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

RECEIVED 8/21/07

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FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 09G145 | A. BUILDING _____ B. WING _____ | 07/13/2007 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MARJUL HOMES | 4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012 |

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| W 000 | INITIAL COMMENTS<br><br>This recertification survey was conducted from July 12 through July 13, 2007. The survey was initiated using the fundamental survey process; however, due to deficient practices in the area of active treatment, the extended surveying process was implemented. As a result of continuing concerns identified in the condition of active treatment, the state agency determined that the full surveying process was warranted.<br><br>A random sample of three clients was selected from a residential population of six males. One client in the sample had a diagnosis of profound mental retardation, one had mild mental retardation, and the third client was diagnosed with severe mental retardation. These three clients were prescribed psychotropic medications. The clients in this facility had limited to no skills in verbal communications.<br><br>The findings of this survey were based on observations at the residence and day program,staff interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports and policies.<br><br>As a result of the survey findings it was determined that the facility was not in compliance with requirements in the Conditions of Participation under Active Treatment, Facility Staffing, and Governing Body. | W 000 | | |
| W 100 | 440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS<br><br>"Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care | W100<br><br>W 100 | The governing body and management of MarJul Homes has implemented more controls to ensure a more rigorous monitoring of the provision of continuous learning opportunities as follows:<br><br>1) Case Review—1st & 3RD Tuesday of each month<br>2) QA Consultant<br>a) record review<br>b) monthly analysis of active treatment<br>See attachments #1 and #2 | 8-22-07 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 8.20.07

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 100 | Continued From page 1<br>facilities for persons with mental retardation) or persons with related conditions if:<br>(1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions;<br>(2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and<br>(3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews, and record review, the facility failed to meet the Condition of Participation in Active Treatment.<br><br>The findings include:<br><br>The facility failed to ensure that client (s) were provided continuous learning opportunities to enhance and/or maintain their present skills.<br>[Refer to W249 and W196] | W 100 | | |
| W 102 | 483.410 GOVERNING BODY AND MANAGEMENT<br><br>The facility must ensure that specific governing body and management requirements are met.<br><br>This CONDITION is not met as evidenced by:<br>The facility's governing body failed to maintain general operating direction over the facility to ensure the provision of active treatment and facility staffing [ See W104]. | W 102 | The governing body will provide, monitor, and revise, as necessary, policies and operating directions which will ensure the necessary staffing, training resources, equipment and environment to provide individuals with active treatment and to provide for their health and safety. This will be accomplished by:<br>1) Revising the program director job description. See attachment #1<br>2) Following the recommendations and working cooperatively with the internal quality assurance consultant. See attachment #2. | 8/22/07 |

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| W 102 | Continued From page 2<br><br>The results of these systemic practices revealed the facility's Governing Body failed to adequately govern the facility in a manner that would ensure active treatment needs and services. [See W195 and W158] | W 102 | | |
| W 104 | 483.410(a)(1) GOVERNING BODY<br><br>The governing body must exercise general policy, budget, and operating direction over the facility.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, staff interviews, and record reviews the governing body failed to ensure that the facility exercised general policy, budget, and operating direction over the facility.<br><br>The findings include:<br><br>1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100 mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1 was also prescribed morning medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Court documents reflected that as of December 4, 2000, client #1 was provided an advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, or treatments. The Assistant Program Director/"Partial Acting Qualified Mental Retardation Professional" was unable to make reference to the Advocate being | W 104<br><br>W 104<br><br>W 104 | 1. The governing body, with the Program Director in conjunction with the Quality Assurance Consultant will ensure that all the individuals parents/guardians/advocates are informed of all medications and their side effects, and that they have given consents for all treatments. See attachment #3<br><br>2. The governing body and management has revised the incident management policy to further clarify that the Chief Executive Officer (Administrator)/Program Director or designee will be contacted and informed of all incidents See attachment #4<br><br>3. See W104 #1 | 9/5/07<br><br>8/14/07 |

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| W 104 | Continued From page 3<br>informed.<br><br>2. The facility's incident management policy reviewed at 11:16 AM on July 12, 2007, failed to identify the facility's Administrator and when incident should be reported to the Administrator as referenced to in the federal regulation (W153). The policy stated that for "serious reportables the supervisor (immediate)" was to be inform and this person was responsible for the investigations". The policy did not reflect that each of these immediate supervisors were considered the Administrator(s).<br><br>3. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The governing body failed to ensure that the establish policy regarding psychotropic medications had been implemented to ensure the protection of client #3.<br><br>4. The governing body failed to ensure that a competent and qualified Qualified Mental Retardation Professional monitored the progress of clients in the facility. The last QMRP monitoring note for client #2 was in February 2007. The Assistant Program Director stated during interview on July 12, 2007 at 10:20 AM that two persons including herself acted as QMRP for the facility. Staff interviewed at 6:10 PM on July 13, 2007 was unsure who acted as QMRP for the facility. | W 104 | 4. The governing body and management have identified a qualified and competent QMRP who will be monitored and supported by the Program Director and Quality assurance Consultant. See attachment # 5. | 7-29-07 |

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| W 104 | Continued From page 4<br><br>5. The governing body failed to ensure that the clients #1, #2, #3 received active treatment in a consistent and persistent manner as described in W249 and W196.<br><br>6. The governing body failed to ensure that the policies were implemented to ensure the protection of clients rights. [Refer to W264] | W 104 | 5. 1. See W158, W159, W196 #1<br><br>6. See W264 | |
| W 124 | 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS<br><br>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.<br><br>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been developed to assist clients through legally sanctioned advocacy to ensure the protection of their rights due to their behavioral status, risk of treatment, and desire to refuse treatment for three of three clients in the sample.<br><br>The findings include:<br><br>1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 was administered Risperdal 3 mg, Naltrexone 100 mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1 | W 124 | 1. See W104 #1 | |

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| W 124 | Continued From page 5<br>was also prescribed morning medications Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Legal records from the courts reflected that as of December 4, 2000, client #1 was provided an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, or treatments. The Coordinator/"Partial Acting Qualified Mental Retardation Professional" was unable to make reference to the Advocate being informed.<br><br>2. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. " There was no evidence that the side effects had been explained to the mother signing the consent. The facility failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy. | W 124<br>W 124<br>W 124 | 2. The governing body, with the Program Director in conjunction with the Quality Assurance Consultant will ensure that all the individuals parents/guardians/advocates are informed of all medications and their side effects, and that they have given consents for all treatments. Additionally the RN will make a follow up call to the parents/guardians/advocates to ensure that all their questions and concerns have been thoroughly answered. | 9/5/07 |
| W 148 | 483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &<br><br>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.<br><br>This STANDARD is not met as evidenced by:<br>Based on interview and record review, the facility failed to provide documented evidence that | W 148 | | |

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| W 148 | Continued From page 6<br>notification was provided to legally sanctioned advocates of any significant incidents, or changes in the client's condition.<br><br>The findings include:<br><br>1. Court records reflected that as of December 4, 2000, client #1 was assigned an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, injuries, or treatments. There was no evidence that the advocate ws notified of the following incidents, reviewed by the surveyor on July 12, 2007 at 9:30 AM: (1) 2/24/07-client #1 cut his head jumping and was seen at the emergency room; and (2) 4/14/07-during a behavioral episode, client #1 "banged his head" and the client was taken by the police to the psychiatric assessment program for further evaluation, 4/18/07-client #1 bent his finger back and staff had to restrain him for two minutes.<br><br>The Assistant Program Director/"Partial Acting Qualified Mental Retardation Professional" was unable to make reference to the Advocate being informed.<br><br>2. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the client's mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects". There was no evidence that the side effects had been explained to the mother signing the consent. | W 148 | | |
| | | W 148 | 1. The QMRP will ensure that the individual's parents/guardians/advocates are notified of medications, consents, injuries or treatments and this procedure will be monitored by the Program Director and the Quality Assurance Consultant. | 9/5/07 |
| | | W 148 | 2. Following all signing of consent forms by the individual's parents/guardians/advocates the facility RN will make a follow-up call to ensure that all their questions and concerns have been thoroughly answered. | 9/5/07 |
| W 158 | 483.430 FACILITY STAFFING | W 158 | | |

