DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	**5051 LEE STREET NE, WASHINGTON, District of Columbia, 20019**

(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
I0000	Initial Comments A licensure survey was conducted at this facility from 04/13/2026 through 04/15/2026. A sample of two persons was selected from a census of four. The findings of the survey were based on observations, interviews, and the review of client and administrative records.	I0000	Please start typing your responses here:	
I7140	POLICIES AND PROCEDURES CFR(s): 3508.4 3508.4 The CRFPID shall ensure that all staff and contractors are aware of the policies and procedures required by this section and that all policies and procedures are implemented. All employees and contractors shall be kept informed of policy changes that affect the performance of their duties. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to implement its policy and procedures for each person's medication regimen review by a pharmacist for two of the persons in the sample (Persons #1 and #2). Finding included: A review of the facility's policy on Drug Regimen Review indicated that a pharmacist shall conduct quarterly reviews for each client receiving medications. Below are the guidelines for the quarterly reviews: -During the review of the drug regimen and associated factors of each person taking the medication to determine if irregularities exist. The physician shall be advised of any recommended changes with reason(s) and possible	I7140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	**5051 LEE STREET NE, WASHINGTON, District of Columbia, 20019**

(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
I7140	Continued from page 1 alternative drug regimen. -The pharmacist shall document the person's medical record and the date of said review, and if appropriate, an indication of recommendation to the physician. -The recommendation(s) to the physician shall be made on an interdisciplinary progress note. -In evaluation of the total care plan and when doing the drug regimen review, the Registered Nurse (RN) may choose to consult with the physician. 1. Observations on 04/13/2026 at 7:02 PM, showed that Person #1 received Acetaminophen 1000 mg, Diphenhydramine 25 mg, Hydroxyzine 75 mg, Haloperidol 6 mg and Flonase. At 8:00 PM, a review of Person #1's physician order sheets (POS) dated 04/01/2026 confirmed that the person was prescribed these medications. During an interview on 04/13/2026 at 8:20 PM, LPN #2 when asked about Person #1's response to medications, stated that the person's responses to medications were being monitored by the direct support professionals (DSPs) and the licensed nursing staff, including the pharmacist. 2. On 04/13/2026 at 6:30 PM, a review of Person #2's POS dated 04/01/2026 during the evening medication pass observation showed that LPN #2 administered the person's medications which included Tamsulosin, Cranberry capsule, Docusate Sodium, Mirtazapine, Metoprolol, Montelukast, Formoterol Fumarate and Carboxymethyl solution. When asked during an interview on 04/13/2026 at 8:20 PM, about the monitoring of Person #2's response to medications, LPN #2 stated that the person's responses to medications were monitored by the direct support professionals (DSPs) and the licensed nursing staff, including the pharmacist. On 04/15/2026 beginning at 1:15 PM, the review of Persons #1 and #2's records showed pharmacy drug regimen review forms dated 03/01/2025 and 12/08/2025. There were no other pharmacy reviews	I7140		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	**5051 LEE STREET NE, WASHINGTON, District of Columbia, 20019**

(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
I7140	Continued from page 2 noted after 12/08/2025 for either client. During an interview on 04/15/2026 at 1:30 PM, the RN acknowledged that the pharmacist last reviewed the person's medication regimens on 12/08/2025 and that the required quarterly reviews had not been completed for Persons #1 and #2 during 2026.	I7140		
I9000	HABILITATION AND TRAINING CFR(s): 3520.10 3520.10 The CRFPID shall develop an IPP for each person to implement the ISP. All training shall be implemented as prescribed by the ISP. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to implement each person's Individual Program Plan (IPP) as written for one of the two persons in the sample (Person #2). Findings included: On 04/13/2026 at 3:00 PM, a review of Person #2's IPP dated 11/04/2025 revealed an objective that listed, " will wipe off the table after he has completed his meal three times a week with verbal support for 12 consecutive months." Observation at 7:00 PM on 04/13/2026, showed that Person #2 after finishing his dinner got up from the dining table and walked toward his bedroom. DSP #3 who was present did not prompt or encourage the person to wipe the dining room table as required by the IPP but instead wiped the dining room table where Person #2 had eaten. On 04/14/2026 at 11:00 AM, during an interview, the Qualified Intellectual Disabilities Professional confirmed that the DSP's are expected to encourage and prompt Person #2 to wipe the wiping the dining table after his meals, consistent with the written IPP objective.	I9000		
I9150	MEDICATIONS CFR(s): 3521.5 3521.5 All drugs shall be administered in accordance	I9150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	**5051 LEE STREET NE, WASHINGTON, District of Columbia, 20019**

