

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2952 NORTHAMPTON ST WASHINGTON, DC 20015
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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)	DATE COMPLETE
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1000 INITIAL COMMENTS

A re-licensure survey was conducted on 6/4/2010. A random sample of two residents was selected from a resident population of three males with varying degrees of disabilities. The findings of the survey were based on observations, interviews with direct support staff, residents, nurses and administrative staff in the home, as well as a review of resident and administrative records, including incident reports.

1000 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 and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure the upkeep and repair of the residential GHMRP to ensure the health and safety of its residents. [Residents #1, #2, and #3]

The findings include:

Observation and interview with the facility's house manager (HM) on the morning of 6/4/2010, at 10:30 a.m., verified the following violations:

1. A small storage area below the rear staircase was being used to house old wood boards, a broken television, and various other items. The items in the small storage were covered with cobwebs and spider eggs.
2. The lower section of the gutters in the front of

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

*Received
6/25/10*

3504.1

1. The items below the rear staircase will be removed by...6-25-10. Thereafter, the area will not be used to store junk materials.
2. Home staff reconnected the lower area of the gutter...6-10-10. The entire problem will be addressed by an outside maintenance contractor by...7-10-10
3. The light fixture covering has been replaced...6-10-10.
4. The plastic cover for the light fixture has been replaced and properly hung...6-10-10.

Health Regulation Administration

Evette Moore Residential Director TITLE

6-29-10

DATE

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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RECEIVED
6-25-10

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The findings include:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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I 090	Continued From page 1 the home was either broken or damaged. Several twigs were observed sticking out of the lower part of where the gutters were dislodged and also out of the gutters along the roofline. 3. The light fixture covering in Resident #1's room was missing. 4. The plastic cover for the fluorescent lighting in the kitchen was broken and laying on the kitchen counter.	I 090		
I 096	3504.7 HOUSEKEEPING No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area. This Statute is not met as evidenced by: Based on observation and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all caustic agents were kept in a locked cabinet and out a food preparation area as required by this section. [Residents #1, #2, and #3] The findings include: Observation and interview with the facility's house manager (HM) on the morning of 6/4/2010, at approximately 10:40 a.m., confirmed there was two large bottles of liquid dishwasher detergent being stored in a cabinet below the kitchen sink.	I 096	3504.7 Staff has been re-trained to insure that poisons are consistently stored in the designated locked area...6-23-10. The facility manager will routinely check the storage of poisons during routine, weekly environmental audits. Staff will receive feedback and/or training on the spot when items are discovered to be improperly stored...6-30-10. The Facility Manager will review all environmental considerations during weekly environmental audits and report findings to the Assistant to the Residential Program Manager for timely follow up...6-30-10.	
I 186	3506.5(c) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (c) The categories and numbers of supportive and direct care staff, and...	I 186		

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I 186	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure its organizational chart reflected the numbers of supportive and direct care staff.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 6/4/ 2010, at approximately 10:40 a.m., the qualified mental retardation professional (QMRP) presented an organizational chart (dated December 2006) that did not show the number of direct support staff employed by the GHMRP. Moments later, the QMRP acknowledged that it did not reflect the number of direct support staff. On 6/4/2010, beginning at approximately 6:55a.m., a licensed practical nurse (LPN) was observed administering medications to the residents. However, at approximately 10:40 a.m., review of the organizational chart dated 12/2006, revealed that it did not reflect that position. Interview with the QMRP just moments later confirmed that the facility used contracted services of medication nurses. Further review of the organizational chart indicated a position of nursing coordinator. However, interview with the QMRP, at approximately 10:55 a.m., revealed that position had been discontinued. Instead, nurse coordinators were called "supervisory RN." In addition, the agency had changed the title of the former Nurse Manager to that of Director of Nursing. Later that day (6/4/2010), at approximately 3:30 p.m., the QMRP presented another organizational chart, dated 12/2008. Review of 	I 186	<p>3509.2</p> <p>All staff members cited have had their job descriptions reviewed with them once again as evidenced by the attached, signed and dated copies...6-23-10. The QMRP will train annual renewal/review dates for each employee to insure that individual updates are completed in a timely manner...6-30-10. The Human Resources Coordinator will track follow up on this and other personnel file concerns on at minimum a quarterly basis and will proactively notify supervisors about upcoming issues...7-1-10.</p>	

