

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

PRINTED: 09/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/13/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY MULTI SERVICES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5610 FIRST STREET NW WASHINGTON, DC 20011</b>	
(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	INITIAL COMMENTS  A recertification survey was conducted from September 12, 2013 through September 13, 2013. A sample of two clients was selected from a population of four males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.  The findings of the survey were based on observations in the home and one day program, interviews with direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports.  [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000		
W 365	483.460(j)(4) DRUG REGIMEN REVIEW  An individual medication administration record must be maintained for each client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medication records were accurately maintained, for one of four clients receiving medications. (Client #2)  The finding includes:  On September 12, 2013, at 8:00 a.m., a licensed practical nurse (LPN #1) was observed administering Client #2's medications, including Hypotears 1% eye drops. The nurse stated that the client was to receive one drop in each eye. Despite several requests from LPN #1 to open	W 365	The DON will provide additional training to the LPN #1 and Nursing Staff on administration of eye drops and documentation on the MAR. The primary care nurse will monitor weekly.	9/23/13

*Received 10/1/13*  
Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
899 North Capitol St., N.E.  
Washington, D.C. 20002

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Constance H. Reese* TITLE  
*Program Director* (X6) DATE  
*10/1/13*

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 365	Continued From page 1 his eyes, the client refused to open them. The nurse applied drops but then dabbed them off his closed eye lids.  On September 12, 2013, 2013, at 9:59 a.m., review of Client #2's physician's order sheets and medication administration records (MARs) for September 2013 confirmed that he was prescribed Hypotears 1% eye drops, one drop in each eye. Continued review of the MAR revealed that LPN #1 documented having administered the Hypotears that morning. There were no notations, however, made on the back of the MAR or elsewhere in the client's nursing notes to indicate the drops were not administered that morning (or on other dates, as indicated by staff).  It should be noted that when the issue was discussed during the exit conference on September 13, 2013, at approximately 4:55 p.m., the registered nurse (RN #1) stated that she was previously unaware that Client #2 reportedly refused to open his eyes to effectively receive his eye drops as prescribed.	W 365			
W 418	483.470(b)(4)(ii) CLIENT BEDROOMS  The facility must provide each client with a clean, comfortable mattress.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a comfortable mattress, for one of four clients residing in the facility. (Client #3)  The finding includes:  On September 13, 2013, at 3:30 p.m., the center	W 418	Client #3 mattress will be replaced with a new mattress and monitored for comfort by the Nursing Staff.	9/14/13	

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W 418	Continued From page 2 area of the mattress used by Client #3 was concave and sunken, in relation to the rest of his mattress. The client was not in bed at the time. Upon closer examination, the mattress springs were palpable through the padding in the center part of the mattress. The house manager (HM #1), who was present at the time, concurred that the mattress springs no longer provided support. HM #1 then stated the intention to acquire a new mattress for Client #3.	W 418			
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 interdisciplinary team as needed by the client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide recommended adaptive equipment, for one of two clients in the sample. (Client #2)  The finding includes:  On September 12, 2013, at 7:20 a.m., Client #2 and a direct support staff (DSP #2) were observed walking from the living room to the dining room table. The client was wearing a gait belt. DSP #2 walked behind the client, holding two loops located to either side of the gait belt. The client leaned forward as they walked together and his weight propelled them forward. Upon reaching the dining table, Client #2 felt his chair	W 436	QIDP will meet with IDT on Client #2 to discuss obtaining adaptive equipment that is appropriate. The recommendations documented in the current PT Assessment for Client #2 will be reviewed by the IDT team and implemented. In the future, whenever a need has been identified for adaptive equipment the QIDP/RN will begin the process to obtain the equipment within 30 days for clients in the facility. Oversight of proper usage, staff training and maintenance of adaptive equipment will be monitored quarterly by the Quality Assurance Specialist. Additional training will be provided by staff on 10/25/13.	10/4/13	

*Courtney A. Rees 10/18/13*

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W 436	<p>Continued From page 3</p> <p>and immediately began to sit down. DSP #2 was observed pulling upward on the gait belt with considerable force while the client plopped down into the chair. The staff was heard letting out a deep breath.</p> <p>The qualified intellectual disabilities professional (QIDP #1) was queried about Client #2's gait belt and physical therapy services on September 13, 2013, beginning at 9:35 a.m. She confirmed that there were concerns regarding his gait and muscle strength and stated that he had received two evaluations in 2013. She presented an assessment dated January 2013, in which a physical therapist (PT) recommended the use of a gait belt. She then presented a correspondence dated February 22, 2013, in which a second PT concurred with the recommended gait belt and further wrote: "During this visit I educated the QMRP and nurse that I recommend &lt;client's name&gt; would benefit from an electric hospital bed to assist with better positioning in bed and adjustable height that will help &lt;client's name&gt; to get out of bed easier in the morning because the staff report he needs increased assist with transfers and standing balance when getting up in the morning due to increased stiffness and poor posture. In addition, I recommended a standard walker to assist him with standing upon first getting out of bed and to use as a support when he is in the bathroom. Both the QMRP and nurse were in agreement with the above recommendations."</p> <p>When asked about the hospital bed and walker recommendations, the QIDP stated she had not presented the assessment to Client #2's interdisciplinary team and the client, therefore, did not have the equipment.</p>	W 436			