(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
I9150	Continued from page 3 with physician orders. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that medications were administered in accordance with the physician's orders (POS) for the two persons in the sample (Persons #1 and #2). Findings included: 1. The review of Person 3's POS dated 03/01/2026 – 05/31/2026 revealed that the client was prescribed, "Earwax Removal drop 6.5 %, five drops to the left ear at bedtime, three times per week (Monday, Wednesday and Fridays). Observations on 04/13/2026 at 6:28 PM, during the evening medication administration pass, showed that the Licensed Practical Nurse (LPN) #2 instilled Earwax Removal drop 6.5 %, five drops into Person #2's right ear, and then signed it off on the Medication administration record. When asked during an interview on 04/13/2026 at 7:02 PM, about the medication administration to the right ear, LPN #2 indicated the drops were given in the right ear because the person "had an ear infection" and that the POS was "incorrect." When asked who is responsible for correcting an incorrect order, LPN #2 stated, "the Registered Nurse (RN)." 2. The review of Person #1's POS dated 03/01/2026 through 05/31/2026, revealed that the person was prescribed, "Prune juice, eight ounces, three times per week to prevent constipation." Observations on 04/13/2026 at 7:02 PM, during the evening medication pass, showed that LPN #2 put five prunes in a cup, and gave them to the person to eat, which the person did. When asked during an interview at 7:30 PM, why the person was given the prunes to eat, LPN #2 indicated that Person #1 does not like prune juice and will "NOT" drink it. The facility's LPN Coordinator during an interview, on 04/14/2026 at 1:30 PM revealed that since Person #1 refuses prune juice, the RN, LPN Coordinator and the guardian decided that the	I9150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	**5051 LEE STREET NE, WASHINGTON, District of Columbia, 20019**

(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
I9150	Continued from page 4 person would get five prunes instead of the liquid prune juice. When asked if the primary care physician wrote an order for the five prunes the LPN Coordinator replied, "No, but that three to five prunes are equivalent to eight ounces of prune juice."	I9150		
I9170	MEDICATIONS CFR(s): 3521.7 3521.7 A pharmacist, physician, or advanced practice registered nurse shall review each person's complete drug regimen whenever the drug regimen is changed, to ensure that the person is being provided medication as prescribed. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that each person's medication regimen was reviewed by a pharmacist as required at least quarterly, for the two persons in the sample (Persons #1 and #2). Finding included: A review of the facility's policy on Drug Regimen Review indicated that a pharmacist shall conduct quarterly reviews for each client receiving medications. Below are the guidelines for the reviews quarterly reviews: -During the review of the drug regimen and associated factors of each person taking the medication to determine if irregularities exist. The physician shall be advised of any recommended changes with reason(s) and possible alternative drug regimen. -The pharmacist shall document the person's medical record and the date of said review, and if appropriate, an indication of recommendation to the physician. -The recommendation(s) to the physician shall be made on an interdisciplinary progress note.	I9170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	**5051 LEE STREET NE, WASHINGTON, District of Columbia, 20019**

(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
I9170	Continued from page 5 -In evaluation of the total care plan and when doing the drug regimen review, the Registered Nurse (RN) may choose to consult with the physician. 1. Observations on 04/13/2026 at 7:02 PM, showed that Person #1 received Acetaminophen 1000 mg, Diphenhydramine 25 mg, Hydroxyzine 75 mg, Haloperidol 6 mg and Flonase. At 8:00 PM, a review of Person #1's physician order sheets (POS) dated 04/01/2026 confirmed that the client was prescribed these medications. During an interview on 04/13/2026 at 8:20 PM, LPN #2 when asked about Person #1's response to medications, stated that the person's responses to medications were being monitored by the direct support professionals (DSPs) and the licensed nursing staff, including the pharmacist. 2. On 04/13/2026 at 6:30 PM, a review of Person #2's POS dated 04/01/2026 during the evening medication pass observation showed that LPN #2 administered the person's medications which included Tamsulosin, Cranberry capsule, Docusate Sodium, Mirtazapine, Metoprolol, Montelukast, Formoterol Fumarate and Carboxymethyl solution. When asked during an interview on 04/13/2026 at 8:20 PM, about the monitoring of Person #2's response to medications, LPN #2 stated that the person's responses to medications were monitored by the direct support professionals (DSPs) and the licensed nursing staff, including the pharmacist. On 04/15/2026 beginning at 1:15 PM, the review of Persons #1 and #2's records showed pharmacy drug regimen review forms dated 03/01/2025 and 12/08/2025. There was no other pharmacy reviews noted after 12/08/2025 for either client. During an interview on 04/15/2026 at 1:30 PM, the Registered Nurse acknowledged that the pharmacist last reviewed the clients' medication regimens on 12/08/2025 and acknowledged that required quarterly reviews had not been completed for Persons #1 and #2 during 2026.	I9170		