PRINTED: 10/21/2008
FORM APPROVED

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 10/02/2008
NAME OF PROVIDER OR SUPPLIER: MTS	STREET ADDRESS, CITY, STATE, ZIP CODE: 1222 QUINCY ST, NE WASHINGTON, DC 20017		

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I 000	INITIAL COMMENTS This licensure survey was conducted from October 1, 2008 through October 2, 2008. Four female residents with varying degrees of disabilities reside in this Group Home for Mental Retardation Persons (GHMRP). Two of the four residents were randomly selected for the sample. The findings of the survey were based on observations at the group home, interviews with the residents, management and direct care staff working in the residence and the review of the habilitation and administrative records including the facility's incident management system.	I 000	Received 11/5/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
I 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, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner. The findings include: Internal 1. A large hole was observed in the cement wall next to the basement exit door. 2. A large hole was observed in the wall in the furnace room.	I 090	3504.1 1. The hole in the wall near the basement exit will be repaired by... 11-15-08. 2. The hole in the furnace room wall will be repaired by... 11-15-08 3. The basement storage area will be cleaned by 11-1-08 It will be cleaned on a routine weekly basis thereafter. The facility manager will check the area willing during environmental audits to insure consistent follow up. The facility manager will audit the overall physical environment weekly and report all repair issues to the Program Assistant for follow up... 11-1-08.	

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Lynette R. Moore, Director of Residential Services TITLE 11/5/08 (X6) DATE

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

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I 090	Continued From page 1 3. The basement storage closet was observed to have cob webs in the ceiling, dirt on the shelving and was very dusty. This closet was being used to store the client seasonal clothing and other items. External The rear stairs leading from the basement was covered with leaves and debris. The drain located at the bottom of the outside stairs was covered with a large piece of wood.	I 090		
I 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: Based on observation the GHMRP failed to ensure caustic agents were stored in a locked area. The finding includes: Observations during the environmental walk-through on 10/2/08 at approximately 1:40 PM, revealed a variety of caustic agents (Hand soap, detergent and cleaner etc...) were being stored on a shelf located in the basement laundry room. There was no evidence the aforementioned items were maintained as required.	I 095	3504.6 The items mentioned were properly locked away on the survey date after the surveyor pointed them out. The Executive Director has met with the facility manager and QMRP to reinforce the need to insure that such materials are consistently stored in the designated locked area when they are not being used. The facility manager will check for compliance during routine weekly environmental audits... 11-4-08.	
I 203	3509.3 PERSONNEL POLICIES	I 203		

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I 203	Continued From page 2 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 personnel records review, the GHMRP failed to have on file the annual review of the job descriptions for all employees. The finding includes: Review of the personnel files conducted on 10/2/08 revealed that GHMRP failed to provide evidence of a current signed job descriptions for five (5) direct care staff. (Staff #1, #2, #3, #4 and #5)	I 203	3509.3 The staff members mentioned have had their job descriptions reviewed with them once again ... 11-2-08. It is the responsibility of the QMRP to insure that such reviews occur on at minimum a routine annual basis or when there are changes made in the duties and responsibilities. The QMRP will audit the personnel records at minimum quarterly to insure that such issues are addressed in a timely manner and will report findings in the routine, monthly meetings with the Executive Director ... 11-1-08.	
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. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure its staff received annual health screenings in the form and manner as required by this section. The findings include: Interview with the QMRP and review of the personnel records on October 2, 2008, revealed the GHMRP failed to have evidence of physical	I 206	3509.6 MTS routinely tracks personnel file issues and has notified each person mentioned of their file deficiency concerns including health certificates. All mentioned will be obtained by ... 11-15-08. Consultants who fail to comply will not be able to collect checks and staff that fails to comply will be pulled from the schedule ... 11-15-08. MTS will continue to track such concerns and notify staff/consultants 30 days prior to the expiration date of any needed item ... 11-15-08.	

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I 206	Continued From page 3 examination the QMRP, the primary care physician, the psychologist, the pharmacist, the DON, two LPN's and the pharmacist. In addition, no health certification's were available for three direct care staff (Staff #1, #2 and #3).	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 interview and review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need. The finding includes: Interview with the QMRP and the review of the in service training records on 10/2/08 at approximately 2:00 PM, revealed that the GHMRP failed to provide training to its staff on recreation and communication.	I 229	3510.5(f) Staff will be trained in recreation and communication by 11-15-08. The QMRP will develop a 2009 January through June training schedule that insures that all mandatory areas are presented in that time frame ... 11-30-08. A second half of 2009 schedule will be developed in May of 2009.	
I 232	3510.5(i) STAFF TRAINING Each training program shall include, but not be limited to, the following: (i) Training of the residents in the maintenance of oral health and hygiene.	I 232		

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I 232	Continued From page 4 This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training in dental care. The finding includes: On 10/2/08 at approximately 2:00 PM, interview with the QMRP and the review of the in-service records failed to provide evidence that direct care staff were trained in oral health and hygiene methods.	I 232	3510.5(i) A training session on Oral Hygiene and health will be held by 11-15-08. See also the response for 3510.5(f) above.	
I 474	3522.5 MEDICATIONS Each GHMRP shall maintain an individual medication administration record for each resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP's nursing staff failed to ensure medication administration records were reviewed and maintained as required. The finding includes: On October 1, 2008 at approximately 6:00 PM, review of the Medication Administration Records (MAR) revealed that the nursing staff failed to ensure its system of documentation was maintained as follows: a. Review of the MAR for Resident #2 revealed that on September 7, 2008, the 6:00 PM dosage of Risperidone 3 MG for was not initialed as being administered. b. Review of the MAR for Resident #3 revealed	I 474	3522.5 The Director of Nursing has met with the medication nurse to reinforce the importance of reading the MTS guideline prior to administering medications and the importance of documenting all medications passed ... 11-1-08. The Lead RN will check the MARs at minimum twice monthly to insure that medication passes are properly documented on a consistent basis ... 11-1-08.	

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I 474	Continued From page 5 that on September 30, 2008, the 7:00 PM dosage of Trifluoperazine HCL 2 mg was not initialed as being administered. The nurse on duty admitted that she was on duty the previous night. Additionally, she admitted that she should have initialed the MAR after the medication had been administered.	I 474		