

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

PRINTED: 07/28/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2010
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NAME OF PROVIDER OR SUPPLIER MARJUL HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 1639 ROXANNA ROAD, NW WASHINGTON, DC 20012
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(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
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{W 000}	<p>INITIAL COMMENTS</p> <p>A follow-up survey was conducted on July 27, 2010 to verify that the facility had come into compliance with the Conditions of Participation of Client Protections and Health Care Services identified previously in survey on June 30, 2010 through July 2, 2010. Through observation, interviews with staff and review of records, the determination was made that the facility was in substantial compliance with the aforementioned Conditions of Participation.</p>	{W 000}	<p>Received 8/10/10</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>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Julia B. Towson</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>8-9-10</i>
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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.

Health Regulation Administration

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{1 000}	INITIAL COMMENTS A follow-up licensure survey was conducted on July 27, 2010 to verify the facility's compliance with deficiencies cited during the July 2, 2010 licensure survey. The revisit resulted in a determination that, even though the facility had made some progress in addressing the deficient practices, there were continued, unabated deficiencies, as evidenced in the report that follows.	{1 000}		
{1 058}	3502.16 MEAL SERVICE / DINING AREAS A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that two of four residents with modified diets had been reviewed at least quarterly by the consulting dietitian. (Clients #3 and #5) The findings include: The facility was cited during the July 2, 2010 survey, for failing to ensure residents with modified diets had been reviewed at least quarterly by the consulting dietitian. According to the plan of correction dated July 26, 2010, the administration will ensure that all consultants complete their contractual obligations or the administration will terminate the contracts.	{1 058}		

Health Regulation Administration

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

TITLE

(X6) DATE

STATE FORM

6899

513L12

If continuation sheet 1 of 6

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{I 058}	Continued From page 1 1. On July 27, 2010, at approximately 12:05 p.m., review of Resident #5's medical records revealed a diet order of a "1500 calorie - low fat - high fiber diet; Limit intake of caffeine and soda - No Added Salt". Further review of the record failed to show evidence that her modified diet had been monitored/reviewed quarterly by the dietitian since the last nutritional assessment dated June 8, 2009. According to the resident's record, her diet had only been reviewed by a dietician once since the aforementioned assessment date (6/8/2010). Interview with the qualified mental retardation professional (QMRP) on the same day approximately 12:10 p.m., acknowledged the finding. 2. On July 27, 2010, at approximately 12:05 p.m., review of Resident #3's medical records revealed she was prescribed a low cholesterol diet to included no concentrated sweets, increased fiber, chopped meat, and prune juice three times a week. Further review of Resident #3's medical records on July 27, 2010, at approximately 2:00 p.m., failed to show evidence that her modified diet had been monitor/reviewed by the dietitian at least every three months. The most recent nutrition review for Resident #5 was documented on July 24, 2009. Interview with the QMRP on the same day approximately 2:10 p.m., acknowledged the finding.	{I 058}	The administration of MarJul Homes recognizes the importance of consistent quarterly reviews with all individuals with special diets. Due to non compliance with contractual agreement, we will be terminating the contract of the current nutritionist. We are in the process of securing the services of a new nutritionist who will ensure at least quarterly that each individual who have been prescribed a modified diet receives adequate nutrition according to his or her Individual Support Plan. See I 058	8-6-2010
{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.	{I 090}		

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{1 189}	Continued From page 3 Each GHMRP shall maintain records of residents' funds received and disbursed. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure a system had been implemented to maintain a complete accounting of residents' personal funds, for two of four residents residing in the GHMRP. (Residents #2 and #5) The findings include: The GHMRP was cited during the July 2, 2010, survey for failing to ensure that a system had been implemented to maintain a complete accounting of residents' personal funds. 1. On July 27, 2010, at approximately 11:20 a.m., interview with the qualified mental retardation professional (QMRP) and review of the resident's financial records revealed that the GHMRP assisted Resident #2 with maintaining her finances. Review of Resident #2's bank statement dated April 2, 2010, revealed a withdrawal in the amount of \$200.00. Further review of the resident's financial records failed to provide receipts for the aforementioned withdrawal/expenditure from Resident #2's personal account. This was acknowledged through interview with the QMRP on the same day at approximately 4:27 p.m. At the time of the survey, the GHMRP failed to ensure a complete accounting of the resident's personal funds by providing evidence that justified the aforementioned withdrawal.	{1 189}	1. The administration of MarJul Homes will ensure that all staff are trained on the agency's policy "Safeguarding Individual Funds and Possessions Policy." The QMRPs and House Managers will be retrained on the policy. They will then be responsible for training their staff. Monthly monitoring by the Executive team will occur on the third Tuesday of the month following the weekly administrative meeting. The QMRP at the time of the withdrawal is no longer at MarJul Homes. All unaccounted funds have been replaced in the individuals' accounts.	8-6-2010

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{1 189}	Continued From page 4 2. Interview with the QMRP on July 27, 2010, at approximately at 4:27 p.m., and review of Resident #5's financial record, revealed that the GHMRP assisted the resident with maintaining her finances. Review of the Resident #5's records revealed 300.00 was withdrawn from her account on April 2, 2010. Further review of the resident's financial records failed to provide receipts for the aforementioned withdrawal/expenditure from Resident #5's personal account. This was acknowledged through interview with the QMRP on the same day at approximately 4:30 p.m. At the time of the survey, the GHMRP failed to ensure a complete accounting of the resident's personal funds by providing evidence that justified the aforementioned withdrawal.	{1 189}	See I 189 #1	8/6/2010
{1 206}	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 interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure each staff and consultant had current health certificates, for the quality assurance personnel and weekend Licensed Practical Nurse (Nurse). The finding includes:	{1 206}		

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{I 206}	Continued From page 5 The facility was cited during the July 2, 2010 survey for failing to ensure staff and consultants received current health screenings prior to employment and annually thereafter. According to the plan of correction dated July 26, 2010, the administration documented that health screenings will be completed by July 26, 2010. Interview with the qualified mental retardation professional (QMRP) and review of the personnel records on July 27, 2010, beginning at 3:58 p.m., revealed the following: 1. The GHMRP failed to provide evidence that a current health certificate was on file for the recently hired quality assurance personnel. 2. The GHMRP failed to provide evidence that current health certificate was on file for the weekend LPN.	{I 206}	1. The Quality Assurance Specialist has provided her current health certificate which is attached. 2. The weekend LPN will be unable to work until she provides the agency with a current health certificate. This will apply to all consultants.	8/6/2010 8/6/2010