PRINTED: 08/16/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. (X2) MULTIPLE CONSTRUCTION (X3) A BUILDING B. WING INDIVIDUAL DEVELOPMENT, INC. (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATION) W 000 INITIAL COMMENTS (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (S///
IDENTIFICATION NUMBER. 09G122 NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC. (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS A BUILDING 8. WING STREET ADDRESS, CITY, STATE, 2IP CODE 3020 STANTON ROAD, SE WASHINGTON, DC 20020 PROVIDER'S PLAN OF CORRECTION SHOULD BY FULL (EACH CORRECTIVE ACTION SHOULD BY TAG CROSS-REFERENCED TO THE APPROPRIATION) W 000 INITIAL COMMENTS	O7/28/2011 O7/28/2011 BE COMPLETED ATE DATE
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) W 000 INITIAL COMMENTS	SE COMPLETIC
W 000 INITIAL COMMENTS W 000 Received 9/1	8/11
Department of Health	
A recertification survey was conducted from July 26, 2011 through July 28, 2011. A sample of three clients was selected from a population of six women with various intellectual and	ision
developmental disabilities. This support	
initiated utilizing the fundamental survey process. This Standard will be met as	8/3/1
evidenced by:	01-11
The findings of the survey were based on observations and interviews with staff and clients Individual #2's mother is her sum.	ngare
in the home and at three day program, as well as healthcare decision maker. The fa	cility
a review of client and administrative records, nurse and the QDDP has receive a	a
including incident reports. W 124 483.420(a)(2) PROTECTION OF CLIENTS W 124 inform consent and the condition of the process	of .
RIGHTS Warranted inform consent to be us	ه اد د
system has been put in place to en	sure
The dome the circumstate the rights or all clients.	rior
nevent /if the elient is a select of the Square	ion is
of the client's medical condition, developmental	
and behavioral status, attendant risks of	er's
treatment, and of the right to refuse treatment. been administered to individual #2	i CO
In future, QMRP will ensure that I	legal
guardians and surrogate healthcare	:
This STANDARD is not met as evidenced by: decision maker for individuals are	fully
Based on interview and record review, the facility informed of all medications; QDDI	ß
failed to ensure the rights of each client and/or will ensure that all parties are fully their legal guardian to be informed of the client's knowledgeable of the risk and benefits	.م.
medical condition, developmental and behavioral of each medication prescribed for the	ЯН La
status, attendent risks of treatment, and the right individual. ODDP will also ensure	ne .
to refuse treatment, for one of the three clients documentation of information	
included in the sample, (Client #2) regarding all efforts to involve legal	;
The finding includes: guardian and surrogate decision ma	kers
documented and a fig. (1)	
morned consent was obtained from Client #2	. 1
ATORY DIRECTOR'S OR AROUDERS PPPLIER REPRESENTATIVE'S SIGNATURE TITLE	(X6) DATE
after 1 / Mr Willocker of Rosinba from Sources Als	6111
eficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is a	OH I
ing the date of survey whether or not a plan of correction is provided. Ear purple the date of survey whether or not a plan of correction is provided. Ear purple the survey whether or not a plan of correction is provided.	losable 90 days
ollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisited in participation.	USCKARNA 14

PRINTED: 08/16/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B WING 09G122 07/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 STANTON ROAD, SE INDIVIDUAL DEVELOPMENT, INC. WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 124 Continued From page 1 W 124 and/or her legal guardian for sedations given for medical appointments, as evidenced below: During the entrance conference on July 26, 2011. at 8:20 a.m., interview with the qualified intellectual disabilities professional (QIDP) revealed that Client #2's mother operated as the client's designated surrogate healthcare decision-maker due to the client's inability to give informed consent for the use of her medications. On July 26, 2011, at 8:20 p.m., Client #2 was observed to be administered Fluoxetine HCI 20 mg capsule by the medication nurse. During this time, the nurse revealed that the client was prescribed this medication to manage her mood disorder. The nurse also revealed that the client required sedation for medical appointments due to her repeated failure to cooperate with the clinicians. On July 27, 2011, at 11:00 a.m., review of Client #1's psychological assessment dated May 11. 2011, confirmed that the client lacked the capacity to grant, refuse, or withdraw consent to any ongoing medical treatment. On July 27, 2011, at 4:24 p.m., review of Client #2's physician orders dated November 1, 2010 through June 1, 2011, revealed a standing order for "Ativan 2 tabs (4 mg) by mouth prior to appointments. Review of the medication administration records

on July 27, 2011, at 5:17 p.m., confirmed that Client #2 received Ativan (4 mg) by mouth for medical appointments on the following dates:

