

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012	
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W 000	INITIAL COMMENTS A recertification survey was conducted from September 11, 2013 through September 12, 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 at two day programs, interviews with one client, one guardian, 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 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of an investigation to the administrator or designated representative within five working days for an incident of abuse, for two of four clients residing in the facility (Clients #3, and #4) The findings include: Review of the facility's incident reports and	W 156	W156 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; As a corrective action, MarJul Homes has retrained the IMEU Specialist on the new Tracking and Trending form which was developed under the Incident Management Policies and Procedures to ensure that once an incident happens all parties are notified in the proper 24 hour time frame, How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken At any point if other residents are involved in an incident our IMEU specialist will identify that individual and place all incidents in the MCIS system as well as notify the Program Administrator, DOH and all other necessary parties within a 24 hour period. What measure will be put into place or what systemic change you will make to ensure that the deficient practice	

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

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

TITLE

(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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED
OMB NO. 0938-0391

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W 156	<p>Continued From page 1</p> <p>corresponding investigation reports on September 11, 2013, beginning at 9:00 a.m., revealed no documented evidence that the administrator was informed of the investigation results within five working days, as follows:</p> <p>An incident report dated February 17, 2013, documented that Client #3 bit Client #4 on his biceps. Review of the corresponding investigative report revealed the incident management coordinator (IMC) completed the investigation on March 2, 2013. Further review showed no evidence that the investigative findings had been reported to the administrator.</p> <p>Interview with qualified intellectual disabilities professional (QIDP) #1 on September 12, 2013, at approximately 4:00 p.m., revealed that all incidents and investigations are reported immediately to the program manager, then the program manager reports them to the chief executive officer (CEO). QIDP #1, however, acknowledged that the results of the aforementioned investigation had had been reported to the CEO/administrator.</p> <p>At the time of the survey, there was no evidence that the results of the investigation was reported to the administrator or designated representative within five working days of the incident as required.</p>	W 156	<p>does not recur and how the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be implemented. MarJul Homes will ensure all incidents are being reported by our IMEU Specialist to the Program Administrator within 24 hours through our new tracking and trending quality assurance system. As of 9/25/13 our new racking and trending system captures all incidents, time of incident, time of incident entrance into the system, all parties notified, time of notification as well as person entering the information. This quality assurance measure will ensure that all incidents are being reported as well as being managed properly to ensure the safety and wellbeing of our individuals.</p> <p>W356</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; For the individuals found to be affected by this deficient practice our RN and LPN have aggressively been communicating with the Primary Dentist to ensure that Client 1 and Client 2 are not in any range of problems concerning dental care with constant appointments and follow ups. Unfortunately, due to</p>
W 356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental</p>	W 356	

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W 356	<p>Continued From page 2 health.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client received dental services, including restoration of teeth, for one of two clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>On September 11, 2013, at 7:25 a.m., Client #1 was observed to have missing teeth as he greeted the surveyor at the front entrance door of the facility.</p> <p>Interview with the registered nurse (RN #1) supervisor on September 12, 2013, at 9:30 a.m., revealed Client #2 visited the dentist regularly, however, the facility had been unsuccessful in obtaining the recommended restoration of his teeth.</p> <p>On September 12, 2013, at 9:32 a.m., record review revealed the following information concerning Client #1's dental health:</p> <p>(a) September 12, 2012 - Follow-up visit after dental surgery. The dentist recommended restoration of teeth #15, #25 and #28 during the next appointment. Teeth #28, #30, and #31 were recommended for extraction during the following appointment (third appointment).</p> <p>(b) October 17, 2012 - Tooth #15 was filled and general debridement was performed. The dentist stated that due to the client's strong tongue thrust, and the potential for injury, he was unable</p>	W 356	<p>the extended length of time it is taking Howard University to get back with us for a date to complete the oral surgery needed for Client 1 we continue to follow up with Howard University weekly trying to get an appointment ASAP. 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 will identify all individuals potentially being affected by the same deficient practice through our health and wellness systems conducted by our RN and LPN monthly. Our RN and LPN completes a monthly check of all individual's health status this includes a review of all medical consults and follow up appointments done within the month as well as a physical observation of each individual to ensure health is at its optimal level. What measure will be put into place or what systemic change you will make to ensure that the deficient practice does not recur and how the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be implemented. In this particular case MarJul Homes cannot speak for Howard University or when they will ever give us a date for the oral surgery needed for Client 1. This is unfortunate seeing as though Howard University is the only center that treats our individuals</p>		

