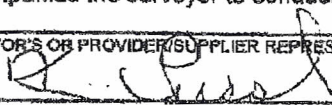


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2014  
FORM APPROVED  
OMB NO. 0938-0391

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|---|--|--|--|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>09G232 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br>03/21/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>MARJUL HOMES, INC |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5708 14TH STREET, NW<br>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   | INITIAL COMMENTS<br><br>A recertification survey was conducted from March 19, 2014 through March 21, 2014. A sample of three clients was selected from a population of five females with varying degrees of intellectual disabilities. This survey was conducted utilizing the full survey process, due to previous deficient practices identified during an investigation.<br><br>The findings of the survey were based on observations, interviews and review of client and administrative records.<br><br>Note: The below is an abbreviation that may appear within the body of this report.<br><br>Qualified Intellectual Disabilities Professional - QIDP | W 000  |  |                      |  |
| W 418   | 483.470(b)(4)(ii) CLIENT BEDROOMS<br><br>The facility must provide each client with a clean, comfortable mattress.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that the bed mattress was maintained in a clean condition for one of three clients in the sample. (Client #2)<br><br>The finding includes:<br><br>On March 21, 2014, at 3:19 p.m., the QIDP accompanied the surveyor to conduct observation   | W 418  | House manager will make monthly rounds ensuring that the individuals bed are in good condition. Also ensuring that all individuals have all required bedding. In addition, staff will be in serviced to check the mattresses daily. The training was completed on 4/11/14. |                      |  |

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



TITLE

QIDP

(X6) DATE

4/11/2014

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.

| 09G232  |  | B. WING             |   | 03/21/2014                 |  |
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| W 418   | <p>Continued From page 1</p> <p>of the living environment. Client #2's bed mattress had a large amount of water-like, brownish colored stains near the pillow area. Additionally, the same type of stains were observed near the center of the client's mattress. It was further noted that the mattress was partially covered with a torn plastic, however the stained areas of the mattress were uncovered.</p> <p>Interview with the QIDP on March 21, 2014, at 3:21 p.m., indicated that staff had not informed her that Client #2's mattress had become stained. The QIDP further stated that she was surprised at the condition of the mattress because it was purchased for the client approximately one year prior to the survey.</p> <p>At the time of the survey, the facility failed to ensure that Client #2's bed mattress was maintained in a clean condition.</p> | W 418               | <p>A new mattress was purchased for Client# on March 25, 2014. House manager will make monthly rounds ensuring that the individuals bed are in good condition. Also ensuring that all individuals have all required bedding. In addition, staff will be in serviced to check the mattresses daily. The training was completed on 4/11/14.</p> |                            |  |



HFD03-0261

B. WING

03/21/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARJUL HOMES, INC

5706 14TH STREET, NW  
WASHINGTON, DC 20011

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|--------------------------|---|---------------------|---|--------------------------|
| 1000                     | <p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from March 19, 2014 through March 21, 2014. A random sample of three residents was selected from a population of five 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>Direct Support Professional - DSP<br/>Emergency Room - ER<br/>Fahrenheit - F<br/>Group Home for Individuals with Intellectual Disabilities - GHIID<br/>Physical Therapist - PT<br/>Qualified Intellectual Disabilities Professional - QIDP</p> | 1000                |   |                          |
| 1081                     | <p><b>3503.9 BEDROOMS AND BATHROOMS</b></p> <p>Each bathroom shall be equipped to facilitate training toward maximum self-help by residents including individuals with physical disabilities and shall have appliances, fixtures or devices which shall be appropriate to the needs of each person who lives and works in the</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHIID failed to ensure that each bathroom was equipped with a grab bar to maximize self help by residents with physical disabilities as recommended for one of three residents in the sample. (Resident #2).</p>   | 1081                | <p>House manager will make monthly rounds ensuring that the individuals bed are in good condition. Also ensuring that all individuals have all required bedding. In addition, staff will be in serviced to check the mattresses daily. The training was completed on 4/11/14.</p> |                          |

