

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

PRINTED: 05/17/2010
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G118 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/23/2010 |
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| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 5051 LEE STREET NE WASHINGTON, DC 20019 |
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| W 000 | INITIAL COMMENTS A recertification survey was conducted from 4/21/2010 through 4/23/2010. The survey was initiated utilizing the fundamental survey process. A random sampling of two clients was selected from a residential population of four males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at three day programs, as well as a review of the client and administrative records, including the incident reports. | W 000 | <p><i>Received 6/1/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST. N.E. 2ND FLOOR WASHINGTON, D.C. 20002</p> | |
| W 159 | 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. | W 159 | | |
| | <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's qualified mental retardation professional (QMRP) failed to ensure the coordination of services to promote the health and safety of two of two sampled clients. [Clients #1 and #2]</p> <p>The findings include:</p> <p>1. Record review at Client #2's day program on 4/22/2010, at approximately 12:00 p.m., revealed the ISP on file at his day program was dated and signature approved for implementation on 7/10/2008.</p> <p>Interview with the Day Program's Director (DPD) on the same day at approximately 12:05 p.m.,</p> | W159 | | <p>1. The QMRP has submitted a copy of the current Individual Support Plan to the day program provider...5-24-10</p> <p>In the future, the QMRP will make a copy of the ISP for the day program within one business week of receiving the approved ISP from DDS and insure it is hand delivered to the day program by BRA staff during am or pm transportation runs...5-24-10</p> <p>2. See responses for W194 3. See responses for W214 4. See responses for W436</p> |

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 159 | <p>Continued From page 1</p> <p>revealed they requested an updated ISP from the residential facility on several occasions. Upon further review, the day program was only able to provide evidence they submitted a written request for an updated ISP on 3/29/2010.</p> <p>Further interview with the facility's qualified mental retardation professional (QMRP) on 4/23/2010, at approximately 4:00 p.m., revealed she was not aware the ISP on file at the day program was dated 7/10/2008.</p> <p>As of the date of survey, the residential facility has failed to ensure Client #2's day program was provided an updated ISP to ensure his current interventions were up to date.</p> <p>2. The QMRP failed to ensure all staff was effectively trained to implement a client's ambulation protocol. [See W194]</p> <p>3. The QMRP failed to ensure the assessment, creation and implementation of a consistent an effective measure of providing support and supervision when aiding a client while ambulating. [See W214]</p> <p>4. The QMRP failed to ensure the provision of knee braces, modifications to an existing walker, a Rollator and a raised toilet seat as recommended for a client ' s health and safety. [See W436]</p> | W 159 | | |
| W 194 | <p>483.430(e)(4) STAFF TRAINING PROGRAM</p> <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> | W 194 | | |

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| W 194 | <p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure all staff were competent in implementing a client's mealtime feeding protocol and ambulation protocol for two of the two sampled clients. [Clients #1 and #2]</p> <p>The findings include:</p> <p>Observation between 4:00 p.m. and 7:00 p.m. on 4/21/2010 revealed, Client #1 ambulated around his environment with no staff assistance. This client was observed walking up and down a short flight of steps from the living room down to the long hallway leading to his bedroom on three separate occasions before dinner and on two occasions during the evening medication administration.</p> <p>On 4/22/2010, at approximately 11:45 a.m., Client #1 was again briefly observed navigating his way up the steps at his day program with no staff assistance prior to him being transported home by the residential staff. The day program and residential staff followed him up the stairs, but did not provide any direct support.</p> <p>Record review on 4/23/2010, at approximately 3:00 p.m., revealed Client #1's " Fall Prevention " protocol detailed the following interventions:</p> <ol style="list-style-type: none"> 1. Keep pathways clear of rugs. 2. Provide standby assistance in the community and on the stairs. 3. Your body should be close to his body without interfering with his movements. | W 194 | <p>W194</p> <p>Staff will be retrained on the ambulation protocol for client #1 by the QMRP by...5-30-10 And by the PT by...6-15-10</p> <p>The QMRP will monitor staff/resident interactions during active treatment hours at minimum three times weekly to insure that the protocol mandates are routinely followed...6-1-10.</p> <p>The QMRP will discuss the issue with day program management to insure that day program staff members also follow the protocol and will observe implementation monthly during routine day program visits...6-1-10. The QMRP will offer to re-train day program staff...6-1-10.</p> | |