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

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X.2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE COMPI	
		09G122	B. WING	·	07/	28/2011
	PROVIDER OR SUPPLIER UAL DEVELOPMENT,	INC.		STREET ADDRESS, CITY, STATE, 2IP CODE 3020 STANTON ROAD, SE WASHINGTON, DC 20020		
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W 124	on July 28, 2011, at was not obtained for aforementioned apprevealed the client is standing order for s	registered Nurse and the QIDP: 10:06 a.m., revealed consent or Client #2's mother for the pointments. Further interview s non-compliant, therefore a edation was put in place consent from the client's	W 12			
W 159	provide evidence the needs, including the effects associated wright to refuse treatr her legally authorize of the aforementione 483.430(a) QUALIFICATION PRETARDATION PRETARDATION PRETARDATION PRESCHOOL COORDINATION OF THE STANDARD IS Based on observation of the facility faqualified intellectual.	ED MENTAL	W 15	W159(1,2, and 3) This Standard will be met as evidenced by: The QDDP will receive additional services for individuals served QDDP will receive additional service training on program implementation and following programs as formulated by the QDDP will receive a refresher on the established Adaptive Ed Protocol. QDDP will ensure that all service on the established and on timely manner provided and on timely manner DRS will provide a routine and individual record to ensure con with this standard as set forth.	onal of l in- up with IDT, r training quipment ices are r. fit of	9/13/11

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.

PRINTED: 08/16/2011 FORM APPROVED OMB NO. 0938-0391

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W 159	Continued From pa	ge 3	W	159			
	active treatment pro clients in the sampl	ograms for three of three e. (Clients #1, #2 and #3)					
•:	The findings include	9:					
10.0	to ensure drugs use behavior were used	P failed to coordinate services ed to control inappropriate only as an integral part of the ogram plan for Clients #1 and		ı			
•	2. The facility's QIDI to ensure Client #2 i treatment. (See W2-	P failed to coordinate services received continuous active 49)					
	services to ensure t	P failed to coordinate hat chest harnesses worn by are approved by the human see W262.2)		·			:
W 249	483.440(d)(1) PROG	RAM IMPLEMENTATION	W 24	49			:
	each client must rece treatment program or interventions and ser and frequency to sup	individual program plan, eive a continuous active					
	Based on observation review, the facility's quantity	not met as evidenced by: n, staff interview and record ualified intellectual onal (QIDP) failed to ensure		:		:	

PRINTED: 08/16/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO.</u> 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (>2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B. WING 09G122 07/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 STANTON ROAD, SE INDIVIDUAL DEVELOPMENT, INC. WASHINGTON, DC 20020 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 249 Continued From page 4 W 249 clients received continuous active treatment, for W249(#'s 1 and 2) one of the three clients included in the sample. This Standard will be met as (Client #2) evidenced by: The finding includes: Review of training record file showed that staff in the home were trained on 4:00 On July 26, 2011, beginning at 11:56 a.m., Client Universal sign language on 6/10/11. #2 was observed at her day program with her Speech Language Pathologist residential one to one staff. At 11:58 a.m., the completed training on Individual #2 one to one staff walked Client #2 to the bathroom. programs on August 3, 2011. One minute later, Client #2 followed the one to one staff to the cafeteria. At 12:02 p.m., the one QDDP will coordinate a refresher sign ۱Ł - . to one staff opened the client's lunch and placed language training for all staff with it in front of her. While the client was eating, the Director of Training. one to one staff verbally asked the client to drink In the future, QDDP will periodically her juice. After the client completed her lunch at conduct a routine monitoring of 12:11 p.m., the one to one staff pointed to the individual #2 program implementation sink, the client then walked into the kitchen and to ensure compliance with this standard placed her plate and cup inside the sink. as set forth. Further observation on July 26, 2011, at 3:33 p.m., revealed Client #2 arrived home from the day program with her one to one staff. At 4:15 p.m., the one to one staff stated, "I know she has to go to the bathroom." The one to one staff was observed to motion and tell Client #2 to come on. The client then followed the staff member to the bathroom. At 4:49 p.m., the one to one staff stated, I'm going to get her a glass of water because she will not tell me that she wants something to drink. The client then followed the one to one staff into the kitchen to drink her water.

"normal" one to one staff.

Interview with the one to one staff on July 26. 2011, at 4:25 p.m., revealed she was not her

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June 2011.

