May 2, 2013, beginning at 5:04 p.m. The house manager (HM,) was present during the inspection and confirmed the findings. A. The outdoor carpet on the steps in the front yard of the facility was worn, which presented a potential trip hazard.	I 090	3504.1 A. Carpet-based trip hazard was abated. In the future the environment will be inspected...6-14-2013	

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I 090	Continued From page 2 B. The shower located in bathroom #1 had a liner which was not securely attached to the back wall. This caused the grab bar to move forward when pressure was applied. C. A board on the ramp was approximately one inch taller than the adjacent board, which created a potential trip hazard. D. There was a hole in the wall underneath the kitchen sink, which created a potential entrance for pests. E. The carpet installed on the floor in bedroom #2 caused the right door of the closet located beside Resident #3's bed to be difficult to open. F. Several unsecured tiles were observed on the floor of the laundry room which created a potential trip hazard. G. The GHIID failed to ensure water temperatures did not exceed 110 degrees Fahrenheit (F.) for the health and safety of the residents. 1. On May 4, 2012 at 5:10 p.m., the surveyor observed that the hot water temperature at the hand sink located in bathroom #2 (master bathroom) felt very warm. The hot water temperatures were then measured throughout the facility and revealed the following: a. Bathroom #2 (master bathroom) - 117 degrees F. b. Bathroom #1 located across from the office - 117 degrees F.	I 090	B. Liner and grab bar secured and in the future will be inspected on a weekly basis by the house manager.....6-14-13 C. The higher board was adjusted to abate the trip hazard...6-14-13 D. Hole sealed by...6-14-13 E. The door was shaved at the bottom to allow for easy access to the closet and not friction underneath...6-14-13 F. Laundry room tiles replaced and trip hazard abated...5-9-13 G. Water temperature was reduced to below 110 degrees and maintained as such via daily checks and adjusting where required. The gauge is routinely set not to exceed 110 degrees...6-1-13	

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I 090	Continued From page 4 failed to ensure that the hot water temperatures did not exceed 110 degrees F. as required at all times, in areas used by residents who have not been trained to regulate water temperature.	I 090		
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