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| W 194 | <p>Continued From page 3</p> <p>4. Do not try to guard him with outstretched arms. Avoid holding his arm.</p> <p>5. If he starts to lose his balance, use your arms and position your body against his body to assist with his balance. Avoid pulling his upper extremities.</p> <p>As recommended by the Fall Prevention protocol, neither the day program staff nor the residential staff was observed following Client #1 up the stairs in the manner prescribed above on the morning of 4/22/2010. In addition, none of the facility's staff was observed providing any standby assistance as he navigated the short flight of stairs in the home as prescribed above. No staff was observed to be "close to his body without interfering with his movements" as he navigated his way around his home between during the survey.</p> | W 194 | | |
| W 214 | <p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure staff was presented with a consistent measure of supporting a client during times of ambulation for one of two sampled clients. [Client #2]</p> | W 214 | | |

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| W 214 | <p>Continued From page 4</p> <p>The finding includes:</p> <p>Observation on the evening of 4/21/2010, revealed the facility's staff provided standby assistance whenever Client #2 navigated himself around his home. Staff was observed walking beside him and either holding him slightly around his waist or supporting him under his arms while he used his walker to get around the home.</p> <p>Further observation at Client #2's day program on the morning of 4/22/2010, between the hours of 10:00 a.m. and 12:30 p.m., revealed his attending staff stood behind him and grabbed the back of his pants/belt as a means of helping him maintain his balance while he used his walker. This was observed to take place when he ambulated to and from the nursing station for his noon medications and again when he was escorted to the lunch room for his meal.</p> <p>Record review on 4/23/2010, at approximately 1:25 p.m., revealed Client #2's Occupational Assessment (OT) dated 2/28/2009, detailed the following: " Posture and Control... [Client #2] requires staff support and supervision to safely walk within his home and a walker for the community to insure safety. "</p> <p>Interview with the facility's QMRP and Registered Nurse (RN) on 4/23/2010, at approximately 1:35 p.m., revealed there was no written measure in place to ensure Client #2 was consistently provided " support and supervision " to safely ambulate around his environment. In addition, the QMRP was also not aware of the methodology being employed by the day program staff when assisting Client #2 to ambulate around his environment.</p> | W 214 | <p>W214</p> <p>A protocol will be developed by PT outlining the proper method for supporting client #2 when ambulating. The protocol will be shared with the day program staff and all staff will be trained on its mandates...6-15-10.</p> <p>The QMRP will insure via routine observations that staff support client #2 as prescribed by the protocol...6-20-10. The QMRP will observe day program staff during routine monthly visits to insure proper implementation...6-30-10. New staff will be trained on the protocol mandates during their initial orientation...6-30-10.</p> | |

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| W 214 | Continued From page 5 | W 214 | | |
| W 436 | <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the provision of knee braces, modifications to an existing walker, a Rollator and a raised toilet seat for one of two sampled clients. [Client #2]</p> <p>1. Observation on the evening of 4/21/2010, revealed Client #2 utilized a rolling walker when ambulating in the home. On several occasions, he was observed to slightly lift the walker to maneuver it into position to walk in the direction of his choice.</p> <p>Further observation at Client #2' s day program on 4/22/2010, at approximately 11:30 a.m., revealed he employed the same tactic in maneuvering his walker as he navigated his way to the Nursing station.</p> <p>Review of the medical records at the day program on the same day at approximately 12:10 p.m., revealed the only Physical Therapy (PT)</p> | W 436 | <p>W436</p> <p>1. Knee braces will be ordered for client #2 by...5-30-10 Swivel wheels will be ordered for the wheelchair by...5-30-10 Rollator will be ordered as per PT recommendation by...6-15-10</p> <p>In the future the new RN will review the clinical consultant assessments at minimum quarterly to insure that recommendations are addressed in a timely manner...6-1-10.</p> <p>2. A raised toilet seat will be purchased and put in place in the bathroom routinely used by client #2 by...5-30-10. The RN will review the status of adaptive equipment needs monthly during routine visits to the home to insure that all needs are met. Additionally, routine weekly management team meetings will be held and the status of adaptive equipment needs will be reviewed routinely...6-1-10.</p> | |

