

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 11/25/2014
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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L 000	<p>Initial Comments</p> <p>On November 24 and 25, 2014, monitoring visits were conducted at residential sites. Interviews were conducted with various administrative and residential staff during the on-site visits.</p> <p>Survey activities included review the individuals' records and interviews with relevant staff regarding environmental issues and previously cited deficiencies.</p> <p>Based on direct observation, interviews with staff and reviews of the individuals' records, it was determined that the agency was non-compliant with COMAR.</p>	L 000		
L 645 SS=B	<p>10.22.02.12.A5 Hlth & Safety-Ensure site;Good repair</p> <p>.12 Health and Safety Requirements.</p> <p>A. To obtain and maintain licensure, a licensee shall ensure that any licensed home or site in which the licensee provides services to individuals:</p> <p>(5) Is in good repair.</p> <p>This Regulation is not met as evidenced by: [Site DL6919 Service GH Individual -1]</p> <p>During the site visit to site DL6919 on November 24, 2014, an environmental site inspection was conducted at this residence. The residents at this site are behaviorally involved and cognitively impaired. On observation of the residence, the toilet seat was observed leaning against the wall next to the toilet. Upon questioning staff, it was reported that one of the individuals broke the</p>	L 645		

OHCQ LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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L 645	Continued From page 1 toilet seat during a behavioral event over the weekend. Staff also stated a repair order had been submitted for the toilet seat. Staff further identified an alternate bathroom that was available in the residence for use by the individuals.	L 645		
L 705 SS=C	10.22.02.12.C1 Hlth & Safety-110°F, Unless;regulat wat temp .12 Health and Safety Requirements. C. A licensee shall ensure that any licensed home or site in which the licensee provides services to individuals maintains its water temperature at a maximum of 110°F, unless: (1) Each individual living in the home or receiving services at the site is capable of regulating water temperature safely; and This Regulation is not met as evidenced by: [Site DL6919 Service GH Individual -1] During the site visit to site DL6919 on November 24, 2014, the water temperature was measured to be 112 degrees Fahrenheit. The residents at this site are behaviorally involved and cognitively impaired. On review of the IP's, there was no documentation to support that the individuals were capable of regulating water temperature independently. Staff #1 (LPN) licensed practical nurse was notified of the elevated water temperature at this site. The LPN ordered the (CNA) to obtain a water temperature. The CNA reported the water	L 705		

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L 705	<p>Continued From page 2</p> <p>temperature was 26.2 C. However, the staff were unable to convert the digital thermometer to a Fahrenheit reading.</p> <p>On review of the IP's, there was no documentation to support the individuals were capable of regulating water temperature independently.</p> <p>[Site DL6187 Service GH Individual -1]</p> <p>During the site visit to site DL6187 on November 25, 2014, the water temperature was measured to be 116 degrees Fahrenheit. Staff #1 (RN) Registered Nurse was notified of the elevated water temperature at this site.</p> <p>On review of the IP's, there was no documentation to support that the individuals were capable of regulating water temperature independently. On observation of the individuals at this site, it was determined that the individuals were not ambulatory and would require total care.</p> <p>It was later reported by electronic mail on 11/26/14 that the water temperatures had been corrected.</p>	L 705		
L 715 SS=B	<p>10.22.02.12.D1 Hlth & Safety-Staff Med Adm;Adm in accord</p> <p>.12 Health and Safety Requirements.</p> <p>D. In order to ensure the health and safety of individuals who require staff assistance in the administration of medication, the licensee shall:</p> <p>(1) Require that all medication be administered in</p>	L 715		