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1 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from September 12, 2013 through September 13, 2013. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and one day program, interviews with direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1 000		
1 090	<p><b>3504.1 HOUSEKEEPING</b></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 facility failed to maintain a comfortable mattress, for one of four residents residing in the facility. (Resident #3)</p> <p>The finding includes:</p> <p>On September 13, 2013, at 3:30 p.m., the center area of the mattress used by Resident #3 was concave and sunken, in relation to the rest of his mattress. The resident was not in bed at the time. Upon closer examination, the mattress springs</p>	1 090	Cross-reference W418	9/14/13

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Constance A. Reese*

TITLE

*Program Director*

(X6) DATE

10/1/13

STATE FORM

6800

LMDC11

If continuation sheet 1 of 6

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## Health Regulation &amp; Licensing Administration

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I 090	Continued From page 1  were palpable through the padding in the center part of the mattress. The house manager (HM #1), who was present at the time, concurred that the mattress springs no longer provided support. HM #1 then stated the intention to acquire a new mattress for Resident #3.	I 090		
I 206	3509.6 PERSONNEL POLICIES  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.  This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) ensured that all employees and health care professionals had current health certificates, except for two of the eight consultants. (Consultants #1 and #3)  The findings include:  I. On September 13, 2013, beginning at 1:50 p.m., review of the personnel records revealed a physician's health inventory/ certificate for Consultant #1, dated August 10, 2012. There was no evidence of a more recent health screening.  II. On September 13, 2013, continued review of the personnel records failed to show evidence of a current physician's health inventory/ certificate for Consultant #3.	I 206	QIDP will obtain current health certificates from consultants #1 and #3. Expiration dates will be monitored by Residential Manager bi-annually.	9/18/13

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0099

LMDC11

If continuation sheet 2 of 8

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I 206	Continued From page 2  On September 13, 2013, at 2:30 p.m., the qualified intellectual disabilities professional stated she would seek additional information from their corporate office. No additional information was presented before the survey ended that day at 4:50 p.m.	I 206		
I 474	3522.5 MEDICATIONS  Each GHMRP shall maintain an individual medication administration record for each resident.  This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medication records were accurately maintained, for one of four residents receiving medications. (Resident #2)  The finding includes:  On September 12, 2013, at 8:00 a.m., a licensed practical nurse (LPN #1) was observed administering Resident #2's medications, including Hypotears 1% eye drops. The nurse stated that the resident was to receive one drop in each eye. Despite several requests from LPN #1 to open his eyes, the resident refused to open them. The nurse applied drops but then dabbed them off his closed eye lids.  On September 12, 2013, at 9:59 a.m., review of Resident #2's physician's order sheets and medication administration records (MARs) for September 2013 confirmed that he was prescribed Hypotears 1% eye drops, one drop in each eye. Continued review of the MAR revealed	I 474	Cross-reference W365	9/23/13

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1474	Continued From page 3  that LPN #1 documented having administered the Hypotears that morning. There were no notations, however, made on the back of the MAR or elsewhere in the resident's nursing notes to indicate the drops were not administered that morning (or on other dates, as indicated by staff).  It should be noted that when the issue was discussed during the exit conference on September 13, 2013, at approximately 4:55 p.m., the registered nurse (RN #1) stated that she was previously unaware that Resident #2 reportedly refused to open his eyes to effectively receive his eye drops as prescribed.	1474		
1500	<b>3523.1 RESIDENT'S RIGHTS</b>  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.  This Statute is not met as evidenced by: Based on observations, interviews and record review, the group home for individuals with intellectual disabilities (GHIID) failed to observe and protect residents' rights in accordance with federal regulations 42 CFR 483 Sub-Part 1 (for Intermediate Care Facilities for Individuals with Intellectual Disabilities), for one of two residents in the sample. (Resident #2)  The finding includes:  [483.470(g)(2)] The GHIID failed to ensure timely acquisition of recommended adaptive equipment, as follows:	1500	Cross-reference W436	10/4/13

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1500	<p>Continued From page 4</p> <p>On September 12, 2013, at 7:20 a.m., Resident #2 and a direct support staff (DSP #2) were observed walking from the living room to the dining room table. The resident was wearing a gait belt. DSP #2 walked behind the resident, holding two loops located to either side of the gait belt. The resident leaned forward as they walked together and his weight propelled them forward. Upon reaching the dining table, Resident #2 felt his chair and immediately began to sit down. DSP #2 was observed pulling upward on the gait belt with considerable force while the resident plopped down into the chair. The staff was heard letting out a deep breath.</p> <p>The qualified intellectual disabilities professional (QIDP #1) was queried about Resident #2's gait belt and physical therapy services on September 13, 2013, beginning at 9:35 a.m. She confirmed that there were concerns regarding his gait and muscle strength and stated that he had received two evaluations in 2013. She presented an assessment dated January 2013, in which a physical therapist (PT) recommended the use of a gait belt. She then presented a correspondence dated February 22, 2013, in which a second PT concurred with the recommended gait belt and further wrote: "During this visit I educated the QMRP and nurse that I recommend &lt;resident's name&gt; would benefit from an electric hospital bed to assist with better positioning in bed and adjustable height that will help &lt;resident's name&gt; to get out of bed easier in the morning because the staff report he needs increased assist with transfers and standing balance when getting up in the morning due to increased stiffness and poor posture. In addition, I recommended a standard walker to assist him with standing upon first getting out of bed and to use as a support when</p>	1500		

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I 500	Continued From page 5  he is in the bathroom. Both the QMRP and nurse were in agreement with the above recommendations."  When asked about the hospital bed and walker recommendations, the QIDP stated she had not presented the assessment to Resident #2's interdisciplinary team and the resident, therefore, did not have the equipment.	I 500		