

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

PRINTED: 06/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2013
NAME OF PROVIDER OR SUPPLIER SYMBRAL FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4422 20TH STREET, NE WASHINGTON, DC 20011	

(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 29, 2013 through May 30, 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, interview with 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 000		
W 257	483.440(f)(1)(iii) 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 is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the individual program plan (IPP) was reviewed at least by the qualified developmental disability professional (QDDP), and revised as necessary when the client failed to progress toward an identified communication objective, for one of two clients in the sample. (Client #2)	W 257	See page 2.	

*Received DOH
6/24/13*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Shondalyn B...* TITLE: CEO (X5) DATE: 6/20/13

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 257	<p>Continued From page 1</p> <p>The finding includes:</p> <p>On May 30, 2013 at 1:35 p.m., an interview with the case manager at Client #2's day program revealed that the interdisciplinary team (IDT) agreed that Client # 2 required goals and objectives in the area of communication. Client # 2 rejected the "Go Talk" recommended; therefore, the day program began to implement a picture communication program. Interview of Direct Support Personnel (DSP) #4 on May 31, 2013 at 3:05 p.m., revealed " the Go Talk communication device was rejected almost immediately by Client #2 after it was received."</p> <p>On May 30, 2013 at 2:05 p.m., a review of Client #2's Individualized Support Plan (ISP) dated July 9 2012, revealed a goal to increase his communication. The objective stated the client " will initiate response using his Go Talk with 50% accuracy for 90 days. "</p> <p>On May 30, 2013 at 4:05 p.m., the Go Talk communication assistive communication device was observed on the shelf in the dining room and was in good working order. Interview with the residential director (RD) on May 31, 2013 at 4:08 p.m., verified that Client #2 continued to refuse to use the "Go Talk." The QIDP was not available during the survey to further elaborate on the client 's use of the Go Talk.</p> <p>On May 30, 2013 at 3:30 p.m., review of Client #2 's QIDP's quarterly assessment dated September 1, 2012 through November 30, 2012 revealed the QIDP recommended that Client #2</p>	W 257	<p>The assessment by the Speech & Language Pathologist has been reviewed and a training has been completed to address the objectives in individual IPP.</p> <p>Due to Mr. Bennett's non interest in "Go talk" goal, the Go talk goal has been discontinued as of March-May quarterly by the QIDP (see attached)</p> <p>The new goal is for Mr. Bennett to identify five (5) objects/pictures by discriminating which one he uses for selected functional personal grooming activities/tasks upon request 1x daily M-F (evening hours) for the next ninety (90) days in three (3) of five (5) trials as measured by Symbtral Foundation Individual Support Plan Action.</p> <p>The House Manager/ QIDP will review weekly and the QIDP will monitor monthly and quarterly.</p> <p>The day program will continue to implement the picture communication goal and the QIDP will monitor for progress quarterly.</p>	6/19/2013 and ongoing

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W 257	Continued From page 2 continue using the "Go Talk" pending a new speech language evaluation. However, at the time of the survey, the quarterly assessment failed to address the client's failure to make progress toward the objective or modify the communication objective.	W 257	Continued from page 2.	
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the specially constituted committee reviewed and approved sedation administered prior to an appointment for one of two clients in the sample. (Client #1) The finding includes: Interview with the facility's primary licensed practical nurse (PLPN #1) on May 30, 2013 at 12:32 p.m., revealed that Client #1 required sedation prior to many of his medical appointments to ensure their completion. On May 30, 2013 at 1:09 p.m., review of the medication administration record (MAR) revealed that on December 7, 2012 at 8:30 a.m., Client #1 was administered Lorazepam 2 milligram (mg) tablets, two tablets before a podiatry appointment. Further interview with PLPN #1 on May 30, 2013, at 12:47 p.m., verified that the	W 262	The QIDP, the DON and the LPN Nurse will ensure that all protocols in regards to the requirement of sedation for individual #1 is being followed by: 1. Getting an Informed Consent from the Family/Guardian 2. Get a one (1) time doctor's order for sedation 3. Get HRC approval prior to sedation 4. In case of disapproval of sedation by HRC, Symbtral Nursing Team will notify the prescribing doctor for further action. The QIDP will monitor Quarterly for compliance.	6/18/13 and ongoing

