

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

PRINTED: 11/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/29/2013
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NAME OF PROVIDER OR SUPPLIER  D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 8917 MAPLE ST NW WASHINGTON, DC 20012
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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	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was conducted from October 28, 2013 through October 29, 2013. A sample of three clients was selected from a population of two males and four females with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations in the home, interviews with administrative staff and the consulting physical therapist, as well as a review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report</p> <p>Group Home for Individuals with Intellectual Disabilities - GHIID Individual Support Plan - ISP Intermediate Care Facility - ICF Qualified Intellectual Disabilities Professional - QIDP</p>	W 000	<p><i>Received 11/27/13</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>	
W 159	<p><b>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</b></p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the QIDP failed to coordinate services timely (specifically, obtain the physical therapist's opinion regarding potential staircase modifications; and, clarifying the use of adaptive</p>	W 159		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Maura Tucker TITLE Deputy Director I.D.C.N.C. (X6) DATE 11-20-13

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 159	<p>Continued From page 1</p> <p>eating utensils), for two of six clients residing in the facility. (Clients #3 and #5)</p> <p>The findings include:</p> <p>1. On October 28, 2013, at 6:55 a.m., Client #3 informed this surveyor that she was on a weight reduction diet and her brother wanted her to keep her weight down to reduce the chance of her falling and sustaining injuries. Client #3 was observed to be stout and overweight. She walked slowly, with her upper body moving significantly to the left or right with each step. At approximately 7:50 a.m., Client #3 was observed climbing the main staircase in the facility. The client took a few labored steps up, paused, took a few more steps up, paused again and continued the process with slow deliberation. Staff stood nearby on the staircase; however, they allowed her to climb the staircase independently. At 12:23 p.m., the client was observed using a walker at her day program. At 5:00 p.m., Client #3 was observed climbing the main staircase in the home again. She did so slowly and in the same manner observed earlier that day.</p> <p>On October 29, 2013, beginning at 5:06 p.m., review of Client #3's medical and habitation records revealed the following:</p> <ul style="list-style-type: none"> <li>- Physician's Orders (POs), dated October 2013: "obesity... asthma... osteoarthritis... history of congenital hip dysplasia and right leg discrepancy... 1500 calorie weight reduction, low cholesterol" diet, and "use walker... during ambulation due to deterioration in gait;"</li> <li>- Physical therapy (PT) evaluation, dated July 2, 2013: "started using a walker during the past ISP</li> </ul>	W 159	<p>On 11-04-2013, a meeting held at Client#3 residence which was attended by DCHC RN, PCP, Program Manager, QIDP, Client#3 Psychologist, PT and Client#3's mother participated over the phone. The team agreed that due to worsen of arthritis to the point that she is struggling to climb the stairs in her home, could have a negative impact on her.</p> <p>Therefore is was agreed to move Client#3's bedroom from the second floor of the house to the first floor. This will facilitate better navigation of the house and prevent the use of the staircase.</p> <p>On 11/18/13, a meeting was held with DCHC Administrators, maintenance and carpenter to discuss home modification renovation at Client#3 residence and convert one of the rooms on 1st floor into a bedroom for Client#3. Modifications are in progress, and expected to be completed by 12/01/13. Followed by the move. (Attachment A1-A2)</p>	11/04/13 11/08/13 12/01/13 12/08/13
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NAME OF PROVIDER OR SUPPLIER  D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6917 MAPLE ST NW WASHINGTON, DC 20012		
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W 159	<p>Continued From page 2</p> <p>year due to increased difficulty with ambulation and balance losses... is having more difficulty ascending and descending the stairs in the house due to a worsening... should be considered for a one level home."</p> <p>- ISP, dated July 5, 2013: "arthritis is worsening to the point she is struggling to climb the stairs in her home. The team agrees that &lt;client's initials&gt; should remain in an JCF... and remain in the same house if possible. Service coordinator inquired about having a lift installed to carry &lt;client's initials&gt; up and down the stairs to ensure all parts of her home remain accessible... PT will explore the lift idea and include in assessment recommendations if appropriate... Her main medical issue is her arthritis, which directly impacts her mobility." (Note: The PT consultant was not listed as a participant at the ISP meeting.); and.</p> <p>- a PT quarterly review, dated October 24, 2013, did not reflect whether the feasibility of a lift on the stairs had been assessed.</p> <p>On October 29, 2013, at 5:26 p.m., the current QIDP (QIDP #1) was queried regarding the status of a PT whether the issue of a mechanical lift had been explored. She indicated that a former QIDP (QIDP #2) had attended the ISP meeting in July 2013. QIDP #1 further stated she was previously unaware of the team recommendation. The QIDP immediately telephoned the consulting PT. The PT stated that Client #3 was still capable of navigating the stairs; however, the PT was concerned that long term stair climbing could have a negative impact on Client #3's arthritic joints. She further stated that to date, she had not been asked to "explore the lift idea" or other</p>	W 159			