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| W 158 | Continued From page 7<br>The facility must ensure that specific facility staffing requirements are met.<br><br>This CONDITION is not met as evidenced by:<br>Based on observations, staff interviews, and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP) [See W159]; and failed to ensure staff were adequately trained on appropriately implementing iactive treatment program and behavior interventions [See W189 and W191].<br><br>The effects of these systemic practices results in the facility's failure to provide adequate staffing to ensure active treatment supports. | W 158 | The governing body and management of MarJul Homes has implemented more controls to ensure a more rigorous monitoring of the provision of continuous learning opportunities as follows:<br>1) Case Review—1st & 3RD Tuesday of each month<br>2) QA Consultant<br>a) record review<br>b) monthly analysis of active treatment<br>Additionally, staff will receive continuous training of all IPP's on shift and will be monitored by the QMRP with oversight by the QA consultant. See attachment # 17 | 8/21/07 |
| W 159 | 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL<br><br>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews with clients, staff, and the Qualified Mental Retardation Professional (QMRP), the QMRP failed to ensure that client's active treatment program to include interventions were established, integrated, coordinated and monitored; failed to ensure the protection of clients' rights for three of three clients in the sample.<br><br>The findings include:<br><br>1. The QMRP failed to ensure that clients | W 159<br><br>W159<br>continuous | 1. All IPP's will be under continuous review by the QMRP and revised as needed.<br>Additionally at the Case Review held on the 1st & 3RD Tuesday of each month all IPP's will be reviewed. | 8/21/07 |

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| W 159 | Continued From page 8<br>received continuous active treatment services. [Refer to W196, W249]<br><br>2. The QMRP failed to ensure that clients' objective criterions, that had not been attained, had been considered for revision to increase the success for the clients.[Refer to W257] | W 159 | 2. See W159 #1 | |
| W 189 | 483.430(e)(1) STAFF TRAINING PROGRAM<br><br>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of the training record, the facility failed to provide documented evidence of staff training to ensure competency in performing their job duties.<br><br>The finding includes:<br><br>During the dinner meal on July 12, 2007 between 6:00 PM and 6:05 PM, client #1 repeatedly hit himself (more than seven times) with both fists near the side and temple areas of his head. According to the Behavioral Support Plan (BSP), when the client," ... refuses to calm down and or discuss his problem and begins to injure himself despite staff directives to cease; staff should use least to most restrictive physical control techniques of behavioral principles and strategies." The BSP further reflected that the program nurse should be notified after all occurrences of self injurious behaviors. During the behavior episodes, the staff was observed to occasionally (seven hits to three directives) direct client #1 to disengage in the behavior. | W 189 | The Psychologist has trained the QMRP to train and ensure that staff are correctly implementing the individuals BSP. Additionally, the psychologist will train all staff twice per year on all BSP's. See attachment # 8 | 8/15/07 |

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| W 189 | Continued From page 9<br><br>Although a LPN was observed at the facility during the behavior episode, the nurse did not examine the client after the incident. Review of the training records failed to reflect that staff including the LPN, had been trained on the implementation and documentation of the client behavior management. Review of the behavior data collection on the following day (July 13, 2007 at 10:30 AM) failed to reflect the incident/behavior. | W 189 | | |
| W 191 | 483.430(e)(2) STAFF TRAINING PROGRAM<br><br>View in-service training as a dynamic growth process. It is predicated on the view that all levels of staff can share competencies which enable the individual to benefit from the consistent, wide-spread application of the interventions required by the individual's particular needs.<br><br>In the final analysis, the adequacy of the in-service training program is measured in the demonstrated competencies of all levels of staff relevant to the individual's unique needs as well as in terms of the "affective" characteristics of the caregivers and the personal quality of their relationships with the individuals. Observe the staff's knowledge by observing the outcomes of good transdisciplinary staff development (i.e., in the principles of active treatment) in such recommended competencies as:<br><br>· Respect, dignity, and positive regard for individuals (e.g., how staff refers to individuals, refer to W150);<br><br>Use of behavioral principles in training interactions between staff and individuals; | W 191 | W 191 See W189 | |

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| W 191 | Continued From page 10<br><br>· Use of developmental programming principles and techniques, e.g., functional training techniques, task analysis, and effective data keeping procedures;<br><br>· Use of accurate procedures regarding abuse detection and prevention, restraints, medications, individual safety, emergencies, etc.;<br><br>· Use of adaptive mobility and augmentative communication devices and systems to help individuals achieve independence in basic self-help skills; and<br><br>· Use of positive behavior intervention programming.<br><br>§483.430(e)(2) Probes<br><br>Does the staff training program reflect the basic needs of the individuals served within the program?<br><br>Does observation of staff interactions with individuals reveal that staff know how to alter their own behaviors to match needs and learning style of individuals served? | W 191 | | |
| | For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and record review, the facility failed to effectively trained direct care staff on client #1's behavior strategies. | | | |

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| W 191 | Continued From page 11<br><br>The finding includes:<br><br>During the dinner meal on July 12, 2007 at approximately 6:00 PM, between 6:00 PM and 6:05 PM, client #1 repeatedly hit himself (more than seven times) with both fists near the side and temple areas of his head. According to the Behavioral Support Plan (BSP), when the client ". . . refuses to calm down and or discuss his problem and begins to injure himself despite staff directives to cease; staff should use least to most restrictive physical control techniques of behavioral principles and strategies." The BSP further reflected that the program nurse should be notified after all occurrences of self injurious behaviors. During the behavior episodes, the staff was observed to occasionally (seven hits to three directives) direct client #1 to disengage in the behavior. . | W 191 | | |
| W 195 | 483.440 ACTIVE TREATMENT SERVICES<br><br>The facility must ensure that specific active treatment services requirements are met.<br><br>This CONDITION is not met as evidenced by:<br>Based on observations, interviews, and record review, the facility failed to provide clients' with continuous active treatment [Refer to W196 and 249]; failed to revise programs/objectives as needed [Refer to W257]; and failed to ensure that the policies of the facility were implemented to ensure the protection of clients rights [Refer to W264].<br><br>The cumulative effect of these systemic practices results in the failure of the facility to | W 195 | | |

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| W 195 | Continued From page 12<br>deliver statutorily mandated active treatment to its clients. | W 195 | See W196, W249, W257, W264 | |
| W 196 | 483.440(a)(1) ACTIVE TREATMENT<br><br>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:<br>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and<br>(ii) The prevention or deceleration of regression or loss of current optimal functional status.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, staff interviews and record review, the facility failed to ensure that clients #1 and #2 were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs).<br><br>The findings include:<br><br>1. Client #1's IPP was reviewed on July 13, 2007 at approximately 7:25 PM. The documentation of program data was also reviewed. It was revealed through this review that client #1 had a program to use public transportation once bi-weekly independently upon request. The documentation reflected that client #1 used the public transportation on January 6, 2007, March 31, 2007, and September 30, 2006. There was no data for April, June, and July 2007. For May 2007, the data reflected that client #1 had engaged in the objective once for the month. | W 196 | 1. Management has implemented monthly staff meetings to ensure continuous staff training of all IPP's. Additionally the QMRP will conduct a weekly record review of all IPP's and will write a corresponding weekly note to ensure proper analysis of the individuals progress. Furthermore, The home supervisor will perform a daily review to ensure data is being documented. | 8/21/07 |

