

PRINTED: 11/01/2011
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2011
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 QUINCY ST, NE WASHINGTON, DC 20017
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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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1 000 INITIAL COMMENTS

1 000

10/11

A licensure survey was conducted on October 25, 2011 through October 26, 2011. A random sample of three residents was selected from a resident population of five women with various disabilities.

The findings of the survey were based on observations, interviews with staff and residents in the home, as well as a review of resident and administrative records, including incident reports.

1 090 3504.1 HOUSEKEEPING

1 090

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 persons with intellectual disabilities (GHPID) failed to ensure the interior of the facility was maintained in a safe and sanitary manner.

The findings include:

On October 26, 2011, beginning at 2:30 p.m., the facility house manager (HM) accompanied the surveyor during observations of the environment. The following concerns were identified:

1. There was trash and debris near the wheel chair ramp at the rear of the facility.
2. The wooden shutters on all the exterior windows have chipping and peeling paint.

Received 11/2/11
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

3504.1

1. Trash and debris have been removed...10-29-11
The facility manager will audit the physical environments bi-monthly, including exteriors to insure that all is maintained at an acceptable level with 100% consistency. Additionally, the Assistant to the Residential Director will review the home environment monthly and insure that issues discovered are addressed in a timely manner...11-1-11

NOTE

NOTE

Health Regulation & Licensing Administration

Erin Moore, Exec. Dir.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Executive Director

(X6) DATE

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I 090	<p>Continued From page 1</p> <p>3. The faucet in the kitchen was loose.</p> <p>4. The living room chair assigned to Resident #1 was soiled and stained.</p> <p>5. The chair in Resident #1's bedroom had a large split on the inside cushion.</p> <p>6. In Resident #4's bedroom, the dresser middle cabinet door is off the hinge.</p> <p>7. The carpet in Resident #2's bedroom was split near the radiator, and has the potential to become a trip hazard.</p> <p>8. The shower room on the first floor had black stains on the tiles. The bathtub in the same room had rust around the bottom.</p> <p>9. The half bathroom on the first floor toilet handrail was loose, the toilet was not properly bolted to the floor, and the window curtain was not attached to the window frame.</p> <p>10. The washing machine in the basement is broken and leaked water.</p> <p>At the conclusion of the environmental inspection, the HM indicated the deficiencies would be reported to the maintenance department for immediate repair.</p>	I 090	<p>2. The window shutters will be scrapped and repainted by 11-30-11</p> <p>3. The kitchen faucet was repaired...10-29-11</p> <p>4. The chair was cleaned...11-2-11</p> <p>5. A new bedroom chair has been ordered and will be delivered...11-19-11</p> <p>6. The cabinet hinge was repaired on...10-29-11</p> <p>7. The split section of the carpet will be trimmed and replaced by 11-28-11</p> <p>In the meantime, the area will be sealed with masking tape to prevent a trip hazard</p> <p>8. The tiles have been cleaned and all of the black stains did come out...10-29-11</p> <p>The rusted area at the bottom of the tub will be scrapped and repainted by...11-30-11</p> <p>9. The handrail has been secured...11-1-11</p> <p>The tub will be secured by...11-18-11</p> <p>The window curtain was reattached to the frame...10-29-11</p> <p>10. New washing machine purchased...11-7-11</p>	10/26/2011
I 206	<p>3509.6 PERSONNEL POLICIES</p> <p>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.</p>	I 206		

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I 206 Continued From page 2

I 206

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2 of 4

This Statute is not met as evidenced by:
Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that six of eight professional consultants, had current health certificates. [Consultant #1, #4, #5, #6, #7, and #8]

The finding includes:

On October 26, 2011, beginning at approximately 8:35 a.m., review of the personnel records revealed the GHPID failed to evidence current health certificates for the register nurse, licensed practical nurse, psychologist, nutritionist (2), and physical therapist.

Interview with the house manager (HM) on the same day at approximately, 9:45 a.m. confirmed that the aforementioned consultant files were without current health certificates.

This is a repeat deficiency.

I 222 3510.3 STAFF TRAINING

I 222

There shall be continuous, ongoing in-service training programs scheduled for all personnel.

This Statute is not met as evidenced by:
Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to provide ongoing in-service training to all personnel on how to appropriately communicate with residents and

3509.6

Each consultant that has not submitted current health certificates will receive a notification giving a 2-week deadline for submission. Any that fail to comply will have outstanding payments withheld and will not be able to perform service until the issue is resolved...11-30-11
MTS tracks personnel file compliance via HR and proactively notifies personnel of pending renewals and updates...11-1-11

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I 222 Continued From page 3

family.

The finding includes:

On October 25, 2011, at approximately 2:30 p.m., review of an incident report dated August 2, 2011, and the corresponding investigation report dated September 3, 2011, revealed an allegation of verbal abuse. The report revealed that Resident #2 called her sister and stated that she was upset because Staff #1 was yelling at her. Further review revealed that the sister stated that she overheard Staff #1 yelling at Resident #5 while on the telephone with her.

Continued review of the investigation report and personnel action dated August 3, 2011 revealed the agency took immediate action by placing the staff person on administrative leave and non-customer contact. The investigation findings further determined the allegation of verbal abuse was not substantiated. A recommendation was made by the Department on Disability Services and MTS that support staff would be trained on how to appropriately communicate with each resident and their family members within 30 days.

Interview with the house manager (HM) on October 26, 2011, at approximately 3:00 p.m., revealed that staff had not completed the recommended training.

Review of the in service training records on October 26, 2011, at approximately at 3:10 p.m., confirmed that all staff had not received training within 30 days as recommended.

I 222

3510.3

The required training was completed...10-29-11
MTS will insure that the QDDP receives such recommendations immediately so as to follow up in a timely manner. In addition, each QDDP will have access to the DDS dash board for their homes and individuals supported...11-1-11