Health Regulation Administration

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER: MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 TEWKESBURY PL, 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 000	INITIAL COMMENTS A re-licensure survey was conducted from 1/6/2011 to 1/7/2011. A random sampling of three residents was selected from a population of six males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home as well as a review of the habilitation and administrative records, including the unusual incident reports.	I 000	RECEIVED Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St, N.E. Washington, D.C. 20002	
I 183	3508.4 ADMINISTRATIVE SUPPORT Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP's qualified mental retardation professional (QMRP) failed to ensure the effective implementation of the provisions outlined in this chapter as identified below. The findings include: 1. The QMRP failed to ensure all staff was afforded the opportunity to review and sign their job descriptions on an annual basis. [See 3509.2 & 3509.3] 2. The QMRP failed to ensure all staff received training in nutrition and behavioral supports as required. [See 3510.5(f)] 3. The QMRP failed to ensure the provision of needed professional services. [See 3520.3] 4. The QMRP failed to ensure all residents were afforded an annual health inventory. [See	I 183	3508.4 1. The staff members that did not have job description that had been reviewed within the last 12 months will have their job descriptions reviewed with them during the all-staff meeting scheduled for…1-20-11 MTS HR is setting up tracking formats that will identify such expiration dates in a proactive manner allowing for prior notification to supervisors and timely follow up. The new tracking and notification format will be fully implemented by…3-1-11 2.The staff members in question missed the training sessions done in the nutrition and behavior management areas and no makeup sessions were scheduled to insure they received the training thereafter. Training will be completed in both areas by…1-30-11 In the future, makeup sessions will be scheduled and implemented to insure that staff who missed the planned session receives the required training. Makeup sessions will be scheduled on an as required basis…2-1-11 3. Residents #1 and #2 will sign up to participate in a program provided by a neighborhood Gold's Gym. Their individualized regimens will be developed and implemented by Gold's Gym professionals…2-1-11 4. The BSP was reviewed and updated by the licensed psychologist on…1-7-11 In the future, the licensed psychologist will routinely review and update all BSPs prior to the development of new ISPs and will also revise BSPs as needed based on progress against the targeted behaviors or the lack thereof…2-1-11	

Health Regulation Administration

Steve Anning, QMRP for Evelle Moore TITLE Executive Director (X6) DATE 1/20/11

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

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER: MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 TEWKESBURY PL, 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 183	Continued From page 1 3520.4] 5. The QMRP failed to ensure all staff effectively implemented a resident's nutritional plan and behavioral support plan. [See 3521.3]	I 183	5. Nutrition services will retrain staff on the diet regimen of Resident #1 including the snack regimen…1-30-11. Additionally, the formal menus will be modified to reflect the specific snacks individuals should be offered, particularly individuals who have certain restrictions…2-15-11	
I 202	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: Based on record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all staff was provided a written job description as required by this section. [Staff #2, #9 and #10] The finding includes: Record review and interview with the GHMRP's qualified mental retardation professional (QMRP) on 1/7/2011 at approximately 5:00 p.m. confirmed three out of eleven active employees were without a written job description in their personnel files.	I 202	Psychology will retrain staff on the implementation of the BSP for Resident #2…1-30-11 The QMRP and Facility Manager separately will observe active treatment implementation at minimum once weekly per shift to insure that all programs and protocols are consistently implemented as prescribed…2-1-11 3509.2 The staff members that did not have job descriptions that had been reviewed with them within the last 12 months, will have their job descriptions reviewed with them during the all-staff meeting scheduled for…1-20-11	
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: Based on record review and staff interview, the group home for the mentally retarded person	I 203	3509.3 The staff members that did not have job descriptions that had been reviewed with them within the last 12 months, will have their job descriptions reviewed with them during the all-staff meeting scheduled for…1-20-11	

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 TEWKESBURY PL, 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 203	Continued From page 2	I 203		
	(GHMRP) failed to ensure three out of eleven staff was provided the opportunity to annually review their written job descriptions as required by this section. [Staff #2, #9 and #10] The finding includes: Record review and interview with the GHMRP ' s qualified mental retardation professional (QMRP) on 1/7/2011 at approximately 5:10 p.m. confirmed three out of eleven staff were not provided the opportunity to review their written job descriptions over the past year.			
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.	I 206		
	This Statute is not met as evidenced by: Based on record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure three out of three contracted employees secured an updated health certificate as required by this section. [Contracted Employees #1, #2 and #3] The finding includes: Record review and interview with the GHMRP ' s qualified mental retardation professional (QMRP) on 1/7/2011 at approximately 5:25 p.m. confirmed there were no current health certificates on file for		3509.6 The health certificates will be updated by all three contracted employees by…1-30-11 MTS MR will proactively track all personnel file requirements and notify staff concerning file deficiencies to insure they are addressed prior to expiration dates. The Director of Residential Programs will receive monthly reports updating the status of all such requirements beginning… 3-1-11	

