

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

PRINTED: 05/14/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEHAVIOR RESEARCH ASSOCIATES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5051 LEE STREET NE WASHINGTON, DC 20019</b>
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W 000	INITIAL COMMENTS  A recertification survey was conducted from April 28, 2009, through April 29, 2009, using the fundamental survey process. A random sample of two clients was selected from a residential population of four male clients with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews, and a review of records, including unusual incident reports.	W 000	<p><i>Received 5/27/09</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 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES  The facility must assure that outside services meet the needs of each client.  This STANDARD is not met as evidenced by: Based on observations, staff interview, and record review, the facility failed to effectively monitor each client's day program to assure that mealtime safety needs were met for one of two clients in the sample. (Client #2 )  The findings include:  1. The facility failed to ensure Client #2's day program provided him with the proper meal texture.  Client #2 was observed at his day program on April 28, 2009. At approximately 12:07 PM he was served his lunch which consisted of whole meatballs in a sauce on a bed of spaghetti, mixed vegetables, and a whole slice of garlic bread. The classroom staff indicated Client #2 required no special diet or adaptive equipment.	W 120		
		W120	<p>1. The QMRP will meet with the day program to insure that it is clear that client #2 is to receive his diet chopped texture as per the modified physician's order provided for them prior to the survey and immediately upon the change in order...5-30-09.</p> <p>In addition, the QMRP will observe lunch meals during her routine visits to the program as will other staff that visits the program...5-30-09.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Linda Abraham, QMRP</i>	TITLE <i>Coordinator</i>	(X6) DATE <i>05/26/09</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 120	<p>Continued From page 1</p> <p>Review of Client #2's physician orders at the day program on the same day at approximately 1:07 PM revealed a verbal order noted on April 10, 2009 that reflected a change in the client's diet. The order indicated that the client's diet was changed from regular high fiber to regular high fiber and chopped texture.</p> <p>In an interview with the QMRP and the nurse on the same day at approximately 2:30 PM, acknowledged they were not aware that the day program was not providing the chopped diet to Client #2.</p> <p>2. The facility failed to ensure the day program provided ordered adaptive equipment during meals for Client #2.</p> <p>Client #2 was observed at his day program on April 28, 2009. At approximately 12:07 PM, he was served his lunch which consisted of whole meatballs in a sauce on a bed of spaghetti, mixed vegetables, and a whole slice of garlic bread. The meal was served on a regular paper plate with plastic utensils. The client bent his head close to the table while consuming the meal. The classroom staff was asked if the client required any special equipment during meals. The classroom staff indicated Client #2 required no adaptive equipment.</p> <p>Review of Client #2's physician orders at the day program on the same day at approximately 1:07 PM, revealed the client was to use a raised plate during meals. The day program failed to provide a means to raise Client #2's plate during his meal as ordered.</p> <p>Interview with the facility's nurse on April 29, 2009</p>	W 120	<p>2. During the team meeting indicated in #1 above, the QMRP will also emphasize the importance of providing client #2 with his proper plate for eating on a consistent basis and this too will be monitored during routine day program visits...5-30-09.</p>	
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W 120	Continued From page 2 revealed that she contacted the day program on the same day. The nurse indicated that the day program acknowledged that the plate elevator was on the premises, however it had not been utilized on the previous day.	W 120		
W 159	<b>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</b>  Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the Qualified Mental Retardation Professional (MRCP) failed to ensure the coordination of services for two of two clients in the sample. (Clients #1 and #2)  The findings include:  1. The QMPR failed to ensure Client #2's day program served him the proper diet (See W120.1)  2. The QMRP failed to ensure Client #2's day program utilized the proper adaptive equipment during mealtimes. (See W120.2)  3. The QMRP failed to ensure recommendations made by consultants were addressed by the primary care physician (PCP).  Client #1 was observed at his day program on April 28, 2009. At approximately 12:10 PM a carton of milk (2%) was placed at Client #1's place at the table. He consumed all of the milk.	W 159	W159  1 and 2 will be addressed as per the responses for W120.  3. Nursing will coordinate with the PCP to insure that the order for Soy, Rice or Lactaide milk is added to the current physician's orders and signed by the PCP to confirm approval...5-26-09.  In addition, nursing will insure during their routine monthly meetings with the PCP that all such changes are made in a timely manner...5-30-09. The QMRP and RN separately will audit the medical records monthly to insure that all such recommendations are picked up in a timely manner and that orders are modified/approved to reflect all such changes...5-30-09.  4. The mealtime protocol will be modified for client #2 to reflect the need to elevate the plate and will be shared with the day program to insure that it is routinely followed in both settings...5-30-09.	