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W 356	<p>Continued From page 3</p> <p>to complete the restoration of teeth #25 and #26. In a letter dated October 17, 2013, the dentist noted that treatment was recommended for caries in teeth #25, #26, #28, #30, and #31. Root canals were recommended for teeth #6 and #21, and crowns were recommended for teeth #4, #6 and #21. The treatments were recommended to be performed in a hospital setting. Further record review revealed the recommendation was accepted by the primary care physician on October 17, 2012.</p> <p>(c) November 28, 2012 - The client had a consultation at the hospital for an assessment of his "problematic teeth" and for oral sedation. The client was agitated and the dentist was unable to perform the examination. The caregiver was given the instructions for full mouth work-up for treatment under general anesthesia, however no appointment was given.</p> <p>Continued interview with the RN #1 on September 12, 2013, at 9:42 a.m., revealed the hospital scheduled Client#1's appointment for February 27, 2013. However, the facility had to cancel the appointment because Client #1 was not readmitted to the facility from the hospital until February 26, 2013. According to the RN #1, efforts to reschedule the dental procedures under general anesthesia had been unsuccessful.</p> <p>Further discussion with the RN #1 on September 12, 2013, at 9:45 a.m., revealed Client #1 returned to his primary dentist on June 4, 2013 and August 6, 2013. Review of the consultation reports revealed that verbal reminders, assisted brushing at least three times a day, followed by rinsing with mouth wash were recommended. Continued discussion with RN #1 and the</p>	W 356	<p>with Anesthesia, this of course limits us to only Howard University as we have tried several other Dentist to get this procedure completed. Moreover, Marjul Homes on the dates of 9/18/13 and 9/25/13 has had the RN physically go to Howard University to get an appointment as well as call every two days and we have still been unsuccessful in getting an appointment. However as a Quality Assurance Systematic approach, we will continue this process until we have acquired an appointment. Moreover, at this point Client 1 has been seen by his Primary Dentist on June 4, 2013 and August 6, 2013. The most current consult dated August 6, 2013 does not express any urgent dental concerns in fact in review of the consult it states, verbal reminders assisted brushing at least three times a day, followed by rinsing with mouth wash were recommended. Therefore, as a proactive measure in light of the long wait from Howard University, we are consistently taking client one to his Primary Dentist to keep a constant watch on his oral care.</p>	

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W 356	Continued From page 4 corresponding record review, however, revealed the restoration of teeth #25, #26, #28, #30, #31, #6, #21, #4, and #21 recommended by the dentist on October 17, 2012 had not been completed. At the time of the survey, however, there was no evidence treatment services for the maintenance of Client #1's dental health had been obtained.	W 356		
W 426	483.470(d)(3) CLIENT BATHROOMS The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit (F.) for the health and safety of four of four clients residing in the facility. (Clients #1, #2, #3, and #4) The finding includes: On September 11, 2013, at 3:20 p.m., the surveyor observed that the hot water temperature at the hand sink in bathroom #1 located on the first floor of the facility felt very warm to touch. Interview with qualified intellectual disabilities professional (QIDP) #1 on September 11, 2013, at 3:25 p.m., indicated that the staff monitored the water temperatures during each shift, however currently no documentation of the temperatures was maintained at the facility. Further interview with QIDP #1 revealed that Client #1 was unable	W 426	W426 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; as a corrective action on 9/13/13 MarJul Homes has retrained all DSP's in the facility as well as created a new form which captures each shift's documentation of water temperature and implemented this form on 9/14/13. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken In light of the lack of water documentation for this facility, MarJul homes completed a review of all facilities to ensure that water documentation is being completed. Moreover, the new form that was created on 9/14/13 which captures all DSP shifts	

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W 426 Continued From page 5 to regulate water temperatures.

On September 11, 2013, at 4:10 p.m., the hot water temperatures were then measured by the surveyor and direct support professional (DSP) #1, and revealed the following:

- a. Bathroom #1 - 117 degrees F.
- b. Kitchen sink - 118 degrees F.
- c. Bathroom #2 (located on the second floor) - 117 degrees F.

On September 11, 2013, 4:15 p.m., QIDP #1 was informed of the concern regarding the water temperature and was requested to notify the administrator and the maintenance staff for follow-up. At 5:35 p.m., QIDP #1 indicated that maintenance would be arriving within the hour.