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 TEWKESBURY PL, 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 3 three out of three contracted employees.	I 206		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on record review and staff interview, the group home for the mentally retarded persons (GHMRP) failed to ensure all staff received training in the areas of behavior management and nutrition as required by this section. [Staffs #2, #3 and #5] The findings include: [Cross Reference 3521.3] 1. Record review and interview with the GHMRP ' s qualified mental retardation professional (QMRP) on 1/7/2011 at approximately 4:30 p.m. confirmed there was no documented evidence on file to reflect that Staff #3 and Staff #5 received training in behavior management as required by this section. 2. Record review and interview with the GHMRP ' s qualified mental retardation professional (QMRP) on 1/7/2011 at approximately 4:40 p.m. confirmed there was no documented evidence on file to reflect that Staff #2 and Staff #5 received training in nutrition as required by this section.	I 229	3510.5(f) The staff members in question missed the training sessions done in the nutrition and behavior management areas and no makeup sessions were scheduled to insure they received the training thereafter. Training will be completed in both areas by…1-30-11 In the future, makeup sessions will be scheduled and implemented to insure that staff who missed the planned session receives the required training. Makeup sessions will be scheduled on an as required basis…2-1-11	

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER: MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 TEWKESBURY PL, 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 401	Continued From page 4	I 401		
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 staff interview and record review, the facility failed to ensure two of three sampled residents received the professional interventions outlined in their habilitation plans to ensure their health and safety. [Residents #1 and #2] The findings include: [Cross Reference 3521.3] 1. Record review on 1/7/2011, at approximately 12:00 p.m., revealed Resident #1 ' s Nutrition assessment dated 8/12/2010 identified that this resident ' s ideal body weight (IBW) range was 141 lbs - 179 lbs. The assessment classified Resident #1 ' s 205 pounds as being " overweight " (145% over IBW). The assessment also identified that Resident #1 was currently taking part in a " walking program " where he walks for " 30 minutes, 3 days per week. " The 8/12/2010 nutritional assessment further recommended that the GHMRP " Identify a certified fitness professional to: a) review existing exercise plan; and b) provide an in-service on designing, implementing and assessing a fitness program. " Interview with the facility ' s qualified mental	I 401	3520.3 Residents #1 and #2 will sign up to participate in a program provided by a neighborhood Gold's Gym. Their individualized regimens will be developed and implemented by Gold's Gym professionals…2-1-11	

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER: MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 TEWKESBURY PL, 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 401	Continued From page 5	I 401		

retardation professional (QMRP) on 1/7/2011 at 12:43 p.m. revealed he was under the impression that the recommendation was under review and may not be implemented.

Interview with the Nutritionist at 1:15 p.m. confirmed the recommendation was still valid and that Resident #1 was still in need of additional supports and could still benefit from the services of a certified trainer.

The facility failed to ensure Resident #1 received the services recommended by the nutritionist on 8/12/2010.

2. Record review on 1/7/2011, at approximately 12:10 p.m., revealed Resident #2 ' s Nutrition assessment dated 8/12/2010 identified that this resident ' s ideal body weight (IBW) range was 125 lbs - 165 lbs. The assessment classified Resident #2 ' s 208 pounds as being " overweight " (125% over IBW).

The assessment also identified that Resident #2 was currently taking part in a " walking program " where he walks for " 30 minutes, 3 days per week. " The 8/12/2010 nutritional assessment further recommended that the GHMRP " Identify a certified fitness professional to: a) review existing exercise plan; and b) provide an in-service on designing, implementing and assessing a fitness program. "

Interview with the facility ' s qualified mental retardation professional (QMRP) on 1/7/2011 at approximately 12:45 p.m. revealed he was under the impression that the recommendation was under review and may not be implemented.