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W 249	Continued From page	ge 6	w 2	249			
W 262	program as recomm 483.440(f)(3)(i) PRO CHANGE The committee show	#2's communication training intended in the IPP. PGRAM MONITORING &	W 2	62	W262 This Standard will be met as		8[3]]]
• 5 • 5 • 5	monitor individual pri inappropriate behavi	ograms designed to manage or and other programs that, committee, involve risks to		;	evidenced by: Reference response to W124 QDDP will discuss/review all information pertaining to various	ì	
	++Based on observa review, the facility fail measures had been a the Human Rights Co	not met as evidenced by: ation, interview and record led to ensure that restrictive reviewed and approved by committee (HRC), for three of in the sample. (Clients #1,			treatments, adaptive equipments, including medication for sedation the Human Rights Committee. In addition, the QDDP will discurisk and benefits of each adaptive equipment/medication ordered an ensure approval/consent from the	n with	
1	minutes on July 28, 2	· W124] Review of the HRC .			individual legal guardian and fam members. Evidence of such meeti will be filed inside the individual	ne	
; ((2	reviewed and approve administration to Clier qualified intellectual di QIDP) on the same d	the use of sedation was ad by the HRC prior to its at #2. Interview with the sabilities professional ay, at approximately 11:30 ae HRC had not approved the client.		5 1 1 1			
۲	 The facility failed to IRC for the use of che nd #3. 	ensure approval from the : est harnesses for Clients #1		:			
							.

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W 262	Continued From pag On July 26, 2011, at were observed seat secured by chest ha	8:30 a.m., Clients #1 and #3	W	?62			
	Interview with the QI 11:40 a.m., revealed	DP on July 28, 2011, at the facility's HRC had red the wearing of chest					
	11:44 a.m., revealed chest harnesses was review and approval minutes revealed tha information concerning approve their use At the time of the sur	that the client's wearing of presented to the HRC for on June 29, 2011. The tithe HRC requested moreing the harnesses, however, if or the clients on that date, vey, there was no evidence proved the wearing of the			_	• m	
Ŵ 263	chest harnesses by C 483.440(f)(3)(ii) PRO CHANGE The committee should are conducted only w	Clients #1 and #3. GRAM MONITORING & d insure that these programs with the written informed parents (if the client is a	W 28	33	W263 This Standard will be met as evidenced by: Reference response to W124		83111
	This STANDARD is r Based on interview a failed to ensure that e intervention technique behavior modification the written informed of (if the client is a minor	not met as evidenced by: nd record review, the facility ach client's behavior					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/16/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A BUILDING H WING 09G122 07/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 STANTON ROAD, SE INDIVIDUAL DEVELOPMENT, INC. WASHINGTON, DC 20020 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX COMPLETION TAĞ REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 263 Continued From page 8 W 263 The finding includes: [Cross refer to W124.] The facility failed to ensure that written informed consent was obtained prior to the administration of sedation for Client #2. W 312 483.450(e)(2) DRUG USAGE W 312 W312 (#'s I and 2) Drugs used for control of inappropriate behavior must be used only as an integral part of the This Standard will be met as client's individual program plan that is directed evidenced by: specifically towards the reduction of and eventual Reference response to W124 elimination of the behaviors for which the drugs Psychologist completed a are employed. desensitization program for individual #2 on 8/4/11 and staff were trained on This STANDARD is not met as evidenced by: 8/12/11. Based on observation, interview and record QDDP is following up with review, the facility failed to ensure drugs used to psychologist to ensure desensitization control inappropriate behavior were used only as program is developed for individual an integral part of the client's individual program land any other individual that require plan for two of the three clients in the sample. sedation for routine medical (Clients #1 and #2) appointments. In the future each plan will be presented to HRC for The finding includes: consent/approval prior to its usage. 1. The facility failed to ensure that the individual program plan identified sedation usage as an intervention to address Client #2's non-compliance during medical appointments. [Cross refer to W124]. On July 27, 2011, at 11:50 a.m., interview with the facility's qualified

intellectual disabilities professional (QIDP) revealed Client #2 had a behavior support plan (BSP) to address targeted behaviors, which included non-compliance. Further discussion with the QIDP revealed that the client's

