

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2010
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NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 815 FLORAL PL, NW WASHINGTON, DC 20012
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1000	INITIAL COMMENTS An licensure survey was conducted on July 8, 2010, utilizing the fundamental survey process. A random sample of two residents was selected from a population of four females with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home, interviews with staff, and the review of clinical and administrative records including incident reports.	1000	Received 8/10/10 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
1090	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 the Mentally Retarded Persons (GHMRP) failed to maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner. The findings include: Observation and interview with the facility's house manager (HM) on July 8, 2010, beginning at 9:50 a.m. revealed the following: Exterior: 1. The front driveway has cracked cement which poses as a potential tripping hazard. 2. The light cover on the rear porch is broken.	1090	Exterior: 1. Repaired cracked cement in front driveway. 2. Installed new light cover on rear porch.	8-5-10 8-5-10

Health Regulation Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

Michael Han

TITLE Program Director

(X6) DATE 8/5/10

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1 090	Continued From page 1 Interior: 1. In the basement, the right side of the furnace door is broken. 2. In the basement bathroom, the sink water empties very slowly. 3. The sofa in the basement has torn cushions on it. These deficiencies were acknowledged by the HM at approximately 10:30 a.m. at the conclusion of the environmental inspection.	1 090	Interior: 1. Repaired right side furnace door in basement. 2. Cleared drain in basement bathroom. 3. Replace sofa in basement.	8-5-10 8-5-10 9/5/10
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1 226	3510.5(c) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure staff received training in the area of Human Development. The finding includes: Interview with the facility's House Manager on July 8, 2010, at 10:00 a.m., revealed documentation of training was kept in the group home. Review of the training records on July 8, 2010, beginning at 11:45 a.m., revealed that the GHMRP failed to provide documented evidence	1 226	Please see attached the 2010 QMRP's monthly in-service training schedule for staff. Note, that the month of July is designated for the infection control training, also see attached staff sign in sheet date 7-30-10.	8-3-10
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1226	Continued From page 2 of training in Infection Control. The GHMRP failed to ensure all staff received training in the area of Infection Control as required by this section.	1226		
1229	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 observations, staff interview and record verification, the Group Home for Persons with Mental Retardation (GHMRP) failed ensure staff received training in the area of nutrition. The finding includes: Observations on July 8, 2010, beginning at 7:50 a.m., revealed that Resident #2 was obese. Review of the resident's physician orders dated July 2010, revealed a diagnosis of obesity and a modified diet order. Interview with the house manager (HM) and qualified mental retardation professional (QMRP) on July 8, 2010, at approximately confirmed that the resident is on a modified diet. Further interview with the HM on July 8, 2010, at 11:00 a.m., revealed documentation of training was kept in the group home. Review of the training records on July 8, 2010, beginning at 11:45 a.m., revealed that the GHMRP failed to provide documented evidence of training from the nutritionist.	1229	Ward & Ward provided staff with nutritional training on 3-31-10 for resident # 2. (see attached sign-in sheet). Additionally, see Tag #1226.	8/2/10

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1 229	Continued From page 3 The GHMRP failed to ensure all staff received training in the area of nutrition as required by this section.	1 229		
1 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure allegations of sexual abuse were reported immediately Department of Health, Health Regulations Licensing Administration (DOH/HRLA), in accordance with district law (22 DCMR, Chapter 35, Section 3519.10). for one of the two residents residing in the facility. (Resident #3) The finding includes: Review of the facility's incident reports and corresponding investigative reports on July 8, 2010, beginning at 8:40 a.m., revealed a incident report dated March 11, 2010. The incident report stated that Resident #3 arrived home from her day program with no bra on and her underpants on backwards.	1 379	Please find attached 8-3-10 for review our revised (6/10) reporting requirements for serious reportable incidents. The requirements indicate a 24 hour notification of incident to the Dept. of Health.	

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I 379	Continued From page 4 An interview was conducted with the House Manager on July 8, 2010, at approximately 9:00 a.m., to ascertain information regarding the investigation report. She informed the surveyor that the investigative report was maintained at the office. Review of the investigation report on July 8, 2010, at approximately 2:00 p.m., revealed that the administrator, the resident's guardian and the Department of Developmental Service, service coordinator were informed of the incident and the investigative report immediately. However, DOH/HRLA was not informed of the incident nor the results of the investigation.	I 379		
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to provide habilitation and training to its residents that would enable them to acquire and maintain life skills needed to cope with their environments and achieve optimum levels of physical, mental and social functioning, for two of the two residents included in the sample. (Residents #1 and #2) The findings include: 1. During medication administration observation on July 8, 2010, at 6:100 p.m., Resident #1 was observed arriving at the nurse's station with a cup	I 420		

