

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0079 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/21/2010 |
| NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SVCS | | STREET ADDRESS, CITY, STATE, ZIP CODE 39 PEABODY STREET NE WASHINGTON, DC 20011 | | |
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| 1 000 | INITIAL COMMENTS A relicensure survey was conducted from 6/18/10 through 6/21/10. A sampling of two residents was selected from a residential population of five with various degrees of disability. One of the five residents was in the hospital at the time the survey was conducted. The findings of the survey were based on observations and interviews in the home, as well as a review of the resident and administrative records, including the incident reports. | 1 000 | <p><i>Received 7/13/10</i></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> | |
| 1 090 | 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 and interview, and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the exterior of the GHMRP were maintained in a safe and attractive manner for five of the five residents. (Residents #1, #2, #3, #4, and #5) The findings include: A. During the inspection of the environment on 6/21/10, beginning at 2:03 p.m., the following concerns were identified: 1. Exterior a. Bags of garbage were observed protruding above the top of 3/3 large trash cans located at the rear of the facility. Although the lids were | 1 090 | | |

Health Regulation Administration

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

STATE FORM

6099

HOXN11

TITLE

(X6) DATE

Asst. Director

7/13/10

continuation sheet 1 of 11

Health Regulation Administration

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| I 090 | Continued From page 2 contracted services with a professional company and that she would follow-up on the frequency of the services provided. The review of records submitted post-survey (6/23/10) revealed an initial service invoice dated 4/14/10 and a bimonthly service invoice dated 5/24/10. According to the invoices, the facility had been treated both times for millipedes, silverfish and other target pest, for general control. At the time of the survey, there was no evidence the treatments had been effective to fully eliminate the presence of pests. 2. At 2:39 p.m., the seats of two the four dining room chairs were observed to be heavily stained. | I 090 | Both the QDDP and Facility Manager indicated that although a July treatment will be helpful, the home is not suffering an infestation problem at this time. An occasional pest of various types gets in when doors are left ajar too long. The facility manager will train staff to insure that doors are not left open and to insure that windows when open are covered by screens to minimize the likelihood of allowing pests into the home... 7-20-10 The two dining room chairs were cleaned by staff by... 7-8-10 The stains did not fully come out. The chairs will be professionally cleaned by... 7-30-10 | |
| 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 observation, interview and record review, the GHMRP failed to ensure all staff were provided job descriptions, as required by this section for two of 12 certified nursing assistants. (CNA #1 and #2) The findings include: In a telephone conversation with the program manager on 6/16/10, at approximately 3:45 p.m., the surveyor requested the agency to provide a signed job description for all staff working at the facility for review on 6/21/10. The program manager indicated that the records would be | I 202 | The facility manager will conduct weekly reviews of the home environment using the standard MTS tool and will report deficiencies found to the Assistant to the Director of Residential Services for follow up... 7-20-10 | |

Health Regulation Administration

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| 1202 | <p>Continued From page 3 available on 6/21/10 as requested.</p> <p>Observation of two staff working in the facility on 6/18/10, at 3:27 p.m., revealed they appeared to be receiving training by other staff in the home. Interview with staff revealed these two staff were "new" and being oriented to the activities in the group home. Interview with the home manager at 3:32 p.m., revealed that a copy of the written schedule would be faxed to the group home, as requested.</p> <p>On 6/18/10, at 6:57 p.m., review of the staffing pattern provided to the surveyor confirmed the names of the two staff observed earlier were included on the schedule. The review of personnel records on 6/21/10, beginning at 4:40 p.m. revealed no records were included for the two aforementioned employees.</p> <p>During a discussion with the qualified mental retardation professional (QMRP) on 6/21/10, at 5:20 p.m., the QMRP acknowledged that records for the two new staff had not been included with those sent to the facility for review. The QMRP did, however, indicated that the records would be made available. The review of the records provided post survey (6/23/10 at 1:00 p.m.), revealed that no written evidence the two aforementioned staff had received a written job description, outlining their duties and supervisory controls, as required by this section.</p> | 1202 | <p>3509.2</p> <p>The two staff members cited were new hires that at this point have gone over their job descriptions with their supervisor and signed them...7-7-10.</p> <p>Employee records are maintained at the MTS main office and brought to any location being surveyed during the survey process. Records are maintained at the MTS main office to protect the integrity and privacy of personal information...7-20-10</p> <p>The QMRP and facility manager audit personnel records at minimum quarterly to insure that they are full and complete, containing current information for all requirements...7-20-10</p> | |
| 1206 | <p>3509.6 PERSONNEL POLICIES</p> <p>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</p> | 1206 | | |