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINTED FORM	: 08/16/2011 APPROVED
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W 312	Continued From pag	ne 9	W 3	312			-
	non-compliance dur had been an ongoin admitted to the facili indicated that a train reduce the the client during health care all implemented during support plan (ISP) yethe client failed to proregistered nurse (RN client had an ongoing 4 mg to improve her health care appointments) physician orders through June 1, 2011 for "Ativan 2 tabs (4 nappointments. The ph 1, 2011 physician's or	ing medical appointments g problem since she was ty in 2008. The QIDP ing objective designed to is non-compliant behavior oppointments, which was the previous individual ear was discontinued after ogress. Interview with the physician's order for Ativan compliance during all of her ents. 4:24 p.m., review of Client dated November 1, 2010, revealed a standing ordering) by mouth prior to pysician's order dated June der (original date: March Encourage client to be					
: (: : : : : :	on July 27, 2011, at 5: Client #2 received Athe seven medical appoin 2, 2010 and July 2011 nowever, there was no hat addressed the clie	tion administration records 17 p.m., confirmed that ran (4 mg) by mouth for tments between November . At the time of the survey, o evidence of a program ent's non-compliant sppointments, to justify the					
e ic a	nsure that the individu	in the facility failed to use program plan (IPP) ge as an intervention to necessary in the compliance during				; !	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/16/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING 8 WING 09G122 07/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 STANTON ROAD, SE INDIVIDUAL DEVELOPMENT, INC. WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY W 331 483.460(c) NURSING SERVICES W 331 · 8/12/11 W331 (#'s 1 and 2) The facility must provide clients with nursing services in accordance with their needs This Standard will be met as evidenced by: Reference response to W312 This STANDARD is not met as evidenced by: QDDP will follow up with the Based on observation, interview, and record psychologist to coordinate training with review, the facility failed to ensure nursing services were provided in accordance with the the nursing staff with regards to needs of one of three clients in the sample (Client sedation with medical appointments and desensitization programs. RN will continue on-going training and The findings include: monitoring of protocols/practices to ensure compliance as set forth. 1. Interview with the facility's qualified intellectual disabilities professional (QIDP) on July 28, 2011, at 1:25 p.m. revealed Client #1 sometimes required sedation to improve her compliance during medical appointments. The QIDP's statement was acknowledged by the registered nurse (RN). Record review on July 28, 2011, at 1:35 p.m., revealed a standing order dated May 10, 2011, for Lorazepam (Ativan) 2 mg tablet , 1 tab by mouth prior to appointments. On July 28, 2011, at 2:15 p.m., review of a nursing progress note dated June 1, 2011 (12:00 a.m. - 8:00 a.m.), revealed that Client #1 was sedated for a 10:00 a.m. gynecological (Gyn) appointment. The review of the medication administration record (MAR) revealed that on June 1, 2011, Client #1 was given Lorazepam

(Atlvan) 2 mg at 7:30 a.m. According to a nursing progress note dated May 26, 2011, however, the clinic rescheduled the appointment from June 1, 2011 to July 6, 2011. A GYN - Pap Smear

PRINTED: 08/16/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING 09G122 07/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 STANTON ROAD, SE INDIVIDUAL DEVELOPMENT, INC. WASHINGTON, DC 20020 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DIFFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 331 Continued From page 11 W 331 consultation report dated July 6, 2011, stated "Please follow-up in six weeks for complete evaluation soon after sedation." At the time of the survey there was no evidence services were coordinated to prevent the client's sedation on June 1, 2011 2. [Cross refer to W368] The facility's nursing services failed to ensure that medication was administered in compliance with the physician's orders for Client #1. W368 9/13/11 W 368 483.460(k)(1) DRUG ADMINISTRATION W 368 This Standard will be met as evidenced by: The system for drug administration must assure Facility RN will provide additional that all drugs are administered in compliance with training to nurses on timely the physician's orders. documentation of medication administered to individuals as ordered This STANDARD is not met as evidenced by: by physician. Based on staff interview and record verification. The RN will ensure that a consistent the facility failed to ensure that all drugs were and accurate system is established that administered in compliance with the physician ensures that all medication prescribed orders for one of the three clients in the sample. by the physician were given in (Client #1) accordance with establish standard The findings include: Interview with the facility's qualified intellectual disabilities professional (QIDP) on July 28, 2011, at 1:25 p.m., revealed Client #1 sometimes required sedation to improve her compliance during medical appointments. The QIDP's statement was acknowledged by the registered nurse (RN).

Record review on July 28, 2011, at 1:35 p.m., revealed a standing order dated May 10, 2011 for Lorazeparn (Alivan) 2 mg tablet, 1 tab by mouth

