

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

PRINTED: 04/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY MULTI SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3815 ALBERMARLE STREET NW WASHINGTON, DC 20008</b>
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was conducted from March 26, 2014 through March 27, 2014. A sample of three clients was selected from a population of six males with varying degrees of intellectual disabilities. This survey was conducted utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations, interviews, review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Direct Support Professional - DSP Department of Health, Health Regulation and Licensing - DOH/HRLA Group Home for Individuals with Intellectual Disabilities - GHIID Qualified Intellectual Disabilities Professional - QIDP Licensed Practical Nurse - LPN Registered Nurse - RN</p>	W 000		
W 474	<p><b>483.480(b)(2)(iii) MEAL SERVICES</b></p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that clients received their meals in the form and consistency prescribed, for one the three clients included in the sample. (Client #1)</p>	W 474	<p>Additional training will be provided by the Nutritionist on Individual #1's recommended diet with specific emphasis on the prescribed mechanically soft texture. Management Staff will monitor at mealtime for compliance.</p>	4/30/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Courtney C. Reese* TITLE: *Program Director* (X6) DATE: *4/15/14*

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 474	<p>Continued From page 1 The finding includes:</p> <p>On March 26, 2014, at 1:02 p.m., Client #1 was observed eating lunch, which consisted of a bite size cheese sandwich, a salad and a beverage. DSP #1 used verbal prompts to remind Client #1 to keep his head lifted up and to slow his eating pace. Continued observations at 5:20 p.m., revealed DSP #5 presented Client #1 with his dinner, which consisted of bite size baked haddock fish, home fries, cabbage, corn bread and a beverage. The client was observed to chew and swallow his food without difficulty during the lunch and dinner meal.</p> <p>On March 27, at 1:06 p.m., review of Client #1's feeding protocol dated March 14, 2014, revealed the client was prescribed " a mechanical soft diet including bread, pastries and sandwiches." At approximately 1:10 p.m., Client's physician's order sheets dated March 2014 also reflected that the client was prescribed a "mechanical soft" diet.</p> <p>On March 27, 2014, at approximately 2:45 p.m., interview with DSP #1, who fed Client #1 on March 26, 2014, during lunch, described the client's meal as "chopped bite size." Further interview with DSP #1 revealed that Client #1's lunch was not served in the prescribed texture. DSP #1 stated that going forward; she would make sure that Client #1 received his food in the appropriate texture. At approximately 3:45 p.m., interview DSP #5, who fed Client #1 on March 26, 2014, during dinner, also described the client's meal as "chopped bite size."</p> <p>There was no evidence the facility ensured that Client #1 received his food in a mechanical soft texture at all times, as prescribed.</p>	W 474			

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1 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from March 26, 2014 through March 27, 2014. A sample of three residents was selected from a population of six men with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews and review of resident and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Direct Support Professional - DSP Department of Health, Health Regulation and Licensing - DOH/HRLA Group Home for Individuals with Intellectual Disabilities - GHIID Qualified Intellectual Disabilities Professional - QIDP Licensed Practical Nurse - LPN Registered Nurse - RN</p>	1 000		
1 042	<p><b>3502.2(b) MEAL SERVICE / DINING AREAS</b></p> <p>Modified diets shall be as follows:</p> <p>(b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and...</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the GHIID failed to ensure that residents received their meals in the form and consistency prescribed, for one the three residents included in the sample. (Resident #1)</p> <p>The finding includes:</p>	1 042	Cross-reference W474	4/30/14

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Cynthia A. Reese*

TITLE

*Program Director*

(X8) DATE

*4/15/14*

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I 042	<p>Continued From page 1</p> <p>On March 26, 2014, at 1:02 p.m., Resident #1 was observed eating lunch, which consisted of a bite size cheese sandwich, a salad and a beverage. DSP #1 used verbal prompts to remind Resident #1 to keep his head lifted up and to slow his eating pace. Continued observations at 5:20 p.m., revealed DSP #5 presented Resident #1 with his dinner, which consisted of bite size baked haddock fish, home fries, cabbage, corn bread and a beverage. The resident was observed to chew and swallow his food without difficulty during the lunch and dinner meal.</p> <p>On March 27, at 1:06 p.m., review of Resident #1's feeding protocol dated March 14, 2014, revealed the resident was prescribed " a mechanical soft diet including bread, pastries and sandwiches." At approximately 1:10 p.m., Resident's physician's order sheets dated March 2014 also reflected that the resident was prescribed a "mechanical soft" diet.</p> <p>On March 27, 2014, at approximately 2:45 p.m., interview with DSP #1, who fed Resident #1 on March 26, 2014, during lunch, described the resident's meal as "chopped bite size." Further interview with DSP #1 revealed that Resident #1's lunch was not served in the prescribed texture. DSP #1 stated that going forward; she would make sure that Resident #1 received his food in the appropriate texture. At approximately 3:45 p.m., interview DSP #5, who fed Resident #1 on March 26, 2014, during dinner, also described the resident's meal as "chopped bite size."</p> <p>There was no evidence the GHIID ensured that Resident #1 received his food in a mechanical soft texture at all times, as prescribed.</p>	I 042		

