

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD-12-0087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2010
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2411 FIRST STREET, NW WASHINGTON, DC 20001	
(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 licensure survey was conducted on September 24, 2010. A random sampling of two residents was selected from a population of four males with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home, interviews with two residents/staff, and the review of clinical and administrative records, including incident/investigation reports.	I 000	<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 325 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 10-25-10</p>
I 126	3505.4(a)(4) FIRE SAFETY Each GHMRP shall have on the premises the following items: (a) Written policies and procedures that are approved by the Fire Chief, which shall be kept readily accessible to staff and residents and shall include the following: (4) The locations of fire extinguishers; This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to provide evidence of a written policy and procedures that was made available for the staff and residents, which included the locations of the fire extinguishers. The finding includes: Interview with the direct care staff on September 24, 2010, at approximately 9:09 a.m. revealed the Policies and Procedures were not in the GHMRP that addressed the emergency procedures for fire evacuation. The surveyor asked the staff to	I 126	I 126 Fire Safety Written policy and procedures are now available for the staff and individuals which includes the location of the fire extinguishers in the home and the emergency fire evacuation procedures. Fire extinguishers are mounted on every level of the home and a fire drill was conducted on September 30, 2010. The QMRP and the House Manager will ensure that required drills are being conducted. The Quality Assurance Manager is tracking all drills and requires that a copy of the drill be sent to the office. 10-22-10

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

Julia B. Nowson

TITLE
Executive Director

(X6) DATE

10-22-2010

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If continuation sheet 1 of 7

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I 126	Continued From page 1 direct her to the pull station and was directed to the GHMRP's alarm system. Interview with the GHMRP's President on the aforementioned date at approximately 10:43 a.m. revealed the District of Columbia Fire Department informed him that a pull station was not mandatory for the waiver facilities. Further interview with the president of the GHMRP revealed they only needed fire extinguishers. Note: At the time of the survey, observation and interview with the President revealed the GHMRP did not have any fire extinguishers on location.	I 126		
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, the GHMRP failed to ensure that the contents of each employee's job descriptions were discussed with them at the beginning employment and at least annually thereafter for two (2) of the six (6) employee personnel records reviewed. The findings include: Interview with the House Manager (HM) and review of the GHMRP's personnel records was conducted on September 24, 2010, at approximately 2:00 p.m. Further review of the personnel records revealed no documented evidence that the contents of each employee's job description had been discussed with them at the beginning of employment and at least annually thereafter for two (2) Direct Support	I 203	I 203 With oversight by the Executive Director and the Quality Assurance Manager, the agency will ensure that all DSP's job descriptions are reviewed at the beginning of employment and on an annual basis. Reviews of the job descriptions will be done by the respective house managers. The ongoing tracking to ensure compliance will be done by the Office Manager who will retain a signed copy of the job description in the employee file. A tracking data base has been established and will be reviewed monthly	10-22-10

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I 203	Continued From page 2 Professional (DSP) staff.	I 203		
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans: This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure staff had been trained on the facility's emergency procedures for fire evacuation plans for six (6) Direct Support Professionals (DSP) and two (2) administrative staff. The finding includes: Interview with the direct care staff on September 24, 2010, at approximately 9:09 a.m. revealed the staff had not been trained on the GHMRP's emergency procedures for fire evacuation. The surveyor asked the staff to direct her to the pull station and was directed to the GHMRP's alarm system. Interview with the GHMRP's president on the aforementioned date at approximately 10:43 a.m. revealed the District of Columbia Fire Department informed him that a pull station was not mandatory for the waiver facilities. Further interview with the president of the GHMRP revealed they only needed fire extinguishers. According to the president, the staff had not been trained on emergency measures for fire evacuation.	I 227	I 227 Staff Training The administration of MarJul Homes recognizes the urgency in ensuring that staff be trained on the facility's emergency procedures for fire evacuation plans. All staff has now been trained on the emergency procedures. Fire extinguishers are now in the home. The House Mangers will be responsible for ensuring the training of all new staff to the home. To ensure adequate coverage and attention to our individuals, we have appointed a new house manger and he will only have responsibility for this home. He is an experienced house manager and brings a wealth of experience and expertise to the job.	10-25-10

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I 227	Continued From page 3 At the time of the survey, the GHMRP failed to provide fire extinguishers and staff training on emergency measures for fire evacuation.	I 227		
I 379	3519.10 EMERGENCIES 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. This Statute is not met as evidenced by: Based on interview and review of the incident reports, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that all incidents that presented a risk to residents' health or safety were reported immediately to the Department of Health (DOH), Health Regulation Administration, (HRA) for one of two residents (Resident #4) included in the sample. The finding includes: Review of the facility's incident reports on September 24, 2010, beginning at approximately 10:15 a.m. revealed the following: On September 3, 2010 at 10:23 p.m., the direct care staff reported that Resident #4 started to experience a seizure while using the bathroom." Further review of the report revealed the GHMRP's staff called 911 and the resident was	I 379	I 379 Emergencies The administration of MarJul Homes recognizes the importance of notifying 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 way places the resident at risk. The facility now has a designated, trained Incident Manager who is training and working with the QMRP's and the House Managers to ensure prompt notifications of all unusual incidents. In addition, incident reporting training is occurring at all locations on a quarterly basis. Tracking and Trending analysis and training is being conducted the 4 th Tuesday of the month. See attachment)	10-22-10

