

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 TEWKESBURY PL, NW WASHINGTON, DC 20012		
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1 000	<p>INITIAL COMMENTS</p> <p>On 3/3/10, review of the Incident report dated 2/27/10, described that the Qualified Mental Retardation Professional (QMRP) discovered a red substance on Resident #1's bedroom wall. The QMRP at that time asked a staff person who was able to interpret the questioned posed to the client, "What is on your wall?" Reportedly, Resident #1 responded, by signing he was hit on the hand with a "stick". He further responded by identifying Staff #1 as the person who struck him with the stick. He then identified the substance on the wall as blood from a cut that was sustained as a result on being hit.</p> <p>Based on the nature of the allegation, an investigation [#10-2972] was initiated 3/18/10 and was completed on 3/26/10. The findings of the investigation were based on observations in the group home, interviews with management, direct care staff, and the review of administrative and habilitation records to including the review of the agency's incident management system.</p> <p>Additionally, during the course of this investigation, it was discovered that information was obtained that revealed a violation of the resident's rights was committed. According to interview with Staff #1 on 3/5/10, she informed the agency's investigator that they take away Resident #1's shoes as a strategy to prevent the resident from absconding from the group home and the Qualified Mental Retardation Professional (QMRP) is aware. Staff #1 further commented that, "They had to do whatever is necessary".</p> <p>Note: On 3/3/10, at approximately 1:56 p.m., a visit was made to the group home by the Metropolitan Police Department (MPD). According to interview with the MPD, an officer</p>	1 000	<p><i>Received 6/1/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	

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

TITLE
Director of Services
DATE
5-25-10

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1 000	Continued From page 1 came to the group home and a complaint for simple assault charge was file [CCN# 027-049] against Staff #1. Additionally, the police officer attempted to secure the stick used by the alleged abuser. Reportedly, the Program Assistant (PA) secured the stick during the agency's internal investigation and later released the stick to the agency's Incident Coordinator (IC) for safe keeping. It was later discovered that the IC released the stick to the Office of Inspector General (OIG).	1 000		
1 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that one of the four residents bedroom wall was maintained kept in a clean, attractive and sanitary manner that was free from an accumulation of dirt. The findings include: During an on-site environmental inspection of Resident #1's bedroom on 3/18/10, at approximately 12:30 p.m., revealed a brownish red substance observed on the wall area above the head of Resident #1's bed.	1 090	3504.1 The wall area described by the surveyor had not been cleaned as of his visit because it served as evidence in the investigation process. The wall has since been cleaned... 5-24-10.	
1 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service	1 222		

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1 222	<p>Continued From page 2</p> <p>training programs scheduled for all personnel.</p> <p>This Statute is not met as evidenced by: Based on observations, interview and record verification, the GHMRP failed to ensure continuous, ongoing in-service training programs were conducted for four of the four personnel involved in this investigation.</p> <p>The finding includes:</p> <p>The GHMRP failed to ensure continuous training for all personnel as evidenced below:</p> <p>On 3/18/10, at approximately 10:45 p.m., interview with the House Manager and the review of the in-service training log failed to evidence that all staff had training on Incident Management Policy and Procedures; Resident Rights; Behavior Support Plans; Infection Control; Abuse and Neglect policy and procedures for the past six months.</p>	1 222	3510.3	
1 379	<p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the</p>	1 379		

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1379	<p>Continued From page 3</p> <p>facility failed to ensure that all incidents of mistreatment, neglect and abuse were reported immediately to the Department of Health within twenty-four hours or the next work day for one of the six clients residing in the facility. (Resident #1)</p> <p>The finding includes:</p> <p>1. The staff failed to report the allegation of abuse immediately in accordance with the agency's incident management policy and procedures as evidenced below:</p> <p>On 3/3/2010, review of the incident report dated 2/27/10, described that the Qualified Mental Retardation Professional (QMRP) discovered a red substance on Resident #1's bedroom wall. The QMRP at that time asked a staff person who was able to interpret the questioned posed to the client, "What is on your wall?" Reportedly, Resident #1, responded, by signing he was hit on the hand with a "stick". He further responded by identifying Staff #1 as the person who struck him with the stick. He then identified the substance on the wall as blood from a cut that was sustained as a result on being hit.</p> <p>On 3/18/10, at approximately 10:45 a.m., an interview with House Manager revealed that he was contacted by Staff #3 on the evening of Saturday, 2/27/10 and was informed of the alleged abuse. He contacted the QMRP once he was notified. Reportedly the QMRP failed to contact the alleged perpetrator and in order to remove her immediately from the staff schedule as required. Staff #1 was allowed to returned to work and was contacted by the QMRP on 2/28/10 (the day after the alleged abuse) at the group</p>	1379	<p>3519:10</p> <p>The QMRP received counseling from the Incident Management Coordinator and the Executive Director concerning timely reporting of serious reportable incidents and on appropriate follow up when abuse is alleged... 4-28-10.</p> <p>The QMRP will receive more extensive training, including training in all of the areas required under the new DDS orientation mandates (missed because he was on administrative leave). Training will be completed by... 6-15-10.</p> <p>The new QMRP for this home received the required training during the April 2010 sessions held to comply with DDS policy... 5-24-10.</p>	