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| W 196 | Continued From page 13<br><br>2. The facility failed to provide consistent opportunities to use recommended methods of communications.<br><br>a. Client #2 was observed not using verbal communications, signs, or any communicative devices during the survey on July 12, 13, and 16 2007. Client #2's speech assessment dated two years ago (January 26, 2005) was conducted by the Speech Pathologist at the client's day program. This professional identified that client #2 had the following strengths: "following situational and commonly used social commands, making some needs known through the production of a few American sign language signs, and identifying and labelling a few pictures." The recommendations included: increase skills in sign language, labeling items, and following directions. It was also recommended that speech services in the residential setting be similar to the services provided at the day program.<br><br>At the day program, clients participated in a daily sign language class and instructors were observed using "simple" signs (eat, drink, toilet, slow down,) to communicate. According to the day program instructor and the provided documentation, client #2 achieved signing bathroom , sit, wash/dry hands at the criterion of verbal/gestural prompting. No signing was implemented at the facility. Staff interviewed on July 13, 2007 at 6:15 PM stated that the facility had a book of signs and that client #1 helps the staff with signing.<br><br>Staff interview on July 12, 2007 at 11:40 AM revealed that client #2 knows some signs and that staff can request client #1 to assist them. The | W 196 | W 196<br><br>2a. The Home supervisor will conduct a monthly in service for all staff to teach them basic sign language and to encourage interaction between individuals and enhance their communication skills. See attachment # 9 | 8/28/07 |

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| W 196 | Continued From page 14<br>staff stated that client #2 had a picture book of items and a communication device. Neither the picture book nor the communication device were observed being used by the client during the survey.<br><br>b. A staff, who was interview on July 13, 2007 at 6:15 PM, indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client did not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP did include an objective for the client to use his communicative device to name two different items at any given time with total guidance.<br><br>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 utilized some signs with verbal prompts.<br><br>It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.<br><br>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The | W 196 | 2b. The QMRP will perform regular day program observations at least once monthly to encourage communication between the individuals' day program and their residence. See attachment # 10 | 8/31/07 |

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| W 196 | Continued From page 15<br>device had been out for repairs and arrive back to the facility until July 12, 2007 at approximately 2:00 PM.<br><br>3. According to Client #3's individual program plan dated March 29, 2007, the client had an objective that read "will travel to and from his pre-vocational site each Friday using public transportation with verbal prompts.<br>The documentation reviewed on July 13, 2007 at 5:45 PM from March 2007 to July 2007, with the exception of one trial in May 2007, the staff did not provide the client the opportunity to participate in her travel training program. | W 196 | 3. See W196 #1 | |
| W 209 | 483.440(c)(2) INDIVIDUAL PROGRAM PLAN<br><br>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.<br><br>This STANDARD is not met as evidenced by:<br>Based on interview and review of meeting attendance records the facility failed to ensure that participation of the client's legally sanctioned advocate had been informed of Individual Support Plan (ISP) meetings.<br><br>The finding includes:<br><br>Courts records reflected that as of December 4, 2000, client #1 was assigned an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, injuries, or treatments. There was no evidence that client #1's legal Advocate had been informed of the following individual support plan meetings, review | W 209 | The QMRP will ensure that all parents/guardians/advocates are informed of medications, consents, injuries, and treatments. The QMRP will address a letter to each individual's circle of support to inform them of the individuals ISP and quarterly meetings, and all psychotropic medication reviews. The Program Director and the QA Consultant will oversee this operation to ensure that these letters have been sent. See attachment # 11. | 8/07/07 |

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| W 209 | Continued From page 16<br>meetings, or psychotropic review meetings.<br><br>The Coordinator/"Partial Acting Qualified Mental Retardation Professional" did not provide information on the advocate's involvement/participation in client's habilitation. Further, the QMRP was unable to identify the facility's system on notifying legally sanctioned Advocates. | W 209 | | |
| W 214 | 483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN<br><br>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview, and review of medical records, the facility failed to ensure that comprehensive functional assessments were conducted for one of three clients in the sample.<br><br>The findings include:<br><br>1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1 was also prescribed morning medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Although the record identified that monthly reviews were conducted by the facility's Psychiatrist, there was no evidence that client # 1 had been provided a psychiatric assessment to determine the clinical diagnoses to support the use of the prescribed psychotropic | W 214 | 1. The program director has coordinated with the Psychiatrist a schedule by which all psychiatric evaluations will be completed, these assessments will be done annually on the individuals ISP date. See attachment # 12. | 8/23/07 |
| | | W 214 | 2. The QMRP trained at the staff meeting on the importance of offering individual's choices and encouraging the individuals to identify their preferences. See attachment # 13. Additionally the Home Supervisor will conduct an in service to further educate the staff on how to effectively honor individuals' choices and encourage the individuals to identify their preferences. See attachment # 14. | 8/15/07 |

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| W 214 | Continued From page 17<br>medications.<br><br>2. The review of client #1's individual program plans on July 13, 2007 at 7:25 PM revealed that the client had a program to prepare his budget. The client's quarterly review dated February 8, 2007 was reviewed on July 12, 2007 at 5:10 PM. This review reflected that the client's status of the program was "poor" and was to be revised. There was no further assessment provided and the client's record did not include a comprehensive money management/financial assessment. | W 214 | | |
| W 247 | 483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN<br><br>The individual program plan must include opportunities for client choice and self-management.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, the facility failed to ensure that clients (#1, #2, and #3) were provided the opportunities for making choices as part of their self-management.<br><br>The findings include:<br><br>1. During observation at the facility conducted on July 12, 2007, clients #1, #2, #3 were not encouraged to identify their preferences or to communicate their choices.<br><br>a. Clients arrived at the facility at approximately 3:45 PM and were given snack. Although the clients accepted and ate the snacks provided, there were no choices presented to encourage the clients to identify their preferences.<br><br>b. On July 12, 2007 clients were observed in the | W 247 | W 247<br>1. See W214 #2<br>1b. See W214 #2<br>2. See W214 #2 | |

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| W 247 | Continued From page 18<br>TV room, The staff did not encourage the clients to select a TV show.<br><br>2. According to client #2's individual program plan (IPP), reviewed on July 13, 2007 at 12:35 PM, the client had an objective to exercise for 30 minutes (activity of his choice) with verbal prompting. On July 12, 2007, the staff directed the client to ride his bicycle, which he rode for 10 minutes. The client was not provided choices of activities. | W 247 | | |
| W 249 | 483.440(d)(1) PROGRAM IMPLEMENTATION<br><br>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, staff interviews and record review, the facility failed to ensure that clients were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs).<br><br>The findings include:<br><br>1. The facility failed to ensure that programs attained by the client [#2] had been revised to challenge and to provide continuous opportunities for learning. [Refer to W255]<br><br>2. The facility failed to ensure continuous active | W 249 | 1. See W158, W159, W196 #1<br><br>2. See W158, W159 | |

