

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

PRINTED: 10/02/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1026 8TH STREET NE WASHINGTON, DC 20002</b>
--	---

(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
--------------------	--	---------------	---	----------------------

W 000	INITIAL COMMENTS  A recertification survey was conducted from September 25, 2013 through September 26, 2013. A sample of three clients was selected from a population of six 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; The findings were also based on interviews with direct support staff, nursing and administrative staff, and 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 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility staff failed to ensure each client's communication training programs were implemented consistently in all environments, for two of the three clients in the sample. (Clients #1	W 249		

*Received 10/10/13*  
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  <i>Mamta Tewari</i>	TITLE  <i>Deputy Director / D.C.H.C.</i>	(X6) DATE  <i>10-9-13</i>
--	--	---------------------------------

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.

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

PRINTED: 10/02/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1026 8TH STREET NE WASHINGTON, DC 20002</b>		
(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	
W 249	Continued From page 1 and #2)  The findings include:  The facility failed to ensure Client #1's and Client #2's communication devices were implemented at their day programs, as evidenced below:  a. On September 25, 2013, beginning at 11:55 a.m., Client #1 was observed sitting at a small round table directly across from day program staff (DPS) #1. The client was making a necklace using a plastic string and different color beads. The surveyor spoke to Client #1 but the client did not respond back. At 12:07 p.m., continued observations revealed Client #1 stood up from the seat, reached over the table and pointed to the radio located on the book shelf. Moments later, DPS #1 was observed to turn up the volume on the radio. Client #1 began moving from side to side while the music was playing. At approximately 12:10 p.m., interview with DPS #1 on September 25, 2013, at approximately 12:05 p.m., revealed that Client #1 was non-verbal and likes music and going for walks.  Continued observations on September 25, 2013, at approximately 5:45 p.m., revealed direct support professional (DSP) #1 presented Client #1 with a communication device (Cheap Talk) while sitting at the dining room table. After presenting the device to the client, DSP #1 instructed Client #1 to push one of two buttons on the device. For example, button #1 had a message that stated, "I want to go for a walk" and button #2 had a messages that stated, "I want to listen to music". Client #1 was then observed to	W 249	a. On 10/03/13, a Tele case conference was held with the Attorney, Guardian, Service Coordinator, Speech and Language Pathologist and Day Program Case Manager to address the continuation of communication and speech program via use of Speech Generated Device at the day program. The team agreed to implement residential speech program at the day program as well as in order to maintain consistency and enhance learning opportunities for CC. On 10/08/13 SGD was provided to the day program and staff were in-serviced on training steps, use and implementation of SGD. (See Attachment A1-A8) On 10/03/13 Speech and Language Pathologist provided additional training to all staff on the proper utilization of SGD and staff response to request per training steps outlines in SLP. Q.I.D.P will continue to monitor program on weekly basis for consistency and appropriateness ( See Attachment B)	10/03/13  10/08/13  10/03/13	

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

PRINTED: 10/02/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1026 8TH STREET NE WASHINGTON, DC 20002</b>		
(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
W 249	<p>Continued From page 2</p> <p>press button #1, "I want to go for a walk" 3 times. DSP #1 verbally directed Client #1 to walk downstairs to the basement for his evening medications.</p> <p>Review of Client #1's individual support plan (ISP) records on September 26, 2013, at approximately 9:35 a.m., revealed a speech/language pathology (SLP) assessment dated June 2013. The assessment revealed the client will use the speech generated device to express 2 messages with 50% independence. Further review of the SLP revealed the following training steps:</p> <ul style="list-style-type: none"> <li>- Staff will make his device available and encourage the client to use it during various (appropriate) times during daily routines, leisure, etc.</li> <li>- Staff will turn on the educational device.</li> <li>- The client will press a button to express a message. Staff will respond to the client's request (verbally, and/or by providing him with the item/action requested). "I would like to go for a walk" or "I would like to listen to music".</li> </ul> <p>Although Client #1 press button #1, "I would like to go for a walk", DPS #1 was not observed to respond to take the client for a walk. DPS #1 instead, verbally prompted the client to walk downstairs to the basement to take his evening medications.</p> <p>b. Similar observations were made at Client #2's day program on September 25, 2013, between 12:23 p.m. and 12:59 p.m. At 12:40 p.m., Client #2 was observed sitting at a round table with 2</p>	W 249		



Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1026 8TH STREET NE WASHINGTON, DC 20002</b>
--	---

(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
I 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from September 25, 2013 through September 06, 2013. A sample of three residents was selected from a population of six 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 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		
I 422	<p><b>3521.3 HABILITATION AND TRAINING</b></p> <p>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the group home for individuals with intellectual disabilities (GHIID) staff failed to ensure each resident's communication training programs were implemented consistently in all environments, for two of the three residents in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <p>The GHIID failed to ensure Resident #1's and Resident #2's communication devices were</p>	I 422		

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

*Mamta Tiwari*

*Deputy Director/D.C.H.C*

*10-9-13*

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1026 8TH STREET NE WASHINGTON, DC 20002</b>
--	---