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W 159	<p>Continued From page 3</p> <p>Review of the nutritional assessment dated March 22, 2009, on April 29, 2009 at 8:20 AM reflected the nutritionist recommended for the client to have Lactaide, Soy or Rice milk. Review of Client #1's Physician's Orders failed to have evidence that the PCP addressed the recommendation made by the nutritionist. Inspection of the facility's refrigerator on the same day at approximately 8:45 AM revealed a carton of Lactaide milk. The direct care staff present indicated the Lactaide was given to Client #1 because he has "loose stools at times." In an interview with the QMRP and Nurse on the same day, at approximately 10:00 AM, they acknowledged the PCP had not addressed the recommendation in his orders.</p> <p>4. The QMRP failed to ensure Client #2's Mealtime Protocol documented all adaptive equipment as ordered.</p> <p>Client #2 was observed at his day program on April 28, 2009. At approximately 12:07 PM he was served his lunch which consisted of whole meatballs in a sauce on a bed of spaghetti, mixed vegetables, and a whole slice of garlic bread. The meal was served on a regular paper plate with plastic utensils. The client bent his head close to the table while consuming the meal. The classroom staff was asked if the client required any special equipment during meals. The classroom staff indicated Client #2 required no adaptive equipment. Later the same day at approximately 5:07 PM, Client #2 was observed eating his dinner. A plate elevator was observed under the client's plate which allowed him to sit up straight while eating.</p> <p>Review of Client #2's physician orders at the day</p>	W 159		

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W 159	Continued From page 4 program on the same day at approximately 1:07 PM revealed the client was to use a raised plate during meals. Review of the clients mealtime protocol on April 29, 2009 at approximately 11:00 AM failed to document the need for the client's plate to be elevated. In an interview with the QMRP she acknowledged the lack of the adaptive equipment on the mealtime protocol.	W 159		
W 192	<b>483.430(e)(2) STAFF TRAINING PROGRAM</b>  For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure employees received effective training on each client dietary requirements, for one client with specialized adaptive equipment orders (Client #2) and one of two clients specialized dietary and mealtime protocol needs. (Client #1)  The findings include:  1. The facility failed to provide effective training on the use of adaptive equipment for Client #2.  On April 28, 2009 at approximately 4:10 PM staff were assisting Client #1 in ambulating to the living room. While he was walking his legs buckled under him. The staff provided support to the client preventing him from falling to the floor. The Qualified Mental Retardation Professional (QMRP) asked the staff "Where is his walker?" The staff indicated that the walker was in the van. The QMRP instructed the staff to retrieve the walker. The staff provided the walker and the	W 192	<b>W192</b>  1. Nursing will coordinate with the PCP for client #2 to insure that the orders are modified to reflect the need to use the walker both in the community and in the home as well as at the day program...5-30-09.  Additionally, the PT will retrain staff on the proper use of the walker and on providing stand by assistance when it is in use...5-30-09/ The QMRP will continue to routinely monitor staff during active treatment hours to insure that the protocol is routinely followed...5-30-09.	

