

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

PRINTED: 12/31/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G163</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] <b>WASHINGTON, DC 20012</b>
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W 000	INITIAL COMMENTS  A recertification survey was conducted from 12/17/18 through 12/20/18. A sample of three clients was selected from a population of five males. This survey was conducted utilizing the focused fundamental survey process. A fourth client was added for a focus review of the client's behavior during lunch time.  The findings of the survey were based on observations, interviews and review of client and administrative records.  Note: The below are abbreviations that may appear throughout the body of this report.  BSP - Behavior Support Plan DPS - Direct Program Staff DSP - Direct Support Professional OZ - Ounces % - Percent QIDP - Qualified Intellectual Disabilities Professional	W 000		
W 120	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)  The facility must assure that outside services meet the needs of each client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that outside service providers implemented each client's behavior interventions, for one of five clients residing in the facility (Client #4).	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mamba Tupper TITLE: V.P. / D.C.H.C. (X6) DATE: 1-10-19

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 120	<p>Continued From page 1</p> <p>Findings included:</p> <p>On 12/19/18, at 11:11 AM, observations showed Client #4 refused to eat his lunch, which consisted of noodles, fish, sweet peas and a beverage when offered by day program staff (DPS #1). The client however, was observed to eat his chocolate pudding. At 11:16 AM, DPS #1 who was sitting next to Client #4 at the table, verbally instructed DPS #2 to sit with the client while he (DPS #1) used the bathroom. Continued observations showed DPS #2 sitting at the table with Client #4 and two other peers, who were eating their lunch. A few moments later, DPS #2 took her eye off Client #4 while standing up to assist another client at the opposite end of the table. At that time, Client #4 quickly stood up from the chair, reached over the table and snatched the remainder of his peer's burrito and ate it. DPS #2 verbally prompted Client #4 to stop after the client put the burrito inside his mouth.</p> <p>At 11:30 AM, interview with DPS #1 revealed that Client #4 had a targeted behavior of taking others food. DPS #1 stated that he was a seasoned staff and Client #4 usually attempted to snatch his peers' food when he refused his own lunch. DPS#1 stated that's why he monitored Client #4 closely to prevent him from attempting to snatch others food during lunch time. DPS #1 further stated that he verbally instructed DPS #2 to monitor Client #4 closely while he used the bathroom.</p> <p>At 11:35 AM, interview with DPS #2 revealed that she had been employed with the day program a little over three weeks and that she was aware that Client #4 had a behavior of taking others</p>	W 120			

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W 120	<p>Continued From page 2</p> <p>food. Further interview with DPS #2 revealed that she had been trained on Client #4's BSP. DPS #2 stated that she should have maintained eye contact with Client #4 at all times while getting up from the table. When asked about other strategies that she could have implemented to ensure the client did not take his peer lunch, DPS #2 stated that she could have monitored him closely.</p> <p>At 11:39 AM, review of Client #4's BSP dated 07/11/18, confirmed DPS #2's interview that the client had a maladaptive behavior of taking others food. The BSP indicated that [client name] will learn to sit in one location during mealtime to prevent him from sitting near a vulnerable peer. Continued review of the BSP revealed the following interventions strategies:</p> <ul style="list-style-type: none"> <li>- Staff to monitor [client name] whereabouts at all times.</li> <li>- If [client name] takes another client's food during mealtime, he [client] should immediately be given verbal directive to stop and put the food down. Immediately physically prompt him within ten seconds if he does not respond to the initial verbal prompt.</li> <li>- If [client name] swallows the food, say to him, don't do that.</li> <li>- Be mindful of whom [client name] responds to. Sometimes individuals will respond better to one counselor than another.</li> </ul> <p>At 2:34 PM, interview with the QIDP revealed that staff at Client #4's day program should follow the BSP, which included the above aforementioned</p>	W 120	<p>An in-service training was conducted on 12/21/18 by IPP Coordinator at Wholistic Day Services to staff for client # 4, emphasising the intervention strategies outlined in BSP for taking others food.</p> <p>Psychologist/DCHC did an in-service training to DCHC staff on 12/19/18 and 12/20/18.</p> <p>Another in-service training was done by Psychologist/DCHC on 01/10/19 at Wholistic Day Services, emphasising the implementation of BSP.</p> <p>The QIDP/HM will monitor mealtimes once a week x 1 month and then routinely/as needed. (Please see Attachment A1, A2, A3, A4)</p>	12/21/18  12/19/18 & 12/20/18  01/10/19	

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**W 120** Continued From page 3  
intervention strategies. The QIDP stated that the psychologist had trained day program staff in the past and additional training would be provided as soon as possible.

**W 120**

At the time of the survey, the facility failed to ensure Client #4's BSP was being implemented effectively at the day program.

**W 192** STAFF TRAINING PROGRAM  
CFR(s): 483.430(e)(2)

**W 192**

For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.

This STANDARD is not met as evidenced by:  
Based on observations, interview and record review, the facility failed to ensure that each staff was trained effectively to implement each client's feeding protocol, for one of three clients in the core sample (Client #2).

Findings included:

On 12/19/18, beginning at 7:40 AM, observations showed that Client #2 who is endentulous was served oatmeal, a chopped boiled egg, a bite size slice of toast, six (6) oz of orange juice, six (6) oz of 1% milk and eight (8) oz of water. Further observation showed the client had stuffed his mouth with oatmeal, chopped eggs and toast at a very fast pace without drinking any liquids between eating solid foods.