(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
I 422	<p>Continued From page 1</p> <p>implemented at their day programs, as evidenced below:</p> <p>a. On September 25, 2013, beginning at 11:55 a.m., Resident #1 was observed sitting at a small round table directly across from day program staff (DPS) #1. The resident was making a necklace using a plastic string and different color beads. The surveyor spoke to Resident #1 but the resident did not respond back. At 12:07 p.m., continued observations revealed Resident #1 stood up from the seat, reached over the table and pointed to the radio located on the book shelf. Moments later, DPS #1 was observed to turn up the volume on the radio. Resident #1 began moving from side to side while the music was playing. At approximately 12:10 p.m., interview with DPS #1 on September 25, 2013, at approximately 12:05 p.m., revealed that Resident #1 was non-verbal and likes music and going for walks.</p> <p>Continued observations on September 25, 2013, at approximately 5:45 p.m., revealed direct support professional (DSP) #1 presented Resident #1 with a communication device (Cheap Talk) while sitting at the dining room table. After presenting the device to the resident, DSP #1 instructed Resident #1 to push one of two buttons on the device. For example, button #1 had a message that stated, "I want to go for a walk" and button #2 had a messages that stated, "I want to listen to music". Resident #1 was then observed to press button #1, "I want to go for a walk" 3 times. DSP #1 verbally directed Resident #1 to walk downstairs to the basement for his evening medications.</p> <p>Review of Resident #1's individual support plan (ISP) records on September 26, 2013, at</p>	I 422	<p>a. On 10/03/13, a Tele case conference was held with the Attorney, Guardian, Service Coordinator, Speech and Language Pathologist and Day Program Case Manager to address the continuation of communication and speech program via use of Speech Generated Device at the day program. The team agreed to implement residential speech program at the day program as well as in order to maintain consistency and enhance learning opportunities for CC.</p> <p>On 10/08/13 SGD was provided to the day program and staff were in-serviced on training steps, use and implementation of SGD.</p> <p>(See Attachment A1-A8)</p>	<p>10/03/13</p> <p>10/08/13</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1026 8TH STREET NE WASHINGTON, DC 20002</b>		
(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
I 422	<p>Continued From page 2</p> <p>approximately 9:35 a.m., revealed a speech/language pathology (SLP) assessment dated June 2013. The assessment revealed the resident will use the speech generated device to express 2 messages with 50% independence. Further review of the SLP revealed the following training steps:</p> <ul style="list-style-type: none"> <li>- Staff will make his device available and encourage the resident to use it during various (appropriate) times during daily routines, leisure, etc.</li> <li>- Staff will turn on the educational device.</li> <li>- The resident will press a button to express a message. Staff will respond to the resident's request (verbally, and/or by providing him with the item/action requested). "I would like to go for a walk" or "I would like to listen to music".</li> </ul> <p>Although Resident #1 press button #1, "I would like to go for a walk", DPS #1 was not observed to respond to take the resident for a walk. DPS #1 instead, verbally prompted the resident to walk downstairs to the basement to take his evening medications.</p> <p>b. Similar observations were made at Resident #2's day program on September 25, 2013, between 12:23 p.m. and 12:59 p.m. At 12:40 p.m., Resident #2 was observed sitting at a round table with 2 other classmates. Resident #2 stood up and reached across his classmate's space to retrieve the "Connect four" table game. At approximately 12:45 p.m., interview with DPS #2 revealed that Resident #2 likes playing games, music, painting and going for walks.</p>	I 422	<p>On 10/03/13 Speech and Language Pathologist provided additional training to all staff on the proper utilization of SGD and staff response to request per training steps outlines in SLP. Q.I.D.P will continue to monitor program on weekly basis for consistency and appropriateness ( See Attachment B)</p>	10/03/13

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1026 8TH STREET NE<sup>am</sup> WASHINGTON, DC 20002</b>
--	--

(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
I 422	<p>Continued From page 3</p> <p>Review of Resident #2's SLP dated July 25, 2013, on September 26, 2013, at approximately 2:00 p.m., revealed the resident will use the speech generated device to express a desired message with 75% independence. Further review of the SLP revealed the functional outcome of this objective was to have Resident #2 use alternative methods of communication to express his needs, interests and desires independently and spontaneously.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on September 26, 2013, at 2:30 p.m., revealed that Residents #1 and #2 both were non-verbal. Further interview revealed that both residents' had communication devices that were used as alternative ways of expressing themselves. The QIDP stated that the communication devices were part of the residents' daily goals and objectives. When asked, the QIDP stated that the communication devices were only used in the home and not at the residents' day program.</p>	I 422	<p>b. On 10/03/13 a Tele Case Conference was held with the Attorney, Speech &amp; Language Pathologist, Service Coordinator, Day Program Case Manager to address the continuation of communication and Speech Program via use of Speech Generated Device at the day program. The team agreed to the implementation of residential speech program at the day program as well in order to maintain consistency and enhance learning opportunities for Mr. A.C.</p> <p>On 10/04/13 new device for day program was ordered.</p> <p>On 10/08/13 SGD was provided to day program and staff were in-serviced on training steps use and implementation of SGD.</p> <p>(See Attachment C1 TO C8)</p>	<p>10/03/13</p> <p>10/04/13</p> <p>10/08/13</p>