

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/08/2010
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NAME OF PROVIDER OR SUPPLIER  MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 QUINCY ST, NE WASHINGTON, DC 20017
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1000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted on January 5, 2010, through January 6, 2010. A random sampling of three residents from the residential population of five females was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing and direct care staff, as well as a review of the resident and administrative records, including a review of the unusual incident reports.</p>	1000	<p style="text-align: center;">2/12/10</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> <p>Quincy Street Survey Deficiency Responses</p>	
1080	<p><b>3504.1 HOUSEKEEPING</b></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 GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The front entrance steps had broken concrete, posing a trip hazard.</li> <li>2. The kitchen baseboards were dirty.</li> <li>3. The upstairs hallway vent had evidence of dust accumulation.</li> <li>4. The common upstairs bathroom tub was not</li> </ol>	1080	<p>February 2010.</p> <p>3504.1</p> <ol style="list-style-type: none"> <li>1. A temporary repair will be done on the front steps to abate any trip hazards...2-22-10.</li> </ol> <p>When weather permits (i.e. early spring) the steps will be fully repaired...4-30-10.</p> <ol style="list-style-type: none"> <li>2. The kitchen baseboards were cleaned...1-8-10.</li> </ol> <p>Kitchen baseboard cleaning was added to the routine cleaning schedule to be completed daily. The facility manager will review the status of upkeep during routine, weekly environmental audits...2-18-10.</p> <ol style="list-style-type: none"> <li>3. The upstairs hallway vent was dusted and cleaned and will be dusted on a routine weekly basis...2-20-10.</li> <li>4. The tub issue is a landlord consideration that has been discussed on several occasions. The needed renovations have been agreed upon and the landlord is seeking the most cost-efficient bid to complete the work. MTS will insure that the deal is finalized and the work is completed by...2-26-10.</li> </ol> <p>The facility manager will audit environmental concerns weekly to insure that issues are discovered and addressed in a timely manner...2-20-10.</p>	

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 Laboratory Director's or Provider/Supplier Representative's Signature: *Scott A. Moore* Director of Residential Services  
 TITLE: *Director of Residential Services* DATE: *2/12/10*

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1090	Continued From page 1 being used. Reportedly the tub was not working.  These deficiencies were acknowledged by the House Manager during this inspection.	1090		
1208	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on personnel record review and staff interview, the group home for the mentally retarded person's (GHMRP) failed to secured an annual health screening as required by this section.  The finding includes:  Record review and interview with the House Manager on January 6, 2010, at approximately 1:00 p.m. revealed one out of eight staff (Staff #5) did not have a current health screening on file. Further record review and interview with the House Manager at approximately 1:30 p.m., revealed the psychiatrist, the psychologist, nutritionist, nurse, and the primary physician did not have current health screenings on file.	1208	3509.6  The staff member and clinical consultants have been notified about the need to submit updated health certificates and have been given a deadline to submit the required document...2-26-10. Failure to do so will result in further actions by MTS...2-26 10. Personnel file considerations will be audited quarterly by the QMRP so as to provide proactive feedback on upcoming issues...3-1-10.	
1221	3510.2 STAFF TRAINING	1221		

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I 221	<p>Continued From page 2</p> <p>Orientation training shall be the responsibility of each GHMRP and shall be documented in each employee 's personnel folder.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for mentally retarded person's (GHMRP) failed to ensure that all staff received orientation training in assisting residents on the facility's van for one of the residents (Resident #4) residing in the facility.</p> <p>The finding includes:</p> <p>Observation on January 5, 2010 at 2:50 p.m., revealed Resident #4 was accompanied by two direct care staff to the facility's van. Continued observation revealed direct care staff #1 assisted the resident to step up on the van, however, the resident had difficulty stepping up due to the distance from the ground to van. Resident #4 was observed to fall back and direct care staff #1 caught the resident, preventing her from falling to the ground. Direct care staff #1 was overheard calling for assistance from direct care staff #2 (who was on the other side of the van) to assist her with getting Resident #4 on the van.</p> <p>Interview with the House Manager on January 5, 2010 at 3:00 p.m., revealed that (2) staff should assist Resident #4 on the van. It should be noted that direct care staff #2 was a new employee. Review of the training records on January 6, 2010, at 9:02 a.m. revealed direct care staff #2 participated in orientation on November 15, 2009. At the time of the survey, there was no documented evidence that direct care Staff #2 had been trained in transferring Resident #4 to the facility's van prior to the surveyor's observation/inspection.</p>	I 221	<p>3510.2</p> <p>Staff member #2 was trained on the transfer protocol for Resident #4 by the QMRP...2-6-10. The PT trained all staff on transfer supports and ambulation support...1-21-10 All new staff is trained on the Health Management Care Plans and health protocols of each individual supported during day three of orientation training (in home, person-specific)...2-6-10</p>	

