

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

PRINTED: 01/19/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2009
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015	
(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 Surveyor: 16662 A recertification survey was conducted from 12/15/2009 through 12/16/2009. The survey was completed utilizing the fundamental survey process. A random sampling of two clients was selected from a client population of three males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the client and administrative records, including the review of incident reports.	W 000	<i>Reviewed 1/29/10</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Surveyor: 16662 Based on staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination, monitoring, and implementation of a client's habilitation and planning for three of seven of the clients residing in the facility. [Clients #1, #2, and #3] The finding includes: 1. The QMRP failed to ensure all staff received training in maintaining a client's oral health. [See W189]	W 159		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
<i>Evelyn Moore</i>		<i>Residential Director</i>		<i>01-28-10</i>

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 159	Continued From page 1 2. The QMRP failed to ensure clients ' received training in maintaining a sanitary environment. [See W242] 3. The QMRP failed to ensure the coordination of services to ensure all staff and clients received training in sanitary and hygienic practices. [See W340]	W 159	W159 The issues cited under W159 have been addressed as evidenced by the specific steps outlined in W189, W242 and W340.	
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Surveyor: 16662 Based on staff interview and record review, the facility failed to ensure all staff received training on maintaining client's oral health and hygiene as prescribed. [Staff #1, #4, #5, #8, #9 and #10] The finding includes: Interview with the facility 's qualified mental retardation professional (QMRP) and house manager (HM) on 12/16/2009, at approximately 5:05 p.m., revealed six of fourteen staff did not receive training on maintaining Client #1 and Client #2's oral health. Over the past year, both client's oral health has either declined or shown no improvement despite the dentist ' s treatment and recommendations.	W 189	W189 The QMRP supported by the RN, is retraining all staff on oral hygiene, appropriate tooth brushing and the specific programs for Client #1 and #2 in particular...2-1-10. Client #1 and #2 have low potential for becoming independent on the tooth brushing task and will need staff support long term to perform the task well enough to improve their overall dental health. Electric toothbrushes have been purchased for Client #1 and #2. The RN will collaborate on protocols for staff and the individuals supported to effectively use the electric brushes to improve day-to-day tooth brushing...2-1-10. Additionally, Arm and Hammer toothpaste will be used in place of the existing toothpaste and this too will help improve the overall effectiveness of tooth brushing...2-1-10. To insure that it is clear that tooth brushing with proper supports is occurring at minimum twice daily as prescribed, the QMRP will develop a new data sheet that allows staff to indicate by sign off that tooth brushing has been supported twice daily...2-1-10. The existing data sheet will be used strictly to measure progress towards independence (although that level of progress is not expected)...2-1-10.	
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The facility failed to ensure staff was effectively trained to maintain client's oral health as required by this section. [See W350]	W 242		