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I 186	Continued From page 3 that chart, however, revealed that it did not indicate the number of direct support staff and did not reflect the contracted medication nurses.	I 186	3508.5(c) The Northampton home had been reopened recently and reinstated on the MTS Organizational Chart. That revised organizational chart had not been distributed to the homes to be placed in Policy Manual I...6-23-10. MTS will further revise the organizational chart to reflect (1) The number of staff in each home staffing pattern (2) the number of medication passing nurse consultants used by the program (3) the most current title for each person on the organizational chart. These changes will be made by...6-28-10. The revised organizational chart will be sent to HRA once completed...6-28-10.	
I 187	3508.5(d) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (d) The lines of authority. This Statute is not met as evidenced by: Based on review of the organizational chart and interview with the qualified mental retardation professional (QMRP), the GHMRP failed to provide an organizational chart depicting the actual lines of authority. The finding includes: On 6/4/2010, at approximately 10:40 a.m., the qualified mental retardation professional (QMRP) presented an organizational chart (dated December 2008) that showed a line drawn from the QMRP to the Nurse Manager. The QMRP, however, stated that he answered directly to his supervisor, the Director Residential Services.	I 187	3508.5 (d) See the attached organizational chart developed 12/08 that reflects QMRPs answering directly to the Director of Residential Services...6-23-10. The outdated version should have been purged and has been at this point...6-10-10.	
I 188	3508.6 ADMINISTRATIVE SUPPORT Documentation that services have been provided as required by each resident's Individual Habilitation Plan including contracts, vendor agreements, receipts, and paid bills shall be available for review by authorized regulatory personnel. This Statute is not met as evidenced by: Based on staff interview and record review, the	I 188		

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I 188	Continued From page 4 facility failed to ensure all residents were provided their prescribed adaptive equipment for one of two sampled residents. [Resident #2] The finding includes: Record review on 6/4/2010, at approximately 3:25 p.m. revealed, Resident #2's Physical Therapy assessment dated 07/23/2009 recommended the following: 1. [Resident #2] should wear shoes with a "straight last sole" and a firm medial heel counter to support his pronation. He does not require molded shoes. 2. Consider custom shoe inserts. The inserts should be made at his subtalar neutral position. The inserts should accommodate his leg length discrepancy. Interview with the QMRP's qualified mental retardation professional (QMRP) on 6/4/2010 during the exit at approximately 5:15 p.m. revealed, they were not aware of the Physical Therapist's (PT) recommendations. The QMRP further added he would meet with the PT to ensure the proper footwear would be purchased to address this need.	I 188	3508.6 A 719A form has been completed and submitted to the primary care physician for her signature. The PT outlined the parameters for proper fitting inserts as reflected by the 719A form. The inserts for Resident #2's shoes will be obtained by...7-15-10. The QMRP will review all clinical recommendations accepted upon receiving ISP documents and the associated assessments and will insure that all recommendations accepted are tracked and followed up in a timely manner...6-30-10. The Director of Residential Programs will review the status of follow up in her routine monthly meetings with the QMRP...6-30-10.		
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 staff interview and record review, the group home for the mentally retarded person's	I 202			