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1420	<p>Continued From page 5</p> <p>of water. The licensed practical nurse (LPN) was observed preparing the resident's medication. Interview with the LPN, after the medication administration, indicated that the resident does not participated in a self medication program. The resident only brings a cup of water to the nurse's station.</p> <p>Review of Resident #1's self medication assessment dated March 5, 2010, on July 8, 2010, at approximately 2:00 p.m., indicated that the resident was capable of identifying her name, responding to simple commands and two step directives. The assessment however, did not indicate if the resident was recommended for a self medication program.</p> <p>Review of Resident #1's IPP dated February 17, 2010, on July 8, 2010, at 7:30 p.m., revealed no program goal or objective for Resident #1 to receive training in self medication.</p> <p>2. During medication administration observations on July 8, 2010, at 6:15 p.m., the LPN was observed preparing Client #2's medication and going upstairs. Once upstairs, the LPN was observed administering Resident #2 her medications. The direct care staff was observed pouring a cup of water and handing it to Resident #2. Interview with the LPN, after the medication administration indicated that the client refused to come downstairs and receive her medications so I prepare the medications and administer upstairs.</p> <p>Review of Resident #2's self medication assessment dated March 75, 2010, on July 8, 2010, at approximately 3:00 p.m., indicated that the resident was capable of identifying her name, following two-three step directives and</p>	1420	<p>① Ward & Ward's Nursing Team will complete the self medications assessment form, developed by DOS/DCARP Health and wellness unit for residents #1 and #2 by 8/16/10. (see attached form).</p> <p>② see Tag # 1420 #1.</p>	<p>8/16/10</p> <p>8/16/10</p>
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1420	Continued From page 6 responding to simple commands. The assessment however, did not indicated if the resident was recommended for a self medication program. Review of Resident #2's the Individual Program Plan (IPP) dated May 7, 2010, on July 8, 2010, at 7:40 p.m., revealed no program goal or objective for the Resident #2 to receive training in self medication.	1420		
1422	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 staff interview, and record verification, the Group Home for the Mentally Retarded Persons (GHMRP) failed to develop, implement and document the resident's program objectives in accordance with their Individual Support Plan (ISP), for one of the two residents included in the sample. (Resident #1) The finding includes: Observations on July 9, 2010, at 7:00 p.m., Resident #1 was observed writing her name on a piece of paper. Interview with the direct care support on July 9, 2010, at approximately 7:15 p.m., indicated that the resident participated in the following activities: identify letters of the alphabet and write her writing her first and last name using a model. Interview with the House Manager (HM) and qualified mental retardation professional (QMRP) and review of Resident #1's record on July 8,	1422		

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1422	<p>Continued From page 7</p> <p>2010, at 10:30 a.m., revealed that the resident had an ISP meeting in February 2010. Continued review of the resident's ISP revealed the following objectives:</p> <ul style="list-style-type: none"> - [the resident] will write her first and last name, following a model; - following verbal prompts, [the resident] will identify letters of the alphabet, A-J; and - [the resident] will identify numbers 1-10 upon request. <p>Review of Resident #1's program record on July 8, 2010, at 7:25 p.m., failed to evidence the development, implementation and/or documentation of the aforementioned program objectives. At the time of the survey, the facility's HM/QMRP verified that the program for privacy had not been developed and/or implemented.</p>	1422	<p>Ward & Ward has implemented the ISP Program. That particular goal is implemented by speech and language therapist _____ 2x per week. The residential staff assist her as a reinforcement of the training.</p>	8-5-10
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1426	<p>3521.5(c) HABILITATION AND TRAINING</p> <p>Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client:</p> <p>(c) is failing to progress toward identified objectives after reasonable efforts have been made;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the Group Home for the Mentally Retarded Persons (GHMRP's), Qualified Mental Retardation Professional (QMRP) failed to ensure that residents individual program plans (IPP) were revised or modified after reasonable efforts had been made by the resident, for one of the two</p>	1426		
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1426	Continued From page 8 residents included in the sample. (Resident #1) The finding includes: Interview with the house manager (HM) and qualified mental retardation professional (QMRP) and review of the Resident #1's record on July 8, 2010, at 10:30 a.m., revealed that the resident had an Individual Program Plan (IPP) dated February 17, 2010. Review of the Resident #1's IPP revealed an objective which stated, "[the client] will brush her teeth after each meal and floss before bedtime. Review of the resident's data sheets from February 2009 through July 2010, revealed that the resident required moderate physical assistance on 100% of the recorded trials. Interview with the QMRP on July 8, 2010, at approximately 1:00 p.m., confirmed that the resident met the established criteria and she was in the process of revising his IPP. There is no evidence that the QMRP made revisions or modifications to the resident's toothbrushing program after reasonable efforts had been made by the resident.	1426	Ward & Ward has implemented and made quarterly reviews of the program. The oral hygiene goal is motivated by the dentist not her ability to perform the task. The objective is to maintain good oral health and she has not met the criteria.	8-5-10
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1429	3521.8 HABILITATION AND TRAINING Each GHMRP Director shall arrange for each resident to be reevaluated and to receive an Individual Habilitation Plan, which is updated appropriately at least annually. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide evidence that each	1429		
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1429	<p>Continued From page 9</p> <p>resident had been reevaluated and received an Individual Habilitation Plan (IHP) that was updated at least annually, for two of the two residents included in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <p>1. Interview with the house manager (HM) and qualified mental retardation professional (QMRP) and review of Resident #1's record on July 8, 2010, at 10:30 a.m., revealed the resident had an Individual Support Plan (ISP) meeting in February 2010. When the surveyor asked if the resident had a current ISP, the HM stated that the resident's ISP was held on February 17, 2010, however the copy of the ISP was not available for review. Further interview with the QMRP revealed that the ISP was at Resident #1's case manager's office.</p> <p>At the time of the survey, however, the GHMRP failed to provide evidence that Resident #1's received an annual ISP.</p> <p>2. Interview with the house manager (HM) and Qualified Mental Retardation Professional (QMRP) and review of Resident #2's record on July 8, 2010, at 1:30 p.m., revealed the resident had an Individual Support Plan (ISP) meeting in May 2010. When the surveyor asked if the resident had a current ISP, the HM stated that the resident's ISP was held on May 7, 2010, however the copy of the ISP was not available for review. Further interview with the QMRP revealed that the ISP was at Resident #1's case manager's office.</p> <p>At the time of the survey, however, the GHMRP failed to provide evidence that Resident #1's</p>	1429	<p>1. Upon quarterly review of records on 7/29/10 all ISP's were current and in the record for review.</p> <p>TAG# 2. See 1429 #1.</p>	<p>8/5/10</p> <p>8/5/10</p>

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1429	Continued From page 10 received an annual ISP.	1429			