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W 242	<p>Continued From page 2</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16662 Based on observation and staff interview, the facility failed to ensure clients were taught to maintain a sanitary environment and their oral hygiene as required by this section. [Clients #1, #2 and #3]</p> <p>The findings include:</p> <p>1. Observation and interview with the facility's house manager (HM) on the morning of 12/15/2009, at approximately 11:15 a.m., verified several areas on the bedding on Client #1 and #3 's bed were soiled with a whitish substance.</p> <p>Interview with the HM on the same day at approximately 11:16 a.m. revealed both clients were actively involved in laundering their clothing and bedding on an informal basis. Further interview revealed she planned on retraining the facility's staff on the proper laundry procedures to enforce infection control measures.</p> <p>The HM further stated the additional staff training would better serve the needs of both clients with regards to teaching them how to properly care</p>	W 242	<p>W242</p> <p>The RN will retrain staff on infection control issues and insure that handling laundry and particularly bedding, is addressed in the training session...2-14-10. The facility manager will audit the bedding at minimum 3 times weekly to insure that it is maintained in a neat and sanitary manner at all times...2-1-10. The facility manager will train staff on laundry procedures...2-1-10.</p> <p>2. A protocol will be developed providing staff with teaching, counseling and role modeling strategies in training Client #1 to manage his periodic drooling in the most sanitary manner possible. He will be coached to use paper towels as opposed to using his sleeve which he tends to do now. The protocol will be developed by...2-1-10. Staff will be trained on the implementation of the protocol by...1-14-10.</p>	
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W 242	<p>Continued From page 3 and manage their laundry.</p> <p>The facility failed to provide evidence that both Clients #1 and #3 were being afforded effective training in managing their laundry to ensure good hygiene practices.</p> <p>2. Observation on the evening of 12/15/2009, at approximately 4:40 p.m., revealed staff redirected Client #1 to wipe his mouth. Client #1 was observed to wipe his mouth upon request of the staff. Client #1 was asked a second time to wipe his mouth on the same day at approximately 6:30 p.m. Again, Client #1 was observed to wipe his mouth at the request of the staff.</p> <p>Further interview with the HM and the qualified mental retardation professional (QMRP) on 12/16/2009, at approximately 5:10 p.m. revealed there was no evidence on file at the time of survey, to substantiate that Client #1 had received or was receiving effective training so that he could learn to manage his drooling independently. Both the HM and the QMRP indicated they are actively taking measures to ensure Client #1's drooling was being managed, but it was an ongoing process. [See W340]</p> <p>3. Interview with the facility's house manager (HM) and the qualified mental retardation professional (QMRP) on the 12/16/2009, at approximately 5:00 p.m. verified the training being provided to Clients #1 and #2 were ineffective with regards to maintaining their oral hygiene. [See W350]</p>	W 242	<p>3. The QMRP supported by the RN, is retraining all staff on oral hygiene, appropriate tooth brushing and the specific programs for Client #1 and #2 in particular...2-1-10. Client #1 and #2 have low potential for becoming independent on the tooth brushing task and will need staff support long term to perform the task well enough to improve their overall dental health. Electric toothbrushes have been purchased for Client #1 and #2. The RN will collaborate on protocols for staff and the individuals supported to effectively use the electric brushes to improve day-to-day tooth brushing...2-1-10. Additionally, Arm and Hammer toothpaste will be used in place of the existing toothpaste and this too will help improve the overall effectiveness of tooth brushing...2-1-10. To insure that it is clear that tooth brushing with proper supports is occurring at minimum twice daily as prescribed, the QMRP will develop a new data sheet that allows staff to indicate by sign off that tooth brushing has been supported twice daily...2-1-10. The existing data sheet will be used strictly to measure progress towards independence (although that level of progress is not expected)...2-1-10.</p>	
W 340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team,</p>	W 340		

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W 340	<p>Continued From page 4</p> <p>appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16662 Based on observation and staff interview, the facility failed to ensure staff and clients were taught to maintain a sanitary environment as required by this section. [Clients #1 and #3]</p> <p>The findings include:</p> <p>Observation and interview with the facility's house manager (HM) on the morning of 12/15/2009 at approximately 11:15 a.m. verified several areas on the bedding on Client #1 and #3's bed were soiled with a whitish substance. In addition, the couch and the arm chairs in the living room were also soiled with an unknown "whitish" substance. According to the HM, Client #1 has a drooling problem and oftentimes drools over himself and his immediate environment.</p> <p>Further interview with the HM and the qualified mental retardation professional (QMRP) on 12/16/2009, at approximately 5:10 p.m. revealed there was no evidence on file at the time of survey, to substantiate that all staff and clients had received effective training on ensuring proper sanitary practices. Both the HM and the QMRP indicated they are actively taking measures to ensure Client #1's drooling was managed, but it is an ongoing process.</p> <p>The facility failed to provide evidence that both Clients #1 and #3 and staff were being afforded</p>	W 340	<p>W340</p> <p>A protocol will be developed providing staff with teaching, counseling and role modeling strategies in training Client #1 to manage his periodic drooling in the most sanitary manner possible. He will be coached to use paper towels as opposed to using his sleeve which he tends to do now. The protocol will be developed by...2-1-10. Staff will be trained on the implementation of the protocol by...1-14-10.</p>		