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



TITLE

QIDP

(X6) DATE

4/11/14

PRINTED: 04/01/2014  
 FORM APPROVED

Health Regulation & Licensing Administration

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| 1081  | <p>Continued From page 1</p> <p>The finding includes:</p> <p>On March 19, 2014, at 9:02 a.m., Resident #2 was observed to ambulate with a slight limp as she walked down the ramp to the van located in the back yard of the facility. Staff was observed to walk closely beside her and to assist her onto the van. During the observation, DSP #3 indicated that Resident #2 was provided a contact guard assist when walking to prevent the risk of falls.</p> <p>Review of the facility's unusual incidents on March 19, 2014, at 1:39 p.m., revealed Resident #2 was evaluated at the ER on August 9, 2013, November 18, 2013, and February 26, 2014, as a result of falls. Review of the corresponding ER reports revealed the resident sustained abrasions, however was determined to have no serious injuries.</p> <p>On March 20, 2014, at 11:37 a.m., review of the ER discharge summary dated August 9, 2013, revealed a recommendation that a grab bar be installed in the shower as a preventive measure to reduce the risk of falls and injury.</p> <p>Interview with the QIDP on March 21, 2014, at 3:39 p.m., revealed on December 23, 2013, the PT conducted a gait assessment for Resident #2, due to the decline in her ability to ambulate over the previous few weeks. Further discussion with the QIDP indicated that the PT determined that the resident was able to safely ambulate on the stairs with contact guard supervision. The QIDP revealed however, that Resident #2 continued to use the adaptive bathroom located on the first floor to prevent the risk of falls. The QIDP also also revealed that there were no grab bars in the</p> | 1081  |   |



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| 1081   | Continued From page 2<br><br>bathrooms.<br><br>On March 21, 2014, at 3:51 p.m., inspection of the bathroom, located on the first floor confirmed there was no grab bar. Additionally, no grab bar was observed at the tub/shower located in the second floor bathroom.<br><br>At the time of the survey, there was no evidence grab bars had been installed as recommended by the ER.   | 1081  | QIDP will ensure all recommendations are implemented in a timely manner and staff are trained. The grab bars were installed in the restroom on the 1 <sup>st</sup> floor on April 8, 2014. The grab were installed on the 2 <sup>nd</sup> floor on April 8, 2014. QIDP will contact the Individuals IDT to approve the use of both restrooms. On April 7, 2014 the use of both restroom for Resident #2 was presented to the Residential HRC and approval was given. In addition, DDS Service Coordinator and guardian approve the use of both restrooms. |                          |
| 1090   | 3504.1 HOUSEKEEPING<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Based on observation and interview, the GHID failed to ensure that walkways, floors, furnishings, and lighting were maintained in good repair, and that food equipment was maintained in a sanitary manner.<br><br>The findings include:<br><br>On March 21, 2014, beginning at 3:02 p.m., the QIDP accompanied the surveyor to conduct an inspection of the environment. The following concerns were identified:<br><br>1. The running board on the right side of the van was bent inward approximately one inch, and moved downward slightly as the residents stepped on it to be assisted into the van by the | 1090  | House manager will make weekly rounds ensuring that the Individuals to ensure that the Individuals home is maintained in good repair. All lights were replaced in the home August 8, 2014. Staff were in-serviced on Environment on April 11, 2014 cleaning, walkway, floors and notifying management when furnisher is not in good repair.   |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br>MARJUL HOMES, INC |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5706 14TH STREET, NW<br>WASHINGTON, DC 20011 |   |  |
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| 1090  | Continued From page 3<br><br>staff. Also, the rubber flap necessary to cover the end of the running board was missing (near back tire area), causing the end of the metal to be exposed. These concerns created potential safety hazards.<br><br>2. There was a hole (approximately three inches long by one inch wide) in the pavement at the end of the ramp. Additionally, numerous cracks were observed in the paved driveway located adjacent to the ramp. These damaged areas created potential trip hazards.<br><br>3. A section of fence (approximately six feet tall by four feet wide) was observed leaning from the adjacent property line to the exterior wall of the GHLD on the south side. This prevented walking from the back to the front yard from that side of the house.<br><br>Interview with the QIDP on March 21, 2014, at 3:40 p.m., revealed that the fence belonged to the neighboring property and the agency was not aware that the fence had fallen down.<br><br>4. The metal downspout located at the edge of the ramp (right side) was unprotected on the end, which created the potential for injury.<br><br>5. The ceiling light fixture in the closet located between Resident #1 and Resident #2's bedroom had no light bulb. Also, the storeroom in the basement had no light bulb in one of the two light fixtures in the ceiling. The lack of the second light bulb caused the store room to be dimly lit. Dust and dirt were observed in the area of the room where the heating unit was installed.<br><br>6. The handle was missing from Resident #1's top night stand drawer and from a drawer in the | 1090  | House manager will make weekly rounds ensuring that the individuals home is maintained in good repair. All lights were replaced in the home August 8, 2014. Staff were in-serviced on Environment on April 11, 2014 cleaning, walkway, floors and notifying management when furnisher is not in good repair.<br><br>1. The running board was replaced on April 11, 2014. Please see attached receipt.<br><br>2. The owner of the home has been notified and came out to access the area and indicated that the repairs will be completed by April 25, 2014<br><br>3. The owner of the home was contacted. Subsequently the fence has been removed from the Individuals yard.<br><br>4. The owner of the home has been notified and came out to access the area and indicated that the repairs will be completed by April 25, 2014<br><br>5. The light between Resident #1 and Resident#2 has been replaced. The light was replaced on April 8, 2014. The light in the basement was replaced on April 8, 2014. In addition, the area was clean and dust was removed. |  |