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| W 249 | Continued From page 19<br>treatment by not revision programs after clients failed to progress. [Refer to W257]<br><br>3. The facility failed to consistently provide opportunities for client #2 to be engaged. Out of the four hours of observation, client #2 was engaged for approximately one hour and fifteen minutes.<br><br>3:00 PM - client arrive at the facility from day program. The client stood in the TV area until he was told to sit.<br><br>4:17 PM - client was offered to watch TV or to look at a book. The client was not observed to make a choice; however, the TV was left on.<br><br>4:35 PM- client sitting and looking towards the TV<br><br>4:40 PM- client on exercise bike for six (6) minutes (had an objective for 30 minutes of exercises).<br><br>5:25 PM- client sitting and looking towards the TV<br><br>5:50 PM- client directed to wash his hands and model assistance was provided to soap his hands for 1 minutes.<br><br>6:00 PM- dinner was served and the client ate independently. The client, with verbal prompting, left the table and independently rinsed his dishes.<br><br>6:35 PM- staff placed on the table a matching game and bingo. Client was given the bingo card and chips. His participation was with verbal prompting, gestural prompting and physical assistance. Client #2 did not keep attention to this table game. | W 249 | 3. The QMRP will train all staff on how to actively engage each individuals as a part of active treatment. The training will take the form of an in service entitled Continuous Active Treatment. See attachment # 18. | 8/24/07 |

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| W 249 | Continued From page 20<br><br>7:00- client #2 participated in the administration of his medications.<br><br>7:55- after the medication pass, client #2 was not offered or encouraged to participate in any activity.<br><br>According to client #2's behavioral support plan (BSP) that was reviewed on July 13, 2007 at 12:35 PM, the client "should be engaged in a variety of daily living skills and recreational/leisure activities to alleviate boredom and increase his self esteem by involving him in activities that he is able to successfully do." There were no persistent or consistent aggressive opportunities to maintain engagement for client #2 during this observation.<br><br>4. According to client #2's IPP reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will use his communications device to name two different items at any given time with total guidance. In spite of the opportunities, this device was not made available and the objective was not implemented on July 12 or 13, 2007.<br><br>5. According to client #2's IPP, reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will exercise for 30 minutes doing an activity of his choice that elevates his heart rate with verbal prompting." During observation on July 12, 2007, client #2 use the exercise bicycle, however, for only five minutes. Staff interview conducted on July 12, 2007 at 11:40 AM revealed that the client will participate for 15 to 20 minutes; however, during this observation the client was not encouraged to meet the criterion of the objective. | W 249 | 4. See W158, W159, W196 #1<br>5. See W158, W159, W196 #1 | |

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| W 249 | Continued From page 21<br>6. An objective to have client #2 "respond to others by making eye contact for five seconds independently upon request" was included in Client #2's IPP. The instructions read "the trainer should engage client in a conversation with themselves or another preter while encouraging him to make eye contact with the person he is conversing with". Although there were various opportunities to implement this objective, it was not implemented during the observation on July 12, 2007 from 3:00 PM to 7:30 PM.<br><br>7. According to client #3's IPP dated March 29, 2007 that was reviewed on July 13, 2007 at 4:50 PM , the client had a program to assist in preparing a meal according to his dietary needs with close staff supervision once weekly. April, May, and June's data reflected that the client performed primarily at the verbal prompt level. During three days of observation, client #3 did not assist with cooking meals. Staff were observed in the kitchen preparing meals without any clients' participation. | W 249 | 6. See W158, W159, W196 #1<br>7. See W158, W159, W196 #1 | |
| W 257 | 483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE<br><br>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.<br><br>This STANDARD is not met as evidenced by:<br>Based on interview with the direct care staff at the facility and review of client's individual program plan (IPP),documentation of progress, and review of the Qualified Mental Retardation Professional | W 257 | | |

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| W 257 | Continued From page 22<br>(QMRP) notes, the facility failed to ensure that objective criterions that had not been attained by clients [#3] had been considered for revision to increase the success for the clients.<br><br>The finding includes:<br><br>1. According to client #3's IPP, he had an objective that read "Will receive correct change after a transaction of less than $1.00 independently with supervision twice a week for 3 consecutive months. The clients individual support plan meeting was held March 29, 2007. Review of the program data on July 13, 2007 at 4:50 PM revealed that client #3 performed 75% to 100% of the time with verbal prompting and 25% independently.<br><br>2. Client #3's IPP reflected an objective to "write his home address with the help of a cure card with one verbal prompt twice a week for 3 consecutive months. The program data reviewed on July 13, 2007 at 4:50 PM revealed that the client performed below criterion from March 2007 to June 2007 at the total guidance level. During program observation on July 12, 2007, the Client required verbal and model assistance to perform the program. | W 257 | 1. See W158, W159, W196 #1<br>2. See W158, W159, W196 #1 | |
| W 264 | 483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE<br><br>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. | W 264 | | |

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| W 264 | Continued From page 23<br><br>This STANDARD is not met as evidenced by:<br>Based on facility policy, review of consents, and human rights meeting minutes, the facility failed to ensure that the policies of the facility were implemented to ensure the protection of clients rights.<br><br>The findings include:<br><br>1. According to facility policy that was reviewed on July 13, 2007 at 3:45 PM, "informed consent by the person and/or guardian for administration of the medication shall be obtained and documented on a form that lists justification for the use of the medication". . . The major potential side effects shall be listed on the consent form in non technical terms."<br><br>Review of client #2's medical record conducted on July 12, 2007 at 12:55 PM, revealed a signed consent form for medications. Staff indicated that the client's mother signed the consent. The form reflected "see attachments". There was no attachments and the document did not identify the medications. The Human Rights Committee failed to ensure that the person signing the medication consent was aware of the the clients' condition, medication, side effects, and rights as requireded by the facility's policy.<br><br>2. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive | W 264 | The human rights committee will ensure that the person signing the medication/ BSP consent is aware of the individual's condition, medication, side effects and rights. The drug side effects report from the pharmacy will be attached to the consent along with the BSP. And the person signing the consent form will be able ask questions to the psychologist and the LPN who are members of the committee and will be present at the meeting. | 8/23/07 |

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| W 264 | Continued From page 24<br>information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The Human Rights Committee failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy. | W 264 | | |
| W 289 | 483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR<br><br>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of clients behavioral support plans, the the facility failed to ensure that the use of behavioral control medications had been approved by the Interdisciplinary Team and incorporated in the clients (#1, #2, and #3) ISPs.<br><br>The findings include:<br><br>1. On July 12, 2007 beginning at 7:00 PM, psychotropic medications were administered to Clients #1 (Risperdal 3 mg, Naltrexone 100mg, and Lithium 600 mg), Client #2 (Clonazepam 0.5 mg and Risperdal 2 mg) and Client #3 (Dilantin 100 mg, Clonidine HCL 2 mg, Risperdal 0.5 mg and Paxil 30 mg). Review of the clients behavioral support plans (BSPs) revealed that these medications were not included as part of the plan. | W 289 | 1. The psychologist will revise the BSP to incorporate all psychotropic medications. The BSP will be incorporated into the ISP which is approved by the individuals IDT. | 8/23/07 |

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| W 289 | Continued From page 25<br>2. It could not be determined that the use of sedatives to address behaviors during medical appointments for client #4 had been reviewed by the Interdisciplinary Team and incorporated in the client's individual support plan (ISP).<br><br>According to client #4's March 2007 physician's orders, Ativan had been discontinued as of February 19, 2007. The orders however reflected that the Ativan 3 mg was prescribed to sedate the client prior to an Audiology in January 2007. The MAR was signed as having been administered.<br><br>It should be mentioned that the review of medical charts for client #4 reflected that the client had been administered Ativan 2 mg on October 10, 2006 for an audiological appointment. The chart revealed however, that the client arrived late to the office and was not seen by the audiologist. | W 289 | 2. The psychologist will revise the BSP to incorporate the use of psychotropic medications. The BSP will be reviewed and approved by the HRC and incorporated into the ISP which is approved by the individuals IDT. | 8/25/07 |
| W 297 | 483.450(d)(1)(iii) PHYSICAL RESTRAINTS<br><br>The facility may employ physical restraint as a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for client protection during the time that a medical condition exists.<br><br>This STANDARD is not met as evidenced by:<br>Based on staff interview and record review, the facility failed to demonstrate that sedation were used only when absolutely necessary for client protection during the time that a medical condition exists for client #2 in the sample.<br><br>The finding includes: | W 297 | The Staff will be trained by the QMRP in conjunction with the psychologist on how to correctly implement and document the desensitization plan which is part of the BSP. | 8/25/07 |