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W 340	Continued From page 5 effective training in managing effective sanitary and hygienic practices.	W 340		
W 350	<p>483.460(e)(3) DENTAL SERVICES</p> <p>The facility must provide education and training in the maintenance of oral health.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16662 Based on observation, staff interview, and record review, the facility failed to ensure clients' received the proper and necessary training to maintain their oral health as prescribed for one of two sampled clients. [Clients #1 and #2]</p> <p>The findings include:</p> <p>1. Observation on 12/15/2009, at approximately 6:00 p.m., revealed Client #1's teeth appeared discolored. Staff interview and record review on 12/16/2009, at approximately 4:00 p.m., revealed Client #1's oral health has been on a steady decline between the dates of 5/12/2009 and 11/4/2009 as presented on his dental consults. A review of Client #1's dental records revealed the following information:</p> <p>a. On 5/12/2009 Client #1 received a "comprehensive exam" and "adult prophylaxis". The consult recommended "patient needs scaling" and that a pre-authorization will be sent to Medicaid for approval.</p> <p>b. On 7/22/2009 he received "full mouth scaling, adult prophylaxis with scaling". The dentist recommended that this client "brush teeth 2-3 times a day".</p>	W 350	<p>W350</p> <p>The QMRP supported by the RN, is retraining all staff on oral hygiene, appropriate tooth brushing and the specific programs for Client #1 and #2 in particular...2-1-10. Client #1 and #2 have low potential for becoming independent on the tooth brushing task and will need staff support long term to perform the task well enough to improve their overall dental health. Electric toothbrushes have been purchased for Client #1 and #2. The RN will collaborate on protocols for staff and the individuals supported to effectively use the electric brushes to improve day-to-day tooth brushing...2-1-10. Additionally, Arm and Hammer toothpaste will be used in place of the existing toothpaste and this too will help improve the overall effectiveness of tooth brushing...2-1-10.</p> <p>To insure that it is clear that tooth brushing with proper supports is occurring at minimum twice daily as prescribed, the QMRP will develop a new data sheet that allows staff to indicate by sign off that tooth brushing has been supported twice daily...2-1-10.</p> <p>The existing data sheet will be used strictly to measure progress towards independence (although that level of progress is not expected)...2-1-10.</p>	

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W 350	<p>Continued From page 6</p> <p>c. On 11/4/2009, "examination revealed heavy calculus deposits and food debris". The consult goes on to recommend "patient needs scaling".</p> <p>Despite this client's 7/22/2009 dental consult recommending that he "brush [his] teeth 2-3 times a day ", there was no evidence on file to substantiate that this client was being taught to brush his teeth at the frequency outlined by the dentist. Furthermore, Client #1's dental records revealed he received a "full mouth scaling" on 7/22/2009 and by 11/4/2009 he was assessed as having "heavy calculus deposits".</p> <p>Interviews conducted with the facility's qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009, at approximately 4:30 p.m., and record review failed to clarify how often staff was providing Client #1 with his recommended tooth brushings. It was also not clear what manner of education or training was being provided as well.</p> <p>2. Observation on 12/15/2009, at approximately 6:05 p.m. revealed Client #2's teeth appeared discolored. Staff interview and record review on 12/16/2009, at approximately 4:45 p.m. revealed Client #2 ' s oral health has shown no improvement between the dates of 3/3/2009 and 11/4/2009 as presented on his dental consults. A review of Client #2's dental records revealed the following information:</p> <p>a. On 3/3/2009, Client #2 received a "comprehensive exam" and "adult prophylaxis ... with polish". The consult recommended "patient needs scaling" and that a pre-authorization will be sent to Medicaid for approval.</p>	W 350			