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1379	Continued From page 4 home. The QMRP instructed Staff #1 to leave and was placed on administrative leave pending the outcome of the internal investigation.	1379			
1401	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 GHMRP failed to provided diagnosis, evaluation, treatment services and necessary follow up service to prevent one of the five residents from elopement from the facility. The finding includes: The GHMRP failed to have the consulting Psychologist address Resident #1's absconding behavior as evidence below: On 3/18/10, during the course of the abuse investigation, the Program Assistant revealed that during the facility's internal investigation, he discovered that Staff #1 reported that she was instructed to "lock away" Resident #1's shoes on the weekend. According to Staff #1 the Qualified Mental Retardation Professional (QMRP) was aware and that "Staff had to do what was necessary". Reportedly, this was a strategy implemented to keep the resident from absconding from the group home. On 3/18/10 at approximately 12:30 p.m.,	1401	3520.3 It should be noted that no staff member other than the accused member hid the shoes as a strategy to manage the absconding behavior. No staff member interviewed indicated that they were instructed to use this strategy. The accused staff member appears to have developed this "Strategy" on her own and did it without the knowledge or consent of the QMRP, the facility manager and her peers. This staff member was terminated. Evidence of her actions was submitted to the appropriate entities and MTS will cooperate with any other actions taken against this individual...5-24-10.		

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1401	Continued From page 5 Interview with Staff #2 revealed that she was on duty on 2/27/10 when Resident #1 absconded from the facility without their knowledge of the staff on two separate occasions. According to Staff #2, once the resident was discovered missing staff search the community for the resident and were unable to find him. Staff #2 then explained that she contacted the police to make a missing person report. The client was later found at a local grocery store by the police unsupervised. According to interview with the House Manager (HM) on 3/18/09 at approximately 10:30, the group home was to implement a monitoring procedure for all resident on each shift. A copy of the "One up and One down" schedule for the month of March was provided for review. Further interview with the HM one staff person is to be positioned upstairs (main level) and another staff is to be downstairs (basement area) throughout their shift for the purpose of monitoring all the exits so that Resident #1 does not elope. On 2/27/10 reportedly, two staff were doing each other hair on the main level of the group home and third staff was in the kitchen. No one was aware of how Resident #1 absconded, however, it was determined by the agency's own internal investigation that inadequate supervision was the cause of Resident #1's absconding behavior. Reportedly the HM on 3/18/10 at 3:00 p.m. revealed that Resident #1 has absconded from the group home on many occasions. According to the HM, the resident usually goes to the local grocery store. The HM also revealed that the client is hearing impaired and communicates by use of sign language. The HM was concerned that Resident #1 may get hurt if he is alone in the	1401	3520.3 Psychology has set up data collection systems and trained staff on them to capture baseline data on the absconding behavior, including attempts to abscond. Once the baseline period is over, the psychologist will use the baseline data, interviews with staff, personal observations and other data to develop a functional analysis of the behavior and then a behavior support plan (BSP) to address the behavior. Residential staff will be trained on the BSP mandates and the program will be shared with day program personnel. MTS will offer to train day program personnel of the BSP mandates. In the meantime, staff is instructed to maintain Resident #1 within the visual screen of a staff member at all times during waking hours and to provide opportunities for community exposure with staff support on a daily basis...5-24-10.	

