

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HF003-0200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1608 EVARTS ST, WASHINGTON, DC 20018
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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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1000 INITIAL COMMENTS

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A licensure survey was conducted from April 24, 2013 through April 25, 2013. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities.

The findings of the survey were based on observations in the home and at two day programs, interviews with direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIOP) within this report.]

1090 3504.1 HOUSEKEEPING

1090

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.

This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with Intellectual disabilities (GHIID) failed to maintain the interior of the facility in a safe, clean, orderly, attractive, and sanitary manner, for four of the four residents of the facility. (Residents #1, #2, #3 and #4)

The finding includes:

Observation during the inspection of the environment on April 25, 2013, beginning 3:10 p.m., revealed one out of the three trash can's

A new trash will be purchased for the facility of Clients #1, #2, #3, and #4 and the trash can without the lid will be immediately removed.

5/10/13

Health Regulation & Licensing Administration

Cynthia A. Reese
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Program Director
(X6) ATE
5/8/13

Health Regulation & Licensing Administration

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I 090	Continued From page 1 was without a trash can lid. Further observations revealed there were flies inside the trash can. Qualified intellectual disabilities professional #1 (QIDP1) who were present during the inspection, confirmed the above findings. The QIDP stated that she would make maintenance aware of the problem immediately.	I 090		
I 180	3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to provide adequate administrative support to ensure effective integration and coordination of each resident's habilitation and active treatment needs, for one of the two residents in the sample. (Resident #2) The finding includes: Observations conducted at the day program on April 24, 2013, at 12:27 p.m., revealed Resident #2 was served nonfat skim milk, vanilla pudding, tuna casserole, noodles, green beans and wheat bread with extra portions (mechanically soft diet) in a divided plate. The resident drank all of his milk prior to eating his lunch. Throughout the lunch which ended at approximately 12:35 p.m., Resident #2 ate at a fast pace and filled his mouth. Day Program Staff #2 (DPS2) assigned to Resident#2 as his 1:1 staff, provided no intervention to slow his eating pace and to stop filling his mouth with food. The resident was not	1180	Cross Reference W120	5/13/3

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1180	<p>Continued From page 2</p> <p>given anything to drink after he completed his meal. Continued observations on April 24, 2013, from 5:29 p.m. to 5:42 p.m., revealed direct support professional #3 (DSP3) provided continuous interventions while Resident #2 ate his dinner, The Resident was observed to take two/three sips of beverage every few bites until his dinner was completed.</p> <p>Interview with the QIDP1 on April 25, 2013, at approximately 2:30 p.m. revealed Resident #2 had a mealtime protocol dated February 18, 2013, that addressed the client's fast eating pace and filling his mouth with food. Further interview with QIDP1 revealed that the protocol was completed by the facility's registered nurse #1 (RN 1) who was not a speech pathologist and/or 1 dietician. This was confirmed through interview with RN1 who was present during the interview with QIDP1. Continued interview with QIDP1 revealed that Resident#2's day program had a copy of the mealtime protocol dated February 18, 2013.</p> <p>Review of Resident #2's mealtime protocol on April 25, 2013, at approximately 2:35 p.m., revealed the following:</p> <ul style="list-style-type: none"> - Provide low sodium, mechanically soft, chopped, high fiber diet; Provide extra portions if desired; Provided supplemental feeding (Ensure) once per day; - Avoid caffeine, tomatoes, spicy food, high acid content juices (oranges, grapefruit, and lemonade); - Observed during mealtime and; - Monitor for choking. <p>At approximately 2:40 p.m., continued interview</p>	1180	