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W 350	<p>Continued From page 7</p> <p>b. On 7/14/2009, he received a "comprehensive exam" which found "heavy calculus and plaque accumulation". The dentist recommended that this client receive "scaling all 4 [quadrants]".brush teeth 2-3 times a day".</p> <p>c. On 11/4/2009, "examination revealed heavy calculus and plaque accumulation". The consult goes on to recommend "patient needs scaling".</p> <p>Despite Client #2's 7/14/2009 dental consult recommending that he "brush [his] teeth 2-3 times a day", there was no evidence on file to substantiate that this client was being taught to brush his teeth at the frequency outlined by the dentist. Furthermore, Client #2's dental records revealed he received an "adult prophylaxis ... with polish" on 3/3/2009 and by 7/14/2009 he was assessed as having "heavy calculus and plaque accumulation".</p> <p>Evidence gathered from interviews and record review with the facility's qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009, at approximately 4:55 p.m., failed to clarify how often staff was providing Client #2 with his recommended tooth brushings and it was not clear what manner of education or training was being provided as well.</p>	W 350		
W 436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p>	W 436		

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W 436	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16662 Based on staff interview and record review, the facility failed to ensure adaptive equipment were being monitored and maintained as recommended for one of three sampled clients. [Client #1]</p> <p>The finding includes:</p> <p>Observation on 12/15/2009, at approximately 6:15 p.m., revealed Client #1 received his dinner meal in a "scoop" plate. During the meal, Client #1 was observed scooping his food towards his mouth and some spillage was observed. Some of his food was observed falling over the plate and onto his place mat.</p> <p>Interview with the facility's qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009, at approximately 5:20 p.m., revealed Client #1's Nutritional Assessment dated 7/20/2009 recommended that he receive his meals in a "high sided plate".</p> <p>Further interview with the QMRP and the HM on the same day at approximately 5:21 p.m. verified Client #1 did receive his dinner out of a "scoop plate" and not the "high sided" plate that the nutritionist recommended.</p> <p>The facility failed to ensure Client #1 was afforded the proper and necessary adaptive equipment as recommended.</p>	W 436	<p>W436</p> <p>The High sided plate for Client #1 has been ordered and is scheduled to be received...2-1-10. The QMRP and RN will review the records monthly to insure all such recommendations are picked up and acted upon in a timely manner...2-1-10.</p>	

Health Regulation Administration

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I 000	INITIAL COMMENTS Surveyor: 16662 A re-licensure survey was conducted from 12/15/2009 through 12/16/2009. A random sampling of two residents was selected from a residential population of three men with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the resident and administrative records, including the incident reports.	I 000		
I 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Surveyor: 16662 Based on observation and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure one (1) of three (3) bathrooms were equipped with cup dispensers as required by this section. The finding includes: During the environmental inspection on 12/15/2009, at approximately 11:10 a.m., there was no cup dispenser observed in Resident #1's bathroom. Interview with the GHMRP's house manager (HM) revealed she would correct this problem immediately. The GHMRP failed to ensure all bathrooms were equipped with the proper equipment as required	I 082	3503.10 A cup dispenser will be put in place in Resident #1's bathroom by... 2-1-10	

Health Regulation Administration

Evelle Moore Residential Director TITLE **01-28-10**

(X6) DATE

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

DATE FORM

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If continuation sheet 1 of 9