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W 192	<p>Continued From page 5 client used it with stand-by assistance from staff.</p> <p>Interview with the QMRP and a direct care staff on April 29, 2009 at approximately 2:20 PM revealed that the staff had received training by the Physical Therapist (PT) January 12, 2009 on the use of Client #2's walker and the technique to use when assisting him while ambulating. On February 5, 2009, additional training on the use of the walker and ambulatory supports were provided by the PT. Review of the PT progress note, dated February 5, 2009 revealed "Staff training was performed on this day. It was decided that &lt;client&gt; would benefit from using his rolling walker in the home. Staff are to provide &lt;client&gt; with stand by assistance when is ambulating with safety."</p> <p>It should be noted, that although review of the client's physician's orders on April 29, 2009, at approximately 11:30 AM revealed that he was to use his walker while in the community, the QMRP stated that it was recommended that the client use the walker while in the facility.</p> <p>The facility failed to ensure effective training on the use of Client #2's mobility support needs (i.e. walker).</p> <p>2. The facility failed to ensure effective training on Client #1's mealtime protocol.</p> <p>On April 28, 2009, at approximately 5:20 PM, Client #1 was observed consuming his dinner which consisted of macaroni and cheese and greens. The client used a measuring cup to serve himself. After he consumed all of his meal he requested more of the macaroni and cheese. The staff gave him more of the macaroni and</p>	W 192	<p>2. The nutritionist will retrain staff on client #1's meal protocol to insure that proper seconds are offered when seconds are requested...5-30-09.</p> <p>The QMRP will observe meals on a routine weekly basis to insure ongoing compliance and will provide on the spot training when necessary...5-30-09.</p>	

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**W 192** Continued From page 6  
cheese without using the measuring cup. It could not be determined how much was given to the client.

Review of Client #1's Physician's Orders on April 28, 2009 at 11:00 AM revealed he was prescribed a 1500 calorie chopped texture, moist meat (dime size) diet. According to his Mealtime Protocol dated March 22, 2009, the staff was to offer him a salad with fat free dressing or sugar free pudding if he requested seconds at a meal.

**W 192**

**W 212** 483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN  
The facility failed to ensure the staff received effective training on Client#1's mealtime protocol and dietary needs.

**W 212**

The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes.

**W212**

This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to identify presenting problems and disabilities for one of the two clients in the sample. (Client #2)

PT will reassess client #2 by...6-10-09.  
PT will revise existing protocols in it is deemed necessary to reflect the findings and will train staff on any changes made in existing treatment and support parameters within 7 days of modifying the treatment and/or support plans...6-17-09.

The findings include:

The facility failed to obtain a physical therapy assessment to address Client #2's unsteady gait and ambulation support needs.

Observation at the facility on April 28, 2009 at approximately 4:10 PM revealed Client #2 being assisted while ambulating with two staff. During the process of walking, Client #2 lost his balance and his legs buckled under him and he required

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**W 212** Continued From page 7  
support from the staff to avoid hitting the floor. The QMRP asked the staff "where is his walker? The staff indicated that his walker was in the van. The staff was instructed to go to the van and get his walker. The staff returned with his walker and the client was observed using it. Further review of the facility's incident reports revealed Client #2 had two recent incidents (March 11, 2009 and February 17, 2009) where he fell and/or lost his balance. Interview with the QMRP on April 28, 2009, at 2:30 PM, revealed she was going to speak with the physical therapist regarding the client's frequent loss of balance while ambulating. She acknowledged that to date, there had been no assessment scheduled.

**W 212**

**W 322** 483.460(a)(3) PHYSICIAN SERVICES  
  
The facility must provide or obtain preventive and general medical care.  
  