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| W 297 | Continued From page 26<br>According to client #2's physician's order for June 2007 that was reviewed on July 12, 2007 at 2:19 PM, the client was prescribed Ativan 4 mg one hour prior to an ophthalmology appointment on June 11, 2207. Records revealed that the client was prescribed the same dosage for a laboratory visit on June 29, 2007. Nursing notation read at 2:19 PM confirmed that these appointments were attended under sedation. The nursing staff identified that "sedatives were effective". During an interview on July 16, 2007 at 5:20 PM neither the LPN, who also serves as the "shift supervisor", nor the Coordinator/Partial Acting Qualified Mental Retardation Professional could identify/recall the lesser intrusive measures used prior to the use of the sedation. | W 297 | | |
| W 316 | 483.450(e)(4)(ii) DRUG USAGE<br><br>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of psychotropic medication review documents and physician orders, and staff interviews the facility failed to attempt to decrease the psychotropic medications for one of three clients (#2) in the sample.<br><br>The finding includes:<br><br>During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 was administered Clonazepam 0.5 mg and Risperdal 2 mg. The LPN, interviewed on July 12, 2007 at 11:40 AM, indicated that client #2 had not presented any behavioral episodes and she could not recall the last episode. Another staff, interviewed on July 13, 2007 at 6:15 PM, | W 316 | | |

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| W 316 | Continued From page 27<br>indicated that client #2 "has not had too many episodes, very infrequent". The day program staff, interviewed on July 13, 2007 at 10:00 AM, stated he/she could not recall the client displaying his targeted behavior. The behavioral documentation from August 2006 to June 2007, reviewed on July 13, 2007 at 6:20 PM, reflected that client #2 had exhibited four incidents of his targeted behavior of physical aggression.<br><br>The facility's policy on psychotropic medications was reviewed on July 13, 2007 at 3:35 PM. The policy reflected that "for individuals receiving medications for a prolonged period of time, it is often necessary to make a systematic and carefully monitored attempt to reduce and/or discontinue medications in order to know if they are necessary and appropriate."<br><br>There was no evidence that an attempt to decrease the psychotropic medications had been considered or planned for client #2. | W 316 | The QMRP will ensure that the topic of an attempt at decreasing the psychotropic medications will be discussed with the psychologist and the psychiatrist at the next psychotropic medication review on August 23 at 1PM. | 8/23/07 |
| W 322 | 483.460(a)(3) PHYSICIAN SERVICES<br><br>The facility must provide or obtain preventive and general medical care.<br><br>This STANDARD is not met as evidenced by:<br>Based on medical record review, the facility failed to ensure medical preventive and general medical care through timely appointments and follow up for two of three clients in the primary sample.<br><br>The finding includes:<br><br>1. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 | W 322 | 1. The Case Review will ensure that all medical appointments, follow ups, and tests (labs/x-ray's) are completed in the stated time frame by the physician or clinic. | 8/21/07 |

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| W 322 | Continued From page 28<br>administered Clonazepam 0.5 mg and Risperdal 2 mg. The physician's orders (POS) were reviewed on July 12, 2007 at approximately 2:00 PM. The POS identified the need for fasting blood sugar levels, complete metabolic profile (CMP), prolactin levels every six months, and lipid profile every three months. At the time of the survey, there was no documented evidence that these studies had been conducted since July 2006.<br><br>2. According to the nursing assessment dated April 28, 2007, client #3 was seen for a colonoscopy in June 2006 and was required to return in one year. At the time of the survey, client #3 had not returned to have the testing conducted. | W 322 | 2. The Case Review will ensure that all medical appointments, follow ups, and tests (labs/x-ray's) are completed in the stated time frame by the physician or clinic. | 8/21/07 |
| W 331 | 483.460(c) NURSING SERVICES<br><br>The facility must provide clients with nursing services in accordance with their needs.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interviews, and record review, the facility failed to ensure that nursing services were provided in accordance with clients needs for two of three clients in the sample (#2, #3).<br><br>The findings include:<br><br>1. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 administered Clonazepam 0.5 mg and Risperdal 2 mg. The physician's orders (POS) were reviewed on July 12, 2007 at approximately 2:00 PM. The POS identifed the need for fasting blood sugar levels, complete metabolic profile (CMP), | W 331 | 1. See W322<br>2. See W322 | |

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| W 331 | Continued From page 29<br>prolactin levels every six months, and lipid profile every three months. At the time of the survey, there was no documented evidence that these studies had been conducted since July 2006.<br><br>2. According to the review of Client 3's medical records, conducted on July 12, 2007 at 2:26 PM, the client had a biopsy performed in May 2006. The record revealed that the client had polyps, however the results of the biopsy was not apart of the client's records.<br><br>3. According to the nursing assessment dated April 28, 2007, client #3 was seen for a colonoscopy in June 2006 and was required to return in one year. At the time of the survey, client #3 had not returned to have the testing conducted. | W 331 | 3. See W322 | |
| W 338 | 483.460(c)(3)(v) NURSING SERVICES<br><br>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).<br><br>This STANDARD is not met as evidenced by:<br>Based on staff interview and record review, the facility's nursing services failed to ensure timely follow-up on referrals in accordance with the needs of two of the two clients in the sample. (Client #3)<br><br>The findings include:<br><br>According to the review of Client 3's medical records, conducted on July 12, 2007 at 2:26 PM, the client had a biopsy performed in May 2006. | W 338 | See W322 | |

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| W 338 | Continued From page 30<br>The record revealed that the client had polyps, however the results of the biopsy was not apart of the client's records. | W 338 | | |
| W 441 | 483.470(i)(1) EVACUATION DRILLS<br><br>The facility must hold evacuation drills under varied conditions.<br><br>This STANDARD is not met as evidenced by:<br>Based on the review of fire drill records the facility failed to ensure that clients in the facility had been trained and supported to evacuate the facility during general sleep hours.<br><br>The finding includes:<br><br>The facility's fire drill log was reviewed on June 13, 2007 at 5:50 PM. The period of July 2006 to July 2007 was reviewed. There was no evidence that during this period that the facility complied with training and assisting clients during all shifts. There were no documented drills during periods when clients were likely asleep during the night/early morning. | W 441 | The fire drill schedule has been revised and will be implemented by the Home Supervisor and will be checked regularly by the QA Consultant. See Attachment #19. | |

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| I 000 | INITIAL COMMENTS<br><br>This licensure survey was conducted from July 12, 13, and 16, 2007. The survey was initiated using the fundamental survey process; however, it was determined that an extended and later a full survey process should be implemented. A random sample of three clients was selected from a residential population of six males. One client in the sample had diagnoses of profound mental retardation, one with mild mental retardation, and the third client was diagnosed with severe mental retardation. These three clients had been prescribed psychotropic medications. The clients in this facility had limited to no skills in verbal communications.<br><br>The findings of this survey based on observations at the residence and day program,staff interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports and policies. | I 000 | | |
| I 056 | 3502.14 MEAL SERVICE / DINING AREAS<br><br>Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.<br><br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>Staff files were and trainings were reviewed on July 16, 2007 at 5:15 PM. The "Acting Qualified Mental Retardation Professional " stated that the facility was working on getting food service training for staff; however, at the time of the survey, there were no certified food handlers. | I 056 | The Program Director has scheduled a Food Handlers Training for staff which will take place on September 5th, 2007. Once the training has been completed the Office Manager will ensure that all staff keep their Food Handlers Training license current. | 9/5/07 |