| AND PLAN OF CORRECTION                                       |   | IDENTIFICATION NUMBER:<br><br><b>HFD03-0261</b> |  | A. BUILDING: _____<br><br>B. WING: _____  |  | DATE SURVEY COMPLETED<br><br><b>03/21/2014</b> |  |
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| 1090   | <p>Continued From page 4</p> <p>storage chest. Additionally, the portion of the handles necessary to easily open the drawers of the armoire located in Resident #2's bedroom were missing.</p> <p>7. There was an accumulation of grease and dust on the range hood filter. Additionally, the refrigerator that was used to store food in the basement was not maintaining proper temperatures (freezer temperature was 12 degrees F. and refrigerator temperature was 42 degrees F.)</p> <p>On March 21, 2014, at 4:22 p.m., the QIDP confirmed that the above identified concerns remained present in the facility. The PD was also informed of the concerns and stated that she would inform the agency's administrator accordingly.</p> <p>II. The facility failed to ensure that Resident #2 bed mattress was maintained in a clean condition.</p> <p>On March 21, 2014, at 3:19 p.m., the QIDP accompanied the surveyor to conduct observation of the living environment. Resident #2's bed mattress had a large amount of water-like, brownish colored stains near the pillow area. Additionally, the same type of stains were observed near the center of the resident's mattress. It was further noted that the mattress was partially covered with a torn plastic, however the stained areas of the mattress were uncovered.</p> <p>Interview with the QIDP on March 21, 2014, at 3:21 p.m., indicated that staff had not informed her that Resident #2's mattress had become stained. The QIDP further stated that she was</p> | 1090  | <p>6. The chest was removed from Resident #2 bedroom. A new chest has been purchased and placed in Resident #2 room on March 21, 2014</p> <p>7. On April 8, 2014 dust range hood filter was replaced. In addition, the agency is aware of the basement refrigerator not maintaining proper temperatures. The refrigerator will be replaced no later than April 25, 2014.</p> <p>House Manager will make monthly rounds ensuring that the individuals beds are in good condition. Also ensuring that all individuals have all bedding. In addition, staff was in serviced on April 11, 2014 on checking the mattress daily.</p> |   |  |  |  |

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| 1090  | Continued From page 5<br><br>surprised at the condition of the mattress because it was purchased for the resident approximately one year prior to the survey.<br><br>At the time of the survey, the facility failed to ensure that Resident #2's bed mattress was maintained in a clean condition.  | 1090  |   |  |
| 1999  | <b>FINAL OBSERVATIONS</b><br><br>The following observations were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate actions to prevent potential non-compliant practices:<br><br>On March 21, 2014, at 3:19 p.m., observation of the second floor of the facility revealed a single bedroom in which a twin sized bed was located. The QIDP, who accompanied the surveyor, revealed that the room belonged to Resident #2. According to the QIDP, the PT and Resident #2's guardian had approved the resident's relocation from the first floor bedroom to the second floor approximately four months prior to the survey.<br><br>On March 21, 2014, at 3:49 p.m., review of Resident #2's PT assessment dated March 6, 2014, revealed the resident had two falls since her PT assessment. The PT had recommended a gait belt during transfers and ambulation, however staff reported that attempts to use it caused the resident to exhibit maladaptive behaviors. As an alternative to the gait belt, the PT recommended to provide close contact guard assistance to the resident during transfers and ambulation at home and in the community.<br><br>On March 21, 2014, at 3:53 p.m., interview with | 1999  |   |  |



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| 1999   | Continued From page 6<br><br>the facility's QIDP confirmed that Resident #2 had fallen at the rheumatologist's office, the day program, and also at the GHID. Further discussion with the QIDP revealed that due to Resident #2's history of ambulation difficulty and falls, she continued to be bathed in the specially adaptive bathroom shower, which was located inside the first floor bedroom of Residents #3 and #5, to ensure her safety.<br><br>Although at the time of the survey, Resident #2 benefited from the use of the adaptive bathroom, there was no evidence that the use of the bathroom located in Resident #3's and #5's bedroom had been reviewed and approved by the residents and their representatives. | 1999  | On April 11, 2014 staff were in-serviced in the fall prevention. PT reviewed the located between Resident #3 and Resident #5 and approved the use of the bathroom. The use of the grab bars. The grab bars were installed on April 7, 2014. |