This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure general and preventative care services, for two of two clients in the sample. (Clients #1 and #2)  
  
The findings include:  
  
1. The facility failed to ensure Client #2's ambulation and support needs were assessed. [See W212]  
  
2. The facility failed to ensure Client #2 received dental services as recommended. [See W356]  
  
3. The facility failed to ensure Client #1's special dietary needs, as recommended by the

**W 322**

**W322**  
See the responses for W212, W356 and W331.



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W 322	Continued From page 8	W 322		
W 331	nutritionist, were addressed. [See W331]	W 331		
	483.460(c) NURSING SERVICES			
	The facility must provide clients with nursing services in accordance with their needs.			
	This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's nurse failed to ensure the coordination of health care services for two of two clients in the sample. (Clients #1 and #2)		W331	
	The findings include:			
	1. Client #1 was observed at his day program on April 28, 2009. At approximately 12:10 PM a carton of milk (2%) was placed at client #1's place at the table. Client #1 consumed all of the milk.		1. Nursing will coordinate with the PCP to insure that the order for Soy, Rice or Lactaide milk is added to the current physician's orders and signed by the PCP to confirm approval...5-26-09.	
	Review of the nutritional assessment dated March 22, 2009, on April 29, 2009 at 8:20 AM reflected the nutritionist recommended for the client ho have Lactaide, Soy or Rice milk. Review of Client #1's Physician's Orders failed to have evidence that the PCP addressed the recommendation made by the nutritionist. Inspection of the facility's refrigerator on the same day at approximately 8:45 AM revealed a carton of Lactaide milk. The direct care staff present indicated the Lactaide was given to Client #1 because of "loose stools". In an interview with the Nurse on the same day at approximately 10:00 AM she acknowledged the PCP had not addressed the recommendation in his orders.		In addition, nursing will insure during their routine monthly meetings with the PCP that all such changes are made in a timely manner...5-30-09.	
	2. The nursing staff failed to ensure comprehensive treatment services for the		2. See responses for W356	

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W 331	Continued From page 9 maintenance of dental health for Client #2. (See W356)	W 331			
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT  The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure comprehensive treatment services for the maintenance of dental health for one of the two clients in the sample. (Client #2)  The findings include:  Review of Client #2's medical record on April 28, 2009 at approximately 3:00 PM revealed a dental consultation dated December 9, 2008. The dentist noted that the client needed scaling. The dentist recommended a follow-up appointment for February 23, 2009. The chart did not contain evidence that the client went to see the dentist on the aforementioned date. In an interview with the Qualified Mental Retardation Professional on April 29, 2009 at approximately 2:00 PM, she acknowledged that Client #2 had not been seen by the dentist for follow-up or receive scaling.	W 356	W356  Client #2's dental follow up will be scheduled by...5-30-09. The RN will use the standard BRA consultation tracking forms to routinely track all required medical follow up and insure that they are scheduled and implemented in a timely manner on a consistent basis...5-30-09. In addition, the QMRP will track such follow up during her monthly audits of the medical records and will coordinate with nursing on follow up during monthly team meetings between the QMRP, RN and Home Manager...5-30-09.		
W 436	483.470(g)(2) SPACE AND EQUIPMENT  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	W 436	W436  The PT will train client #2 on the use of his walker by...5-30-09. The PT will monitor client #2 for appropriate use of the walker during routine visits to the home...5-30-09.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEHAVIOR RESEARCH ASSOCIATES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5051 LEE STREET NE WASHINGTON, DC 20019</b>
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W 436	<p>Continued From page 10 interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure client's were taught how use adaptive equipment for one of the two clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>Observation at the facility on April 28, 2009 at approximately 4:10 PM revealed Client #2 being assisted with ambulation by two staff. During the process of walking, Client #2 lost his balance and his legs buckled under him and he required support from the staff to avoid falling. The QMRP asked the staff "where is his walker? The staff indicated that his walker was in the van. The staff was instructed to go to the van and get his walker. The staff returned with his walker and the client was observed using it.</p> <p>The walker had two wheels on the front and no wheels in the back. The client picked the walker up placed it in front of him and walked into the walker. Interview with the QMRP revealed that the client was supposed to use the wheels to roll the walker when he used it.</p> <p>Further review of Client #2's records revealed the Physical Therapist provided staff training on February 5, 2009. It was also documented that the Client would benefit from using his rolling walker in the home and that staff were to provide stand by assistance when the client was ambulating for safety. The document, however failed to indicate whether the client was provided</p>	W 436		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 436	Continued From page 11 instructions on the proper use of his walker. Further record review failed to show evidence that the client had received training on its use.	W 436		
W 460	<b>483.480(a)(1) FOOD AND NUTRITION SERVICES</b>  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure therapeutic diets addressed the nutritional needs of one of two clients in the sample. (Client #1).  The finding includes:  1. On April 28, 2009 at approximately 5:07 PM Client #1 was observed serving himself macaroni and cheese with a measuring cup. After consuming all of the macaroni and cheese he requested to have more of it. The staff gave him more without measuring the amount. Review of Client #1's Physician's Orders on the same day at approximately 1:02 PM revealed the client was prescribed a 1500 calorie ADA diet. Review of Client #1's Nutrition Assessment dated March 22, 2009, on April 29, 2009 at approximately 8:20 AM revealed his Ideal Body Weight in the range of 65 - 90 pounds. Further review of his weight chart from April 2008 through March 2009, revealed his weights were documented from 103 pounds to 112 pound; which placed the client approximately 22 pounds above his ideal body weight. Review of the menu used on April 28 2009 revealed that the client was to receive 6 ounces of macaroni and cheese. Interview with the Qualified Mental	W 460	W460  The nutritionist will retrain staff on both issues cited (#1 and #2) by...5-30-09. The QMRP will seek clarity on the diet drink issue from the nutritionist and will insure that staff follows the instructions/recommendations of the nutritionist once clarity is obtained. In addition, the QMRP will coordinate with the RN and PCP to insure that the physician's orders reflect with clarity what the nutritionist decides on the issue...5-30-09.  The QMRP will insure that shopping is done in menu-matched fashion to insure that the food and drinks match the specific diets of each person supported...5-30-09.	