On 12/19/18, at 7:43 AM, DSP #1 was queried about Client #2's fast eating pace. DSP #1 stated that Client #1 should take sips of liquids

An in-service Training was done on 12/20/18 by Speech Pathologist of DCHC to QIDP, HM and all DSP's to follow the revised Eating Protocol for client # 2 to follow the strategies as outlined.

12/20/18

The QIDP will monitor mealtimes once/week for 1 month and then as routinely/as needed.

(Plese see Attachment B1, B2, B3)

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W 192	<p>Continued From page 4</p> <p>throughout the meal to help prevent choking. DSP#1 then encouraged the client to drink some liquids between eating his food. However, the client did not comply and continued to stuff his mouth with food without drinking any liquids until the entire meal was consumed.</p> <p>During an interview on 12/19/18, at 2:15 PM, the QIDP said that all staff had been trained on Client #2's eating protocol.</p> <p>At 2:25 PM, review of Client #2's eating protocol dated 08/22/18 showed that the client should be prompted to slow down and put less food in the mouth. Additionally, staff should say "put your spoon down", encourage the client to use a napkin between bites of food and alternate solids and liquids throughout the meal to help facilitate slowing down the client's eating pace.</p> <p>At 2:35 PM, review of the facility's in-service training records showed that all staff including DSP #1 received training on Client #2's mealtime protocol on 10/26/18 and 12/05/18.</p> <p>At the time of the survey, the facility failed to ensure all staff was effectively trained to implement Client #2's mealtime protocol, as recommended.</p>	W 192	<p>An in-service Training was done on 12/20/18 by Speech Pathologist of DCHC to QIDP, HM and all DSP's to follow the revised Eating Protocol for client # 2 to follow the strategies as outlined.</p> <p>The QIDP will monitor mealtimes once/week for 1 month and then as routinely/as needed.</p> <p>(Please see Attachment B1, B2, B3)</p>	12/20/18	

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E 000	<p><b>Initial Comments</b></p> <p>An emergency preparedness survey was conducted from 12/17/18 through 12/20/18.</p> <p>The facility was in substantial compliance with the requirements of Emergency Preparedness Requirements for Medicare and Medicaid Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).</p> <p>No deficiencies were cited.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Manu Tewari* *V.P./D.C.H.C.* *1-10-19*

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.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0188</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2018</b>
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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from 12/17/18 through 12/20/18. A sample of three residents was selected from a population of five males. A fourth resident was added for a review of the resident's behavior during lunch time.</p> <p>The findings of the survey were based on observations, interviews and review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>BSP - Behavior Support Plan DSP - Direct Support Professional GHIID - Group Home for Individuals with Intellectual Disabilities OZ - Ounces % - Percent QIDP - Qualified Intellectual Disabilities Professional</p>	I 000		
I 222	<p><b>3510.3 STAFF TRAINING</b></p> <p>There shall be continuous, ongoing in-service training programs scheduled for all personnel.</p> <p>This Statute is not met as evidenced by: Based on observations, interview and record review, the GHIID failed to ensure that each staff was trained effectively to implement each resident's feeding protocol, for one of three residents in the core sample (Resident #2).</p> <p>Findings included:</p> <p>On 12/19/18, beginning at 7:40 AM, observations showed that Resident #2 who is edentulous was served oatmeal, a chopped boiled egg, a bite size</p>	I 222		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Health Regulation & Licensing Administration

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I 222	<p>Continued From page 1</p> <p>slice of toast, six (6) oz of orange juice, six (6) oz of 1% milk and eight (8) oz of water. Further observation showed the resident had stuffed his mouth with oatmeal, chopped eggs and toast at a very fast pace without drinking any liquids between eating solid foods.</p> <p>On 12/19/18, at 7:43 AM, DSP #1 was queried about Resident #2's fast eating pace. DSP #1 stated that Resident #1 should take sips of liquids throughout the meal to help prevent choking. DSP#1 then encouraged the resident to drink some liquids between eating his food. However, the resident did not comply and continued to stuff his mouth with food without drinking any liquids until the entire meal was consumed.</p> <p>During an interview on 12/19/18, at 2:15 PM, the QIDP said that all staff had been trained on Resident #2's eating protocol.</p> <p>At 2:25 PM, review of Resident #2's eating protocol dated 08/22/18 showed that the resident should be prompted to slow down and put less food in the mouth. Additionally, staff should say "put your spoon down", encourage the resident to use a napkin between bites of food and alternate solids and liquids throughout the meal to help facilitate slowing down the resident's eating pace.</p> <p>At 2:35 PM, review of the GHIID's in-service training records showed that all staff including DSP #1 received training on Resident #2's mealtime protocol on 10/26/18 and 12/05/18.</p> <p>At the time of the survey, the GHIID failed to ensure all staff was effectively trained to implement Resident #2's mealtime protocol, as recommended.</p>	I 222	<p>An in-service Training was done on 12/20/18 by Speech Pathologist of DCHC to QIDP, HM and all DSP's to follow the revised Eating Protocol for client # 2 to follow the strategies as outlined.</p> <p>The QIDP will monitor mealtimes once/week for 1 month and then as routinely/as needed.</p> <p>(Please see Attachment B1, B2, B3)</p>	12/20/18
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