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L 715	<p>Continued From page 3</p> <p>accordance with the Administration's curriculum on medication training;</p> <p>This Regulation is not met as evidenced by: [Site DL7450 Service GH Individual -1]</p> <p>During the visit to site DL7548, medications were observed to be located in an unsecured cabinet of the kitchen area of the residence. Additionally, there were medications located in a refrigerator in a container that were unsecured. Upon asking the CNA if the medication cabinet was kept locked, she stated, sometimes.</p> <p>It was observed that there were many staff in the immediate area during the course of the site visit. The cabinet containing medication was not locked by staff at any time during the on site observation.</p> <p>Staff also reported that the medications in the refrigerator were not required to be locked. Individuals in this residence were not ambulatory and would required total assistance to meet their needs.</p> <p>See MTTP pg. LINE1, 2-2:8 Documentation Errors Not addressed; Site DL#5382; The MAR for Individual #1 at site #DL5832 has undocumented areas on the MAR for the medication; Pediasure 1.5 with Fiber at 1 am on 11/29 & 11/23/14. The MAR for Individual #1 at site #DL5832 has undocumented areas on the MAR for the medication; Pedalyte (Flush) Extra fluids (200 ml daily) at 12 am and 6 am on 11/21 and 11/23/14 on 11/29 & 11/23/14. The MAR for Individual #1 at site #DL5832 has undocumented areas on the MAR for the medication; Pedalyte (Flush 3 times a day before starting continuous feed) at 6 am on 11/23 and 12</p>	L 715		
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L 715	<p>Continued From page 4</p> <p>pm on 11/22/14. There was no documentation found on the back of the MAR for the omitted documentation.</p> <p>Individual #2; Documentation Errors on the MAR Not addressed; Site DL#6187;The MAR Individual #2 at site #DL5832 has undocumented areas on the MAR for the Airway clearance and suction. There are undocumented areas on the MAR on 11/3, 4, 11, 18 and 20. The MAR Individual #2 at site #DL5832 has documented areas on the MAR that were signed through the end of the month for Vent tubing with drainage cup Q week at bedside; Change vent tubing without drainage cup biweekly on wheelchair; Change Suction canister and tubing at bedside and on wheel chair every week; change humidification tubing canister at bedside once a week - Sundays</p>	L 715		
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**Non-profit Organization Serving Children
With Exceptional Medical Needs and Their Families**

**Phone: (301) 925-9271
Fax: (301) 925-6269**

***2nd Family, Inc.*
337 Brightseat Rd. Suite 111
Landover, MD 20785**

Performed on November 25, 2014

To whom it may concern:

Second Family, Inc. has received notification, on November 25, 2014, of "**elevated water temperature during site visits**" and the following findings and adjustments have been made:

- SFI Maintenance performed measurement checks globally
- Adjusted elevated temperatures to **maximum 110 degrees** as per regulation, where needed
- Ongoing Monitoring will be performed by staff monthly and corrected by SFI Maintenance, when needed

Please send a formal letter with site visit detail in relation to sites needing corrections.

For questions or concerns please contact:
Joseph Labule, Program Administrator
240.882.1168

Shilda Frost-Labule, President
240.882.1935



Second Family, Inc.
337 Brightseat Road Suite 111 Landover, Maryland 20785
Phone: (301) 925-9271 Fax: (301) 925-6269

Non-profit Organization Serving Children With Exceptional Medical Needs and Their Families

January 26, 2015

Maryland Department of Health and Mental Hygiene
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663

PROVIDER # DD0239
RE: NOTICE OF CURRENT DEFICIENCIES
PLAN OF CORRECTION (POC)

Deficiency #: L645

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Their health and safety environment will be maintained.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

The deficiency of the toilet seat being displaced will be reported immediately by the staff and other individuals will be directed to other restrooms in the house.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

Due to multiple use of the toilet seat, when toilet seat is broken, it will be reported immediately. Reporting will be emailed and phone call made to House manager immediately.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Placement of maintenance log will be inside of emergency preparedness book that covers all house maintenance. Book will be monitored by Maintenance, Quality Assurance and House Managers.

Specific date when the corrective action has been/will be completed.

Toilet seat replaced November 28, 2014. ✓



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Non-profit Organization Serving Children With Exceptional Medical Needs and Their Families

Deficiency #: L705

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Their health and safety environment will be maintained.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

Have the Nurses do periodic Water Temperature checks and log monthly. Maintenance will perform checks monthly

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

In-service training for staff on checking water temperatures and documenting on log sheet.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will monitor and check log sheets, and water temperature monthly and document on Quality Assurance form.

Specific date when the corrective action has been/will be completed.

Water Temperature was corrected November 25, 2014.