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W 460	Continued From page 12 Retardation Professional on April 29, 2009 failed to evidence the facility had a means of ensuring an accurate amount of food was served to the clients as required by the menu.  2. During the dinner observation on April 28, 2009 at approximately 5:07 PM Client #1 was observed receiving cranberry juice. Review of the menu used on April 28 2009 revealed that the client was to receive a diet drink. In an interview with the QMRP on April 29, 2009, at 11:00 AM, she indicated that she was not sure if the dietician meant for Client #1 to have a diet drink; however the QMRP acknowledged that the staff should have followed the menu as written. It should be noted that the cranberry juice was sweetened with sugar and was an estimated 130 calories per 8 ounces.	W 460			

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2009</b>
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**1 000 INITIAL COMMENTS**

A licensure survey was conducted from April 28, 2009, through April 29, 2009. A random sample of two residents was selected from a residential population of four male clients with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews, and a review of records, including unusual incident reports.

1 000

**1 056 3502.14 MEAL SERVICE / DINING AREAS**

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.

1 056

This Statute is not met as evidenced by: Based on observation review of the training records and interview with the Qualified Mental Retardation Professional (QMRP) the GHMRP failed to ensure that staff was provided effective training in serving of food for one of two Residents in the sample. (Resident #1)

The finding includes:

1. During the dinner observation on April 28, 2009 at approximately 5:07 PM Resident #1 was observed serving himself macaroni and cheese with a measuring cup. After consuming all of the macaroni and cheese he requested to have more of it. The staff gave him more without measuring the amount. Review of Resident #1's Physician's Orders on the same day at approximately 1:02 PM revealed the Resident is prescribed a 1500 calorie diet. Review of Resident #1's Nutrition Assessment dated March 22, 2009, on April 29,

3502.14-

1. The QMRP will meet with the day program to insure that it is clear that client #2 is to receive his diet chopped texture as per the modified physician's order provided for them prior to the survey and immediately upon the change in order...5-30-09.

In addition, the QMRP will observe lunch meals during her routine visits to the program as will other staff that visits the program...5-30-09.

2. During the team meeting indicated in #1 above, the QMRP will also emphasize the importance of providing client #2 with his proper plate for eating on a consistent basis and this too will be monitored during routine day program visits...5-30-09.