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/18/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 09G122 07/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE INDIVIDUAL DEVELOPMENT, INC. 3020 STANTON ROAD, SE WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION **PREFIX** EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 368 Continued From page 12 W 368 prior to appointments. A physician's order dated May 16, 2011, revealed Ativan 2 mg was prescribed for an EEG Test. The LPN's and the surveyor's review or the EEG consultation report W436 dated May 16, 2011, as well as the medication 8/31/11 This standard will be met as administration record (MAR) and nursing evidenced by: progress notes, revealed they failed to document that the client was administered the sedation prior #1. Adaptive equipment vendor to the May 16, 2011 appointment, as prescribed indicated that armrest has been by the physician. ordered for individual #4, QDDP W 436 483.470(g)(2) SPACE AND EQUIPMENT W 436 and RD will continue to follow up with IDI adaptive equipment The facility must furnish, maintain in good repair, coordinator to ensure timely repair and teach clients to use and to make informed of individual #4's armrest All choices about the use of dentures, eyeglasses, correspondence will be hearing and other communications aids, braces, documented according to the and other devices identified by the adaptive equipment protocol. interdisciplinary team as needed by the client. #2: QDDP will follow up with DDS service coordinator to request for support in obtaining individual This STANDARD is not met as evidenced by: #6's wheelchair. In addition, IDI Based on observation, interview and the record adaptive equipment coordinator review, the facility failed to ensure adaptive will follow up with vendor to equipment and devices identified by the request for updated status on interdisciplinary team as needed by the clients. individual #6 new wheelchair. All was maintained in good repair for two of six correspondence will be clients residing in the facility. (Clients #4, and #6). documented according to the adaptive equipment protocol. 1. The facility failed to ensure that Client #4's As previously mentioned, the wheelchair was maintained in good repair, as QDDP will be trained from the evidenced below: DRS on process of adaptive equipment to ensure clear On July 27, 2011, at 9:15 a.m., observation of understanding of steps to be taken Client #4 revealed she had severe bilateral

contractures of her elbows, causing her hands to

revealed the left arm pad was missing, leaving

be pointed upward. Observation of her wheelchair:

delayed.

when equipment request is

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vinyl uphoistery of Client #6's wheelchair. The

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HAND HUMAN SERVICES		•		D: 08/16/2011 MAPPROVED
E & MEDICAID SERVICES	_			0. 0938-0391
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ne armrests appeared to be in Continued discussion with 8, 2011, revealed that the for a new wheelchair for the igo." According to the QIDP, eriod, various repairs had lient's wheelchair to ensure ctional. The QIDP further ontinued to follow-up on the hair, however, the wheelchair business, which proved to be tall:50 a.m., record reviewing information concerning air: If the Evaluation, dated August call the apist (PT) and collection will benefit from a new				
elchair." It dated December 30, PT conducted the final elclient's new wheelchair on The QIDP further noted that for stated that the delivery air was approximately all sent to PT requesting to rements for client's new DP telephoned the and was informed that the				
	INC. OPERATION NUMBER OPERATION OPERA	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G122 B. WING STRING A BUILDING B. WING STRING STRIN	E. & MEDICAID SERVICES X11 PROVIDER/SUPPLIER/CLIA A BUILDING 09G122 STREET ADDRESS, CITY, STATE, ZIP G 3020 STANTON ROAD, SE WASHINGTON, DC 20020 INC. STREET ADDRESS, CITY, STATE, ZIP G 3020 STANTON ROAD, SE WASHINGTON, DC 20020 MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) FREFIX FROVIDER'S PLAN OF CITY Get 14 Get of the continued discussion with 3, 2011, revealed that the for a new wheelchair for the gio." According to the QIDP, eriod, various repairs had lient's wheelchair to ensure cotonal. The QIDP further ontinued to follow-up on the nair, however, the wheelchair pusiness, which proved to be 11:50 a.m., record review ginformation concerning air. Ith Evaluation, "dated August call therapist (PT) callent will benefit from a new elchair." Ith Evaluation, "dated August call therapist (PT) callent will benefit from a new elchair." Ith Evaluation cated August callent's new wheelchair on The QIDP further noted that or stated that the delivery air was approximately Ith Evaluation cated August callent's new wheelchair on The QIDP further noted that or stated that the delivery air was approximately Ith Evaluation cated August callent's new wheelchair on The QIDP further noted that or stated that the delivery air was approximately Inc. Inc.	AND HUMAN SERVICES & MEDICALD SERVICES (X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER 98G122 INC. STREET ADDRESS, CITY, STATE, ZIP CODE 3920 STANTON ROAD, SE WASHINGTON, DC 20020 INC. STEMENT OF DEPICIENCIES IN MUST SIE PRECEDED BY FULL TAG CROSS-REPERINGED TO THE APPROPRIATE OF PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A BUILDING OPPOVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A BUILDING WASHINGTON, DC 20020 INC. PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. W 436 W 436 W 436 INC. INC. INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OPPOVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. INC. INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE APPROPRIATE OF A INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED TO THE CROSS-REPERINGED OF A INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED OF A INC. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERINGED OF A INC. PROVIDER'S PLAN OF CORRECTION (EACH

