

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

PRINTED: 10/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2018
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NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20011
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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 INITIAL COMMENTS

W 000

A recertification survey was conducted from 9/19/18 through 9/21/18. A sample of three clients was selected from a population of six men. The survey was conducted utilizing the focused fundamental survey process.

The findings of the survey were based on observations, interview, and review of client and administrative records.

Note: The below are abbreviations that may appear throughout the body of this report.

HM - Home Manager
IDT - Interdisciplinary Team
QIDP - Qualified Intellectual Disabilities Professional
RN - Registered Nurse

W 159 QIDP

W 159

CFR(s): 483.430(a)

Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the QIDP failed to coordinate a delayed preauthorization for sedation to complete dental treatment services, for one of three clients in the sample (Client #2).

Findings included:

[Cross refer to W356]. On 9/20/18 at 7:40 AM, Client #2 was observed to have missing teeth.

On 9/21/18 at 10:37 AM, the home manager

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

TITLE

(X6) DATE



PROGRAM DIRECTOR

11/10/18

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 Continued From page 1

W 159

stated that Client #2 had about five teeth left. The client was mostly dependent for tooth brushing twice daily but prevented thorough tooth brushing by biting down on the toothbrush. The QIDP confirmed that staff was required to assist the client in tooth brushing twice daily.

On 9/21/18 at 10:40 AM, the RN was consulted on Client #2's dental health. The RN stated that the client was historically uncooperative for dental treatment services. She added that the dentist submitted a preauthorization request for deep conscious sedation more than a year ago. She also stated that she would review the client's record to determine when the client last received services from the dentist.

On 9/21/18 at 10:45 AM, the QIDP confirmed that the dentist submitted a prior authorization request for deep conscious sedation. Review of the record at 10:52 AM showed on 1/3/18 that the dentist wrote Client #2 continued to need the fillings but the request was still pending. Further review of the record showed on 8/13/18, the dentist documented that the previous request was denied and would be resubmitted. When asked the reason for the delay, the QIDP stated that he did not know the reason for the delay. The QIDP also stated that he discussed the prior authorization with the IDT. The QIDP was not able to provide documentation of the IDT discussion or coordination of Client #2's prior authorization.

At the time of the survey, there was no evidence that the QIDP coordinated services with the IDT to address Client #2's delayed preauthorization for deep conscious sedation recommended for dental restoration.

An inservice training was completed on 9/24/18 & 10/22/18 on 09/24/18 with QIDP and RN/LPN by DON/PM on coordination of services, process of authorization, documentation and implementation. The procedure was completed on 10/22/18 for client #2 (receiving treatment). QA/PM will do random reviews to ensure services are coordinated as written/ordered.

(Please see Attachment A1 & A2)

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W 356 COMPREHENSIVE DENTAL TREATMENT
CFR(s): 483.460(g)(2)

W 356

The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure each client received dental treatment services, including restoration of teeth, for one of three clients in the sample (Client #2).

Findings included:

On 9/20/18 at 7:40 AM, Client #2 was observed to have missing teeth.

On 9/21/18 at 10:37 AM, the home manager stated that Client #2 only had about five teeth left. The client was mostly dependent for tooth brushing twice daily, but prevented thorough tooth brushing by biting down on the toothbrush. The QIDP confirmed that staff was required to assist the client in tooth brushing twice daily.

On 9/21/18 at 10:40 AM, the RN was consulted regarding the status of Client #2's dental health. The RN stated that the client was historically uncooperative for dental treatment services. She added that the dentist submitted an authorization request more than a year ago for deep conscious sedation to treat the client. She further stated that she would review the client's record to determine when the client last received services from the dentist.

An inservice training was completed 9/24/18 on 09/24/18 with QIDP and RN/LPN & 10/22/18 by DON/PM on coordination of services, process of authorization, documentation and implementation. The procedure was completed on 10/22/18 for client #2 (receiving treatment). QA/PM will do random reviews to ensure services are coordinated as written/ordered.

(Please see Attachment A1 & A2)

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W 356 Continued From page 3

W 356

On September 21, 2018, at 10:52 AM., record review revealed the following information concerning Client # 2's dental health:

(1) 1/3/18 - The dentist wrote, "Update for deep conscious sedation. We checked the status of the preauthorization approval for deep conscious sedation. It is pending. We will call to reschedule once returned. The patient needs fillings."

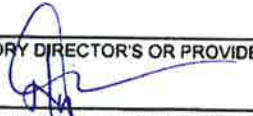
(2) 8/13/18 - Dentist wrote "Patient did not allow me to examine oral structures. The patient refused any treatment. The patient needs to be treated under deep conscious sedation. The previous request was denied. However, we are resubmitting documentation. We will call to reschedule the next appointment."

At the time of the survey, there was no evidence the facility followed up with the dentist between the aforementioned dates to obtain the status of recommended deep conscious sedation required to perform Client #2's needed fillings.