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Linda Brachman</i>	TITLE <b>QMRP Coordinator</b>	(X6) DATE <b>05/14/09</b>
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Health Regulation Administration

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I 056	<p>Continued From page 1</p> <p>2009 at approximately 8:20 AM revealed the Resident has an Ideal Body Weight of 65 - 90 pounds. Further review of his weight chart from April 2008 through March 2009 revealed his weights were documented from 103 pounds to 112 pound; which places the Resident at approximately 22 pounds above his ideal body weight. Further review of the menu used on April 28 2009 revealed that the Resident was to receive 6 ounces of macaroni and cheese. Interview with the Qualified Mental Retardation Professional on April 29, 2009 failed to evidence the facility had a means of ensuring an accurate amount of food is served to the Residents as required by the menu.</p> <p>2. On April 28, 2009 at approximately 5:07 PM Resident #1 was observed receiving cranberry juice. Review of the menu used on April 28 2009 revealed that the Resident was to receive a diet drink. In an interview with the QMRP on April 29, 2009, at 11:00 AM she indicated that she was not sure if the dietician meant for Resident #1 to have a diet drink; however the QMRP acknowledged the staff should have followed the menu as written.</p>	I 056	<p>The nutritionist will retrain staff on both issues cited (#1 and #2) by...5-30-09.</p> <p>The QMRP will seek clarity on the diet drink issue from the nutritionist and will insure that staff follows the instructions/recommendations of the nutritionist once clarity is obtained. In addition, the QMRP will coordinate with the RN and PCP to insure that the physician's orders reflect with clarity what the nutritionist decides on the issue...5-30-09.</p> <p>The QMRP will insure that shopping is done in menu-matched fashion to insure that the food and drinks match the specific diets of each person supported...5-30-09.</p>	
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I 206	<p><b>3509.6 PERSONNEL POLICIES</b></p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by:</p>	I 206		
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Health Regulation Administration

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I 206	<p>Continued From page 2</p> <p>Based on interview and record review, the GHMRP failed to ensure that its staff received annual health screenings for one out of fourteen staff, two out of five nurses, and three out of twenty-one consultants.</p> <p>The finding includes:</p> <p>Interview with the Registered Nurse and reviewed of the GHMRP personnel records on April 28, 2009, at approximately 10:00 AM, revealed that there was no current health certificates for one staff (Staff #11), two nurses (Nurse #4 and #5) and three consultants (Consultants #13, #15, and #16).</p>	I 206	<p>3509.6</p> <p>BRA will insure that health certificates are obtained for the staff and consultants cited in 3509.6 by...6-10-09. BRA will track compliance and notify staff in a proactive manner to insure that health certificates and other personnel file considerations are maintained current at all times...5-30-09</p>	
I 227	<p>3510.5(d) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have on file for review current training in CPR, for eight of fourteen staff (Staff #3, #6, #7, #8 #9, #11, #12, and #13, ) and first aid, for eight out of fourteen employees (Staff #3, 6, #7, #8 # #9, #11, #12 and #13, )</p> <p>The finding includes:</p> <p>Interview with the Registered Nurse and review of the GHMRP's training records on April 28, 2009, beginning at 10:00 AM revealed the GHMRP</p>	I 227	<p>3510.5(d)</p> <p>First aid and CPR training will be provided for all staff and nursing by 6-15-09. Thereafter, BRA will track the required training and set up routine training sessions no less than twice annually to insure staff can update training as needed...5-30-09. New staff receives training within the first 30 days of hire...5-30-09.</p>	