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W 436	Continued From pag	ge 15	W	136		· <u>-</u>	
	telephoned to updat		,,,				1
424	e. August 10, 2010 - client's chair by a dif	Repairs were made to the ferent vendor,					
F11 7,	wheelchair company	10 - An attempt to reach to discuss the status of the unsuccessful; a message					
	adaptive equipment of the wheelchair vendo inquiry concerning the wheelchair. The med	The medical director and coordinator were notified that in had not responded to the status of the client's new ical director indicated that a per would be sent to the				:	
1	repairs to the Client # 11, 2010 and March 2 mentioning of the effo	s notes documented various 6's chair between October 1011, there was no further rts to obtained the client's 1 2011, five months later.				!	
f	lient's new wheelcha	w 719 forwarded for the ir. The PT was telephoned is report for the client to pair.		•		:	
u V	nolded wheelchair, Ag	MR) "Needs new custom					
to	May 3, 2011 - Wheel request an updated heelchair.	chair vendor was e-mailed on the client's new		•		:	

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

PRINTED: 08/16/2011 FORM APPROVED OMB NO. 0938-0391

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W 436	that Client #6's current maintained in good measures were impersourement of the	urvey, there was no evidence ent wheelchair was repair, and that timely demented to facilitate timely	W	136			
W 474		d in a form consistent with the	W 4	74	W474 This Standard will be met as evidenced by:		8 15 11
	Based on observation review, the facility far received their meals	in the form and consistency le of the three clients in the			A refresher training was provided to staff on individual #2 mealth protocol and meal texture. QDDP is expected conduct mealtime observation to ensure staff follow protocol as outline. The QDDP will coordinate with Speech Pathologist for announce and unannounced mealtime.	me : :d h	
	revealed the one to cuncut toasted turkey, sandwich. As the clit to one staff instructed sandwich on her plat client then ate her fru. 12:09 p.m., the one to #2's Fig Newton cook broke the cookie into client one piece at a lient one piece a	26, 2011, at 12:02 p.m., one staff served Client #2 an roast beef, and cheese ent ate the sandwich, the one d the client to put her e and drink her juice. The clit cup without assistance. At co one staff opened Client cie. The one to one staff then small pieces and gave the time to eat. The client was her food well as offered.			observations.		
•	day, at 12:30 p.m., re 1200 calorie diet, Fur	e to one staff on the same vealed Client #2 is on a ther interview revealed she e client her cookies one at a		1			

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FOR	D: 08/16/2011 M APPROVED D: 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	A BU	liuning	CONSTRUCTION	(X3) DATE	
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W 474	Continued From pag		W	474			,
	time because she e	ats too fast,					:
	1, 2011, on July 26, the client was presci of the mealtime prot order to "hand cut"	s physician order dated June 2011, at 4:14 p.m., revealed ribed a chopped diet. Review ocol at 4:40 p.m., revealed an the client's meal into wever, stringy vegetables oped.					
	confirmed Client #2 vitextured diet. Further client puts too much the one to one staff vicilent's sandwich into Speech Pathologist a retrain the staff again	it, 2011, at 3:05 p.m., was prescribed a chopped or interview revealed the food in her mouth; therefore, was required to hand cut the bite size pieces. The also indicated that she will a August 1, 2011.					
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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIÉI IDENTIFICATION NUM	R/CLIA ABER:	(X2) MULT A BUILOIN B WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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			WASHINGT	FON, DC 2	0020	
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1000	INITIAL COMMENT	rs	,	1 000		
	2011 through July 2 of three residents w	vas conducted from J 8, 2011. A random s as selected from a re nales with various lev ar disabilities.	ampling sidential			ı
1.	in the group home a	were based on obse nd at three day progri iew of records, includ orts.	ams.			
í 0 42	3502.2(b) MEAL SE	RVICE / DINING ARE	AS I	042	3502.2b: This Statute will be met as	8/15/ ¹¹
	Modified diets shall be (b) Planned, prepare who have received in and	d, and served by indi	viduals ; tian;		evidenced by: A refresher training was provide to staff on individual #2 mealtin protocol and meal texture. ODDP is expected conduct	· ·d
	This Statute is not meased on interview a home for persons wit (GHPID) failed to ensplanned, prepared, a have received instruction three residents in the	ind record review, the th intellectual disabilit sure that modified die ind served by individuations from a dietitian	les Is were als who for one		mealtime observation to ensure staff follow protocol as outlined. The QDDP will coordinate with Speech Pathologist for announce and unannounced mealtime observations.	
	The finding includes:					
	The QIDP failed to er effectively trained to i mealtime protocol, as	mplement Resident#	: :2's			
· ;	Observation on July 2 revealed the one to one an uncut toasted turk sandwich. As the respone to one staff instrusiandwich on her plate	ne staff served Residey, roast beef, and chident ate the sandwicket the resident to p	ent #2 leese h, the lut her			