Health Regulation Administration

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| I 206 | <p>Continued From page 4 duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record, the group home for mentally retarded person's (GHMRP) failed to obtain an annual health screening, as required by this section for 9 of 10 consultants and one on-call LPN.</p> <p>The findings include:</p> <p>In a telephone conversation with the program manager on 6/18/10, at approximately 3:45 p.m., the surveyor requested the agency to provide a health certification for all staff and consultants providing services to the residents in the group home for review on 6/21/10. The program manager indicated that the records would be available on 6/21/10 as requested. The review of provided documents and interview with the qualified mental retardation professional revealed the following:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure that current health certificates were maintained for C1, C2, C3, C4, C5, C6, C7, C8, and C9. Consultants (C2) had a current tuberculin screening, however, lacked a health certificate. 2. The facility failed to provide evidence of a current health for one licensed practical nurse (LPN). <p>Upon arrival at the group home on 6/18/10 at 3:00 p.m., the surveyor was greeted by a LPN #2 who stated that she had been working for the agency as an on-call nurse for approximately 6</p> | I 206 | <p>The consultants and LPN that do not have current health certificates have been notified to provide the needed documents within the next 10 business days. Due compensation will be held for such individuals until they comply... 7-30-10</p> <p>MTS tracks compliance on such concerns via the HR Coordinator and Administrative Assistant and has provided past notification to the delinquent parties. MTS will continue its process but add appropriate consequences for failure to follow up in a timely manner. 7-30-10</p> | |
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Health Regulation Administration

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| 1206 | Continued From page 5 months. The nurse indicated that she did not work regularly. At the time of the survey, however, there was no evidence the facility provided certification that a health inventory had been performed prior to employment. | 1206 | | |
| 1227 | 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 interview and record review, the GHMRP failed to have on file for review, current training in cardiopulmonary resuscitation (CPR) for 1 of 5 licensed practical nurses (LPNs). The findings include: In a telephone conversation with the program manager on 6/18/10, at approximately 3:45 p.m., the surveyor requested the agency to make available for review on 6/21/10, evidence of current CPR certifications for the group home staff. The program manager indicated that the records would be available on 6/21/10 as requested. On 6/21/10, beginning at 4:30 p.m., review of personnel records and staff training records revealed that LPN #1's CPR on file had expired on 10/30/09. On 6/21/10 at approximately 4:50 p.m., the | 1227 | Proof of C/P/First Aid will be obtained for the cited LPNs by...7-30-10 MTS tracks all training requirements for direct care staff and insure recertification is required and by setting up training sessions internally. Nursing will be required to attend on an as needed basis going forward...7-30-10 | |

Health Regulation Administration

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| 1 227 | Continued From page 6 qualified mental retardation professional (QMRP) confirmed the aforementioned documentation was not available. At the time of the survey, there was no evidence the facility had documented evidenced that LPN #3 was currently certified in CPR. | 1 227 | | |
| 1 401 | 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS 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 observation, interview and record review, the GHMRP failed to ensure professional services were provided in accordance with the needs of 1 of 5 residents in the facility. (Resident #2) The finding includes: The GHMRP failed to timely address an ear condition identified by the specialty clinic for Resident #2, as evidenced below: Observation on 6/21/10, at 7:21 p.m., revealed Client #2 did not respond to the nurse as she talked to her while administering her medications. The nurse indicated that the client was unable to verbalize her wants and needs. Record review on 6/21/2010, at 12:05 p.m. revealed Resident #2 had an audiology consultation on 1/5/10. Audiology noted, "Otoscopy: abnormal bilaterally; occluding | 1 401 | | |

Health Regulation Administration

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| 1401 | Continued From page 7 cerumen left ear and otorrhea right ear (9/4/09). Patient placed on ear drops for both ears... Flat tympanogram bilaterally and both ears are occluded. ...Further testing could not be done due to canal occlusion bilaterally. ...Impression: occlusion of ear canal with cerumen (Left ear) and drainage right ear due to otorrhea that prevents audiometric assessment. Middle ear status undetermined. "Audiology recommended the resident to have Otolaryngology follow-up and return to the audiology clinic for hearing assessment, when her ears were clear. Interview with the licensed practical nurse (LPN) revealed that the usual protocol was to inform the PCP of any abnormal findings and recommendations from the specialty clinics. On 6/21/10, at 12:29 p.m., the review of primary care physician's (PCP) progress note dated 2/16/10 revealed, it did not mention that the PCP had been alerted to the 1/5/10 audiology clinic findings and recommendations. A 2/20/10 PCP note, however, acknowledged the 1/5/10 Audiology consultation, diagnoses and recommendations. The PCP noted the plan for the Otolaryngology follow-up (which the resident received on 2/22/10). On 6/21/10, at 12:35 p.m., Resident #2's 1/10 nursing progress note, which was dated 2/5/10 was reviewed. It discussed the 1/5/10 audiology consultation and documented aforementioned audiology findings and recommendation to follow-up with otolaryngology for a left ear cerumen impaction and greenish gray drainage in right ear. The nursing progress notes, however, did not include when the primary care physician was notified of the audiology findings and recommendations. A nursing comment (dated 2/5/10) written at the bottom of a 2/22/10 | 1401 | | | |