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1227	<p><b>3510.5(d) STAFF TRAINING</b></p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for mentally retarded person's (GHMRP) failed to have on file for review, current training in CPR and first aid, for four of the eight staff. (Staff #1, #3, #6 and #7)</p> <p>The finding includes:</p> <p>Review of the personnel and training records on January 6, 2010, beginning at approximately 1:05 p.m., revealed the GHMRP failed to provide documentation of staff training in cardiopulmonary resuscitation (CPR), and first aid for four of the eight staff (Staff #1, #3, #6, and staff #7). This finding was acknowledged by the House Manager.</p>	1227	<p>3510.5(d)</p> <p>Three of the four staff members cited were in fact recently re-trained in the CPR/First Aid area but their cards had not been received. The card copies are attached...2-6-10.</p> <p>The fourth person will be trained by...2-26-10</p>	
1274	<p><b>3513.1(e) ADMINISTRATIVE RECORDS</b></p> <p>Each GHMRP shall maintain for each authorized agency 's inspection, at any time, the following administrative records:</p> <p>(e) Signed agreements or contracts for professional services;</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the</p>	1274		

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I 274	Continued From page 4  group home for mentally retarded person's (GHMRP) failed to provide evidence of signed agreements for three of six professional staff.  The finding includes:  Record review and interview with the House Manager on January 6, 2010 at approximately 1:30 p.m., revealed there were no signed contracts for the Psychiatrist, nutritionist and the primary physician.	I 274	3513.1(e)  All of the disciplines cited have current agreements with MTS (See: attached copies)...2-6-10 MTS will insure copies are made available for survey reviews...2-6-10	
I 291	3514.2 RESIDENT RECORDS  Each record shall be kept current, dated, and signed by each individual who makes an entry.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all persons making entries into the clients' records were dated and signed, for two of the three residents (Residents #1 and #2) included in the sample.  The finding includes:  1. Review of Resident #1's medical record on January 6, 2010, beginning 2:56 p.m. revealed a physician's order signed by the Primary Care Physician (PCP). Continued review of the physician's order revealed that the order had not been dated. The physician's order revealed a start date of December 1, 2009.  At the time of the survey, there was no documented evidence of the date that the PCP reviewed Resident #1's physician's orders.  2. Review of Resident #2's medical record on	I 291	3514.2  The PCP has addressed the date concern. The documents are properly dated...2-1-10 The RN and Director of Nursing (DON) will review the physician's orders with the PCP to insure that they are properly signed and dated after each review...2-18-10.	

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1291	Continued From page 5  January 5, 2010, beginning at 9:56 a.m. revealed a physician's order signed by the Primary Care Physician (PCP). Continued review of the physician's order revealed that the order had not been dated. The physician's order revealed a start date of January 1, 2010.  At the time of the survey, there was no documented evidence of the date that the PCP reviewed Resident #2's physician's orders.	1291		
1354	3518.3(c) DISCHARGE / TRANSFER POLICIES PROCEDURES  Reasons for transfer from a group home shall include, but not be limited to, the following:  (c) The determination by the interdisciplinary team that the resident 's habilitative needs would be better met by another setting.  This Statute is not met as evidenced by: Based on interview, the GHMRP failed to provide documentation that determined the need for the resident to transfer from the group home for one of the three residents (Resident #2) included in the sample.  The finding includes:  During the entrance conference via telephone on January 5, 2010, at approximately 11:12 a.m., interview with the Qualified Mental Retardation Professional (QMRP) revealed that Resident #2 had been transferred from another group home operated by the same provider on October 20, 2009. Continued interview with the QMRP revealed the resident moved to the other facility because the interdisciplinary team concluded that this facility was not an appropriate placement.	1354	3518.3(c)  Resident #2's move was discussed with and approved by the legal guardian. Team meetings were held to insure that Resident #2's wishes were respected in regard to the move and other options were presented outside of MTS as per DDS policy and the Money Follows the Person rules. The Service Coordinator and other relevant DDS officials supported this move and Resident #2 is very happy in the new setting. The attached QMRP notes outline the process more clearly...2-26-10.	