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Second Family, Inc.
337 Brightseat Road Suite 111 Landover, Maryland 20785
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Non-profit Organization Serving Children With Exceptional Medical Needs and Their Families

Deficiency #: L715 (1008)

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Medications will be secured and locked. No individuals will be affected because all individuals are non-ambulatory and total care.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

All individuals are non-ambulatory and total care.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

House managers will monitor and check, Quality assurance will check once a month, Instruct staff to lock all medications when not being used.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will check on their monthly rounds to ensure policies are being maintained and document on their Quality Assurance form.

Specific date when the corrective action has been/will be completed.

Documentation errors in reference to MTTP address during mandatory companywide staff meeting December 19, 2014 at 8am, 2pm, and 4pm.

Thank You,

Shilda Frost, RN President of Second Family, Inc.
337 Brightseat Rd., Suite #111, Landover, Md., 20785



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 Spring Grove Center • Bland Bryant Building
 55 Wade Avenue • Catonsville, Maryland 21228-4663

PROVIDER # DD0239
 RE: NOTICE OF CURRENT DEFICIENCIES
 PLAN OF CORRECTION (POC)

Deficiency #: L171

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Each individual will be given a feeding protocol and in-service training will be done to the staff. Nursing care plan will be developed and implementing by RN on feeding protocol and choking precautions. All choking incidents will be reported to ~~DDA~~ within 24 hours

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

Individuals will be identified by their IP and their Nursing Care plans. Every individual will have a choking protocol and Swallowing evaluation. Nursing care plan will be developed based on their Swallowing evaluation.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

Each nurse on each shift will review feeding protocol and nursing care plan and sign off. Nurse will implement feeding protocol for each meal [RN will develop, monitor and evaluate each nurse's implementation.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will monitor, evaluate, and document monthly that nursing feeding protocols and nursing care plans are in place. Each staff will attend a feeding Dysphagia class annually. ✓

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.

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Non-profit Organization Serving Children With Exceptional Medical Needs and Their Families

L0372

Deficiency #: ~~L372~~

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

All Quality Assurance and Administrative staff was trained by DDA on PORII on January 10, 2013. A Sign-in sheet was provided, no certificates issued by DDA, Continued compliance to training upon DDA office availability of their trainings.

Deficiency #: L530

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

In accordance to Individual #8346, we are going to be updating and reviewing nursing protocol according to swallowing evaluation. All nursing care plans are being updated by RN. All nurses and staff will be in-serviced in training.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

All individuals are currently being scheduled to have a swallowing evaluation done. Care plans and feeding evaluations will be implemented as indicated by their physicians.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

We will in service train and document on admission and with each IEP done quarterly.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will evaluate, and check monthly on implementation of the Nursing Care Plan.

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.



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Deficiency #: L1105

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Previous RN no longer works for company. Caring RN will update nursing care plan after evaluation performed November 26, 2014. Effective December 1, 2014, RN has redone Care plans as of diagnoses on November 26, 2014 swallowing evaluation, stating mechanical soft diet and thin liquids.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

(All) individuals are currently being scheduled to have a swallowing evaluation done. Care plans and feeding evaluations will be implemented as indicated by their physicians.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

We will in service train and document on admission and with each IEP done quarterly.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will evaluate, and check monthly on implementation of the Nursing Care Plan.

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.



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Deficiency #: L1440

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Each health visit form will be reviewed and evaluated by RN delegating Nurse, she will instruct and teach on any changes on plan of care for each individual.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

All individuals will be identified by their diagnoses and all health care recommendations will be implemented thru their nursing care plans and changes made.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

RN will review health visit form, develop nursing care plan, instruct and teach the staff and perform evaluation initially upon admission with each 45 day review. Any dietary recommendations will be noted and changed as occurred. Staff will be in serviced and training will be documented.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will monitor monthly, evaluate on the feeding protocol, nursing care plan and in-service training that was completed. Quality Assurance will document all findings and report findings to program administrator.

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.



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Deficiency #: Y4790

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Individual #8346

RN and Social worker will collaborate to implement that goals are met. In-service staff on documenting goals, and participation in daily ADLs when prompted with staff assistance as needed, will Document on IP data sheet. Quality assurance will evaluate monthly on Quality assurance form when IP goals are met. RN and Social worker will collaborate to implement that goals are met.

Shilda Frost, RN President