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| W 436 | <p>Continued From page 6 assessment on file was dated 3/29/2008. This documents outlines:</p> <p>" He ambulated with a rolling walker in the home. His trunk is more erect but hip flexion persists. Staff reported that [Client #2] appeared to ambulate better with the rolling walker. He carried the walker at times. The standard wheels do not allow him to turn the walker smoothly. "</p> <p>The 3/29/2008 consult goes on to further recommend that the facility " purchase swivel wheels for his rolling walker ... This will allow him to turn and the use the walker with a smoother gait in the community. "</p> <p>Further record review on the same day at approximately 1:15 p.m. revealed a more recent Physical Therapy assessment was on file at the residential facility. This updated PT dated 1/19/2009 outlines:</p> <p>" [Client #2] has bilateral knee arthritic changes and soft tissue irregularities. The deformities of his feet contribute to his movement compensations. His range of motion is consistent with previous assessments. However, he appears to be weaker. There is bilateral quadriceps Femoris muscle hypotrophy. [Client #2] will likely to continue to deteriorate and may require a wheelchair in the future. He would benefit from knee braces to support the genu valgum. "</p> <p>The 1/19/2009 PT assessment goes on to further recommend that the facility " follow up with Rollator to use in the community " .</p> <p>Interview with the facility's qualified mental retardation professional (QMRP) on 4/23/2010, at</p> | W 436 | | |
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| W 436 | <p>Continued From page 7</p> <p>2:00 p.m., revealed the knee braces were not ordered, the swivel wheels were not purchased, and the recommendation for him to be provided a Rollator was not addressed to date.</p> <p>The facility failed to ensure Client #2 was provided the necessary adaptive equipment to promote his independence and to ensure his health and safety.</p> <p>2. Observation on the afternoon of 4/21/2010, revealed the toilet in the bathroom across the hall from Client #2's bedroom was equipped with hand rails around the toilet seat. Further observation revealed the bathroom in Client #1's bedroom was equipped with a raised toilet seat.</p> <p>Record review on 4/23/2010, at 12:43 p.m., revealed Client #2's 4/1/2010, Physician's Order Sheet (POS) listed he was prescribed to use a raised toilet seat.</p> <p>Interview with the QMRP on the same day at 12:45 pm, revealed Client #2 uses the restroom across from his room and not the one in Client #1's bedroom. In addition, the QMRP added that due to his difficulty in ambulation, he refuses to walk to any other bathroom but the one across from his bedroom. Further interview with the QMRP on the same day at 2:18 pm verified that the toilet in the bathroom across from Client #2's bedroom was not equipped with a raised toilet seat.</p> | W 436 | | |
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Health Regulation Administration

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| 1 000 | <p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted from 4/21/2010 through 4/23/2010. The survey was initiated utilizing the fundamental survey process.</p> <p>A random sampling of two residents was selected from a residential population of four males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at three day programs, as well as a review of the resident and administrative records, including the incident reports.</p> | 1 000 | | |
| 1 090 | <p>3504.1 HOUSEKEEPING</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure the interior of the GHMRP was maintained in a safe, clean, orderly, attractive and sanitary manner,</p> <p>The findings include:</p> <p>During the environmental inspection on 4/21/2010, at 5:20 p.m., the following deficiencies were observed:</p> <ol style="list-style-type: none"> The window blinds in Resident #1's bedroom was broken and tattered. The curtains in Resident #1's bedroom window were torn. | 1 090 | <p>3504.1</p> <ol style="list-style-type: none"> The window blinds will be replaced by...5-30-10. The curtains will be replaced by...5-30-10 The closet doors will be repaired by...5-30-10 <p>Environmental audits will be conducted monthly to identify such concerns and address them in a timely manner...6-1-10.</p> | |

