

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: 09G238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2013
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NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 EAST CAPITOL STREET, NE WASHINGTON, DC 20019
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W 000	INITIAL COMMENTS A recertification survey was conducted from October 28, 2013 through October 30, 2013. A sample of three clients was selected from a population of five individuals with varying degrees of intellectual disabilities. This survey was initiated utilizing the full survey process. The findings of the survey were based on observations, interviews, and with direct support staff, nursing and administrative staff, as well as a review of records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000	The Governing Body of Innovative Life Solutions (ILS) has received deficiency report as cited during our annual licensure survey. ILS has implemented relevant systems and procedures to prevent and or minimize any reoccurrences from an agency standpoint and ensure compliance to regulatory codes highlighted in this survey process (on-going).	
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a wheelchair recommended was maintained in good repair for one of three client's in the sample. (Client #3) The finding includes: The facility failed to ensure the wheelchair cushion cover of Client #3's custom molded wheelchair was maintained in good repair, as	W 436	<i>Received 11/25/13</i>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kimberly Walker</i>	TITLE <i>VP of ID Services</i>	(X6) DATE <i>11/22/13</i>
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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 436	<p>Continued From page 1 evidenced below:</p> <p>On October 29, 2013, at 4:40 p.m., Client #3's wheelchair was observed while he was resting in bed. The back cushion cover was noted to have a very large hole at the top right side exposing foam underneath. Closer observation of the wheelchair back cushion cover revealed a very large circular area of worn vinyl at the left side of the torn area.</p> <p>On October 29, 2013, at 4:47 p.m., interview with direct support staff #1 revealed that Client #3 is usually in his wheelchair, except for when he is repositioned or is in his bed. The staff indicated that the client's wheelchair has a seat brace designed to prevent him from sliding in his wheelchair, and to help keep his head aligned with the headrest. Further discussion with DSP #1 and the qualified intellectual disabilities professional (QIDP) at that time of the observation revealed the duration of the damage to the back seat cushion could not be determined. The QIDP stated that he would submit a request to have the back seat cushion repaired.</p> <p>On October 30, 2013, at approximately 10:30 a.m., the QIDP presented a prior authorization request/approval form (719 A) dated October 29, 2013, for repair of Client #3's wheelchair back seat cushion cover.</p> <p>Review of the adaptive equipment report dated October 2013 on October 30, 2013, at 4:10 p.m., however revealed on October 29, 2013, it was then documented that Client #3's wheelchair cushion cover was torn. Further record review on</p>		<p>ILS further ensured that the physician order and medical necessity letter identifying the needed repair (wheelchair back seat cushion) to Client # 3 custom molded wheelchair was completed and submitted to the vendor for approval on 10/29/13 & 11/22/13.</p> <p>All DSP's and staff #1 were retrained (11/8/13) on the importance of tracking, trending and documenting work orders/daily monitoring log sheets for all adaptive equipment to ensure that repairs are identified and resolved in a timely manner, to ensure safety of all individuals, as well as proper maintenance of all adaptive equipment.</p> <p>ILS will ensure all management staff are retrained on the adaptive equipment policy and procedure to prevent further occurrences by 11/27/13.</p>

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W 436	<p>Continued From page 2</p> <p>order/plan of service by the vendor dated March 25, 2013 (seven months prior to the survey), which stated that the back cushion material was wearing thin.</p> <p>At the time of the survey, there was no evidence the facility closely monitored the condition of Client #3's back seat cushion cover to ensure that it remained in good condition.</p>	W 436	<p>Innovative Life Solutions QA, PD, QIDP, RN Supervisor, LPN Charge Nurse, FC, and staff will continue to monitor through daily, weekly, monthly, quarterly and PRN audits to ensure compliance with regulatory agencies (10/31/13 and on-going).</p>	
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Health Regulation & License Administration