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I 202	<p>Continued From page 5</p> <p>(GHMRP) failed to ensure all staff received written evidence of their job description as required by this section for five out of nine currently employed staff. [Staff #1, #3, #5, #8 and #9]</p> <p>The finding includes:</p> <p>Interview with the GHMRP's qualified mental retardation professional (QMRP) and the house manager (HM) on 8/4/2010, at approximately 4:30 p.m., confirmed five out of the nine staff currently employed by the GHMRP failed to have a current job description on file.</p> <p>The GHMRP failed to secure evidence that all staff was provided with of a copy of their job description as required by this section.</p>	I 202		
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I 203	<p>3509.3 PERSONNEL POLICIES</p> <p>Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the group home for the mentally retarded person (GHMRP) failed to provide all staff with a review of their written job descriptions as required by this section for five out of nine staff. [Staff #1, #3, #5, #8 and #9]</p> <p>The finding includes:</p> <p>Interview with the GHMRP's qualified mental retardation professional (QMRP) and the house manager (HM) on 8/4/2010 at approximately 4:40 p.m. confirmed five of the nine staff currently employed by the GHMRP were not provided the</p>	I 203	<p>3509.3</p> <p>See: responses for 3509.2 above.</p>	
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I 203	Continued From page 6 opportunity to review and discuss their job description with management. The GHMRP failed to secure evidence that all staff were afforded the opportunity to review their job description as required by this section.	I 203		
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 group home for the mentally retarded person's (GHMRP) failed to ensure all staff received an annual health inventory as required by this section for one out of nine currently employed staff. [Staff #1] The finding includes: Interview with the GHMRP's qualified mental retardation professional (QMRP) and the house manager (HM) on 8/4/2010, at approximately 4:45 p.m., confirmed one of nine staff did not have a valid and current health certificate/health inventory on file. [Staff #1] The GHMRP failed to secure evidence that all staff had secured the proper and necessary health screening as required by this section.	I 206	3509.6 A copy of the updated health certificate for the cited staff member is attached...6-23-10. The Human Resources Coordinator will track follow up on this and other personnel file concerns on at minimum a quarterly basis and will proactively notify supervisors about upcoming issues...7-1-10.	

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I 280	Continued From page 7	I 280			
I 280	<p>3512.1 RECORDKEEPING: GENERAL PROVISIONS</p> <p>Each Residence Director shall maintain current and accurate records and reports as required by this section.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with mental retardation (GHMRP) failed to ensure the resident's habilitation and treatment records were current and accurate, for one of two residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>[Cross Reference §3514.3]</p> <p>On 6/4/2010, between 12:18 p.m. - 2:25 p.m., review of Resident #1's medical record revealed that the most recent nutritional assessment was not available for review. When interviewed during said record review, the qualified mental retardation professional (QMRP) acknowledged that the GHMRP had not maintained a current record for Resident #1.</p>	I 280	<p>3512.1</p> <p>Attached is a copy of the updated nutritional assessment for Resident #1...6-23-10.</p> <p>The QMRP will review the individual records monthly to insure that all required documents are in place and filed in a timely manner. The QMRP will follow up with the relevant discipline when documents are not produced in a timely manner and will seek the assistance of the Director of Residential Programs or the Support Coordinator when his efforts alone do not produce the desired results...6-30-10.</p>		
I 379	<p>3519.10 EMERGENCIES</p> <p>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</p>	I 379			

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1379	<p>Continued From page 8</p> <p>twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all incidents that present a risk to resident's health and well-being were reported immediately to the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA), for three of three residents in the facility. (Residents #1, #2 and #3)</p> <p>The finding includes:</p> <p>On June 4, 2010, at approximately 10:48 a.m., review of Nurse Progress Notes in the records of Resident #1, #2 and #3 revealed that all three residents had been taken to a hospital emergency room for evaluation, following a motor vehicle accident (MVA) that occurred on 5/27/2010. The incident had not been known previously to DOH/HRLA. At approximately 2:22 p.m., the qualified mental retardation professional (QMRP) indicated that he was unable to locate an incident report for the MVA. He agreed to seek additional information from the facility's main office. No additional information was made available before the survey ended later that afternoon, to show evidence that the ER visit was reported to DOH/HRLA, as required.</p> <p>On 6/8/2010, at approximately 4:05 p.m., post survey follow-up with the DOH/HRLA Compliance Unit revealed that the GHMRP first reported this 5/27/2010 incident to DOH/HRLA on 6/7/2010; ten days after the residents were taken to the ER.</p>	1379	<p>3519.10</p> <p>Staff involved in the accident reported verbally but failed to produce the necessary documentation to the BMC in a timely manner. The QMRP will re-train the direct support staff to insure that documentation is submitted to the Incident Management Coordinator in a timely manner and will track follow up case-by-case to further insure compliance...6-30-10.</p> <p>*Note: there were no physical injuries caused by the accident. All individuals were taken to ER for examinations as per DDS and MTS policy to insure the medical status of each person was professionally ascertained.</p>	
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS	1401		