On September 11, 2013, at 5:55 p.m., the maintenance staff was observed in the facility. A few minutes later, he stated that he had adjusted the setting on the hot water temperature and that the water temperature should come down to below 110 degrees soon. At 7:30 p.m., the surveyor rechecked the hot water temperature and it measured 103 degrees F. The surveyor checked the hot water temperature again on September 12, 2013 at 8:32 a.m., and the temperature measured 105 degrees F.

At the time of the survey, however, the facility failed to ensure that the water temperatures did not exceed 110 degrees at any time in areas of the facility where clients had not been trained to

W 426

water temperature documentation has also been implemented in each home to ensure that all facilities are functioning cohesively.

What measure will be put into place or what systemic change you will make to ensure that the deficient practice does not recur and how the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be implemented. MarJul Homes will ensure all DSP's are properly documenting water temperature through our weekly House Manager Book reviews. All House Managers are mandated to do weekly book reviews on any and all documentation. This ensures that daily documentation is being completed and has accurate and concise logging of daily activates and tasks completed by DSP's. This weekly review specifically for the water documentation started on 9/16/13.

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W 426	Continued From page 6 regulate water temperatures.	W 426		

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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from September 11, 2013 through through September 12, 2013. A sample of two residents was selected from a population of four males, with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and two day programs, interviews with one resident, one residents' guardian, direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1 000	<p>1090</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; As a corrective action MarJul Homes has purchased new carpet identified in section (a) as of 9/26/13 and the carpet will be laid on 9/30/13 (Please see Invoice for Carpet), Moreover items (b) through (L) with the exclusion of (H) are currently in the process and will be completed no later than 10/4/13. Item (H) was completed on 9/15/13How 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 will identify all individuals potentially being affected by the same deficient practice through our monthly environment inspections which identifies the issues above and provides upper management with a report or maintenance request sheet which specifically identifies environmental issues. This form was re-</p>	
1 090	<p>3504.1 HOUSEKEEPING</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 group home for individuals with intellectual disabilities (GHIID) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for four of four residents residing in the facility. (Residents #1, #2, #3 and #4)</p> <p>The findings include:</p>	1 090		

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1090	<p>Continued From page 1</p> <p>1. Observation during the inspection of the environment on September 12, 2013, beginning at 3:30 p.m., revealed the following:</p> <p>(a) The carpet on the first and second floor were stained and torn, creating a potential safety hazard. Three dark areas (shape of an iron) which appeared to be burned, were observed on the carpet located on the second floor.</p> <p>(b) Patching and spackling compound were observed on the walls in the bathroom, kitchen and dining room.</p> <p>(c) The caulking was loose behind the first floor bathroom sink.</p> <p>(d) There were no blinds and/or curtains located in the living room window.</p> <p>(e) The trash can located in the backyard was observed without a lid, creating a potential for the entrance of rodents and other pests.</p> <p>(f) The ceiling in the living room appeared warped.</p> <p>(g) Resident #3's dresser drawer was off track, creating a potential safety hazard.</p> <p>(h) An unoccupied bedroom located on the second floor was cluttered with items such as boxes, televisions, cabinets and dressers.</p> <p>(i) Resident #2's pillows were stained. There were also no pillow cases on the pillows.</p> <p>(j) Resident #2's bedroom walls had several holes and the paint was striped and peeling.</p>	1090	<p>implemented as of 9/20/13. What measure will be put into place or what systemic change you will make to ensure that the deficient practice does not recur and how the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be implemented. Through our Quality Assurance monthly inspections which incorporate environmental checks, the House Manager will identify items that may need to be fixed or replaced. Once the House Manager submits a Maintenance request form it's then sent to the main office where it goes through a chain of command. The secretary receives a copy, the Program Director also receives a copy, reviews it and submits it to the CEO for proper funds to fix or replace whatever items were identified. This process has been reinstated as of 9/20/13.</p>

