

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

PRINTED: 03/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2014
NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 703 RANDOLPH STREET NW WASHINGTON, DC 20011	
(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) COMPLETION DATE
W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from March 4, 2014 through March 6, 2014. A random sample of three clients was selected from a population of six females with varying degrees of intellectual disabilities. The survey was conducted utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations, interviews, and review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Day Program Staff - DPS Direct Support Professional-DSP Group Home for Individuals with Intellectual Disabilities - GHIID House Manager - HM Program Director - PD Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Speech Language Pathologist - SLP</p>	W 000	<p>MAR 27 2014</p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
W 137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure access to a personal possession (iPad) for one of three</p>	W 137		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Constantine C. Reese Program Director TITLE
3/27/14 (X8) DATE

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 137	<p>Continued From page 1 clients in the sample. (Client #2)</p> <p>The finding includes:</p> <p>On March 4, 2014, at 12:41 p.m., DSP #2, was observed asking Client #2 to come upstairs several times. DSP #2 indicated that she is encouraging Client #2 to interact with her housemates. Once Client #2 came upstairs, she sat at the table, made eye contact with DSP #2, and received assistance to assemble a puzzle. Client #2 was not observed to use words to communicate during this time.</p> <p>On March 6, 2014, at 3:17 p.m., record review revealed a speech and language assessment dated November 5, 2013. According to the assessment, Client #2 uses her limited verbal and nonverbal skills to make requests, to get the attention of others, and to control her environment. The SLP recommended training to improve Client #2's functional (expressive) language skills through one hour sessions with the SLP, using an iPad twice a week in her home and at her day program. When asked to visually confirm that Client #2 had access to an iPad, the QIDP revealed Client #2's iPad is in the possession of the SLP.</p> <p>Interview with the facility's QIDP on March 6, 2014, at 11:40 a.m., revealed that the SLP recommended that Client #2 purchase a personal iPad. The QIDP and Client #2's financial records confirmed that Client #2 purchased an iPad on October 22, 2013.</p> <p>On March 6, 2014, at 11:57 a.m., the SLP was interviewed by telephone to ascertain the whereabouts of Client #2's iPad. The SLP</p>	W 137	<p>The Speech and Language Professional (SLP) has returned Individual # 2's IPAD. The IPAD will be kept in the home and made accessible to Individual #2. The facility will purchase an additional IPAD to use at Individual #2 day program by the SLP. The QIDP/ Residential Manager will monitor the usage of the IPAD at both locations.</p>	4/18/14	

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W 137	Continued From page 2 acknowledged that she maintains custody of Client #2's iPad between the training sessions. The SLP also confirmed the client does not have access to the iPad until the next session.	W 137			
W 436	At the time of the survey, there was no evidence that Client #2 had access to her personal iPad. 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 interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to furnish and maintain prescribed eyeglasses as recommended for one of three clients in the sample. (Client #1) The finding includes: On March 5, 2014, at 10:05 a.m., Client #1 was observed sitting at a table directly next to a DSP tracing her name. As she traced her name, Client #1's face was less than 10 inches from the paper. The client was not observed wearing glasses throughout the survey. On March 5, 2014, at 3:45 p.m., review of Client #1's medical records revealed an ophthalmology assessment dated May 5, 2013. The assessment indicated that Client #1 was prescribed glasses. Additional review of Client #1's record on March	W 436	Individual # 1 will receive a replacement pair of glasses. The facility's Primary Care Nurse will provide training to the DSPs on how to properly care and maintain adaptive equipment in good repair. QIDP/Residential Manager will monitor using a monthly checklist.	4/18/14	

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W 436	<p>Continued From page 3</p> <p>5, 2014, at 3:20 p.m., revealed a nursing assessment dated February 15, 2014. According to the assessment, the client has diagnoses which include myopia and astigmatism.</p> <p>Interview with the RN on March 6, 2014, at 1:30 p.m., was conducted to ascertain the reason Client #1 was not wearing her glasses. The RN revealed that Client #1's insurance denied payment for the glasses. According to the RN, the client's glasses were lost in September of 2013.</p> <p>At the time of survey, the facility failed to ensure that Client #1's glasses were replaced timely as prescribed by the ophthalmologist.</p>	W 436			

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NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 703 RANDOLPH STREET NW WASHINGTON, DC 20011
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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from March 4, 2014 through March 6, 2014. A random sample of three residents was selected from a population of six females with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews, and review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Day Program Staff - DPS Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID House Manager - HM Program Director - PD Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Speech Language Pathologist - SLP</p>	1 000		
1 090	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHIID failed to ensure floors, steps, walls and furnishings were maintained in good repair, and food equipment was maintained in a sanitary manner.</p>	1 090		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Constantine G. Reese PROGRAM DIRECTOR TITLE
STATE FORM 516W11 (X6) DATE 3/27/14
If continuation sheet 1 of 2

