

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  DD0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/27/2015
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NAME OF PROVIDER OR SUPPLIER  SECOND FAMILY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785
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L 000	<p>Initial Comments</p> <p>On April 21, 2015 Incident Investigation MD00090735 was initiated in response to a unplanned hospitalization. The census at site DL#5832 was 5 individuals. Survey activities included a review of records for 1 individual and interviews with Licensee staff. Service delivery issues related to the unplanned hospitalization were substantiated. The Licensee was found not to be in compliance with: COMAR Title 10, Subtitle 22 Developmental Disabilities Regulations and COMAR Title 14. Subtitle 31. Office for Children.</p> <p>This Statement of Deficiency has been amended as of 5/13/2015 to exclude currently identified deficient practices for which a Plan of Correction is in place as outlined in the Settlement Agreement dated 2/19/2015.</p>	L 000		
L1455 SS=A	<p>10.22.05.02.B9 Components IP;include;doc of progress</p> <p>.02 Components of the IP. B. The IP is a written plan which includes:</p> <p>(9) Documentation of progress toward the achievement of goals;</p> <p>This Regulation is not met as evidenced by: Based on a file review of Individual #1 ' s Individual Plan (IP) and supporting documentation, Licensee staff have failed to provide Individual #1 with his weekly social outings. Findings: Individual #1 ' s IP has a goal that (Individual #1) will have one social outing each week (health and weather permitting). A review of Individual #1 ' s April 2015 IP Data</p>	L1455		

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

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L1455	<p>Continued From page 1</p> <p>Collection Sheet on 4/21/2015 indicated that staff have failed to provide Individual #1 with a social outing weekly. Documentation for each day from through has an " X " in each of the Tasks representing not completed which require staff to provide comments. No comments have been provided on the IP Data Collection Sheet to indicate why goal was not completed. One task is also incorrectly written and indicates " (Individual #1) will attend one social outing/month " when this task should indicate weekly. There is no documentation to support Individual #1's health or weather prevented Individual #1 from participating in a weekly outing.</p>	L1455		
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Y4055 SS=A	<p>14.31.06.13A1 Hlth Care: Gen Hlth: Writ Plan 4 Services</p> <p>.13 Health Care.</p> <p>A. General Health Services. The licensee shall:</p> <p>(1) Observe a written plan for the provision of preventive, routine, and emergency medical, dental, and mental health care for the children; and</p> <p>This Regulation is not met as evidenced by: Based on a file review and interview with staff, Licensee staff failed to document as required in Individual #1 's Nursing Care Plan (NCP) and Licensee Policy.</p> <p>Findings: NCP dated requires staff to accurately document all observed activity on the calendar and observation sheet. A review of the calendar indicated multiple on however there was no corresponding documentation on the observation sheet. This lack of documentation failed to document support that the witnessed met the criteria for administration of on as required " for "</p> <p>On 4/21/2015 Staff #4 verified policy to fully document each on the Licensee ' s Observation Data sheet and that no documentation for the were found during the review of the March 2015 observation sheets.</p>	Y4055		

HCO LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Y5910	Continued From page 1	Y5910		
Y5910 SS=G	<p>14.31.07.08K4 Spec Lic Std: DD: Policy: Incident Rptg</p> <p>.08 Programs for Children With Developmental Disabilities.</p> <p>K. Policies and Procedures. A licensee shall develop and adopt written policies and procedures in addition to those policies and procedures required in COMAR 14.31.06 to ensure:</p> <p>(4) The reporting and investigation of all incidents, including those involving life-threatening conditions, in accordance with the Developmental Disabilities Administration's procedures on reportable incidents;</p> <p>This Regulation is not met as evidenced by: Incident Report</p> <p>Based on a review of the Licensee's incident documents and investigation, it was determined that the Licensee failed to follow the timeline to report an Incident Report (IR) as established by the Developmental Disability Administration 's (DDA) Policy on Reportable Incidents and Investigations (PORII).</p> <p>Findings:</p> <p>On the date of _____ the Licensee submitted an IR, PCIS2 #39844, for an unplanned hospitalization occurring on _____ PORII requires that IRs be reported in 1 working day of discovery. The Licensee failed to meet the required deadline.</p>	Y5910		

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Y5910	Continued From page 2  Agency Investigation Report  Based on a review of the Licensee's incident documents and investigation, it was determined that Licensee failed to conduct and submit the required Agency Investigation Report (AIR) as established by PORII.  Findings:  On the date of _____ the Licensee submitted an AIR for PCIS2 #39844 for an unplanned hospitalization occurring on _____. PORII requires that AIRs be reported in 10 working days. The Licensee failed to meet the required deadline.	Y5910		
Y5915 SS=G	14.31.07.08K5 Spec Lic Std: DD: Policy: Med Admin  .08 Programs for Children With Developmental Disabilities.  K. Policies and Procedures. A licensee shall develop and adopt written policies and procedures in addition to those policies and procedures required in COMAR 14.31.06 to ensure:  (5) The administration of medications in accordance with the practices established by the curriculum of the Developmental Disabilities Administration on medication training;  This Regulation is not met as evidenced by: Based on a records review Licensee staff failed to	Y5915		

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Y5915	<p>Continued From page 3</p> <p>ensure the " Six Rights " criteria when administering Individual #1 ' s This error of " Right Route " was not documented correctly by 6 License staff, (Staff #3, 6, 7, 9, 10 and 13) documentino the administration of Individual #1 ' s</p> <p>Findings: Individual #1 ' s Phvsician Medication Orders (PMOF) for _____ states _____, Take one tablet twice daily by mouth for seizures. The PMOF was signed by the Primary Care Physician and the Delegating Nurse however the correct route for the medication should be listed as via g-tube. Individual #1 ' s Medication Administration Record (MAR) for April 2015 states Take one tablet twice daily by mouth for seizures. On the date of 4/21/2015 a records review conducted at DL#5832 revealed an Initial Nursing Assessment dated _____ documenting Individual #1 is NPO (Nothing by mouth). On the date of 4/21/2015 a records review conducted at DL#5832 revealed Individual #1 ' s Nursing Care Plan: Alteration in Nutrition R/T Ineffective gastrointestinal dated _____ reveals that Individual #1 uses a gastronomy tube (g-tube) for feedings and a 45-Day Nursing Assessment dated _____ also notes the g-tube use. On the date of 4/21/2015 a records review conducted at DL#5832 revealed a 45-Day Nursing Review dated _____ with the recommendation " Remember to always do the 3way medication check and the six rights before administering medication " . On the date of 4/21/2015 a records review conducted at DL#5832 revealed that 6 Licensee staff documented the administration of _____, Take one tablet twice daily by</p>	Y5915		
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Y5915	<p>Continued From page 4</p> <p>mouth for seizures on the MAR from _____ to date, _____</p> <p>Mediation Technician Training Program and the Second Family Medication Review and Reconciliation Manual dated 3/1/2015 requires staff to conduct the "Six Rights", one of which is the right route.</p> <p>On the date of 4/16/2015 Licensee personnel forwarded a copy of a training record where the 6 employees identified above had received retraining in a Medication Review and Reconciliation that included discussion on the Six Rights. Staff # 3, 7, 9 and 13 were retrained on 3/31/2015. Staff #6 and 10 were retrained on 4/7/2015. All 6 staff continued the Six Rights errors after their date of retraining.</p> <p>PRN (as needed) administration documentation Addressed in the Settlement Agreement dated 2/19/2015</p>	Y5915		

