

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD-12-0087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2012
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NAME OF PROVIDER OR SUPPLIER MARJUL HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2411 FIRST STREET, NW WASHINGTON, DC 20001
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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

A licensure survey was conducted from April 30, 2012 through May 1, 2012. A sample of two residents was selected from a population of four men with various degrees intellectual disabilities.

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

1 000

Received 5/17/12

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
900 North Capitol St., N.E.
Washington, D.C. 20002

1 043 3502.2(c) MEAL SERVICE / DINING AREAS

Modified diets shall be as follows:

(c) Reviewed at least quarterly by a dietitian.

This Statute is not met as evidenced by: Based on interview and record review, the Community Residence Facility (CRF) failed to ensure that the resident's modified diet was reviewed at least quarterly by a dietitian for two of the two residents included in the sample. (Resident #1 and #2)

The finding includes:

1. Review of Resident #1's nutritional assessment dated November 3, 2011, on April 30, 2012, at approximately 11:10 a.m., revealed the resident was on a 1800 calorie, low fat, low cholesterol and low salt diet. There was no documented evidence the (CRF) ensured the resident's modified diet was reviewed at least quarterly after November 3, 2011. During an interview with the Program Director on May 1, 2012, at approximately 9:35 a.m., it was revealed Resident #1's quarterly dietary assessments

1043

What corrective action(s) will be accomplished for those residents found to have been?

Affected by the deficient practice; Nutritionist will send all quarterly notes to be placed in the book no later than 5/30/12. If Nutritionist does not comply with mandates Marjul homes will terminate services with current Nutritionist and obtain new Nutritionist by 6/15/12.

How you will identify other residents having the potential to be affected by the same

Deficient practices and what corrective action will be taken; Residential Coordinator will review all book to identify all current nutritional plans and ensure that all plans are current and updated.

What measures will be put into place or what systemic changes you will make to

Ensure that the deficient practice does not recur; and

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented Identification has been put in place by a Quality Assurance tool that will be done monthly by the QIDDP to ensure that all assessments are updated and in compliance with all protocols and procedures of DOH and DDS. All QIDDP's & DSP's will be retrained on Food Protocol and Nutrition plans by SLP no later than May 24, 2012

Health Regulation & Licensing Administration

[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
TITLE

5/17/12
(X5) DATE

STATE FORM WPI515 If continuation sheet 1 of 3

PRINTED: 05/07/2012
FORM APPROVED

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I 043	Continued From page 1 would be obtained and placed in the medical record. 2. Review of Resident #2's nutritional assessment dated November 3, 2011, on April 30, 2012, at approximately 2:30 p.m., revealed the resident was on a 1500 calorie, low fat, low cholesterol salt diet. There was no documented evidence the (CRF) ensured the resident's modified diet was reviewed at least quarterly after November 3, 2011. During an interview with the Program Director on May 1, 2012, at approximately 9:35 a.m., it was revealed Resident #2's quarterly dietary assessments would be obtained and placed in the medical record.	I 043		
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 persons with intellectual disabilities (GHPID) failed to ensure that all employees and health care professionals had current health certificates, for 2 out of 13 direct support staff and 2 of 9 consultants. (Staff #5, and #10, the nutritionist and psychiatrist).	I 206	I206 What corrective action(s) will be accomplished for those residents found to have been? Affected by the deficient practice; the two of three Direct Support Professionals have received their updated Health Certificate (Please see attached documents). However, Nutritionist and Psychiatrist have been notified several times of the Health Certificate update and if comply is not made by May 30, 2012, Marjul homes will terminate services with consultants and obtain new consultants by 5/15/12. How you will identify other residents having the potential to be affected by the same Deficient practice and what corrective action will be taken; Marjul homes does a monthly review of all certificates such as health for all employee's as well as consultants. This process identifies all upcoming expiration dates to avoid being out of compliance with DOH and DDS regulations. What measures will be put into place or what systemic changes you will make to Ensure that the deficient practice does not recur; and How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented Identification has been put in place by a Quality Assurance tool that will be done monthly by the QIDDP to ensure that all certifications including health are updated and in compliance with all protocols	

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I 206	Continued From page 2 The findings include: On April 30, 2012, beginning at approximately 1:54 p.m., review of the facilities personnel records revealed there were no current health certificates available for review for Staff #5 and #10 and for the nutritionist and psychiatrist. According to the house manager they will investigate further and get staff and consultants to get current physicals.	I 206	

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R 125	<p>4701.5 BACKGROUND CHECK REQUIREMENT ; R 125</p> <p>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.</p> <p>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 criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the employee has worked or resided within the seven (7) years prior to the checks, for three (3) out of six (6) consultant staff. (Nutritionist, Pharmacist, and Psychiatrist).</p> <p>The finding includes:</p> <p>Interview with the house manager and review of the personnel records on May 30, 2012, beginning at approximately 1:5 p.m. revealed the GHPID failed to provide evidence that criminal background checks were not conducted in all jurisdictions where staff worked within the past seven years for the Nutritionist, pharmacist and the Psychiatrist.</p>	R125	<p>What corrective action(s) will be accomplished for those residents found to have been? Affected by the deficient practice; Background checks have been obtained for two of the three consultants and all other Background checks will be obtained no later than 5/30/12. If consultants do not comply, services will be terminated with consultants and obtain new consultants by 6/15/12.</p> <p>How you will identify other residents having the potential to be affected by the same Deficient practice and what corrective action will be taken; Marjul homes does a monthly review of all certificates such as health for all employee's as well as consultants. This process identifies all upcoming expiration dates to avoid being out of compliance with DOH and DDS regulations.</p> <p>What measures will be put into place or what systemic changes you will make to Ensure that the deficient practice does not recur; and</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented Identification has been put in place by a Quality Assurance tool that will be done monthly by the QIDDP to ensure that all certificates including background checks are updated and in compliance with all protocols and procedures of DOH and DDS.</p>

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

TITLE
Brogan Duster
(X6) DATE
5/17/12