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1 090	<p>Continued From page 1</p> <p>The findings include:</p> <p>On March 6, 2014, beginning at 3:41 p.m., the HM accompanied the surveyor to conduct an inspection of the environment. The following concerns were identified:</p> <ol style="list-style-type: none"> 1. The edge of the porch leading directly onto the steps to the back yard, was broken off at the center, which created a potential trip hazard. 2. A horizontal torn area was observed in the carpet on the top step leading from the first floor to the basement, which created a potential trip hazard 3. The left side of the frame of the door leading from the first floor to the basement had two unprotected metal edges, which created the potential for injury. 4. A large brown stained area, which appeared to be dry, was observed on the ceiling of the bathroom located on the second floor. Further observation revealed this bathroom was located directly below the bathroom on the third floor. Interview with the HM provided no information regarding the cause of the stain on the ceiling. 5. The cover of the electrical junction box located behind the head of Resident #5's bed was broken off, exposing capped electrical wires. 6. There was a hole in the wall beside the light switch cover located in the bedroom of Resident #3. A hole was also observed beside the switch cover located near the edge of the refrigerator in the kitchen. The observed holes were approximately the size of a nickel, creating the 	1 090	<ol style="list-style-type: none"> 1. The porch step leading to the basement was repaired to prevent a trip hazard. 2. The torn carpet will be removed from the basement steps and replaced with stair treads. 3. The left side of the door frame leading to the basement was repaired. 4. The ceiling stain in the second floor bathroom was repaired. 5. The electrical junction box located behind the bed of Individual #5 was repaired and covered. 6. A hole in wall behind light switch located in Individual # 3 bedroom was repaired. The hole beside the switch cover near the refrigerator was repaired. 	<p>3/21/14</p> <p>4/1/14</p> <p>3/21/14</p> <p>3/21/14</p> <p>3/21/14</p> <p>3/21/14</p>
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1 090	<p>Continued From page 2</p> <p>potential for exposure to the electrical wires underneath.</p> <p>7. The vinyl covering on the seat of the chairs was torn in the bedrooms of Residents #1, #2 and #3, causing the padding underneath to be exposed.</p> <p>There was a hole in the wall beside the light switch cover located in the bedroom of Resident #3. A hole was also observed beside the electrical outlet cover located near the edge of the refrigerator in the kitchen. The observed holes were approximately the size of a nickel, creating the potential for exposure to the wires underneath.</p> <p>7. The vinyl covering on the seat of the chairs was torn in the bedrooms of Residents #1, #2 and #3, causing the padding underneath to be exposed.</p> <p>8. The surface of the polyethylene cutting board used to prepare food had numerous cuts and a large brown stained area.</p> <p>On March 6, 2014, at 4:08 p.m., the HM confirmed that the above identified concerns were present in the facility. The HM stated that he had not observed them prior to the environmental rounds, however he would notify the QIDP and the administrator.</p> <p>At the time of the survey, the facility failed to ensure each area of the environment was maintained in good condition.</p>	1 090	<p>7. New chairs were purchased for Individual #1, #2 and #3.</p> <p>8. A new cutting board will be purchased.</p> <p>Quality Assurance Specialist will provide oversight monthly.</p> <p>Maintenance Team will make repairs after being identified.</p>	<p>3/21/14</p> <p>4/1/14</p>
1 500	3523.1 RESIDENT'S RIGHTS	1 500		

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I 500	<p>Continued From page 3</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the GHIID failed to ensure access to a personal possession (iPad) for one of three residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>On March 4, 2014, at 12:41 p.m., DSP #2, was observed asking Resident #2 to come upstairs several times. DSP #2 indicated that she is encouraging Resident #2 to interact with her housemates. Once Resident #2 came upstairs, she sat at the table made eye contact with DSP #2, and received assistance to assemble a puzzle. Throughout this observation, Resident #2 did not use words to communicate.</p> <p>On March 6, 2014, at 3:17 p.m., record review revealed a speech and language assessment dated November 5, 2013. According to the assessment, Resident #2 uses her limited verbal and nonverbal skills to make requests, to get the attention of others, and to control her environment. The SLP recommended training to improve Resident #2's functional (expressive) language skills through one hour sessions with the SLP, using an iPad twice a week in her home and at her day program. When asked to visually confirm that Resident #2 had access to an iPad, the QIDP revealed Resident #2's iPad is in the possession of the SLP.</p>	I 500	Cross -reference W 137	4/18/14
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I 500	<p>Continued From page 4</p> <p>Interview with the facility's QIDP on March 6, 2014, at 11:40 a.m., revealed that the SLP recommended that Resident #2 purchase a personal iPad. The QIDP and Resident #2's financial records confirmed that Resident #2 purchased an iPad on October 22, 2013.</p> <p>On March 6, 2014, at 11:57 a.m., the SLP was interviewed by telephone to ascertain the whereabouts of Resident #2's iPad. The SLP acknowledged that she maintains custody of Resident #2's iPad between the training sessions. The SLP confirmed the resident does not have access to the iPad until the next session.</p> <p>At the time of the survey, there was no evidence that Resident #2's had access to her personal iPad.</p>	I 500		