Health Regulation Administration

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| 1401 | <p>Continued From page 8</p> <p>otolaryngology consult, did state to D/C audiology consult due to otitis media of right ear. Additionally, the physician's orders (POs) revealed a 2/5/10 corresponding telephone order. During the otolaryngology on 2/22/10, the client was again diagnosed with an ear infection and was prescribed a 10 day medication regimen of Bactrim and Cortisporin ear drops. The medication administration record confirmed that the treatment was initiated on 2/23/10 and was completed.</p> <p>On 6/21/10 at 12:47 p.m., the 1/10 health management plan revealed target areas of history of mastoidectomy and chronic otitis media. Management goals were that resident would have no drainage, bleeding, or wax or odor noted. At the time of the survey, however, there was no evidence that Resident #1 had received timely treatment to address the drainage from her right ear which was identified on 1/5/10.</p> | 1401 | <p>3520.3</p> <p>The RN attempted to schedule an appointment for Resident #1 as soon as possible after the audiology appointment on 1-5-10 and took the first available date which turned out to be the date cited by the surveyor. From 1-5-10 to 2-22-10 Resident #1 was monitored and was not showing symptoms of distress or any other signs of an acute problem. In the future, the RN and primary care physician will seek alternative sites and services to insure that follow up occurs in a timelier manner and the RN/QM/P/Facility Manager team will review such situations in their routine monthly meetings... 7-30-10</p> | |
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| 1432 | <p>3521.7(c) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care);</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure residents received training to increase their tolerance of toothbrushing and improve their oral hygiene, for two of two residents in the sample. (Resident #1 and #2)</p> | 1432 | | |
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| 1432 | <p>Continued From page 9</p> <p>The finding includes:</p> <p>1. On 6/21/10, at 11:00 a.m., the licensed practical nurse (LPN) was administering Resident #2 a gastrostomy tube feeding of Jevity 1.2 with Fiber, via gravity. Interview with the nurse revealed the resident was not able to tolerate any food or drink by mouth. The nurse indicated that the resident was dependent on staff to perform all activities of daily living.</p> <p>Record review on 6/21/10, at 1:12 p.m., revealed on 9/14/09, the dentist diagnosed Resident #2 with "Large deposits of plaque and calculus on all tooth surfaces and provided prophylaxis." The client was recommended to return for a full mouth scaling, which she received on 11/30/09. Brushing of the resident's teeth twice a day was recommended. The annual oral examination conducted on 3/22/10, four months after the scaling, revealed "very poor oral hygiene and large deposits of plaque and calculus present on all teeth surfaces." A full mouth scaling was indicated. The dentist noted that a request for authorization would be made to perform the recommended treatment services.</p> <p>Interview with the qualified mental retardation professional (QMRP) on 6/21/10, at 5:17 p.m., acknowledged that Resident #2 was totally dependent on staff for tooth brushing, and that her tolerance of tooth brushing was poor. According to the QMRP, in the past the resident had a plan to learn to tolerate having her teeth brushed for 2 minutes daily. Interview the QMRP and the record review, however, revealed no formal strategies were being currently implemented to possibly increase the resident's tolerance of tooth brushing twice daily.</p> | 1432 | | |
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|-------|--|-------|--|--|
| I 432 | <p>Continued From page 10</p> <p>2. On 6/18/10, at 6:25 p.m., a certified nurse aide was observed feeding Resident #1 a pureed meal with a spoon. The resident tolerated the meal without difficulty. Interview with staff revealed that the resident was dependent on staff to perform all activities of daily living.</p> <p>Record review on 6/21/10 at 10:40 a.m. revealed on 9/16/09 the dentist conducted a full mouth scaling and adult prophylaxis with polishing for Resident #1. The dentist recommended tooth brushing 2 - 3 times a day. A follow-up assessment on 12/9/09 revealed heavy calculus deposits on all teeth. A full mouth scaling was recommended. The dentist noted that a request to perform treatment services would be submitted. The scaling and prophylaxis were performed on 3/22/10. The dentist recommended assistance with brushing daily.</p> <p>Interview with the QMRP on 6/21/10 at 5:19 p.m. revealed Resident #1's tolerance of tooth brushing was poor. The QMRP acknowledged that the resident was totally dependent on staff, for tooth brushing, however, indicated that no formal strategies had been identified to possibly increase the resident's tolerance of tooth brushing, which was recommended twice daily.</p> | I 432 | <p>3521.7 (c)</p> <p>Both Resident #1 and Resident #2 have formal programs in place to increase their cooperation and tolerance for the tooth brushing task. The QMRP is monitoring implementation routinely as is the facility manager... 7-12-10.</p> <p>The QMRP will seek the advice of psychology supports to develop the best implementation strategies possible to positively reinforce cooperation and reduce the anxiety each person has for the tooth brushing task... 7-30-10</p> | |
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