Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD12-0030	A. BUILDING _____ B. WING _____	06/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULTI-THERAPEUTIC SERVICES, INC	809 49TH ST, NE WASHINGTON, DC 20019

(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 June 28, 2011. A random sample of two residents was selected from a resident population of three women with various degrees of disabilities. The survey findings was based on observations in the home, interviews with administrative management, nursing and direct care staff, and a review of resident and administrative records, including incident reports.	I 000	Received 7/14/11 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. 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 and interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the interior of the facility was maintained in a safe and sanitary manner. The finding includes: Observations on June 28, 2011 at approximately 8:21 a.m., upon entrance into the facility revealed the carpet to be heavily soiled. In addition the carpet in hallway and the dining room areas were also heavily soiled.	I 090	3504.1 The carpet will be professionally cleaned by...7-19-11 MTS intends to move out of this facility to a more appropriate home for the individuals supported. The new home has been identified and approved by DDS...7-12-11 The Assistant to the Director of Residential Services has had his job description revised to reflect greater attention to home environmental upkeep and vehicle maintenance...7-12-11 Effective immediately, the Assistant routinely audits home environments and is responsible for proactive follow up on all concerns uncovered as well as preventive maintenance...7-12-11	
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents ' funds received and disbursed.	I 189		

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Lottie L. Moore, Director of Residential Services TITLE 7/13/11 (X6) DATE

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

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I 189	Continued From page 1 This Statute is not met as evidenced by: Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure a system had been implemented to maintain a complete accounting of residents' personal funds, for two of three residents residing in the GHPID. (Residents #1 and #2) The findings include: 1. On June 28, 2011, beginning at approximately 3:00 p.m., interview with the qualified intellectual disabilities professional (QIDP) and review of the resident's financial records revealed that the GHPID assisted Resident #1 with maintaining her finances. Review of Resident #1's financial records revealed a withdrawal was made from her account in the amount of 563.98 on September 15, 2010. Continued review of the resident's finances revealed another withdrawal was made on February 8, 2011, in the amount of $264.097. Further review of the resident's financial records failed to provide receipts for the withdrawals/expenditures from Resident #1's personal account. This was acknowledged through interview with the QIDP on the same day at approximately 3:16 p.m. At the time of the survey, the GHPID failed to ensure a complete accounting of the resident's personal funds by providing receipts regarding the aforementioned withdrawals. 2. On June 28, 2011, beginning at approximately 3:00 p.m. Interview with the qualified intellectual disabilities professional (QIDP) and review of the resident's financial records revealed that the	I 189	3508.7 The $563.98 was Resident #1's contribution to lodging for the vacation taken in September 2010 (See: attached evidence)...7-12-11 The $264.97 was for a personal lap top that Resident #1 purchased (See: attached receipt)...7-12-11 The money orders totaling $429.09 was the total amount of the vehicle rental charges, $85.00 dollars was each person's contribution (See: attached documentation)...7-12-11 The $232.41 reflects monies not spend by all of the individuals that went on the vacation. Resident #2 was owed $68.12 dollars which was returned to her account (See: attached reconciliation and deposit information)...7-12-11 Effective 8-1-11, the Client Accounts Manager will meet with each Facility Manager monthly to insure all records of deposit and expenditure are properly reconciled and documented in a timely manner...8-1-11 The CFO will audit the client account records quarterly to insure that proper reconciliation is occurring and will meet with the Client Accounts Manager at minimum bi-monthly to review the status of client account records...8-1-11.	

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I 189	Continued From page 2 GHPID assisted Resident #2 with maintaining her finances. Review of Resident #2's financial records revealed copies of blank money orders that were purchased on September 21, 2010 in the amount of $429.09 and on September 22, 2010 for $232.41 respectively. This was acknowledged through interview with the QIDP on the same day at approximately 3:20 p.m. Further interview with the QIDP revealed that she had no knowledge of why the money orders were purchased. At the time of the survey, the GHPID failed to ensure a complete accounting of the resident's personal funds by providing documentation regarding the aforementioned withdrawals.	I 189		
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: Based on observation, interview and record review, the group homes for persons with intellectual disabilities (GHPID) failed to ensure that the required administrative records were available for inspection for four of ten professional consultants providing services. The findings include: On June 28, 2011, at approximately 8:30 a.m., during an interview with the qualified intellectual	I 271	3513.1(b) The files of the nutritionist and psychiatrist have been retrieved and are included with the survey. Each has file deficiencies that they have been notified to correct by...7-28-11 The two other consultants mentioned work under Total Care. MTS has contacted the DDS Support Coordinator to insure that this information is obtained by...7-28-11 The HR department is charged with insuring that all staff and consultant files are full, complete and current at all times. The Director of HR maintains a tracking process for all personnel file concerns and proactively alerts staff and consultants when updated information is needed. In the future, failure to respond to personnel file issues in a timely manner will result in disciplinary follow up for staff and appropriate follow up with consultants...8-1-11	