Health Regulation Administration

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

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 7

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|--------------------|--|---------------|--|--------------------|
| I 090 | Continued From page 1 3. The closet doors in Resident #2's bedroom were broken and off track. They were very difficult to open and shut. | I 090 | | |
| I 180 | <p>3508.1 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for the mentally retarded person ' s (GHMRP) qualified mental retardation professional (QMRP) failed to ensure the coordination of services to promote the health and safety of four of four sampled residents. [Residents #1 and #2] The findings include:</p> <p>1. Record review at Resident #2 ' s day program on 4/22/2010, at approximately 12:00 p.m., revealed the ISP on file at his day program was dated and signature approved for implementation on 7/10/2008.</p> <p>Interview with the Day Program ' s Director (DPD) on the same day at approximately 12:05 p.m., revealed they requested an updated ISP on several occasions. Upon further review, the day program was only able to provide evidence they submitted a written request for an updated ISP on 3/29/2010.</p> <p>Further interview with the GHMRP ' s qualified mental retardation professional (QMRP) on 4/23/2010, at approximately 4:00 p.m., revealed she was not aware the ISP on file at the day program was dated 7/10/2008.</p> | I 180 | <p>3508.1</p> <p>1. The QMRP has submitted a copy of the current Individual Support Plan to the day program provider...5-24-10</p> <p>In the future, the QMRP will make a copy of the ISP for the day program within one business week of receiving the approved ISP from DDS and insure it is hand delivered to the day program by BRA staff during am or pm transportation runs...5-24-10</p> <p>Staff will be retrained on the ambulation protocol for client #1 by the QMRP by...5-30-10 And by the PT by...6-15-10</p> <p>The QMRP will monitor staff/resident interactions during active treatment hours at minimum three times weekly to insure that the protocol mandates are routinely followed...6-1-10.</p> | |

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| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 5051 LEE STREET NE WASHINGTON, DC 20019 | | |
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| I 180 | Continued From page 2 As of the date of survey, the residential GHMRP has failed to ensure Resident #2 's day program was provided an updated ISP to ensure his current interventions were up to date. 2. The QMRP failed to ensure all staff was effectively trained to implement a resident ' s ambulation protocol. [See W194] 3. The QMRP failed to ensure the assessment, creation and implementation of a consistent an effective measure of providing support and supervision when aiding a resident while ambulating. [See W214] 4. The QMRP failed to ensure the provision of knee braces, modifications to an existing walker, a Rollator and a raised toilet seat as recommended for a resident ' s health and safety. [See W436] | I 180 | The QMRP will discuss the issue with day program management to insure that day program staff members also follow the protocol and will observe implementation monthly during routine day program visits...6-1-10. The QMRP will offer to re-train day program staff...6-1-10. A protocol will be developed by PT outlining the proper method for supporting client #2 when ambulating. The protocol will be shared with the day program staff and all staff will be trained on its mandates...6-15-10. The QMRP will insure via routine observations that staff support client #2 as prescribed by the protocol...6-20-10. The QMRP will observe day program staff during routine monthly visits to insure proper implementation...6-30-10. New staff will be trained on the protocol mandates during their initial orientation...6-30-10. Knee braces will be ordered for client #2 by...5-30-10 Swivel wheels will be ordered for the wheelchair by...5-30-10 Rollator will be ordered as per PT recommendation by...6-15-10 | |
| I 202 | 3509.2 PERSONNEL POLICIES Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control. This Statute is not met as evidenced by: Based on record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all staff was provided a written job description as required by this section. [Staffs #3, #8, #9, #11 and #14] The finding includes: Record review and interview with the GHMRP's | I 202 | In the future the new RN will review the clinical consultant assessments at minimum quarterly to insure that recommendations are addressed in a timely manner...6-1-10. 2. A raised toilet seat will be purchased and put in place in the bathroom routinely used by client #2 by...5-30-10. The RN will review the status of adaptive equipment needs monthly during routine visits to the home to insure that all needs are met. Additionally, routine weekly management team meetings will be held and the status of adaptive equipment needs will be reviewed routinely...6-1-10. | |