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1401	<p>Continued From page 6</p> <p>community. Possibly someone misinterprets and mistaken his sign language gestures as some sort of threat.</p> <p>Interview with the Program Assistant (PA) on 3/18/10, at approximately 3:30 p.m., revealed that the QMRP mentioned that Resident #1 had reportedly been absconding from the facility. According to the PA, the QMRP discussed Resident #1's absconding behavior at his annual Mental Retardation Branch court status hearing. Review of the finding from the counsel update status report from the hearing dated February 1, 2010 filed in the Superior Court of the District Mental Retardation Branch was reviewed and revealed the following:</p> <p>"[The Day program representative] advised me on 1/27/10 that approximately three weeks ago, [the resident] was found by a co-worker at the Safeway grocery store on Georgia Avenue on Saturday evening in his shorts with a sweater. The co-worker stated that the police were called and they returned him home."</p> <p>"The day program manager also states that at times [the resident] sneaks out of the day program. He goes to the market across the street from his day program, picks up cans of soda and put it in his pockets. Once he returns from the store these items are usually discovered and they are returned to the store. However, reportedly for the most part [the day program representative] states that she has him under control."</p> <p>On 3/18/10 at approximately 4:00 p.m. review of Resident #1's Behavior Support Plan dated 9/19/09 revealed his only target behavior as Explosive Episodes. It should be noted there was</p>	1401		

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1401	Continued From page 7 no evidence that the QMRP or either the HM had not informed the consulting psychologist of Resident #1 absconding behavior.	1401		
1455	3521.10(a) HABILITATION AND TRAINING Each GHMRP shall develop an activity schedule for each resident that includes the following unless contraindicated by the resident's Individual Habilitation Plan: (a) Structured activities including the weekends and holidays; This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to develop an activity schedule for one of six residents residing in the facility. (Resident #1) The finding includes: The GHMRP failed to have a current schedule of activity in Resident #1's Individual Program Book available for staff usage. On 3/18/10 at approximately 2:00 p.m. interview the House Manager (HM) and review of habilitation records failed to evidence that GHMRP developed an activity schedule detailing Resident #1's individual program objectives and structured activities. According to the HM Resident #1's activity schedule includes evening and the weekend activities. Further interview with the HM revealed that the client behavioral intervention strategies included his scheduled participation in community outings. There was no evidence that an a current activity schedule was available and the investigator was unable to verify Resident #1's scheduled activities.	1455	3521.10(a) The new QMRP will develop a daily activity schedule for Resident #1 that reflects all of the measurable objectives run as per the individual support plan, all of the informal supported routines he engages in daily and will build in structured community walks both to promote exercise and good health and to provide appropriate, supported opportunities for community exposure on a daily basis...6-1-10. The schedule may be modified based on the BSP mandates once psychology develops the formal plan...6-15-10.	

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1458	<p>3521.11 HABILITATION AND TRAINING</p> <p>Each resident's activity schedule shall be available to direct care staff and be carried out daily.</p> <p>This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to have current activity schedules on file for one of the six residents residing in the facility. (Resident #1)</p> <p>The finding includes: The facility failed to have a current activity schedule on file as evidenced below.</p> <p>On 3/18/10, at approximately 2:00 p.m. interview with the House Manager and a review of Resident #1's Individual Program Book (IPP) failed to have an activity schedule available for the direct care staff's usage and reference. Additionally, the activity schedule was not available for regulatory review to verify the client's respective daily program objectives and activities.</p>	1458	<p>3521.11</p> <p>Same as above</p>	
1500	<p>3523.1 RESIDENTS RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews and record review, the GHMRP failed to protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137,</p>	1500		

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1500	<p>Continued From page 9</p> <p>D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation for one of the six residents residing in this facility. (Resident #1)</p> <p>The finding includes:</p> <p>[Chapter 19 - 6-1970] Mistreatment, neglect or abuse prohibited....</p> <p>(e) Alleged instance of mistreatment, neglect or abuse of any customer shall be reported immediately to the Director....</p> <p>On 3/3/10, review of the incident report dated 2/27/10, described that the Qualified Mental Retardation Professional (QMRP) discovered a red substance on Resident #1's bedroom wall. The QMRP at that time asked a staff person who was able to interpret the questioned posed to the client, "What is on your wall?" Reportedly, Resident #1 responded, by signing he was hit on the hand with a "stick". He further responded by identifying Staff #1 as the person who struck him with the stick. He then identified the substance on the wall as blood from a cut that was sustained as a result on being hit.</p>	1500	<p>3523.1</p> <p>The allegation of abuse was investigated and found credible. The accused staff member was terminated and evidence was submitted to the appropriate outside entities. Remaining staff was re-trained on abuse, neglect and exploitation as well as all of the other mandatory modules required by the new DDS policy...5-24-10. All new staff will receive the orientation training package before they start working in the assigned home...6-1-10.</p>	