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1 379	<p>IDOD INITIAL COMMENTS</p> <p>A recertification survey was conducted from October 28, 2013 through October 30, 2013. A sample of three clients was selected from a population of five individuals with varying degrees of intellectual disabilities. This survey was initiated utilizing the full survey process.</p> <p>The findings of the survey were based on observations, interviews, and with direct support staff, nursing and administrative staff, as well as a review of 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> <p>3519.10 EMERGENCIES</p> <p>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, wellbeing 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.</p> <p>This Statute is not met as evidenced by: Based on interview and review of resident records, including incident reports and investigations, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that all incidents that present a risk to residents' health and safety were reported immediately to the Department of Health, Health Regulation and</p>	000	<p>The Governing Body of Innovative Life Solutions (ILS) has received deficiency report as cited during our annual licensure survey. ILS has implemented relevant systems and procedures to prevent and or minimize any reoccurrences from an agency standpoint and ensure compliance to regulatory codes highlighted in this survey process (on-going).</p>	
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kimberly Walker

TITLE

VP of ID Services

(X6) DATE

11/22/13

Health Regulation & Licensing Administration

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1379	<p>Continued From page 1</p> <p>Licensing Administration (DOH/HRLA), for one of the five residents of the facility. (Resident #1)</p> <p>The finding includes:</p> <p>During the entrance conference on October 28, 2013, at 9:00 a.m., the QIDP was requested to provide the facility's unusual incidents and investigations to the surveyors for review. Review of the incidents, revealed Client #1 was evaluated at the emergency room several times due to his gastrostomy tube coming out. Review of Client #1's medical record on October 29, 2013, beginning at 11:30 a.m., revealed his emergency room (ER) records included assessments and treatments on August 31, 2013 and September 23, 2013, due to his gastrostomy tube being dislodged.</p> <p>Although there were several incident reports that revealed Client #1 had been transferred to the ER due to his gastrostomy tube becoming dislodged, there was no evidence the ER visits on August 31, 2013 and September 23, 2013 were reported to the DOH.</p> <p>Interview with the supervisory registered nurse (R.N.) on October 29, 2013, at 3:39 p.m. confirmed that Client #1's gastrostomy tube had come out on August 31, 2013 and September 23, 2013, and that the client was taken to the emergency room for reinsertion of the gastrostomy tube on those dates. Further discussion with the supervisory R.N. on October 30, 2013, at 4:30 p.m. revealed no incident reports was available for the aforementioned dates.</p> <p>According to the facility's policy for medical</p>	1 379	<p>ILS updated (10/16/2013) the internal incident management Process which will now ensure staff understands the importance of reporting, documenting and notifying all regulatory parties of reportable and serious reportable incidents.</p> <p>ILS Nursing Progress note (attached) dated 9/23/13 & 9/24/13, clarifies that client #1 had a scheduled appointment for g-tube replacement, ILS will in-service the nursing staff on the importance of referring to records to ensure accurate information is communicated (completion date: 11/25/13).</p> <p>All staff to include Quality Compliance Officer, Program Director, QIDP, FC, Supervising RN and LPN have been retrained (11/13/13) on the new process for incident Management and Reporting Policy and Procedure (11/13/13 and on-going)</p>	
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1379	<p>Continued From page 2</p> <p>incidents, staff will notify the nurse, the qualified intellectual disabilities professional (QIDP) and the facility coordinator. The QIDP will review the incident report for completeness and will make sure that the DOH incident manager for ICFMR facilities is notified.</p> <p>At the time of the survey, there was no evidence that DOH was notified of the August 31, 2013 and September 23, 2013 as required.</p>	1 379	<p>Innovative Life Solutions QA, PD, QIDP, RN Supervisor, LPN Charge Nurse, FC, and staff will continue to monitor through daily, weekly, monthly, quarterly and PRN audits to ensure compliance with regulatory agencies and per internal electronic iManage compliance system (10/31/13 and on-going).</p>	
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