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E 000	Initial Comments	E 000		
	<p>An emergency preparedness survey was conducted from 9/19/18 through 9/21/18.</p> <p>The findings of the survey were based on interviews and review of the emergency preparedness program. The survey findings determined that the facility was in substantial compliance with the Emergency Preparedness Requirements for Medicare and Medicaid Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). No deficiencies were cited.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **PROGRAM DIRECTOR** (X6) DATE **11/10/18**

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

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I 000 INITIAL COMMENTS

I 000

A licensure survey was conducted from 9/19/18 through 9/21/18. A sample of three residents was selected from a population of six men.

The findings of the survey were based on observations, interviews, and review of resident and administrative records.

Note: The below are abbreviations that may appear throughout the body of this report.

- GHIID - Group Home for Individuals with Intellectual Disabilities
- HM - Home Manager
- IDT - Interdisciplinary Team
- QIDP - Qualified Intellectual Disabilities Professional
- RN - Registered Nurse

I 180 3508.1 ADMINISTRATIVE SUPPORT

I 180

Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.

This Statute is not met as evidenced by:
Based on observation, interview and record review, the QIDP failed to coordinate a delayed preauthorization for sedation to complete dental treatment services, for one of three residents in the sample (Resident #2).

Findings included:

[Cross refer to I0401]. On 9/20/18 at 7:40 AM, Resident #2 was observed to have missing teeth.

On 9/21/18 at 10:37 AM, the home manager

An inservice training was completed on 09/24/18 with QIDP and RN/LPN by DON/PM on coordination of services, process of authorization, documentation and implementation. The procedure was completed on 10/22/18 for client #2 (receiving treatment). QA/PM will do random reviews to ensure services are coordinated as written/ordered.

9/24/18

10/22/18

(Please see Attachment A1 & A2)

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

TITLE

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11/10/18

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I 180	<p>Continued From page 1</p> <p>stated that Resident #2 had about five teeth left. The resident was mostly dependent for tooth brushing twice daily but prevented thorough tooth brushing by biting down on the toothbrush. The QIDP confirmed that staff was required to assist the resident in tooth brushing twice daily. He stated that no system was implemented to monitor the resident's tolerance of daily tooth brushing prior to the survey.</p> <p>On 9/21/18 at 10:40 AM, the RN was consulted on Resident #2's dental health. The RN stated that the resident was historically uncooperative for dental treatment services. She added that the dentist submitted a preauthorization request for deep conscious sedation more than a year ago. She also stated that she would review the resident's record to determine when the resident last received services from the dentist.</p> <p>A follow-up with the QIDP confirmed that the dentist submitted a prior authorization request for deep conscious sedation. However, on 1/3/18 the dentist wrote that Resident #2 continued to need the fillings but the request was still pending. On 8/13/18, the dentist updated that the previous request was denied and would be resubmitted. When asked the reason for the delay, the QIDP stated that he did not know the reason for the delay. The QIDP stated that he discussed the prior authorization with the IDT. However, the QIDP was not able to provide documentation of the IDT discussion or coordination of Resident #2's prior authorization.</p> <p>At the time of the survey, there was no evidence that the QIDP coordinated services with the IDT to address Resident #2's delayed preauthorization for deep conscious sedation recommended for dental restoration.</p>	I 180		
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Health Regulation & Licensing Administration

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I 401	<p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, GHIID failed to ensure each resident received timely dental treatment services, including restoration of teeth, for one of three residents in the sample. (Resident #2)</p> <p>Findings included:</p> <p>On 9/20/18 at 7:40 AM, Resident #2 was observed to have missing teeth.</p> <p>On 9/21/18 at 10:37 AM, the home manager stated that Resident #2 only had about five teeth left. The resident was mostly dependent for tooth brushing twice daily, but prevented thorough tooth brushing by biting down on the toothbrush. The QIDP confirmed that staff was required to assist the resident in tooth brushing twice daily.</p> <p>On 9/21/18 at 10:40 AM, the RN was consulted regarding the status of Resident #2's dental health. The RN stated that the resident was historically uncooperative for dental treatment services. She added that the dentist submitted an authorization request more than a year ago for deep conscious sedation to treat the resident. She further stated that she would review the resident's record to determine when the resident last received services from the dentist.</p>	I 401	<p>An inservice training was completed on 09/24/18 with QIDP and RN/LPN by DON/PM on coordination of services, process of authorization, documentation and implementation. The procedure was completed on 10/22/18 for client #2 (receiving treatment). QA/PM will do random reviews to ensure services are coordinated as written/ordered.</p> <p>(Please see Attachment A1 & A2)</p>	<p>9/24/18 & 10/22/18</p>
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Health Regulation & Licensing Administration

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I 401	Continued From page 3 On September 21, 2018, at 10:52 AM., record review revealed the following information concerning Resident #2's dental health: (1) 1/3/18 - The dentist wrote, "Update for deep conscious sedation. We checked the status of the preauthorization approval for deep conscious sedation. It is pending. We will call to reschedule once returned. The patient needs fillings." (2) 8/13/18 - Dentist wrote "Patient did not allow me to examine oral structures. The patient refused any treatment. The patient needs to be treated under deep conscious sedation. The previous request was denied. However, we are resubmitting documentation. We will call to reschedule the next appointment." At the time of the survey, there was no evidence the GHIID followed up with the dentist between the aforementioned dates to obtain the status of recommended deep conscious sedation required to perform Resident #2's needed fillings.	I 401		
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