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I 379	Continued From page 4 transported to a local emergency room. The report also noted that the state agency was notified on September 6, 2010, three (3) days after the incident. At the time of the survey, the facility failed to report this incident that substantially interfered with the resident's health and safety to the Department of Health (DOH) within 24 hours.	I 379		
I 500	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: Based on observations, interviews and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District and federal laws that govern the care and rights of persons with mental retardation, for one of the two residents in the sample. (Resident #2) The findings include: 1. Observation of the administration of medication on September 24, 2010 beginning at approximately 8:36 a.m., revealed Resident #2 received Paroxetine HCL 30 mg. During the observation, the LPN handed the bubble pack to the surveyor with the Paroxetine. Review of the bubble pack revealed a label which said	I 500	I 500 #1 The administration at Marjul Homes recognizes the importance of safe medication administration. All nurses involved in medication administration will be trained on Monthly Medication Check In to ensure appropriate labeling of medications, as well as Medication Administration Policy to ensure appropriate verification of medication orders when administering medications. Both trainings occurred on 10/21/2010. (See attachment.	10-21-10

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I 500	<p>Continued From page 5</p> <p>"Morning." Continued review of the same bubble pack revealed another label that said "1 tab every evening for depression."</p> <p>Interview with the Licensed Practical Nurse (LPN) on the aforementioned date at approximately 8:54 a.m. was conducted to ascertain information regarding the orange "Morning" label and the white label that said to administer the medication in the evening. According to the LPN, this was not the first day that the medication was administered in the morning. At that time, the LPN was observed to check Resident #2's Physician's Orders and verified that the resident had an order that prescribed the medication to be given in the evening.</p> <p>On September 24, 2010, at approximately 9:43 a.m., the Registered Nurse(RN) entered the facility. The surveyor informed the RN of the morning observation of the administration of Resident #2's medication. Interview with the RN on September 24, 2010 at approximately 9:46 a.m., and review of the Medication Administration Record (MARs) revealed Resident #2 had been previously administered the Paroxetine HCL 30 mg in the evening for the month of August. It should be noted that the resident was transferred to the GHMRP in August 2010. The RN verified that the Paroxetine was administered in the morning, starting in the month of September. The RN informed the surveyor that she would notify Resident #2's Primary Care Physician (PCP) of the medication error.</p> <p>At the time of the survey, the GHMRP failed to ensure Resident # 2's right was protected for his Paroxetine to be administered in the evening as prescribed since his transfer date of August 17, 2010.</p>	I 500	
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I 500	Continued From page 6 2. Observation of the administration of medication on September 24, 2010 at approximately 8:58 a.m., revealed Resident #1 received Dilantin 50 mg bid for seizures. Review of the Medication Administration Record on September 24, 2010 at approximately 12:47 p.m. revealed Resident #1 had a physicians's order (PO) also for Ciclopirox 1% shampoo every week for Seborrheic Dermatitis, Desonide 0.05 % Lotion to be applied to his face twice daily for dry skin, and Fluocinonide 0.05% Ointment to be applied to his scalp three (3) times a week for Seborrheic Dermatitis. Interview with the GHMRP's House Manager (HM) on September 24, 2010 at approximately 12:50 p.m., revealed that the direct care staff was responsible for administering creams and ointments. According to the HM, Resident #1's creams and ointments were kept in a hygiene kit. The surveyor requested to observe the personal hygiene kit to see if Resident #1 had the aforementioned shampoo, lotion and ointment prescribed for him. Although the aforementioned shampoo, lotion and ointment was in the hygiene kit, interview with the HM revealed it was the direct care staff's responsibility to document the administration of the shampoo, lotion and ointment in Resident #1's program book. Review of the the resident's program book on September 24, 2010 at approximately 12:55 p.m., revealed that the shampoo, lotion and ointment prescribed for Resident #1 had not been documented. At the time of the survey, the GHMRP failed to ensure Resident #1's right was protected to receive the prescribed shampoo, lotion and ointment as ordered.	I 500	#2 The administration of MarJul Homes recognized the importance of appropriate application of Topical Lotions / Ointments/Shampoos by the individual and staff as it applies. A staff meeting to train staff on application of Lotions/ Shampoos that are ordered by the physician as staff and / or individuals may apply will be conducted on 11/6/2010. Individual trainings with the staff will conducted spontaneously as staff are seen leading up to 11/6/2010. All medication nurses have been trained on the Medication Nurses Roles / Responsibilities that it is the responsibility of the medication nurse to verify application of topicals and sign them off on the MAR.	11-6-10