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I 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 GHIID failed to ensure that furnishings were maintained in good repair, and that food equipment was maintained in a sanitary manner.</p> <p>The findings include:</p> <p>On March 26, 2014, beginning at 3:45 p.m., the QIDP accompanied the surveyor to conduct an inspection of the environment. The following concerns were identified:</p> <ol style="list-style-type: none"> <li>1. The drawer handle was missing from Resident #5's night stand, which made it difficult to open.</li> <li>2. A knob was missing from a kitchen cabinet door, causing a nail to protrude from where the knob was located.</li> <li>3. There was an accumulation of grease and food attached to the inter surface of the microwave.</li> </ol> <p>The QIDP, who was present during the environmental inspection, stated that the administrator would be notified immediately of the aforementioned concerns.</p>	I 090	<p>1.A knob was placed on Individual #5's night stand drawer.</p> <p>2.A knob was placed on the kitchen cabinet door.</p> <p>3.Staff will clean and remove accumulation of grease and food build-up in microwave.</p> <p>Management will monitor on a weekly basis for cleanliness.</p>	<p>4/1/14</p> <p>4/1/14</p> <p>4/1/14</p>
I 206	<p><b>3509.6 PERSONNEL POLICIES</b></p> <p>Each employee, prior to employment and</p>	I 206		



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I 206	Continued From page 4 residents in the sample.  When queried about the missing physician's health inventories on March 27, 2014, at 3:00 p.m., the QIDP indicated that she would provide the health inventories prior to the conclusion of the survey. At the completion of the survey however, the missing documents were not presented for review.	I 206		
I 227	3510.5(d) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;  This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to have on file for review, current training in cardiopulmonary resuscitation (CPR) for one of four licensed practical nurses (LPN) and one of two registered nurses (RN). (LPN #1 and RN #2)  The finding includes:  Review of the personnel records on March 26, 2014, beginning at 12:10 p.m., revealed the GHIID failed to have available for review a current CPR certification for LPN #1 and RN #2.  On March 27, 2014, at 3:00 p.m., the QIDP indicated that she would provide the CPR	I 227	LPN #1 will submit a current CPR Certificate. RN #2 will submit a current CPR/ Instructor Certificate. Management will monitor personnel records quarterly.	4/30/14

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I 227	Continued From page 5  certification prior to the completion of the survey for LPN #1 and RN #2. At the completion of the survey however, the missing documents were not presented for review.	I 227		
I 379	<p><b>3519.10 EMERGENCIES</b></p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and review of resident records, including incident reports and investigations, the group home for individuals with intellectual disabilities (GHID) failed to ensure that all incidents that present a risk to residents' health and safety were reported immediately to the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA), for one of six residents of the facility. (Resident #1)</p> <p>The finding includes:  On March 26, 2014, beginning at 10:40 a.m., review of incident reports revealed that on February 1, 2014, Resident #1 was taken to the emergency room after he was observed to be "dragging his right foot". On March 26, 2014, at 3:05 p.m., review of the resident's discharge form</p>	I 379	<p>Incidents will be completed to meet requirements and DOH will be contacted within 24 hours when an incident occurs. Incident Management Coordinator will monitor for completion and notification.</p>	4/30/14

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I 379	<p>Continued From page 6</p> <p>dated February 7, 2014, revealed that the resident was diagnosed with foot drop and pleural effusion.</p> <p>The QIDP, who was interviewed on March 27, 2014, at approximately 2:00 p.m., could not confirm that the DOH was informed of the aforementioned incident.</p> <p>At the time of the survey, the GHIID failed to provide documentation that DOH/HRLA was notified of the aforementioned incident.</p>	I 379		

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\*\*\* RX Result Report \*\*\*  
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The following RX job was succesful.

Job No.	6540
Address	9 301 588 9287
Name	
Start Time	04/15 10:16 AM
Call Length	10'09
Sheets	11
Result	OK