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1180	<p>Continued From page 3</p> <p>with QIDP1 and RN1 revealed that after looking at the mealtime protocol, the mealtime protocol failed to address interventions on how staff should intervene when Resident #2 was eating at a face pace and filling his mouth with food. When asked if the speech pathologist and/or the dietician had been contacted regarding Resident #2's mealtime protocol, QIDP1 responded by saying "no"</p> <p>At the time of the survey, QIDP1 failed to ensure that Resident#2's mealtime protocol was completed by the appropriate discipline (i.e. 1 speech language pathologist and/or dietician).</p>	1180		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2013
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W 000	INITIAL COMMENTS A recertification survey was conducted from April 24, 2013 through April 25, 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 two day programs, 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 112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to put in place safeguards to ensure each client's information was limited to designated individuals by law, for four of the four clients residing in the facility. (Clients #1, #2, #3 and #4) The finding includes: The facility failed to ensure the confidentiality of the client's personal information, as evidenced below:	W 112	The QIDP will ensure the confidentiality of Client's #1, #2, #3 and #4 diets by removing the list of prescribed diets from the refrigerator.	4/25/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Constance A. Reese Program Director
TITLE
5/8/13
(X6) 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 112	Continued From page 1 On April 24, 2013, at approximately 9:00 am., and April 25, 2013, at 9:10 am., respectively, a piece of paper was observed posted openly on the refrigerator door located in the kitchen area. Review of the paper revealed that it included each client's first name and listed their prescribed diets. For example, Client #1 was prescribed a low cholesterol, low fat extra portions diet with a supplement. Client #2 was prescribed a low cholesterol, low fat, low sodium, high fiber, mechanically soft diet with extra portions. On April 25, 2013, at approximately 2:40 p.m., the posting was brought to the attention of the qualified intellectual disabilities professional #1 (QIDP1) during the inspection of the facility. QIDP1 stated that the dietary information placed on the wall was to ensure staff identified the appropriate diet for the clients. QIDP1 immediately removed the information from the refrigerator door.	W 112		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure outside services implemented mealtime techniques/protocol, for one of the two clients that required close supervision during mealtime. (Client #2) The finding includes: The day program staff failed to ensure Client #2's	W 120	The QIDP will consult with the Speech and Language Therapist for the development of an effective meal time protocol for Client #2. The QIDP will ensure that the day program receives a copy of the mealtime protocol for client #2 immediately.	5/13/13

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W 120	<p>Continued From page 2</p> <p>mealtime techniques/protocol was implemented as detailed below:</p> <p>Observations conducted at the day program on April 24, 2013, at 12:27 p.m., revealed Client #2 was served nonfat skim milk, vanilla pudding, 1 tuna casserole, noodles, green beans and wheat bread with extra portions (mechanically soft diet) in a divided plate. The client drank all of his milk prior to eating his lunch. Throughout the lunch, which ended at approximately 12:35 p.m., Client #2 ate at a fast pace and filled his mouth full of food. Day Program Staff #2 (DPS2) assigned to Client #2 as his 1:1 staff, provided no intervention to slow his eating pace and to stop filling his mouth with food. The client was not given anything to drink after he had completed his meal.</p> <p>Interview with DPS2 on April 24, 2013, at approximately 12:40 p.m., revealed that he provided Client #2 with his milk at the beginning of the meal because the client would not drink anything after he completed his lunch. Further interview with DPS2 revealed that he did not provide interventions at the beginning and throughout the meal to Client #2 to slow his eating pace and to stop filling his mouth because he was used to the client eating this way. DPS2 stated that he thought he provided intervention toward the end of the meal by feeding the client approximately one spoonful of green beans.</p> <p>Interview with day program's program director (DPPD1) on the same day at 12:55 p.m. revealed that she received a mealtime protocol dated February 18, 2013 completed by the provider. DPPD #1 stated that the protocol did not provide</p>	VV 120	<p>The QIDP and Primary Care Nurse will provide training on the meal time protocol at the day program to ensure that techniques and strategies are implemented correctly. Residential Manager will visit day program quarterly to monitor meal time protocol.</p>	5/17/13

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	<p>w 120: Continued From page 3</p> <p>interventions for staff on how to assist Client #2 with slowing his eating pace and filling his mouth with food. DPPD1 did state however, that DSP2 should have provided sips in between every few bites and provide verbal prompts to encourage the client to stop filling his mouth with food.</p> <p>i According to DPPD #1, the last training on mealtime techniques DSP2 received was dated August 29, 2012 ,</p> <p>Note: It should be noted that on April 24, 2013, from 5:29 p.m. to 5:42 p.m., dinner observations revealed direct support professional #3 (DSP3) provided continuous interventions while Client #2 at his dinner. The client was observed to take two/three sips of beverage every few bites until his dinner was completed.</p> <p>W 159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the qualified intellectual disabilities professional #1 (QIDP1) failed to ensure that a mealtime protocol was completed by the appropriate discipline, for one of the three clients in the sample. (Client #2)</p> <p>The finding includes:</p> <p>Cross-refer to W120. Observations conducted at the day program on April 24, 2013, at 12:27 p.m., revealed Client #2 was served nonfat skim milk,</p>	<p>W 120</p> <p>W 159</p>	<p>Cross Reference W120</p>	<p>5/13/13</p>