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I 090	<p>Continued From page 2</p> <p>(k) Resident #2's bedroom closet wall was striped and peeling.</p> <p>(l) There was no light in the basement, creating a potential safety hazard. The basement was cluttered with items such as boxes, bags, mops, vacuum cleaners, and cans of paint.</p> <p>The qualified intellectual disabilities professional (QIDP #1), who was present during the environmental inspection, stated the chief executive officer was currently addressing the aforementioned concerns.</p> <p>II. The facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit (F.) for the health and safety of the residents of the facility.</p> <p>On September 11, 2013, at 3:20 p.m., the surveyor observed that the hot water temperature at the hand sink in bathroom #1 located on the first floor of the facility felt very warm to touch.</p> <p>Interview with QIDP #1 on September 11, 2013, at 3:25 p.m., indicated that the staff monitored the water temperatures during each shift, however currently no documentation of the temperatures was maintained at the facility. Further interview with QIDP #1 revealed that Resident #1 was unable to regulate water temperatures.</p> <p>On September 11, 2013, at 4:10 p.m., the hot water temperatures were then measured by the surveyor and direct support professional (DSP) #1, and revealed the following:</p> <p>a. Bathroom #1 - 117 degrees F.</p> <p>b. Kitchen sink - 118 degrees F.</p>	I 090		

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I 090	<p>Continued From page 3</p> <p>c. Bathroom #2 (located on the second floor) - 117 degrees F.</p> <p>On September 11, 2013, 4:15 p.m., QIDP #1 was informed of the concern regarding the water temperature and was requested to notify the administrator and the maintenance staff for follow-up. At 5:35 p.m., QIDP #1 indicated that maintenance would be arriving within the hour.</p> <p>On September 11, 2013, at 5:55 p.m., the maintenance staff was observed in the facility. A few minutes later, he stated that he had adjusted the setting on the hot water temperature and that the water temperature should come down to below 110 degrees soon. At 7:30 p.m., the surveyor rechecked the hot water temperature and it measured 103 degrees F. The surveyor checked the hot water temperature again on September 12, 2013 at 8:32 a.m., and the temperature measured 105 degrees F.</p> <p>At the time of the survey, however, the facility failed to ensure that the water temperatures did not exceed 110 degrees at any time in areas of the facility where residents had not been trained to regulate water temperatures.</p>	I 090		
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	<p>I206</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; As a corrective action on 9/25/13, MarJul Homes has acquired new and current health Certificates for DSP 2 and 3. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken Currently MarJul homes has a system in place in which our HR is responsible for completing monthly file reviews which identify all required documents to maintain employment as a DSP. Some of those certificates include, CPR, First Aide, Health Certificate, PPD etc. In addition, if or when a DSP is approaching their renewal date of any of these items they are sent out a letter at least 30 days prior to the termination date of the service. This identification</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012	
(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
I 206	Continued From page 4 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 ensure each employee, prior to employment and annually thereafter, was provided 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, for two of twelve direct support professionals. (DSP #2 and #3) The findings include: On September 11, 2013, at 9:17 a.m., interview with qualified intellectual disabilities professional (QIDP) #1 revealed that a current health certificate was on file at the administrative office for all personnel. On September 11, 2013, beginning at 1:52 p.m., a review of the agency's personnel files was conducted. The review of the files revealed incomplete health certificates, as evidenced below: a. DSP #2's "Employee Health Certificate" form was dated April 24, 2013. The name of the person completing the examination was illegible. Additionally, the professional credentials of the person that conducted the health exam and the date of the examination were not documented on the form. Therefore, it could not be substantiated that DSP #2 had a valid health certificate on file. b. DSP #3's "Employee Health Certificate" form was dated May 14, 2013. The signature of the examining physician and the date the form was	I 206	process has been ongoing for the last two year. What measure will be put into place or what systemic change you will make to ensure that the deficient practice does not recur and how the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be implemented. As a systematic change to ensure the specifics of items needed to obtain this job are fully completed and accurate, as of 10/1/13 the Program Administrator will know complete employee file checks with the HR director monthly to ensure all documents are received and current.

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I 206	Continued From page 5 completed were missing. Therefore, it could not be substantiated that DSP #3 had a valid health certificate on file. Interview with the facility's QIDP #1 on September 11, 2013, at 3:55 p.m., revealed that he would follow-up with the administrative office to determine if there was additional information regarding the aforementioned health certificates. At the time of the survey exit on September 12, 2013, at 4:30 p.m., no additional information was provided regarding the health certificates of DSPs #2 and #3.	I 206	I401 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; For the individuals found to be affected by this deficient practice our RN and LPN have aggressively been communicating with the Primary Dentist to ensure that Client 1 and Client 2 are not in any range of problems concerning dental care with constant appointments and follow ups. Unfortunately, due to the extended length of time it is taking Howard University to get back with us for a date to complete the oral surgery needed for Client 1 we continue to follow up with Howard University weekly trying to get an appointment ASAP. 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 will identify all individuals potentially being affected by the same deficient practice through our health and wellness systems conducted by our RN and LPN monthly. Our RN and LPN does a monthly check of all individual's health status this includes a review of all medical consults and follow up appointments done within the month	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHID) failed to ensure that professional services were provided in accordance with the dental treatment needs of one of four residing in the facility. (Resident #1) The finding includes: On September 11, 2013, at 7:25 a.m., Resident #1 was observed to have missing teeth as he greeted the surveyor at the front entrance door of the facility.	I 401		