BORAFORY DIRECTORIS OR FROVIDER'S UPPLIER REPRESENTATIVES SIGNATURE

8/06/11

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	At 12:09 p.m., the o Resident #2's Fig No staff then broke the gave the resident or	I fruit cup without assine to one staff opened without cookie. The one cookie into small piecie piece at a time to eact to tolerate her food	i e to one es and et. The				
	day, at 12:30 p.m., re 1200 calorie diet. Fu	e to one staff on the sevealed Resident #2 is ther interview reveale e resident her cookies tats too fast.	on a dishe				
	June 1, 2011, on July	er to "hand out" the ite-size pieces. Howey)., ipped o				
t r t f	A face to face intervience Pathologist on July 27 confirmed Resident #2 extured diet. Further esident puts too much herefore, the one to opand cut the resident's pieces. The Speech Pathologist will retrain the 2011.	, 2011, at 3:05 p.m., 2 was prescribed a ch- interview revealed the h food in her mouth; he staff was required s sandwich into bite siz athologist also indicate	to ze		3504.1 1. The chair will be replace RD will complete months to ensure furniture is oper condition.	cd. The ty checks	i/13/11
tr pi	he GHPID tailed to en alned to implement R rotocol, as identified to evelopmental needs.	esident #2's mealtime	vely .		2. The faucet is repaired. will completed monthly consure that the faucet han in an operable position.	hecks to	
90 35	504.1 HOUSEKEEPIN	ica	1 090	,	•		

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	maintained in a safe and sanitary manner accumulations of dir odors.	t, rubbish, and objectio	tive				
	group home for persidisabilities (GHPID) if and exterior of the fa- safe and sanitary ma	n and interview, the them one with intellectual failed to ensure the intellection were maintained oner to meet the need the facility (Residents)	erior in a				
	The findings include:		:				
; T	the one of two lovese	at 5:47 p.m., observat ats in the recreation ro ved to the right or left s pplied.	юm				;
t	nterview the resident ime acknowledged the n need of repair.	ial director during this re finding that the chair	this rwas				
\$	sink would not remain	eft faucet on the kitche in place when the the s turned to an off posit	cold		1		: .
095 3	504.6 HOUSEKEEPI	NG		095	3504.6		8/3111
а	ech poison and caus locked cabinet and s feach resident	tic agent shall be store hall be out of direct re	ed in ach		This Statute will be met as evidenced by: The QDDP will provide traithe facility RD/DSP on the oprecautions for storing chem	ning to	
B	his Statute is not me ased on observation:	and staff interview, the	,				

Health	Regulation & Licensing	g Administration				FORM APPROVED
STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CI_IA MBER;	(X2) MUL A BUILD IS WING		(X3) DATE SURVEY COMPLETED
NAME OF I	PROVIDER OR SUPPLIER	HFD03-0001	CYBELT A	DD0530 4:30		07/28/2011
	UAL DEVELOPMENT,	INC.	3020 ST	ANTON RO GTON, DC	. STATE, ZIP CODE AD, SE 20020	
PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY IS SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETE
1095	Continued From page	je 3		1 095		
	group home for pers disabilities (GHPID) agents were kept in the direct reach of its section. [Residents	failed to ensure all ca a locked cabinet and a residents as require	lout of ed by this			
	The findings include:	:				
	Observation and interesidential director (Fapproximately 4:00 p bottle of Windex cleastand, Minutes later, cleaner and and a boobserved in a unlock bathroom sink.	RD) on July 26, 2011 I.m., verified there wanner on top of the tele a bottle of Chlorox bottle of Windex were	at as a evision leach			
	Interview with the RD that all caustic agents a locked cabinet.	at the same time re- s are required to be s	vealed tored in			
1180	3508.1 ADMINISTRA	TIVE SUPPORT		1180		
2 1 1	Each GHMRP shall predministrative support needs of the residents Habilitation plans. This Statute is not me	t to efficiently meet the sas required by their et as evidenced by:	:		3508.1 This Statute will be met as evidenced by: Cross Reference W317 Cross Reference W249	8/12/11
ro ir : a h	Based on observation eview, the group home tellectual disabilities adequate administration needs of fivesiding in the facility	e for persons with (GHPID) failed to en a support to meet the ve of six residents in	sure le the		Cross Reference W249 Cross Reference W262,2 Cross Reference W436	8 3 8 3 8 3
Т	he findings include:					
	The facility's QIDP fa		ervices			