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W 159	<p>Continued From page 4</p> <p>vanilla pudding, tuna casserole, noodles, green beans and wheat bread with extra portions (mechanically soft diet) in a divided plate. The client drank all of his milk prior to eating his lunch. Throughout the lunch which ended at approximately 12:35 p.m., Client #2 ate at a fast pace and stuffed his mouth. Day Program Staff #2 (DPS2) assigned to Client #2 as his 1:1 staff, provided no intervention to slow his eating pace and to stop stuffing his mouth with food. The client was not given anything to drink after he completed his meal. Continued observations on April 24, 2013, from 5:29 p.m. to 5:42 p.m., revealed direct support professional #3 (DSP3) provided continuous interventions while Client #2 ate his dinner. The client was observed to take two/three sips of beverage every few bites until his dinner was completed.</p> <p>Interview with the QIDP1 on April 25, 2013, at approximately 2:30 p.m., revealed Client #2 had a mealtime protocol dated February 18, 2013, that addressed the client's fast eating pace and stuffing his mouth with food. Further interview with QIDP1 revealed that the protocol was completed by the facility's registered nurse #1 (RN 1) who was not a speech pathologist and/or dietician. This was confirmed through interview with RN1 who was present during the interview with QIDP1. Continued interview with QIDP1 revealed that Client #2's day program had a copy of the mealtime protocol dated February 18, 2013.</p> <p>Review of Client #2's mealtime protocol on April 25, 2013, at approximately 2:35 p.m., revealed the following:</p>	W 159	

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W 159	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Provide low sodium, mechanically soft, chopped, high fiber diet; Provide extra portions if desired; Provided supplemental feeding (Ensure) once per day; -Avoid caffeine, tomatoes, spicy food, high acid content juices (oranges, grapefruit, and lemonade); Observed during mealtime and; Monitor for choking. <p>At approximately 2:40 p.m., continued interview with QIDP1 and RN1 revealed that after looking at the mealtime protocol, the mealtime protocol failed to address interventions on how staff should intervene when Client #2 was eating at a face pace and stuffing his mouth with food. When asked if the speech pathologist and/or the dietician had been contacted regarding Client #2's mealtime protocol, QIDP1 responded by saying "no</p> <p>At the time of the survey, QIDP1 failed to ensure that Client #2's mealtime protocol was completed by the appropriate discipline (i.e. speech language pathologist and/or dietician).</p>	W 159		

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R 000 INITIAL COMMENTS

R 000

A recertification survey was conducted from April 24, 2013 through April 25, 2013. A sample of two clients was selected from a population of four males with varying degrees of intellectual disabilities.

The findings of the survey were based on observations in the home and two day programs, 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.]

R 125. 4701.5 BACKGROUND CHECK REQUIREMENT

R 125

The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, **in all** jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.

This Statute is not met as evidenced by: Based on interview and review of personnel records, the group home for individuals with intellectual disabilities (GHIID) failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the 7 years prior to the check, for 1 out of 14 direct support staff. (Staff #12)

The finding includes:

On April 24, 2013, beginning at 2:20 p.m.. review

Health Regulation & Licensing Administration

Constantine C. Reese Program Director
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE
5/8/13

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R 125 Continued From page 1	<p>of the personnel record for Staff #12 revealed that a statewide background check for the District of Columbia documented on February 2012_ 1 Staff #12's employment application form, dated February 9, 2012, however, indicated that she had been employed with Sears from January 2007 through July 2007. The employment application did not have an address for Sears but had a Maryland area code for the phone number. There was no evidence that a background check had been obtained in that jurisdiction.</p> <p>This was brought to the attention of the qualified intellectual disabilities professional #1 (QIDP1) on April 25, 2013, at approximately 2:45 p.m. QIDP1 called the human resource manager (HRM) via telephone to ascertain whether or not a background check had been conducted for Staff #12 in the state of Maryland. At approximately 3:00 p.m. QIDP1 stated that HRM did not obtain a background check for the state of Maryland.</p> <p>Interview with Staff #12 on April 25, 2013, at approximately 3:40 p.m., confirmed that she worked at Sears in the state of Maryland during the aforementioned time.</p>	R 125	<p>Staff #12 will obtain a background check for the State of Maryland. HR Department will check all personnel files in the future to ensure background checks in all jurisdiction of employment.</p>	5/13/13
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