Interview with the Nutritionist at approximately

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 TEWKESBURY PL, 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 401	Continued From page 6 1:20 p.m. confirmed the recommendation was still valid and that Resident #2 was still in need of additional supports and would still benefit from the services of a certified trainer. The facility failed to ensure Resident #2 received the services recommended by the nutritionist on 8/12/2010.	I 401		
I 402	3520.4 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include an annual health inventory of each resident. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure an updated behavior support plan was put in place for one of three sampled residents to ensure their health and safety. [Resident #2] The finding includes: [Cross Reference 3521.3] Review of Resident #2 ' s records on 1/7/2011 at 1:49 p.m. revealed the Behavior Support Plan on file for him was dated 11/28/2009. Further review of his records revealed his annual service plan was completed on 3/13/2010 and the team agreed an updated BSP would be provided. Interview with the qualified mental retardation professional (QMRP) on the same day at approximately 2:13 p.m. confirmed the BSP was outdated. The QMRP indicated he would contact the Psychologist who attended the 3/13/2010 service plan meeting to see if he could secure an updated plan and have it included into the	I 402	3520.4 The BSP was reviewed and updated by the licensed psychologist on…1-7-11 In the future, the licensed psychologist will routinely review and update all BSPs prior to the development of new ISPs and will also revise BSPs as needed based on progress against the targeted behaviors or the lack thereof…2-1-11	

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 TEWKESBURY PL, 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 402	Continued From page 7 records. The facility ' s QMRP failed to secure an updated BSP to ensure the correct and proper implementation of Resident #2 ' s behavioral interventions.	I 402		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the nutritional and behavioral needs of two of three sampled residents. [Residents #1 and #2] The findings include: 1. Observation on 1/6/2011 at 4:35 p.m. revealed Resident #1 received chocolate pudding and a can of orange soda for his afternoon snack. Review of Resident #1 ' s Nutritional assessment dated 8/12/2010 identified concerns dealing with the " consumption of high calorie-dense foods and concentrated sweets without adequate physical activity; tonsillar lesions (especially, swallowing problems and irritations from citrus foods [such as grapefruits and oranges], caffeinated sodas, chocolate, and salt). " The plan further identified " no concentrated sweets " to be added to his diet. Interview with the QMRP, the RN and one of the direct care staff on 1/7/2011 at 12:17p revealed the " orange " can of soda that Resident #1	I 422	3521.3 Nutrition services will retrain staff on the diet regimen of Resident #1 including the snack regimen…1-30-11. Additionally, the formal menus will be modified to reflect the specific snacks individuals should be offered, particularly individuals who have certain restrictions…2-15-11 Psychology will retrain staff on the implementation of the BSP for Resident #2…1-30-11 The QMRP and Facility Manager separately will observe active treatment implementation at minimum once weekly per shift to insure that all programs and protocols are consistently implemented as prescribed…2-1-11	

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 TEWKESBURY PL, 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 422	Continued From page 8 received was regular orange flavored soda (not diet) and it contained concentrated sweets. In addition, Resident #1 also received chocolate pudding during his snack in contrast to the nutritionist ' s 8/12/2010 recommendation. The facility failed to ensure the nutritionist recommendations were carried out as written to ensure Resident #1 ' s health and safety. 2. Observation on 1/6/2011 beginning at approximately 7:45 p.m., Resident #2 ' s behavior dramatically changed and he appeared to be very agitated and bothered about something. He sat hunched over with a clenched fist, and his eyes became very intense when looking around the room. This threatening posture carried through as he paced the room. On one occasion he attempted to communicate something to the RN via sign language, but the nurse was not able to understand what was being conveyed. In addition, during this time, there was several staff in the basement putting groceries away as the evening medication administration was taking place. There was a lot of activity and movement going on. At no time was he observed being approached by any of the facility ' s staff to ascertain the nature of his agitation. Record review on 1/7/2011 at 1:49 p.m. revealed his 11/28/2009 Behavior Support Plan recommended that during his " Rumbling " stage the following interventions should be implemented: a. Use guided supervision to a quiet area. b. Redirect early when the early behaviors are observed. c. Communicate his choices with a STOP gesture and choices of:	I 422		

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 01/07/2011
NAME OF PROVIDER OR SUPPLIER: MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 TEWKESBURY PL, 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 422	Continued From page 9 i. Talking it out in a quiet place ii. Ignoring the behaviors of the other person, walking away. iii. Resolving the problem without aggression. Interview with the facility ' s QMRP and house manager (HM) confirmed none of the interventions outlined above were implemented and Resident #2 was allowed to remain in the stimuli rich environment during his " rumbling " stage. He was not guided to a quiet area nor offered the opportunity to " talk it out " with a staff to ensure his needs were being met. The facility failed to address his agitation and failed to ensure the correct and proper intervention of Resident #2 ' s behavior support plan.	I 422		