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| I 202 | Continued From page 3 qualified mental retardation professional (QMRP) on 4/23/2010 at approximately 4:45 p.m. revealed five out of fifteen staff did not have a current job description in their personnel files. | I 202 | 3509.2 Individual job descriptions have been reviewed with and signed off by the relevant staff members...5-24-10. BRA will track annual anniversary dates to insure that job descriptions are reviewed with staff at minimum annually...6-1-10. Additionally, job descriptions will be reviewed with staff that change jobs or if the job description itself is modified...6-1-10. | |
| I 203 | 3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure the GHMRP's supervisory staff afforded each employee the opportunity to discuss their job descriptions at least annually as required by this section. [Staffs #3, #8, #9, #11 and #14] The finding includes: Record review and interview with the GHMRP's qualified mental retardation professional (QMRP) on 4/23/2010 at approximately 4:45 p.m. revealed there was no written evidence that five out of fifteen staff was afforded the opportunity to discuss and review their current job description over the past year. | I 203 | 3509.3 See: 3509.2 above. | |
| I 227 | 3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; | I 227 | | |

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| I 227 | Continued From page 4 This Statute is not met as evidenced by: Based on record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all staff was currently certified to perform first aid and cardiopulmonary resuscitation (CPR) procedures as required by this section. [Staffs #3, #4, #5, #6, #9, #10, #12 and #14]. The finding includes: Record review and interview with the GHMRP's qualified mental retardation professional (QMRP) on 4/23/2010, at approximately 4:10 p.m., revealed there was no evidence on file to substantiate that eight out of fifteen staff were certified to perform first aid and CPR procedures. | I 227 | 3510.5 CPR/First Aid training deficiencies will be addressed on...5-27-10 Anniversary dates for staff will be tracked and training sessions will be held to update each employee's status in a timely manner...5-30-10. | |
| I 422 | 3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for the mentally retarded person (GHMRP) failed to ensure all staff were competent in implementing a resident's mealtime feeding protocol and ambulation protocol for two of the two sampled residents. [Residents #1 and #2] The findings include: Observation between 4:00 p.m. and 7:00 p.m. on 4/21/2010 revealed, Resident #1 ambulated around his environment with no staff assistance. | I 422 | 3521.3 Staff will be retrained on the ambulation protocol for client #1 by the QMRP by...5-30-10 And by the PT by...6-15-10 The QMRP will monitor staff/resident interactions during active treatment hours at minimum three times weekly to insure that the protocol mandates are routinely followed...6-1-10. The QMRP will discuss the issue with day program management to insure that day program staff members also follow the protocol and will observe implementation monthly during routine day program visits...6-1-10. The QMRP will offer to re-train day program staff...6-1-10. | |

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| I 422 | <p>Continued From page 5</p> <p>This resident was observed walking up and down a short flight of steps from the living room down to the long hallway leading to his bedroom on three separate occasions before dinner and on two occasions during the evening medication administration.</p> <p>On 4/22/2010, at approximately 11:45 a.m., Resident #1 was again briefly observed navigating his way up the steps at his day program with no staff assistance prior to him being transported home by the residential staff. The day program and residential staff followed him up the stairs, but did not provide any direct support.</p> <p>Record review on 4/23/2010, at approximately 3:00 p.m., revealed Resident #1's " Fall Prevention " protocol detailed the following interventions:</p> <ol style="list-style-type: none"> 1. Keep pathways clear of rugs. 2. Provide standby assistance in the community and on the stairs. 3. Your body should be close to his body without interfering with his movements. 4. Do not try to guard him with outstretched arms. Avoid holding his arm. 5. If he starts to lose his balance, use your arms and position your body against his body to assist with his balance. Avoid pulling his upper extremities. <p>As recommended by the Fall Prevention protocol, neither the day program staff nor the residential staff was observed following Resident #1 up the</p> | I 422 | | |

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| I 422 | Continued From page 6 stairs in the manner prescribed above on the morning of 4/22/2010. In addition, none of the GHMRP ' s staff was observed providing any standby assistance as he navigated the short flight of stairs in the home as prescribed above. No staff was observed to be " close to his body without interfering with his movements " as he navigated his way around his home between during the survey. The GHMRP failed to ensure the accurate and consistent implementation of Resident #1 ' s Fall Prevention protocol as written. | I 422 | | |