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W 159	<p>Continued From page 3</p> <p>mechanical options but would take a look at it, adding that "perhaps a stair glide in the back stairwell" would be feasible.</p> <p>At the time of the survey, there was no evidence that the former or current QIDP followed-up on the July 7, 2013 team recommendation to ask the PT consultant about lift options for the facility.</p> <p>II. On October 28, 2013, the medication nurse (Nurse #1) began preparing Client #5's medications at 5:31 p.m. The nurse handed the client a white, plastic disposable teaspoon, which she used to stir apple sauce in with the medications. Client #5 self-administered the medications and apple sauce using the plastic teaspoon, without any signs of difficulty or spillage. Earlier that day, however, the client had been observed using a spoon with a built-up handle while eating her breakfast, beginning at 7:25 a.m.</p> <p>On October 29, 2013, at approximately 5:45 p.m., QIDP #1 was queried regarding Client #5's use of a built-up handled utensils. The QIDP said she thought there was a physician's order for it, to reduce spillage. She further stated she was unaware that the client's medications were being mixed into apple sauce. Moments later, review of the client's POs, dated October 2013, revealed no orders for the use of adaptive eating utensils or apple sauce with medications. Client #5's occupational therapy assessment, dated August 3, 2013, indicated the client ate independently and "does not require special equipment for feeding." The client's eating guidelines, dated August 2013, reflected a "standard fork or spoon." The nutrition assessment, dated August 31, 2013, also reflected "she can use eating</p>	W 159	<p>Above finding was an oversight by staff and an in-service training was held on 10/31/13 with the staff to review and discuss that any adaptive equipment or utensils are to be used only when there is an order for the same by PCP. House Manager will provide supervision during meal time to ensure that any and all adaptive equipment being used is indicated as per the P.O. QIDP will do additional weekly and as needed monitoring. Attachment "B"</p>	10/31/13
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W 159	Continued From page 4 utensils appropriately." The use of specialized eating utensils was not reflected in Client #5's ISP, dated September 6, 2013. QID: #1 stated she would inquire further regarding the appropriateness of the client using eating utensils with built-up handles.	W 159			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HF003-0204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/29/2013
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1 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from October 28, 2013 through October 29, 2013. A sample of three residents was selected from a population of two males and four females with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home, interviews with administrative staff and the consulting physical therapist, as well as a review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report</p> <p>Group Home for Individuals with Intellectual Disabilities - GHIID Individual Support Plan - ISP Intermediate Care Facility - ICF Qualified Intellectual Disabilities Professional - QIDP</p>	1 000		
1 075	<p><b>3503.3(e) BEDROOMS AND BATHROOMS</b></p> <p>Each bedroom shall be equipped with at least the following items for each resident:</p> <p>(d) Night stand.</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 that each bedroom was equipped with a night stand for each resident, for two of the six residents of the facility. (Residents #5 and #6)</p>	1 075	<p>On 11/01/13, individuals (stated as resident #5 and #6) were provided with night stand in their rooms. QIDP will ensure that all individuals are provided with appropriate furnishings in their bedrooms according to their decor and liking.</p>	11/14/13

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Maura C. Evans* TITLE *Deputy Director / DC-HC* (X6) DATE *11-20-13*

STATE FORM 6000 6T/M/11 If continuation sheet 1 of 5

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED:  10/29/2013
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1 075	<p>Continued From page 1</p> <p>The finding includes:</p> <p>During the inspection of the environment on October 28, 2013, at 4:05 p.m., there were no night stands observed in the bedroom being shared by Residents #5 and #6. The qualified intellectual disabilities professional (QIDP #1), who was present at the time of the inspection, acknowledged there were no night stands for the two residents. The head of maintenance (Staff #1), who also was present, said he had ideas on how the furniture might be rearranged in the room to accommodate nightstands.</p>	1 075		
1 180	<p>3508.1 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the QIDP failed to coordinate services timely (specifically, obtain the physical therapist's opinion regarding potential staircase modifications; and, clarifying the use of adaptive eating utensils), for two of six residents residing in the facility. (Residents #3 and #5)</p> <p>The findings include:</p> <p>1. On October 28, 2013, at 6:55 a.m., Resident #3 informed this surveyor that she was on a weight reduction diet and her brother wanted her to keep her weight down to reduce the chance of her falling and sustaining injuries. Resident #3 was observed to be stout and overweight. She walked slowly, with her upper body moving significantly to</p>	1 180		