Health Regulation Administration

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I 227	Continued From page 3  failed to evidence documentation of staff training in cardiopulmonary resuscitation (CPR) for Staff #3, #6, #7, #8, #9, #11, #12 and #13,) and First Aid for ( Staff #3,#6, #7, #8, #9, #11, #12, and #13).  Further record review revealed that three nurses (Nurses #3, #5, and #6) was without current CPR and four nurses (Nurses #3, #4, #5, and #6) did not evidence First Aid training.	I 227		
I 229	3510.5(f) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that all staff received training on a resident's nutritional regimen for one of two sampled residents. [Resident #1]  The finding includes:  1. During the dinner observation on April 28, 2009 at approximately 5:07 PM Resident #1 was observed serving himself macaroni and cheese with a measuring cup. After consuming all of the macaroni and cheese he requested to have more of it. The staff gave him more without measuring the amount. Review of Resident #1's Physician's Orders on the same day at approximately 1:02 PM revealed the Resident is prescribed a 1500	I 229	3510.5(f)  The nutritionist will retrain staff on both issues cited (#1 and #2) by...5-30-09. The QMRP will seek clarity on the diet drink issue from the nutritionist and will insure that staff follows the instructions/recommendations of the nutritionist once clarity is obtained. In addition, the QMRP will coordinate with the RN and PCP to insure that the physician's orders reflect with clarity what the nutritionist decides on the issue...5-30-09.  The QMRP will insure that shopping is done in menu-matched fashion to insure that the food and drinks match the specific diets of each person supported...5-30-09.	

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I 229	Continued From page 4  calorie diet. Review of Resident #1's Nutrition Assessment dated March 22, 2009, on April 29, 2009 at approximately 8:20 AM revealed the Resident has an Ideal Body Weight of 65 - 90 pounds. Further review of his weight chart from April 2008 through March 2009 revealed his weights were documented from 103 pounds to 112 pound; which places the Resident at approximately 22 pounds above his ideal body weight. Further review of the menu used on April 28 2009 revealed that the Resident was to receive 6 ounces of macaroni and cheese. Review of the training records revealed the staff received training on Resident #1's Mealtime Protocol on March 22, 2009. Interview with the Qualified Mental Retardation Professional on April 29, 2009 failed to evidence the facility had a means of ensuring an accurate amount of food is served to the Residents as required by the menu.  2. During the dinner observation on April 28, 2009 at approximately 5:07 PM Resident #1 was observed receiving cranberry juice. Review of the menu used on April 28 2009 revealed that the Resident was to receive a diet drink. Review of the training records revealed the staff received training on Resident #1's Mealtime Protocol on March 22, 2009. In an interview with the QMRP on April 29, 2009, at 11:00 AM she indicated that she was not sure if the dietician meant for Resident #1 to have a diet drink; however the QMRP acknowledged the staff should have followed the menu as written.	I 229		
I 441	3521.7(k) HABILITATION AND TRAINING  The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:	I 441		

Health Regulation Administration

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I 441	<p>Continued From page 5</p> <p>(k) Mobility (including ambulation, transportation, mapping and orientation, and use of mobility equipment);</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure the habilitation of its residents included training in the area of mobility for one of the two residents in the facility. (Resident #2)</p> <p>The finding include:</p> <p>Observation at the facility on April 28, 2009 at approximately 4:10 PM revealed Resident #2 being assisted with ambulation by two staff. During the process of walking, Resident #2 lost his balance and his legs buckled under him and he required support from the staff to avoid hitting the floor. The QMRP asked the staff "where is his walker? The staff indicated that his walker was in the van. The staff was instructed to go to the van and get his walker. The staff returned with his walker and the Resident was observed using it.</p> <p>The walker had two wheels on the front and no wheels in the back. The Resident picked the walker up placed it in front of him and walked into the walker. Interview with the QMRP revealed that the Resident was supposed to use the wheels to roll the walker when he used it.</p> <p>Further review of Resident #2's records revealed the Physical Therapist provided staff training on February 5, 2009. It was also documented that the Resident would benefit from using his rolling walker in the home and that staff were to provide stand by assistance when the Resident was ambulating for safety. The document, however</p>	I 441	<p>3521.7(k)</p> <p>PT will provide follow up training for both staff and client #2 on the use of the walker and for the staff all ambulation support issues by....5-30-09.</p>	
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I 441	Continued From page 6  failed to indicate that the Resident was provided instructions of the proper use of his walker.	I 441		