100,111	requiation & Licens	ing Administration				_
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION INENTIFICATION IN INFO INFO		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	MBER: A. BUILDING		(X3) DATE SURVEY COMPLEYED	
		HFD03-0001		8. WING		07/28/2011
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE, ZIP CODE	0.1201Z0.1
INDIVIE	DUAL DEVELOPMENT	, INC.	3020 STA WASHING	NTON ROA	AD, SE 20020	
(X4) ID PREFIX TAG	. (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMAT	GO	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI OEFICIENCY)	HOULD BE COMPLETE
≀ 180	Continued From pa	age 4		I 180		
i	to ensure drugs us behavior were user resident's individua	ed to control inapproprion only as an integral part program plan for Resected deficiency report	rt of the '			
	to ensure Resident	P failed to coordinate : #2 received continuou deral deficiency report	s active			
•	Services to ensure Residents #1 and #	PP failed to coordinate that chest harnesses values approved by the cittee. (See Federal def 62.2)	е			
•	ensure that adaptive by the interdisciplina Resident #4 and #6.	o coordinate services for equipment/devices id ry team as needed for were maintained in go deficiency report - Cital	entified ood			
			1			
	•		,			
l 401	3520.3 PROFESSIO PROVISIONS	N SERVICES: GENER	RAL !	1 401	3520.3	
	and evaluation, includevelopmental levels services, and services	s shall include both dia ding identification of and needs, treatment as designed to prevent ar loss of function by the		-	This Statute will be met as evidenced by: Cross Reference W249 Cross Reference W321 Cross Reference W331	ટીંઢા II શાવા (8 શાવા (8
	This Statute is not m Based on observation review, the group hor tion & Licensing Administr	n, interview and record me for persons with	:			

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() Carrell	Regulation & Licens	irig Administration			4		, , , , , , , , , , , , , , , , , , , ,
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NI HFD03-0001	ER/CLIA UMRER	(K2) MULTII A. BUILDING B. WING	FLE CONSTRUCTION	(X3) DATE (COMPL	ETĘD
NAME OF	PROVIDER OR SUPPLIER		/			07/2	8/2011
	UAL DEVELOPMENT		3020 STA	NTON ROAD TON, DC 20	STATE, ZIP CODE 0, SE 1020		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	ES CEUL	(D PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
	professional service and evaluation, income developmental levices, and services, and services, and services, and services, and services, and services and services (Resident for one of (Resident #1) The findings included The QIDP's nursing each medication with the physician's evidenced below: Interview with the Codisabilities profession to during medical appropriate 1:25 p.m. revealed required sedution to during medical appropriate (RN). a. Record review or revealed a standing	ties (GHPID) failed to the that included both studing identification of the sand needs, treatments of function the sand needs, treatments of function the three residents in the three residents in the sand sadministered in constant (QIDP) on July 2 of Resident #1 some of improve her compilization of the province of th	a diagnosis of nent ent ent by the e sample. asure that impliance #1, as ectual 8, 2011, times ance is istered	1 401			
1 3 3 4 4 4 7 7	nursing progress no a.m 8:00 a.m.), re sedated for a 10:00 appointment. The re administration recon tune 1, 2011, Resid Ativan) 2 mg at 7:30 progress note dated dinic rescheduled th	2:15 p.m., review of te dated June 1, 201 vealed that Resident a.m. gynecological (Cview of the medicalic (MAR) revealed that #1 was given London, According to a May 26, 2011, however appointment from J. A GYN - Pap Smea	1 (12:00 #1 was Syn) in it on azepam : nursing ; ver, the :			;	

AND PLAN	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME HFD03-0001	CLIA IER	(X2) MULTI A BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF	PROVIDER OR SUPPLIER		TERET ADD	1000 0004		07/28/2011		
	UAL DEVELOPMENT,	INC.	3020 STAN	ADDRESS, CITY, STATE, ZIP CODE STANTON ROAD, SE INGTON, DC 20020				
(X4) ID PREFIX TAG	(EACH DE FICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION	LL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLE		
	American Sign Lang communicate her no (Facility Objective) [The Resident] will u (eat. drink, toilet, mo through Friday with coincluded each quarted. At no time during the staff use basic sign it with the resident, nor encourage the use of During a face to face at 3:00 p.m., the Sperial terview revealed shoughest 1, 2011. Interview with the one 2011, at 10:52 p.m., no sign language with Resident June 2011. There was no evidence.	ts, (the resident) will us guage for "toilet" to seed to use the bathroomed to use the bathroomed seed to use the one to anguage to communicate did the staff member of sign language. Interview on July 27, 2 each Pathologist verified sich hand signing programmed signing programmed to one staff on July 28 evealed she did not us esident #2. Continued attended a sign language that the GHPID	gns day sign one ate i that arn oefore i	422				
tı	mplemented Residen raining program as re 523.1 RESIDENT'S f	commended in the IPF	P,	00	3523.1			
t!	nat the rights of reside	ce director shall ensure	;		This Statute will be met as evidenced by:	श्वत।।।		
ĊI	rotected in accordance hapter, and other app ws.	e with D.C. Law 2-137 licable District and fed	, this ' eral		Cross Reference W124 Cross Reference W436	8/31/11		

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