Health Regulation Administration

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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8014 32ND STREET, NW WASHINGTON, DC 20015
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I 082	Continued From page 1 by this section.	I 082		
I 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: Surveyor: 16662 Based on observation and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure the upkeep and repair of the residential GHMRP to ensure the health and safety of its residents. [Residents #1, #2, and #3]</p> <p>The findings include:</p> <p>Observation and interview with the facility's house manager (HM) on the morning of 12/15/2009, at approximately 11:00 a.m. verified the following violations:</p> <ol style="list-style-type: none"> The shower nozzle in Resident #1's bathroom was broken. The toilet seat in Resident #1's bathroom was extremely loose and could be moved from side to side when manipulated. The light fixture in Resident #1's bathroom was missing. Resident #2's bed was broken. The right side of the bed frame was broken and laying on the floor underneath the bed. 	I 090	<p>3504.1</p> <ol style="list-style-type: none"> The shower nozzle has been repaired... 1-18-10 The toilet seat has been secured... 1-18-10 The light fixture has been repaired... 1-18-10 Resident #2's bed frame was replaced... 1-18-10 The broken window screen in the bathroom will be replaced by... 2-1-10 The carpet is scheduled to be replaced by... 2-27-10 The couch will be professionally cleaned by... 2-14-10. <p>The facility manager had noted all but one of the above environmental concerns based on her environmental audits performed weekly and as a result, follow up was scheduled but did not occur before the survey date. MTS will insure weekly audits continue and that follow up is completed in a timely manner... 2-1-10</p>	

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1 090	Continued From page 2 5. Broken window screen in the bathroom on the lower level (Bath #3). 6. Burn marks observed on the carpet on the floor in the dining area. 7. The couch and the arm chairs in the living room were soiled with an unknown " whitish " substance.	1 090		
1 095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Surveyor: 16662 Based on observation and staff interview, the group home for the mentally retarded person's (GHMRP) failed to ensure all caustic agents were kept in a locked cabinet and out of the direct reach of its residents as required by this section. [Residents #1, #2, and #3] The findings include: Observation and interview with the facility ' s house manager (HM) on the morning of 12/15/2009 at approximately 11:55 a.m. verified there was a large bottle of a liquid dish washing detergent being stored in the cabinet below the kitchen sink. This same bottle of liquid dish washing detergent was also in the kitchen at the time the Residents returned home from their day programs on the same day at approximately 3:30 p.m.	1 095	3504.6 A new locked area has been established for poisons and all poisons are currently stored in that locked cabinet...1-27-10. The facility manager will retrain staff on proper storage of poisons in the designated locked area by...2-1-10	

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I 096	Continued From page 3	I 096		
I 096	<p>3504.7 HOUSEKEEPING</p> <p>No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area.</p> <p>This Statute is not met as evidenced by: Surveyor: 16662 Based on observation and staff interview, the group home for the mentally retarded person's (GHMRP) failed to ensure all caustic agents were kept in a locked cabinet and out a food preparation area as required by this section. [Residents #1, #2, and #3]</p> <p>The findings include:</p> <p>Observation and interview with the facility ' s house manager (HM) on the morning of 12/15/2009, at approximately 11:56 a.m. verified there was a large bottle of liquid dish washing detergent being stored in the cabinet below the kitchen sink.</p>	I 096		
I 098	<p>3504.9 HOUSEKEEPING</p> <p>Each GHMRP shall provide appropriate procedures, personnel, and equipment in order to ensure sufficient clean linen supplies and the proper sanitary washing and handling of linen and personal clothing of each resident.</p> <p>This Statute is not met as evidenced by: Surveyor: 16662 Based on observation and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all bedding was kept clean and sanitary as required by this section.</p>	I 098	<p>3504.9</p> <p>Infection control training will be implemented by the RN...2-7-10</p>	

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1098 Continued From page 4
[Residents #1 and #3]

The findings include:

Observation and interview with the facility's house manager (HM) on the morning of 12/15/2009 at approximately 11:15 A.M. verified several areas on the bedding on Resident #1 and #3's bed was soiled with a whitish substance.

Further interview with the HM revealed she would have to retrain staff on the proper procedures for washing and maintaining a resident's bedding to enforce infection control measures.

1098

1202 3509.2 PERSONNEL POLICIES

Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control.