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| I 082 | Continued From page 1 | I 082 | | |
| I 082 | 3503.10 BEDROOMS AND BATHROOMS<br><br>Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.<br><br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>During the survey on each day July 12, 13, and 16, paper towels and soap were missing from the bathroom. On July 12, 2007, staff retrieved soap from the kitchen for the surveyor and then placed the soap back in the kitchen. Paper towels were also bought to the surveyor. Staff interview on July 13, 2007 at 6:10 PM revealed that there were clients who would inappropriately use the items. There was no evidence that any client was being trained to appropriately use the soap and paper towels. | I 082 | The home supervisor will ensure that all bathrooms are equipped with the appropriate toiletries and kitchens have soap for hand washing and paper towels. Additionally, all team leaders will be held responsible for making sure that all bathrooms are equipped with the appropriate toiletries and kitchens have soap for hand washing and paper towels for each shift. | 8/15/07 |
| I 090 | 3504.1 HOUSEKEEPING<br><br>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.<br><br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>1. During the environmental inspection conducted on July 13, 2007 at 7:30 PM, it was noticed that the bottom step of the stairwell located on the side of the facility had protruding nails and the step was not secured. | I 090 | 1. The protruding nail has been removed and loose stair has been secured. | 8/2/07 |

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| I 090 | Continued From page 2<br><br>2. On the day of the environmental inspection, there was bulk trash laid in the backyard. The Acting Qualified Mental Retardation Professional stated on July 16, 2007 that preparation to remove the items was being made; however, the items had not been removed during the survey. | I 090 | 2. The facility engaged a private vendor to remove the bulk trash. | 8/2/07 |
| I 135 | 3505.5 FIRE SAFETY<br><br>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.<br><br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>The facility's fire drill log was reviewed on June 13, 2007 at 5:50 PM. The period of July 2006 to July 2007 was reviewed. There was no evidence that during this period that the facility complied with training and assisting clients during all shifts. There were no documented drills during periods when clients were likely asleep during the night/early morning. | I 135 | See W441 | |
| I 160 | 3507.1 POLICIES AND PROCEDURES<br><br>Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member.<br><br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>1. The facility's incident management policy | I 160 | 1. See W104 | |

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| | 09G145 | A. BUILDING _____ B. WING _____ | 07/13/2007 |

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| I 160 | Continued From page 3<br>reviewed at 11:16 AM on July 12, 2007, failed to identify who the Administrator to be notified of all incidents was or when the incident should be reported to the Administrator as referenced to in the federal regulation (W153). The policy stated that for "serious reportables the supervisor (immediate)" was to be inform and this person was responsible for the investigations". The policy does not reflect that each of these immediate supervisors were considered the Administrator (s).<br><br>2. According to facility policy that was reviewed on July 13, 2007 at 3:45 PM, "informed consent by the person and/or guardian for administration of the medication shall be obtained and documented on a form that lists justification for the use of the medication". "The major potential side effects shall be listed on the consent form in non technical terms.<br>Review of client #2's medical record conducted on July 12, 2007 at 12:55 PM, a consent form for medications was observed that had been signed. Staff indicated that the person was client #2's mother. The document reflected "see attachments". There was no attachments and the document did not include the medication, did effects, or purpose. The Human Rights Committee failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy<br><br>3. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 administered Clonazepam .5 mg and Risperdal 2 mg.<br>The LPN interviewed on July 12, 2007 at 11:40 AM indicated that client #2 had not presented any | I 160 | 2. See W209 & W264 | |
| | | I 160 | 3. See W 316 | |

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| W 196 | Continued From page 14<br>staff stated that client #2 had a picture book of items and a communication device. Neither the picture book nor the communication device were observed being used by the client during the survey.<br><br>b. A staff, who was interview on July 13, 2007 at 6:15 PM, indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client did not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP did include an objective for the client to use his communicative device to name two different items at any given time with total guidance.<br><br>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 utilized some signs with verbal prompts. | W 196 | 2b. The QMRP will perform regular day program observations at least once monthly to encourage communication between the individuals' day program and their residence. See attachment # 10 | 8/31/07 |
| | It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.<br><br>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The | | | |

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| I 206 | Continued From page 5<br><br>1. During personnel record review conducted on July 16, 2007 at 4:20 PM, it was revealed that one employee had a pending status dated November 27, 2006 for Hepatitis B status.<br><br>2. During personnel record review conducted on July 16, 2007 at 4:20 PM, eight staff files did not contain a current physical examination. | I 206 | 2. The home supervisor will inform all staff that they are required to have an annual physical in order to work in the facility. All staff will have a current physical examination on file and any staff that are unable to produce one will be suspended without pay until they are able to produce one. See attachment #15. | 8/29/07 |
| I 209 | 3509.9(a) PERSONNEL POLICIES<br><br>Each GHMRP shall obtain employment references on each employee and no GHMRP shall employ an individual who has a history of the following:<br><br>(a) Child or resident abuse or abuse of someone under his or her care and supervision;<br><br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>During personnel record review conducted on July 16, 2007 at 4:20 PM, it was revealed that five staff working at the facility failed to obtain police clearances from jurisdictions inwhich they had worked or resided in within seven years of their employment with the facility. | I 209 | The home supervisor will inform all staff that they are required to a obtain police clearance from the jurisdiction in which they have worked or resided in within seven years of their employment with the facility. All staff will have a police clearance on file and any staff that are unable to produce one will be suspended without pay until they are able to produce one. | 8/29/07 |
| I 272 | 3513.1(c) ADMINISTRATIVE RECORDS<br><br>Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records:<br><br>(c) Weekly staff schedules, including substitutions; | I 272 | The Home Supervisor will that a monthly staff schedule is posted in the facility at all times. The Program Director will approve the schedule prior to it being posted in the facility. See Attachment #16 | 8/17/07 |

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| I 272 | Continued From page 6<br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>A staffing schedule was not available in the facility on July 12, and July 13, 2007. The Acting Qualified Mental Retardation Professional arrive to the facility with a staffing schedule on July 16, 2007 at 3:30 PM. | I 272 | | |
| I 395 | 3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS<br><br>Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:<br><br>(e) Nursing;<br><br>This Statute is not met as evidenced by:<br>The findings include:<br><br>1. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 administered Clonazepam .5 mg and Risperdal 2 mg. The client's physician order (PO)was reviewed on July 12, 2007 at approximately 2:00 PM. The PO reflected the medications taken in addition to fasting blood sugar, central metabolic profile (CMP), and prolactin levels every six months, and lipid profile every three months. At the time of the survey, there was no documented evidence that these studies had been conducted | I 395 | 1. See W 331<br>2. See W 331<br>3. See W 331 | |

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| I 395 | Continued From page 7<br>since July 2006. During interview with the LPN on July 13, 2007, at 4:00 PM, it was stated that the registered nurse (RN) takes the laboratory studies to the physician to have them signed. Another inquiry was made to the LPN on July 16, 2007 and still the results of studies as per the PO were not made available.<br><br>2. According to the medical review conducted on July 12, 2007 at 2:26 PM for client #3, the client had a biopsy performed in May 2006. The record revealed that the client did have polyps. There was no report available at the time of the survey.<br><br>3. According to the nursing assessment dated April 28, 2007, client #3 had been seen for an colonoscopy in June 2006 and was to return in one year. At the time of the survey, client #3 had not returned to have the testing conducted. | I 395 | | |
| I 401 | 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS<br><br>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.<br><br>This Statute is not met as evidenced by:<br>The findings include:<br><br>1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, | I 401 | 1. See W 214<br>2. See W158 & W159 | |