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W 262	<p>Continued From page 3</p> <p>sedation was administered on December 7, 2012 prior to the podiatry appointment.</p> <p>On May 30, 2013 at 1:17 p.m., review of the minutes of the Human Rights Committee (HRC) dated September 18, 2012, revealed no mentioning of an approval for the sedation administered December 7, 2012. The surveyor requested to review any additional relevant HRC minutes available to verify that the sedation was approved.</p> <p>Interview with the Primary Registered Nurse (RN) on May 30, 2013 at 4:47 p.m., revealed that it was agency policy to obtain HRC approval before the administration of sedation for medical appointments. The Primary RN then consulted with PLPN #1 and verified there was no documentation to show that the HRC approved the sedation administered to Client #1 prior to his podiatry appointment on December 7, 2012.</p> <p>At the time of the survey, there was no evidence that the Lorazepam administered to Client on December 7, 2012 was reviewed and approved by the HRC.</p>	W 262	Continued from page 4.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/30/2013
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NAME OF PROVIDER OR SUPPLIER SYMBRAL FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4422 20TH STREET, NE WASHINGTON, DC 20011
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1 000	INITIAL COMMENTS A licensure survey was conducted from May 29, 2013 through May 30, 2013. A random sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and two day programs, interview with direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	1 000		
1 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview, and record review, the group home for persons with intellectual disabilities (GHID) failed to ensure the individual program plan (IPP) was reviewed at least by the qualified developmental disability professional (QDDP), and revised as necessary when the resident failed to progress toward an identified communication objective, for one of two residents in the sample. (Resident #2) The finding includes: On May 30, 2013 at 1:35 p.m., an interview with the case manager at Resident #2's day program revealed that the interdisciplinary team (IDT)	1 422	The assessment by the Speech & Language Pathologist has been reviewed and a training has been completed to address the objectives in individual IPP. Due to Mr. Bennett's non interest in "Go talk" goal, the Go talk goal has been discontinued as of March-May quarterly by the QIDP (see attached) The new goal is for Mr. Bennett identifying five (5) objects/pictures by discriminating which one he uses for selected functional personal grooming activities/tasks upon request 1x daily M-F (evening hours) for the next ninety (90) days in three (3) of five (5) trials as measured by Symbra Foundation Individual Support Plan Action.	6/19/2013 and ongoing

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Shonda Miller B

TITLE
CEO

(X6) DATE
6/20/13
continuation sheet 1 of 2

Health Regulation & Licensing Administration

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I 422	Continued From page 1 agreed that Resident # 2 required goals and objectives in the area of communication. Resident #2 rejected the "Go Talk" recommended; therefore, the day program began to implement a picture communication program. Interview of Direct Support Personnel (DSP) #4 on May 31, 2013 at 3:05 p.m., revealed "the Go Talk communication device was rejected almost immediately by Resident #2 after it was received." On May 30, 2013 at 2:05 p.m., a review of Resident #2's Individualized Support Plan (ISP) dated July 9 2012, revealed a goal to increase his communication. The objective stated the resident "will initiate response using his Go Talk with 50% accuracy for 90 days." On May 30, 2013 at 4:05 p.m., the Go Talk communication assistive communication device was observed on the shelf in the dining room and was in good working order. Interview with the residential director (RD) on May 31, 2013 at 4:08 p.m., verified that Resident #2 continued to refuse to use the "Go Talk." The QIDP was not available during the survey to further elaborate on the resident's use of the Go Talk. On May 30, 2013 at 3:30 p.m., review of Resident #2 's QIDP's quarterly assessment dated September 1, 2012 through November 30, 2012 revealed the QIDP recommended that Resident #2 continue using the "Go Talk" pending a new speech language evaluation. However, at the time of the survey, the quarterly assessment failed to address the resident's failure to make progress toward the objective or modify the communication objective.	I 422	The House Manager/ QIDP will review weekly and the QIDP will monitor monthly and quarterly. The day program will continue to implement the picture communication goal and the QIDP will monitor for progress quarterly.	6/19/2013 and ongoing