This Statute is not met as evidenced by:
Surveyor: 16662
Based on staff interview and record review, the group home for the mentally retarded person's (GHMRP) failed to ensure all staff were provided written evidence of their job description as required by this section for seven out of twelve currently employed staff. [Staffs #1, #2, #4, #5, #6, #7 and #8]

The finding includes:

Interview with the GHMRP's qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009 at approximately 4:30 p.m. confirmed seven of the twelve staff currently employed by the GHMRP did not have a

1202

3509.2

The facility manager has scheduled job descriptions reviews will all staff (one on one) and all such reviews will occur by...2-1-10

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I 202	Continued From page 5 written job description on file. The GHMRP failed to secure evidence that all staff was provided with of a copy of their job description as required by this section.	I 202		
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Surveyor: 16662 Based on staff interview and record review, the group home for the mentally retarded person (GHMRP) failed to provide all staff with a review of their written job descriptions as required by this section for seven out of twelve currently employed staff. [Staff #1, #2, #4, #5, #6, #7 and #8] The finding includes: Interview with the GHMRP ' s qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009 at approximately 4:40 p.m. confirmed seven of the twelve staff currently employed by the GHMRP were not provided the opportunity to review and discuss their job description with management. The GHMRP failed to secure evidence that all staff were afforded the opportunity to review their job description as required by this section.	I 203	3509.3 Job descriptions will be reviewed with staff by...2-1-10	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and	I 206		

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I 206	Continued From page 6 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: Surveyor: 16662 Based on staff interview and record review, the group home for the mentally retarded person (GHMRP) failed to ensure all staff received an annual health inventory as required by this section for five out of twelve currently employed staff. [Staff #1, #6, #8 and #10] The finding includes: Interview with the GHMRP ' s qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009 at approximately 4:00 p.m. confirmed four of twelve staff did not have a valid and current health certificate/health inventory on file. [Staff #5, #6, #7, and #8] The GHMRP failed to secure evidence that all staff had secured the proper and necessary health screening as required by this section.	I 206	3509.6 Staff without current health certificates will be given until 2-14-10 to obtain updated health certificates or be removed from the schedule until they do... 2-14-10 The QMRP will audit all personnel file considerations at minimum quarterly and proactively alert staff and clinical consultants about pending issues or existing issues... 2-27-10	
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;	I 227		

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I 227 Continued From page 7

This Statute is not met as evidenced by:
Surveyor: 16662
Based on staff interview and record review, the group home for the mentally retarded person (GHMRP) failed to ensure all staff received training in the area of first aid and CPR as required by this section for five out of twelve currently employed staff. [Staff #1, #5, #6, #7, and #8]

The finding includes:

Interview with the GHMRP 's qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009, at approximately 4:10 p.m. confirmed four of twelve staff did not have a valid and current CPR certification on file. [Staff #5, #6, #7, and #8]

In addition, three of the twelve staff did not have a valid and current First Aid certification on file. [Staffs #1, #8 and #8]

The GHMRP failed to secure evidence that all staff had completed the proper and necessary training as required by this section.

I 227

3510.5(d)

CPR/First Aid training had been scheduled for individuals that have expired and it will be held... 1-28-10.
New employees receive training during their initial orientation and the QMRP tracks ongoing compliance via quarterly personnel and training record audits...2-27-10

I 271 3513.1(b) ADMINISTRATIVE RECORDS

Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records:

(b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request;

This Statute is not met as evidenced by:

I 271

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I 271	Continued From page 8 Surveyor: 16662 Based on staff interview and record review, the group home for the mentally retarded person (GHMRP) failed to secure job descriptions for all staff as required by this section for seven out of twelve currently employed staff. [Staffs #1, #2, #4, #5, #6, #7 and #8] The finding includes: Interview with the GHMRP's qualified mental retardation professional (QMRP) and the house manager (HM) on 12/16/2009, at approximately 4:30 p.m., confirmed seven of the twelve staff currently employed by the GHMRP did have a personnel file to review, but there was no evidence a written job descriptions. The GHMRP failed to secure evidence that provisions were put in place to ensure job descriptions were available as required by this section.	I 271	3513.1(b) Job descriptions will be reviewed with staff by...2-1-10	