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I 401	Continued From page 9 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 group home for the mentally retarded person (GHMRP) failed to secure timely medical services and appointments for two of three sampled residents. [Residents #1 and #2] The findings include: 1. On 6/4/2010, beginning at 1:55 p.m., review of Resident #1's physician's orders dated 5/2010 and 6/2010, revealed that since 12/30/1997, his orders were to secure electrolyte levels (serum labs values) every three months. Subsequent review of lab reports in the resident's record revealed that his electrolyte labs had been documented on 3/20/2009. The next lab report was dated 9/9/2009, six months later. More recent lab reports documented that his electrolyte values were obtained 12/15/2009 and 5/5/2010, which represents a 5-month interval. 2. On 6/4/2010, at 2:19 p.m., continued review of Resident #1's physician's orders revealed an order dated 12/13/2009 for a "Rheumatology Consult (+) ANA - speckled pattern." Further review of the resident's record revealed no evidence that he had been evaluated by a rheumatologist. It should be noted that review of Resident #1's Annual Nursing Assessment, dated 4/29/2010, at 2:22 p.m., revealed no evidence of	I 401	3520.3 1. The RN will use a tracking formal tracking format to insure that quarterly lab work is scheduled and obtained in a timely manner...7-1-10. The RN will use the tracking tool to report the status of follow up to the Director of Nursing on a routine monthly basis...7-1-10. 2. The Rheumatology appointment for Resident #1 was scheduled and implemented but the consultation form was not filed in the individual record in a timely manner. It is now properly filed...6-24-10. The RN will insure that completed medical consultations are filed within 48 hours of the actual appointment date...7-1-10. 3. Resident #1 was actually last seen on 4-13-10 (See: the attached form). There was attempt to obtain service in June but there remained a problem with authorization. The RN and QMRP will insure that the prior authorization issue is addressed and an appointment is scheduled by...7-1-10. The support coordinator will be asked to assist if necessary. 4. Again, prior authorization problems have prevented the service from being obtained for Resident #2. The RN and QMRP will insure that the prior authorization issue is addressed and that an appointment is scheduled by...7-1-10. The support coordinator will be asked to assist if necessary.	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC			STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST WASHINGTON, DC 20016		
(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	<p>Continued From page 10</p> <p>a recent rheumatology consultation. Continued review of the assessment revealed that the RN included "Follow-up hematology and rheumatology" in her list of recommended services.</p> <p>3. Residents #1 and #2 did not receive timely and/or effective dental services, as follows:</p> <p>a. On 6/4/2010, at 6:30 a.m., Resident #1 smiled when introduced. Both of his front teeth, as well as several other teeth, were noticeably missing. Later that day, beginning at 12:57 p.m., review of his dental records revealed that on 3/3/2009, the dentist recommended extracting teeth #7, #9 and #29 due to "mobility." When he returned on 4/6/2009, the dentist documented the "surgical sites healing well." Additional problems were identified when Resident #1 returned to the dentist on 7/6/2009, as follows: "large deposits of plaque and calculus present on lower anterior teeth. Tooth #10 is mobile. #12 root tip... Root tip #12 will need to be extracted..." Resident #1's next dental visit was documented on 10/22/2009, at which time the dentist found carries on teeth #12 and #13 and recommended extracting #12 and filling #13. The record reflected that on 11/19/2009, tooth #12 was extracted and #13 received a filling. The dentist recommended a follow-up visit for 12/16/2009; however, the record indicated that he had "missed" that appointment. The next appointment, scheduled for 4/26/2010, also was cancelled. The RN wrote "will be rescheduled when authorization is received" on the 4/28/2010 consultation form.</p> <p>There was no evidence that the "large deposits of plaque and calculus" observed by the dentist on 7/6/2009 had received treatment (i.e. scaling) in</p>	I 401			