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| I 401 | Continued From page 8<br>client #1 is also prescribed AM medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Although the record identified that monthly reviews were conducted by the Psychiatrist, there was no evidence that client # 1 had been provided a psychiatric assessment to determine the clinical diagnoses to support the use of the prescribed medications.<br><br>2. The review of client #1's individual program plans on July 13, 2007 at 7:25 PM revealed that the client had a program to prepare his budget. The client's quarterly review dated February 8, 2007 was reviewed on July 12, 2007 at 5:10 PM. This review reflected that the client's status of the program was "poor" and was to be revised. There was no further assessment provided and the client's record did not include a financial assessment. | I 401 | | |
| I 408 | 3520.10(a) PROFESSION SERVICES: GENERAL PROVISIONS<br><br>Professional services personnel shall offer consultation and instruction as appropriate to the following:<br><br>(a) The resident ' s family; and...<br><br>This Statute is not met as evidenced by:<br>During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The facility failed to ensure that the | I 408 | See W209 & W264 | |

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| I 408 | Continued From page 9<br>person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy. | I 408 | | |
| I 422 | 3521.3 HABILITATION AND TRAINING<br><br>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan.<br><br>This Statute is not met as evidenced by:<br>The findings include:<br><br>1. Client #1's IPP was reviewed on July 13, 2007 at approximately 7:25 PM. The documentation was also reviewed. It was revealed through this review that client #1 had a program to use public transportation once bi-weekly independently upon request. The documentation reflected that client #1 used the public transportation on January 6, 2007, March 31, 2007, and September 30, 2006. There was no data for April, June, and July 2007. For May 2007, the data reflected that client #1 had engaged in the objective once for the month.<br><br>2. The facility failed to provide consistent opportunities to use recommended methods of communications.<br><br>a. Client #2 was observed not using verbal communications, signs, or any communicative devices during the survey on July 12, 13, and 16 2007. Client #2's speech assessment dated two years ago (January 26, 2005) was conducted by the Speech Pathologist at the client's day program. This professional identified that client #2 had the following strengths: "following situational and commonly used social commands, making some needs known through | I 422 | 1. See W158, W159 & W196 #1<br>2. See 196 #2a<br>2a. See 196 #2a and #2b | |

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| I 422 | Continued From page 10<br>the production of a few American sign language signs, and identifying and labelling a few pictures." The recommendations included: increase skills in sign language, labeling items, and following directions. It was also recommended that speech services in the residential setting be similar to the services provided at the day program.<br><br>At the day program, clients participated in a daily sign language class and instructors were observed using "simple" signs (eat, drink, toilet, slow down,) to communicate. According to the day program instructor and the provided documentation, client #2 achieved signing bathroom , sit, wash/dry hands at the criterion of verbal/gestural prompting. No signing was implemented at the facility. Staff interviewed on July 13, 2007 at 6:15 PM stated that the facility had a book of signs and that client #1 helps the staff with signing.<br><br>Staff interview on July 12, 2007 at 11:40 AM revealed that client #2 knows some signs and that staff can request client #1 to assist them. The staff stated that client #2 had a picture book of items and a communication device. Neither of these items were used at the facility during the survey for three days.<br><br>b. A staff who was interview on July 13, 2007 at 6:15 PM indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client does not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP does include an objective for the client to use his | I 422 | 2b. See 196 #2a and #2b & W 158 | |

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| I 422 | Continued From page 11<br>communicative device to name two different items at any given time with total guidance.<br><br>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 does complete some signs with a verbal prompt.<br><br>It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.<br><br>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The device had been out for repairs but did arrive at approximately 2:00 PM on July 12, 2007.<br><br>3. According to Client #3's individual program plan dated March 29, 2007, the client had an objective that read "will travel to and from his pre-vocational site each Friday using public transportation with verbal prompts.<br>The documentation reviewed on July 13, 2007 at 5:45 PM reflected that from March 2007 to July 2007 with the exception of one trial in May 2007, the client had no opportunities.<br><br>4. The facility failed to ensure that programs attained by the client [#2] had been revised to challenge and to provide continuous opportunities for learning. [Refer to W255] | I 422 | 3. See W158, W159, & W196 #1<br>4. See W158, W159, & W196 #1 | |

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| I 422 | Continued From page 12<br><br>5. The facility failed to ensure continuous active treatment by not revision programs after clients failed to progress. [Refer to W257]<br><br>6. The facility failed to consistently provide opportunities for client #2 to be engaged. Out of the four hours of observation, client #2 was engaged for approximately one hour and fifteen minutes.<br><br>3:00 PM - client arrive at the facility from day program. The client stood in the TV area until he was told to sit.<br><br>4:17 PM - client was offered to watch TV or to look at a book. The client was not observed to make a choice; however, the TV was left on.<br><br>4:35 PM- client still sitting and looking towards the TV<br><br>4:40 PM- client on exercise bike for six (6) minutes (had an objective for 30 minutes of exercises.<br><br>5:25 PM- client still sitting and looking towards the TV<br><br>5:50 PM- client directed to wash his hands and model assistance was provided to soap his hands for 1 minutes.<br><br>6:00 PM- dinner was served and the client ate independently; the client left the table with verbal prompting and independently rinsed his dishes.<br><br>6:35 PM- staff put out on the table a matching game and bingo. Client was given the bingo card and chips. His participation was with verbal | I 422 | 5. See W158, W159, & W196 #1<br>6. See W158, W159, & W196 #1 | |

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| I 422 | Continued From page 13<br>prompting, gestural prompting and physical assistance. Client #2 did not keep attention to this table game.<br><br>7:00- client #2 participated in the administration of his medications.<br><br>7:55- client #2 remained disengaged since the medication pass.<br><br>According to client #2's behavioral support plan (BSP) that was reviewed on July 13, 2007 at 12:35 PM, the client "should be engaged in a variety of daily living skills and recreational/leisure activities to alleviate boredom and increase his self esteem by involving him in activities that he is able to successfully do." There were no persistent or consistent aggressive opportunities to maintain engagement for client #2 during this observation.<br><br>7. According to client #2's IPP reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will use his communications device to name two different items at any given time with total guidance. In spite of the opportunities, this device was not made available and this objective was not implemented on July 12 or 13, 2007.<br><br>8. According to client #2's IPP reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will exercise for 30 minutes doing an activity of his choice that elevates his heart rate with verbal prompting. During observation on July 12, 2007, client #2 did use the exercise bicycle; however, for only five minutes. Staff interview conducted on July 12, 2007 at 11:40 AM revealed that the client will participate for 15 to 20 minutes; however, during this observation the client was not encouraged to meet the criterion of the objective. | I 422 | 7. See W158, W159, & W196 #1<br>8. See W158, W159, & W196 #1 | |

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| I 422 | Continued From page 14<br><br>9. An objective to have client #2 "respond to others by making eye contact for five seconds independently upon request" was included in Client #2's IPP. The instructions read "the trainer should engage client in a conversation with themselves or another preter while encouraging him to make eye contact with the person he is conversing with". Although there were varied opportunities to implement this objective, it was not implemented during the observation on July 12, 2007 from 3:00 PM to 7:30 PM.<br><br>10. According to client #3's IPP dated March 29, 2007 that was reviewed on July 13, 2007 at 4:50 PM , the client had a program to assist in preparing a meal according to his dietary needs with close staff supervision once weekly. April, May, and June's data reflected that the client performed at primarily the verbal prompting level. During three days of the survey, client #3 did not engage in cooking. Staff were observed in the kitchen preparing meals without any client. It could not be determined that client #3 had been encouraged to perform the task at every given opportunity. | I 422 | 9. See W158, W159, & W196 #1<br>10. See W158, W159, &W196 #1 | |
| I 423 | 3521.4 HABILITATION AND TRAINING<br><br>Each GHMRP shall monitor and review each resident ' s Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP.<br><br>This Statute is not met as evidenced by:<br>The findings include: | I 423 | | |

