

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/26/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARD &amp; WARD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7011 9TH ST, NW WASHINGTON, DC 20012</b>	
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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from February 25, 2013, through February 26, 2013. A sample of two residents was selected from a population of four females with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home, interviews with residents, 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>	I 000	<p><i>Received 3/14/13</i></p> <p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>
I 206	<p><b>3509.6 PERSONNEL POLICIES</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that 1 of 2 consultants had current health certificates on file for review. (Consultant #2)</p> <p>The finding includes:</p> <p>On February 26, 2013, beginning at 11:05 a.m,</p>	I 206	<p><i>Please find attached 3-13-13</i></p> <p><i>Health Certificate (PPD) for Consultant #2, (attached)</i></p> <p><i>Additionally Ward &amp; Ward require all consultants to submit:</i></p> <ul style="list-style-type: none"> <li><i>* CPR/First aid</i></li> <li><i>* Health Certificate</i></li> <li><i>* Resume</i></li> <li><i>* Insurance (if applicable)</i></li> <li><i>* license/certification</i></li> <li><i>* Picture ID.</i></li> </ul> <p><i>Prior to providing service to our individuals</i></p>

Health Regulation & Licensing Administration

*Michael Warren*

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

TITLE  
*Program Director*

(X6) DATE  
*3-14-13*

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I 206	Continued From page 1  review of the personnel records for all employees, including licensed professionals, revealed there was no evidence of a current physician's health inventory/certificate for Consultant #1.  Interview with the house manager (HM) and qualified intellectual disabilities professional (QIDP) the same day at approximately 1:30 p.m. revealed they would obtain the aforementioned documents from the human resource director (HRD) and provide them for the surveyor.  On February 28, 2013, at approximately 9:30 a.m. phone contact was made post survey with the HRD and she indicated she had not obtained the necessary requested documents.	I 206		
I 274	3513.1(e) ADMINISTRATIVE RECORDS  Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records:  (e) Signed agreements or contracts for professional services;  This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to have on file for review signed written agreement or contracts for one(1) of two licensed consultants, (C-2).  The finding includes:  During the personnel file review on February 26, 2013, at approximately 11:30 a.m. the facility's management staff was requested to provide signed agreements or contracts for professional services being provided to the residents residing	I 274	As a CRF our individuals clinicians are chosen from a list of approved waiver (medicaid) providers. These approved medicaid waiver providers <u>don't</u> have a contractual relationship with Ward & Ward. Their contract would be with DDS or Medicaid.	3-7-13

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1274	Continued From page 2 in the GHIID.  On February 26, 2013, at approximately 11:10 a. m., signed agreements/contracts were reviewed by the surveyor, house manager (HM); and the qualified intellectual disabilities professional (QIDP). The review determined there was no agreement or contracts available for C-2.  On February 28, 2013, at approximately 9:30 am. a phone call was placed to the human resources director (HRD), post survey to obtain the contract for the aforementioned. The HRD stated the information was not available for review.	1274 1424	① CONT. Individual #1 new ISP was held on 2-7-13 and while the Oral Hygiene goal was continue it was revised to include flossing. (see attached goal #2).	3-19-13
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1424	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 group home for individuals with intellectual disabilities (GHIID) failed to revise the Individual Program Plans (IPP) once a resident had successfully completed an objective, for one of the two residents included in the sample. (Resident #1)  The finding includes:  1. Review of Resident #1's habilitation record on February 26, 2013, at 11:29 a.m. revealed the resident's Individual Support Plan (ISP) meeting was held on July 2, 2012. Interview with the qualified intellectual disabilities professional	1424	① Individual #1 ISP was held on 2-7-2012 not 7-2-12. While the individual has been able to command the physical mechanics of oral hygiene she still requires monitoring of her oral hygiene base on Dental consult dated 2-13-13 <del>was</del> (attached) which states:	
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I 274	Continued From page 2 in the GHIID.  On February 26, 2013, at approximately 11:10 a. m., signed agreements/contracts were reviewed by the surveyor, house manager (HM); and the qualified intellectual disabilities professional (QIDP). The review determined there was no agreement or contracts available for C-2.  On February 28, 2013, at approximately 9:30 am. a phone call was placed to the human resources director (HRD), post survey to obtain the contract for the aforementioned. The HRD stated the information was not available for review.	I 274		
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 group home for individuals with intellectual disabilities (GHIID) failed to revise the Individual Program Plans (IPP) once a resident had successfully completed an objective, for one of the two residents included in the sample. (Resident #1)  The finding includes:  1. Review of Resident #1's habilitation record on February 26, 2013, at 11:29 a.m. revealed the resident's Individual Support Plan (ISP) meeting was held on July 2, 2012. Interview with the qualified intellectual disabilities professional	I 424 (i)	Individual #1 ISP was held on 2-7-2012 not 7-2-12. While the individual has been able to command the physical mechanics of oral hygiene she still requires monitoring of her oral hygiene base on Dental consult dated 2-13-13 <del>was</del> (attached) which states :	