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC		STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST WASHINGTON, DC 20015		
(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 11 the eleven (11) months that followed. In addition, there was no evidence that the GHMRP ensured effective oral care and treatment, given that within the previous 14 months, four of Resident #1's teeth were extracted and a fifth tooth received a filling. b. Record review on 6/4/2009 at approximately 3:10 p.m. revealed Resident #2's 7/22/2009 dental consult detailed this client received "full mouth scaling ... prophylaxis with polishing". Further record review revealed his 11/4/2009 dental examination revealed, "heavy calculus deposits and food debris". There was no further evidence Resident #2 received any additional dental consults since the 11/4/2009 assessment. Interview with the GHMRP's qualified mental retardation professional (QMRP) and the Director of Nursing (DON) on 6/4/2010, at approximately 4:40 p.m. confirmed there was no dental appointment on record for Resident #2 between 11/4/2009 and the date of survey (6/4/2010). The GHMRP failed to secure timely dental services for its residents as required by this section.	I 401		
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 GHMRP failed to observe and protect	I 500		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0084	(C2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(C3) DATE SURVEY COMPLETED 06/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC			STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST WASHINGTON, DC 20015		
(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)	(C5) COMPLETE DATE	
I 500	<p>Continued From page 12</p> <p>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 #1)</p> <p>The finding includes:</p> <p>1. (Chapter 13, § 7-1305.05. Visitors; mail; access to telephones; religious practice; personal possessions; privacy; exercise; diet; medical attention; medication [Formerly § 6-1965]</p> <p>(f) Each customer has the right to a nourishing, well-balanced, varied, and appetizing diet, and where ordered by a physician and/or nutritionist, to a special diet.</p> <p>The GHMRP failed to ensure that Resident #1 received prescribed dietary supplements, as follows:</p> <p>Following the morning medication pass observations on June 4, 2010, review of Resident #1's Medication Administration Record (MAR) revealed no evidence that he received Vitamin D3 50,000 units supplement (capsule) on Tuesday, June 1, 2010 as ordered. The spot designated for the supplement had been left blank and there were no corresponding notations from a medication nurse. At 8:23 a.m., the medication nurse and this surveyor inspected the medication cabinet and found no Vitamin D3 capsules available. At 8:31 a.m., the medication nurse looked through the cabinet a second time and repeated "no, it's not here."</p> <p>Later that day, at 3:10 p.m., the Director of</p>	I 500	<p>3523.1</p> <p>1. The medication nurses failed to notify the RN or DON that the Vitamin D supply was low. The nurses will receive training from the RN or DON to insure timely notification in the future...6-30-10.</p> <p>The RN will audit medication supplies at minimum monthly to insure that all required medications are maintained in adequate supply at all times...6-30-10.</p> <p>2. The RN will use a tracking formal tracking format to insure that quarterly lab work is scheduled and obtained in a timely manner...7-1-10.</p> <p>The RN will use the tracking tool to report the status of follow up to the Director of Nursing on a routine monthly basis...7-1-10.</p>		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST WASHINGTON, DC 20015
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1500	<p>Continued From page 13</p> <p>Nursing (DON) and this surveyor inspected the medication cabinet. She confirmed that there was no Vitamin D3 available on site. She examined Resident #1's physician's orders and MARs and confirmed that he had a 4/14/2010 order for "Vitamin D 50,000 Unit initially every week for 8 weeks, then every 2 weeks" thereafter. She confirmed that the MARs from April and May 2010 documented that Resident #1 had received his first Vitamin D 50,000 unit dose on Tuesday, 4/19/2010, with another dose administered every Tuesday in the five weeks that followed (a total of six, weekly doses thus far). She also concurred that he had not received the Vitamin D 50,000 units on Tuesday, 6/1/2010 as ordered. At approximately 3:28 p.m., the DON finished a telephone call with the pharmacist. She indicated that the pharmacy would soon deliver additional Vitamin D capsules for Resident #1.</p> <p>2. (g) Each customer shall have the right to prompt and adequate medical attention for any physical ailments...</p> <p>The GHMRP failed to ensure timely serum electrolyte evaluations (i.e. labs) and rheumatology evaluation for Resident #1.</p> <p>Cross-refer to 1401. On 6/4/2010, beginning at 1:55 p.m., review of Resident #1's record revealed ongoing physician's orders (since 12/30/1997) to secure electrolyte levels (serum labs values) every three months. Lab reports in the resident's record, however, reflected 6-month and 5-month gaps between serum electrolyte lab testing during the past year. At 2:19 p.m., continued review Resident #1's physician's orders revealed an order dated 12/13/2009 for a "Rheumatology Consult (+) ANA - speckled</p>	1500		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0004	(C2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(C3) DATE SURVEY COMPLETED 06/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST WASHINGTON, DC 20015
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1500	Continued From page 14 pattern." There was no evidence, however, that he had been evaluated by a rheumatologist.	1500		