

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

PRINTED: 09/26/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ <i>Received 10/12/18</i> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/13/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DC HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] <b>WASHINGTON, DC 20012</b>
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W 000 INITIAL COMMENTS

W 000

A recertification survey was conducted from 09/11/18 through 09/13/18. A sample of three clients were selected from a population of six males. This survey was conducted utilizing the focused fundamental survey process.

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
- ENT - Ear, Nose and Throat
- SIB - Self Injurious Behavior
- CT - Computerized Tomography
- HM - House Manager
- HRC - Human Rights Committee
- ISP - Individual Support Plan
- HRC - Human Rights Committee
- LPN - Licensed Practical Nurse
- POS - Physicians Orders
- QIDP - Qualified Intellectual Disabilities Professional

W 312 DRUG USAGE  
CFR(s): 483.450(e)(2)

W 312

Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

This STANDARD is not met as evidenced by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mamta Tiwari</i>	TITLE <i>V-P/D-C-H-C</i>	(X6) DATE <i>10/3/18</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 312	Continued From page 1 Based on observation, interview and record review, the facility failed to incorporate the use of drugs to reduce non-compliance during medical appointments into the BSP/ISP, for one of two clients in the sample (Client #1).  Findings include:  On 09/11/18 at 5:23 PM, LPN #2 was observed to prepare Client #1 evening medications which included Trazodone 50 mg, Topiramate 100 mg, and Quetiapine 100 mg. The client sat down, refused the medication, then immediately stood up and left the area with his 1:1 staff. He returned several minutes later and accepted the medications. The discussion with LPN and subsequent review of the medication record showed that the three medications were prescribed for mood disorder. During the medication confirmation it was also noted that the client received sedation prior to medical appointments.  On 09/12/18, at 2:16 PM, the QIDP stated that Client #1 also had a BSP which addressed self injurious behaviors of face slapping and biting himself. The QIDP confirmed that in addition to routine medications, Client #1 required sedation before most medical procedures to prevent the SIB and improve his cooperation during the appointments. Consent was obtained from the client's guardian and the facility's Human Rights and Behavior Committee approved the sedation. The nurse administered the sedation and monitored its effectiveness for completion of appointments. The QIDP agreed, however, to review Client #1's BSP to verify that strategies were identified to address the client's non-compliance during medical appointments	W 312	On 09/14/2018 DCHC Psychologist reviewed and revised the BSP to reflect strategies to see person's cooperation and need for sedation during medical appointment. An interim approval was obtained same day (09/14/18). Additionally staff were trained on 09/14/18 to follow those strategies to support the person. DCHC QIDP/Program Manager will continue to monitor the above.  (Please see Attachment 1)	09/14/18	09/14/18

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W 312	Continued From page 2 and the administration of sedation.	W 312		
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On 09/13/18, at 2:35 PM, the QIDP presented documentation verifying the guardian's consent and the HRC approval for the use of the Ativan prior to the appointments. At 2:50 PM, however, a brief review of Client #1's BSP (dated 02/28/18 to 02/27/19) showed there were no strategies identified to address non-compliance during medical appointments.

At 3:15 PM, the QIDP confirmed that there were no strategies or a desensitization plan included Client #1's BSP to address non-compliance and to improve cooperation during medical appointments.

At the time of the survey, the facility failed to incorporate objectives and procedures into Client #1's BSP/ISP to address the use of sedation to reduce non-compliance for the completion of medical appointments.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/13/2018</b>
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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from 09/11/18 to 09/13/18. A sample of three residents was selected from a population of six males.</p> <p>The findings of the survey were based on observations, interviews, and reviews of resident and administrative records.</p> <p>BSP - Behavior Support Plan SIB - Self Injurious Behavior CT - Computerized Tomography GHIID - Group Home for Individuals with Intellectual Disability HM - House Manager HRC - Human Rights Committee IPP - Individual Program Plan HRC - Human Rights Committee LPN - Licensed Practical Nurse POS - Physician's Orders QIDP - Qualified Intellectual Disabilities Professional</p>	I 000		
I 420	<p><b>3521.1 HABILITATION AND TRAINING</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHIID failed to incorporate the use of drugs to reduce non-compliance during medical appointments into the BSP, for one of two residents in the sample (Resident #1).</p> <p>Findings include:</p>	I 420		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mawbatiwan TITLE: N.P / D.C.H.C (X6) DATE: 10/3/18

STATE FORM 6899 LWLJ11 If continuation sheet 1 of 3

Health Regulation & Licensing Administration

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I 420	<p>Continued From page 1</p> <p>On 09/11/18 at 5:23 PM, LPN #2 was observed to prepare Resident #1 evening medications which included Trazodone 50 mg, Topiramate 100 mg, and Quetiapine 100 mg. The resident sat down, refused the medication, then immediately stood up and left the area with his 1:1 staff. He returned several minutes later and accepted the medications. The discussion with LPN and subsequent review of the medication record showed that the three medications were prescribed for mood disorder. During the medication confirmation it was also noted that the resident received sedation prior to medical appointments.</p> <p>On 09/12/18, at 2:16 PM, the QIDP stated that Resident #1 also had a BSP which addressed self injurious behaviors of face slapping and biting himself. The QIDP confirmed that in addition to routine medications, Resident #1 required sedation before most medical procedures to prevent the SIB and improve his cooperation during the appointments. Consent was obtained from the resident's guardian and the facility's Human Rights and Behavior Committee approved the sedation. The nurse administered the sedation and monitored its effectiveness for completion of appointments. The QIDP agreed, however, to review Resident #1's BSP to verify that strategies were identified to address the resident's non-compliance during medical appointments and the administration of sedation.</p> <p>On 09/13/18, at 2:35 PM, the QIDP presented documentation verifying the guardian's consent and the HRC approval for the use of the Ativan prior to the appointments. At 2:50 PM, however, a brief review of Resident #1's BSP (dated 02/28/18 to 02/27/19) showed there were no strategies</p>	I 420		
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I 420	<p>Continued From page 2</p> <p>identified to address non-compliance during medical appointments.</p> <p>At 3:15 PM, the QIDP confirmed that the were no strategies or a desensitization plan included in Resident #1's BSP to address non-compliance and to improve cooperation during medical appointments.</p> <p>At the time of the survey, the facility failed to incorporate objectives and procedures into Resident #1's BSP/ISP to address the use of sedation to reduce non-compliance for the completion of medical appointments.</p>	I 420	<p>On 09/14/2018 DCHC Psychologist reviewed and revised the BSP to reflect strategies to see person's cooperation and need for sedation during medical appointment. An interim approval was obtained same day (09/14/18). Additionally staff were trained on 09/14/18 to follow those strategies to support the person. DCHC QIDP/Program Manager will continue to monitor the above.</p> <p>(Please see Attachment 1)</p>	<p>09/14/18</p> <p>09/14/18</p>
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