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| | 09G145 | A. BUILDING _____ B. WING _____ | 07/13/2007 |

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| I 423 | Continued From page 15<br><br>1. The governing body failed to ensure that a competent and qualified Qualified Mental Retardation Professional monitored the progress of clients in the facility. The last QMRP monitoring note for client #2 was in February 2007. The Coordinator stated during interview on July 12, 2007 at 10:20 AM indicated that two persons including herself acted as QMRP for the facility. Staff interviewed at 6:10 PM on July 13, 2007 was unsure who acted as QMRP for the facility.<br><br>2. The Qualified Mental Retardation Professional (QMRP) notes, the facility failed to ensure that objective criterions that had not been attained by clients [#3] had been considered for revision to increase the success for the clients.<br><br>3. The QMRP the Qualified Mental Retardation Professional (QMRP) failed to ensure that clients #1 and #2 were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs). as evidenced below:<br><br>a. Client #1's IPP was reviewed on July 13, 2007 at approximately 7:25 PM. The documentation was also reviewed. It was revealed through this review that client #1 had a program to use public transportation once bi-weekly independently upon request. The documentation reflected that client #1 used the public transportation on January 6, 2007, March 31, 2007, and September 30, 2006. There was no data for April, June, and July 2007. For May 2007, the data reflected that client #1 had engaged in the objective once for the month.<br><br>b. The facility failed to provide consistent opportunities to use recommended methods of | I 423 | 1. See W 104 #4<br>2. See W158, 159, 196 #1<br>3a. See W158, 159, 196 #1<br>3b. See 196 #2a and #2b | |

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| I 423 | Continued From page 16<br>communications.<br><br>c. Client #2 was observed not using verbal communications, signs, or any communicative devices during the survey on July 12, 13, and 16 2007. Client #2's speech assessment dated two years ago (January 26, 2005) was conducted by the Speech Pathologist at the client's day program. This professional identified that client #2 had the following strengths: "following situational and commonly used social commands, making some needs known through the production of a few American sign language signs, and identifying and labelling a few pictures." The recommendations included: increase skills in sign language, labeling items, and following directions. It was also recommended that speech services in the residential setting be similar to the services provided at the day program.<br><br>At the day program, clients participated in a daily sign language class and instructors were observed using "simple" signs (eat, drink, toilet, slow down,) to communicate. According to the day program instructor and the provided documentation, client #2 achieved signing bathroom , sit, wash/dry hands at the criterion of verbal/gestural prompting. No signing was implemented at the facility. Staff interviewed on July 13, 2007 at 6:15 PM stated that the facility had a book of signs and that client #1 helps the staff with signing.<br><br>Staff interview on July 12, 2007 at 11:40 AM revealed that client #2 knows some signs and that staff can request client #1 to assist them. The staff stated that client #2 had a picture book of items and a communication device. Neither of these items were used at the facility during the | I 423 | 3c. See 196 #2a and #2b | |

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| I 423 | Continued From page 17<br>survey for three days.<br><br>d. A staff who was interview on July 13, 2007 at 6:15 PM indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client does not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP does include an objective for the client to use his communicative device to name two different items at any given time with total guidance.<br><br>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 does complete some signs with a verbal prompt.<br><br>It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.<br><br>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The device had been out for repairs but did arrive at approximately 2:00 PM on July 12, 2007.<br><br>e. According to Client #3's individual program plan dated March 29, 2007, the client had an | I 423 | 3d. 196 #2a and #2b<br>3e. See W158, 159, 196 #1 | |

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| I 423 | Continued From page 18<br>objective that read "will travel to and from his pre-vocational site each Friday using public transportation with verbal prompts.<br>The documentation reviewed on July 13, 2007 at 5:45 PM reflected that from March 2007 to July 2007 with the exception of one trial in May 2007, the client had no opportunities. | I 423 | | |
| I 426 | 3521.5(c) HABILITATION AND TRAINING<br><br>Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client:<br><br>(c) Is failing to progress toward identified objectives after reasonable efforts have been made;<br><br>This Statute is not met as evidenced by:<br>The finding includes:<br><br>1. According to client #3's IPP, he had an objective that read "Will receive correct change after a transaction of less than $1.00 independently with supervision twice a week for 3 consecutive months. The clients individual support plan meeting was held March 29, 2007. Review of the documentation reviewed on July 13, 2007 at 4:50 PM revealed that client #3 had performed 75% to 100% of the time with verbal prompting and only 25% was independent.<br><br>2. Client #3's IPP reflected an objective to "write his home address with the help of a cure card with one verbal prompt twice a week for 3 consecutive months. The documentation reviewed on July 13, 2007 at 4:50 PM revealed that the client performed below criterion from March 2007 to June 2007 at the total guidance level. Client #3 was observed during this | I 426 | 1. See W158, 159, 196 #1<br>2. See W158, 159, 196 #1 | |

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| I 426 | Continued From page 19<br>program on July 16, 2007. Client #3 required verbal and model assistance to perform the program. | I 426 | | |
| I 500 | 3523.1 RESIDENT'S RIGHTS<br><br>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.<br><br>This Statute is not met as evidenced by:<br>The findings include:<br><br>1. The facility failed to ensure that a system had been developed to assist clients through legally sanctioned advocacy to ensure the protection of their rights due to their behavioral status, risk of treatment, and desire to refuse treatment for three of three clients in the sample as detailed below.<br><br>a. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100 mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1 is also prescribed AM medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Legal records from the courts reflected that as of December 4, 2000, client #1 was provided an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, or treatments. The Coordinator/"Partial Acting Qualified Mental | I 500 | 1a. W104 #1 124 #2, W148 #1, & W148 #2 | |

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| I 500 | Continued From page 20<br>Retardation Professional" was unable to make reference to the Advocate being informed.<br><br>b. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The facility failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy.<br><br>2. The facility failed to ensure that the policies of the facility were implemented to ensure the protection of clients rights.<br><br>a. According to facility policy that was reviewed on July 13, 2007 at 3:45 PM, "informed consent by the person and/or guardian for administration of the medication shall be obtained and documented on a form that lists justification for the use of the medication". "The major potential side effects shall be listed on the consent form in non technical terms.<br>Review of client #2's medical record conducted on July 12, 2007 at 12:55 PM, a consent form for medications was observed that had been signed. Staff indicated that the person was client #2's mother. The document reflected "see attachments". There was no attachments and the document did not include the medication, did effects, or purpose. The Human Rights Committee failed to ensure that the person | I 500 | 1b. W104 #1, 124 #2, W148 #1, & W148 #2<br><br>2a. W104 #1, 124 #2, W148 #1, W148 #2 & W264 | |

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| I 500 | Continued From page 21<br>responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy.<br><br>b. Another consent document for client #2 was signed by the family member in May 2005 for Risperdal 2 mg twice daily and the purpose identified was behavior. There were no further instructions as reflected by the facility's policy. Client #2's current medication regimen includes Klonopin .5 mg once daily according to the physician's orders reviewed on July 12, 2007 at 12:40 PM.<br><br>3. The facility failed to have a competently trained Qualified Mental Retardation Professional (QMRP) to monitor and implement continuous active treatment for clients in the facility. [Refer to 3521.3] | I 500 | 2b. W104 #1, 124 #2, W148 #1, W148 #2 & W264<br><br>3. W 104 #4, W158, W159 & W196 | |