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1354	Continued From page 6  Review of the resident's habilitation record on January 6, 2010, at 1:10 p.m., revealed a Discharge Meeting held on October 15, 2009, however, at the time of the survey, there was no documented evidence provided regarding the reason Resident #2 needed to move, and/or regarding her habilitation needs were being met in the new setting.	1354		
1404	<b>3520.6 PROFESSION SERVICES: GENERAL PROVISIONS</b>  Each professional service provider shall assist, as appropriate, each other person who is working with a resident in the GHMRP so that relevant professional instructions can be implemented through-out the resident's programs and daily activities.  This Statute is not met as evidenced by: Based on staff interview and record review, the group home for mentally retarded person's (GHMRP) failed to ensure that all staff working with residents received relevant professional instructions to ensure correct implementation for appropriate dietary orders for one of the two residents (Resident #1) included in the sample.  The finding includes:  Interview with the direct care staff on January 6, 2010, at approximately 3:15 p.m., was conducted to ascertain information about the residents' diets. The interview with the staff revealed residents were served family style meals. According to one staff, she had been an employee for approximately two months. Continued interview revealed that she used a scale to measure the resident's meats, after	1404	3520.6  The nutritionist training scheduled for 1-18-10 had to be rescheduled because of a scheduling conflict for the nutritionist but has been rescheduled for...2-18-10. The RN will conduct a training session on portion control and following the prescribed diets and this training will be conducted by...2-10-10. Additionally, the QMRP and Facility Manager will conduct weekly observations of all shifts at mealtimes to insure prescribed diets are consistently followed. On the Spot training will be conducted when necessary...2-20-10.	

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1404	Continued From page 7  which, the residents are provided with spoons to independently serve their vegetables. Further interview with the direct care staff revealed that she stood by the residents to ensure that the correct amount of vegetables were placed on their plates.  Review of Resident #1's medical record revealed a Nutritional Assessment dated September 12, 2009. Continued review of the assessment revealed the resident's IBW was 140 -170 lbs and that she weighed 229 lbs. According to the assessment, the resident had gained 14 lbs within the last year. A quarterly assessment dated October 30, 2009, revealed that the resident had "increased 5 lbs for the quarter which is not desirable for her." The nutritionist recommended a 1500 Kcal low fat, low cholesterol diet. Additionally, the nutritional summary indicated that "in order to help promote a gradual decline in the resident's weight, the diet portions needed to be strictly adhered to."  At the time of the survey, the GHMRP failed to show evidence that the nutritionist had trained the staff on portion control. Interview with the House Manager on January 5, 2009 revealed that a training with the nutritionist had been scheduled for January 22, 2010.	1404		
1500	3523.1 RESIDENT'S RIGHTS  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.  This Statute is not met as evidenced by:	1500		

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1500	<p>Continued From page 8</p> <p>Based on observation, interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to observe and protect the rights of a resident, in accordance with D.C. Law 2-137 (now Title 7, Chapter 13), and this chapter for one of the five residents residing in the facility (Residents #4).</p> <p>The finding includes :</p> <p>1. Section § 7-1305.05.d Visitors; mail; access to telephones; religious practice; personal possessions; privacy; exercise; diet; medical attention; medication [Formerly §6-1965]</p> <p>(d) Each customer shall have the right to a humane psychological and physical environment... Except when curtailed for reason of safety or therapy as documented in his or her record by a physician, he or she shall be afforded reasonable privacy in his sleeping and personal hygiene practices.</p> <p>On January 5, 2010 at 2:42 p.m. Resident #4 was observed being accompanied by a direct care staff to her bedroom. The direct care staff was observed to assist the resident in changing her pants while her bedroom door was left opened.</p> <p>At the time of the survey, the GHMRP failed to ensure privacy was provided for Resident #4.</p>	1500	<p>3523.1</p> <p>The staff member in question was re-trained on privacy issues with particular attention given to privacy during intimate self-care tasks...2-7-10. All staff will be retrained by...2-26-10. The QMRP and facility manager separately will observe active treatment implementation weekly for all shifts to insure that privacy is routinely respected and to insure that supported routines are routinely implemented as prescribed...2-26-10.</p>	