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I 424	<p>Continued From page 3</p> <p>(QIDP) and review of the resident's corresponding Individual Program Plan (IPP) on the same day at 12:10 p.m., revealed the interdisciplinary team recommended to continue the resident's program objective to brush her teeth as per dental consult with 80% completion seven days per week, twice a day.</p> <p>Interview with Staff #1 on February 26, 2013, at 12:35 p.m. revealed Resident #1 brushes and flosses her teeth independently. Review of the program data on February 26, 2013, at 12:40 p.m. revealed March 2012 through September 2012, the resident successfully achieved the criteria for brushing her teeth in August 2012.</p> <p>2. Review of Resident #1's habilitation record on February 26, 2013, 11:29 a.m. revealed the resident's Individual Support Plan (ISP) meeting was held on July 2, 2012. Interview with the qualified intellectual disabilities professional (QIDP) and review of the resident's corresponding Individual Program Plan (IPP) at 12:12 p.m., revealed the interdisciplinary team recommended to continue the resident's program objective to improve her knowledge of community safety signs.</p> <p>Interview with the direct care staff on February 26, 2013, at 12:35 p.m. revealed Resident #1 was able to identify community signs for "exit, enter, danger walk, and don't walk", independently." Review of the program data on February 26, 2013, revealed data collection for the months, March 2012 through January 2013. The data verified Resident #1 had successfully achieved the criteria for identifying the aforementioned community safety signs independently in September 2012.</p>	I 424 ① Cont.  ②	<p>* Gross Scaling and debriment.</p> <p>* Pt <del>see</del> must floss 2x day.</p> <p>Thus the oral hygiene goal was continued until dentist recommends not needed. 3-7-13</p> <p>Individual #1 ISP was 2-7-12 not 7-2-12 and as indicated in Quarterly Reports dated 11-20-12 and 2-26-13 (attached) that the survival sign was to be revised for the 2-7-13 ISP. Please find attached the recommended goals for Individual #1, that do not include survival signs that <del>begin</del> will begin with the new ISP. 3-7-13</p>	

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I 424	Continued From page 4  At the time of the survey, the QIDP failed to ensure Resident #1's program objectives were revised for brushing her teeth and identifying community safety signs after she achieved the criteria.	I 424	
I 474	<p>3522.5 MEDICATIONS</p> <p>Each GHMRP shall maintain an individual medication administration record for each resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHIID's) nursing staff failed to ensure all residents' medication administration records (MARs) reflected current and accurate information, for one of the two residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>Review of Resident #1's written physician orders on February 25, 2013, beginning at 10:21 a.m., revealed Resident #1 was prescribed Debrox 6.5 %, instill 5 drops in each ear for 5 days prior to her appointment. Review of the resident's medical record on February 25, 2013, at 12:12 p.m. revealed the resident had an ENT appointment on January 24, 2013.</p> <p>Interview with the registered nurse (RN) on February 25, 2013, at 12:15 p.m. revealed Resident #1 self-administered her medications, however, the resident was not responsible for administering the Debrox. Continued discussion with the RN, revealed the facility's nursing staff was responsible for administering the Debrox. Additionally, the RN indicated that there should</p>	I 474	<p>Please find attached the Jan. 2013 MAR for Individual #1 to verify that the prescribed Debrox 6.5% was given as prescribed.</p>

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I 474	Continued From page 5  be a separate MAR for the Debrox, however, review of the resident's medical record revealed a blank medication administration record (MAR) for January 2013.  At the time of the survey, the GHIID failed to maintain the January 2013 MAR for Resident #1's Debrox 5 days prior to her ENT appointment on January 24, 2013.	I 474		

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R 122	<p>4701.2 BACKGROUND CHECK REQUIREMENT</p> <p>Except as provided in section 4701.6, each facility shall obtain a criminal background check, and shall either obtain or conduct a check of the District of Columbia Nurse Aide Abuse Registry, before employing or using the contract services of an unlicensed person.</p> <p>This Statute is not met as evidenced by: Based on interview and review of personnel records, the group home for individuals with intellectual disabilities (GHIID) failed to show evidence of having obtained a criminal background check before employing unlicensed persons, for 1 out of 12 unlicensed employees. (Staff #1).</p> <p>The finding includes:</p> <p>On February 26, 2013, beginning at 10:00 a.m., review of the personnel records for employees revealed no evidence of a criminal background check for Staff #1. The house manager (HM) said she would follow-up with the agency's main office. During the same day the qualified intellectual disability professional (QIDP) came to the facility and provided additional information requested for other staff, but no criminal background for Staff #1. The QIDP indicated she would also follow-up with the human resources staff however no additional information had been presented.</p> <p>On February 28, 2013, a phone call was made post survey to the human resources(HR) representative, who indicated she was not able to obtain the information requested.</p>	R 122	<p>Please find attached the criminal background check on Staff #1. at time of survey staff had a D.O.H. finger printing. however subsequent to survey a Global report was obtained.</p> <p>3/14/13 Received Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	3-13-13
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Health Regulation & Licensing Administration

*Michael Platten*

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TITLE Program Director (X6) DATE

3-14-13