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1180	<p>Continued From page 2</p> <p>the left or right with each step. At approximately 7:50 a.m., Resident #3 was observed climbing the main staircase in the facility. The resident took a few labored steps up, paused, took a few more steps up, paused again and continued the process with slow deliberation. Staff stood nearby on the staircase; however, they allowed her to climb the staircase independently. At 12:23 p.m., the resident was observed using a walker at her day program. At 5:00 p.m., Resident #3 was observed climbing the main staircase in the home again. She did so slowly and in the same manner observed earlier that day.</p> <p>On October 29, 2013, beginning at 5:06 p.m., review of Resident #3's medical and habilitation records revealed the following:</p> <ul style="list-style-type: none"> <li>- Physician's Orders (POs), dated October 2013: "obesity... asthma... osteoarthritis... history of congenital hip dysplasia and right leg discrepancy... 1500 calorie weight reduction, low cholesterol" diet, and "use walker... during ambulation due to deterioration in gait;"</li> <li>- Physical therapy (PT) evaluation, dated July 2, 2013: "started using a walker during the past ISP year due to increased difficulty with ambulation and balance losses... is having more difficulty ascending and descending the stairs in the house due to a worsening... should be considered for a one level home;"</li> <li>- ISP, dated July 5, 2013: "arthritis is worsening to the point she is struggling to climb the stairs in her home. The team agrees that &lt;resident's initials&gt; should remain in an ICF... and remain in the same house if possible. Service coordinator inquired about having a lift installed to carry &lt;resident's initials&gt; up and down the stairs to</li> </ul>	1180	<p>On 11-04-2013, a meeting held at Client#3 residence which was attended by DCHC RN, PCP, Program Manager, QIDP, Client#3 Psychologist, PT and Client#3's mother participated over the phone. The team agreed that due to worsen of arthritis to the point that she is struggling to climb the stairs in her home, could have a negative impact on her.</p> <p>Therefore it was agreed to move Client#3's bedroom from the second floor of the house to the first floor. This will facilitate better navigation of the house and prevent the use of the staircase.</p> <p>On 11/18/13, a meeting was held with DCHC Administrators, maintenance and carpenter to discuss home modification renovation at Client#3 residence and convert one of the rooms on 1st floor into a bedroom for Client#3. Modifications are in progress, and expected to be completed by 12/01/13. Followed by the move. (Attachment A1-A2)</p>	<p>11/04/13 11/18/13 12/01/13 12/08/13</p>

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1180	<p>Continued From page 3</p> <p>ensure all parts of her home remain accessible... PT will explore the lift idea and include in assessment recommendations if appropriate... Her main medical issue is her arthritis, which directly impacts her mobility." [Note: The PT consultant was not listed as a participant at the ISP meeting.]; and,</p> <p>- a PT quarterly review, dated October 24, 2013, did not reflect whether the feasibility of a lift on the stairs had been assessed.</p> <p>On October 29, 2013, at 5:26 p.m., the current QIDP (QIDP #1) was queried regarding the status of a PT whether the issue of a mechanical lift had been explored. She indicated that a former QIDP (QIDP #2) had attended the ISP meeting in July 2013. QIDP #1 further stated she was previously unaware of the team recommendation. The QIDP immediately telephoned the consulting PT. The PT stated that Resident #3 was still capable of navigating the stairs; however, the PT was concerned that long term stair climbing could have a negative impact on Resident #3's arthritic joints. She further stated that to date, she had not been asked to "explore the lift idea" or other mechanical options but would take a look at it, adding that "perhaps a stair glide in the back stairwell" would be feasible.</p> <p>At the time of the survey, there was no evidence that the former or current QIDP followed-up on the July 7, 2013 team recommendation to ask the PT consultant about lift options for the facility.</p> <p>II. On October 28, 2013, the medication nurse (Nurse #1) began preparing Resident #3's medications at 5:31 p.m. The nurse handed the resident a white, plastic disposable teaspoon, which she used to stir apple sauce in which the</p>	1180		

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I 180	<p>Continued From page 4</p> <p>medications. Resident #5 self-administered the medications and apple sauce using the plastic teaspoon, without any signs of difficulty or spillage. Earlier that day, however, the resident had been observed using a spoon with a built-up handle while eating her breakfast, beginning at 7:25 a.m.</p> <p>On October 29, 2013, at approximately 5:45 p.m., QIDP #1 was queried regarding Resident #5's use of a built-up handled utensils. The QIDP said she thought there was a physician's order for it, to reduce spillage. She further stated she was unaware that the resident's medications were being mixed into apple sauce. Mommis later, review of the resident's POs, dated October 2013, revealed no orders for the use of adaptive eating utensils or apple sauce with medications. Resident #5's occupational therapy assessment, dated August 3, 2013, indicated the resident ate independently and "does not require special equipment for feeding." The resident's eating guidelines, dated August 2013, reflected a "standard fork or spoon." The nutrition assessment, dated August 31, 2013, also reflected "she can use eating utensils appropriately." The use of specialized eating utensils was not reflected in Resident #5's ISP, dated September 6, 2013. QIDP #1 stated she would inquire further regarding the appropriateness of the resident using eating utensils with built-up handles.</p>	I 180	<p>Above finding was an oversight by staff and an in-service training was held on 10/31/13 with the staff to review and discuss that any adaptive equipment or utensils are to be used only when there is an order for the same by PCP. House Manager will provide supervision during meal time to ensure that any and all adaptive equipment being used is indicated as per the P.O. QIDP will do additional weekly and as needed monitoring. Attachment "B"</p>	10/31/13