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1401	<p>Continued From page 6</p> <p>Interview with the registered nurse (RN #1) supervisor on September 12, 2013, at 9:30 a.m., revealed Resident #2 visited the dentist regularly, however, the facility had been unsuccessful in obtaining the recommended restoration of his teeth.</p> <p>On September 12, 2013, at 9:32 a.m., record review revealed the following information concerning Resident #1's dental health:</p> <p>(a) September 12, 2012 - Follow-up visit after dental surgery. The dentist recommended restoration of teeth #15, #25 and #26 during the next appointment. Teeth #28, #30, and #31 were recommended for extraction during the following appointment (third appointment).</p> <p>(b) October 17, 2012 - Tooth #15 was filled and general debridement was performed. The dentist stated that due to the resident's strong tongue thrust, and the potential for injury, he was unable to complete the restoration of teeth #25 and #26. In a letter dated October 17, 2013, the dentist noted that treatment was recommended for caries in teeth #25, #26, #28, #30, and #31. Root canals were recommended for teeth #6 and #21, and crowns were recommended for teeth #4, #6 and #21. The treatments were recommended to be performed in a hospital setting. Further record review revealed the recommendation was accepted by the primary care physician on October 17, 2012.</p> <p>(c) November 28, 2012 - The resident had a consultation at the hospital for an assessment of his "problematic teeth" and for oral sedation. The resident was agitated and the dentist was unable to perform the examination. The caregiver was</p>	1401	<p>as well as a physical observation of each individual to ensure health is at its optimal level. What measure will be put into place or what systemic change you will make to ensure that the deficient practice does not recur and how the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be implemented. In this particular case MarJul Homes cannot speak for Howard University or when they will ever give us a date for the oral surgery needed for Client 1. This is unfortunate seeing as though Howard University is the only center that treats our individuals with Anesthesia, this of course limits us to only Howard University as we have tried several other Dentist to get this procedure completed. Moreover, Marjul Homes on the dates of 9/18/13 and 9/25/13 has had the RN physically go to Howard University to get an appointment as well as call every two days and we have still been unsuccessful in getting an</p>	

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MARJUL HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE
**4910 ARKANSAS AVENUE, NW
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I 401	<p>Continued From page 7</p> <p>given the instructions for full mouth work-up for treatment under general anesthesia, however no appointment was given.</p> <p>Continued interview with the RN #1 on September 12, 2013, at 9:42 a.m., revealed the hospital scheduled Resident #1's appointment for February 27, 2013. However, the facility had to cancel the appointment because Resident #1 was not readmitted to the facility from the hospital until February 26, 2013. According to the RN #1, efforts to reschedule the dental procedures under general anesthesia had been unsuccessful.</p> <p>Further discussion with the RN #1 on September 12, 2013, at 9:45 a.m., revealed Resident #1 returned to his primary dentist on June 4, 2013 and August 6, 2013. Review of the consultation reports revealed that verbal reminders, assisted brushing at least three times a day, followed by rinsing with mouth wash were recommended. Continued discussion with RN #1 and the corresponding record review, however, revealed the restoration of teeth #25, #26, #28, #30, #31, #6, #21, #4, and #21 recommended by the dentist on October 17, 2012 had not been completed.</p> <p>At the time of the survey, however, there was no evidence treatment services for the maintenance of Resident #1's dental health had been obtained.</p>	I 401	<p>appointment. However as a Quality Assurance Systematic approach, we will continue this process until we have acquired an appointment. Moreover, at this point Client 1 has been seen by his Primary Dentist on June 4, 2013 and August 6, 2013. The most current consult dated August 6, 2013 does not express any urgent dental concerns in fact in review of the consult it states, verbal reminders assisted brushing at least three times a day, followed by rinsing with mouth wash were recommended. Therefore, as a proactive measure in light of the long wait from Howard University, we are consistently taking client one to his Primary Dentist to keep a constant watch on his oral care.</p>	
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