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I 271	Continued From page 3 disabilities professional (QIDP) via telephone it was relayed that health certificates, licenses, and agreements for consultants would need to made available for review by the surveyor. The files were delivered to the GHPID on the afternoon of June 28, 2011. Review of the files at approximately 3:40 p.m., revealed that files for 4 (four) of the ten (ten)consultants providing services to the residents at the GHPID were not made available as they were not among the files delivered to the GHPID.	I 271		
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 record review the Group Home for Persons with Individual Disabilities (GHPID) failed to ensure unusual incidents that interfered substantially with the resident's health was reported immediately to the Department of Health, Health Regulations Licensing Administration (DOH/HRLA), in accordance with district law (22 DCMR, Chapter 35, Section 3519.10), for one of the two residents included in the sample. (Residents #1 and #3) The findings include:	I 379	3519.10 QIDP will insure that all incident are reported in a timely manner and will insure that a call is made to confirm receipt of such documents…7-23-11 Staff failed to report the second incident involving the rabbit bite in a timely manner to their management staff and nursing (weekend staff). These staff members will be re-trained by the QIDP on timely reporting of all incidents by…7-16-11	

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I 379	Continued From page 4 Review of the GHPID's incident reports on June 28, 2011 beginning at 8:14 a.m. revealed the following: 1. On February 21, 2011 the direct care staff reported an incident involving Resident #1. According to the report, Resident #1 reported that she had been sexually assaulted while on a home visit. Continued review of the incident report revealed the sister contacted the police and the sexual assault unit. Both units interviewed Resident #1 in her sister's home. At the time of the survey, the GHPID failed to ensure the Department of Health, Health Regulations and Licensing Administration Division (DOH/HRLA)was notified of the aforementioned incident within twenty-four hours. 2. On November 28, 2010, the direct care staff reported an incident involving Resident #3. According to the report, Resident #3 was feeding their pet rabbit when she was bitten. Continued review of the incident report revealed the resident sustained four marks to her right wrist. Further review of the report revealed the resident was taken to the emergency room. Interview with the Qualified Program Coordinator and review of records on June 28, 2011, at approximately 11:07 a.m. revealed the rabbit was quarantined for ten days. The incident was reported 4 (four) days later, Tthe GHPID failed to ensure the Department of Health, Health Regulations and Licensing Administration Division (DOH/HRLA)was notified of the aforementioned incident within the required twenty-four hours.	I 379		

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I 405	3520.7 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that professional services were provided in accordance with the needs of one of three residents in sample. (Resident #2) The finding includes: Observation of the administration of medication on June 28, 2011 at approximately 5:25 p.m. revealed Resident #2 received one drop of Brimonidine Tartrate 0.15 % in each eye, Dorzolamide HCl/Timolol Maleate 2%-0.5%, one drop instilled and Travatan Z Benzalkonium free 0.004% drops, one drop in each eye. Review of the resident's medical record on June 28, 2011, at approximately 12:56 p.m. revealed the resident was diagnosed with Glaucoma and S/P Retina Detachment Repair and High Myopia and had been seen by the Ophthalmologist on February 25, 2011. The Ophthalmologist recommended a follow-up in one month to check glasses and eye pressures. Continued review of the record revealed the resident was not seen until June 2011. Interview with the facility's Registered Nurse (RN) on June 28, 2011, at approximately 1:10 p.m.	I 405	3520.7 The RN will check the medical records monthly to insure that all consultation reports are reviewed and all follow up recommendations are addressed in a timely manner…7-12-11 The RN will meet with the DON monthly and provide a person-specific report on the status of all recommended medical follow up…8-1-11 MTS maintains a central nursing office charged with insuring that all needed medical follow up is scheduled in a timely manner…7-12-11	

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I 405	Continued From page 6	I 405		
	revealed the staff is responsible for faxing medical consults and the Licensed Practical Nurse (LPN) is responsible for scheduling appointments. At the time of the survey however, the GHPID failed to provide evidence that Resident #2 received timely follow-up ophthalmology services.			
I 443	3521.7(m) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (m) Financial management (including budgeting and banking); This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that resident's were afforded the opportunity to take part in managing their finances as required by this section. (Resident #1) The finding includes: Interview with the QIDP on the aforementioned date revealed Resident #1 attended a day program that allows her to display and sell her paintings. Review of the resident's financial records on June 28, 2011 revealed a copy of a payroll check in the amount of $180.00. According to the QIDP, the resident had a ATM bank card and the facility's House Manager (HM) was responsible for assisting her with her finances. Review of the resident's financial records revealed she had $175.00 in overdraft fees. The QIDP revealed the resident did not have any training in banking and/or budgeting.	I 443	3521.7(m) MTS will insure that the overdraft problem is addressed for Resident #1 by...7-16-11 The overdraft clause of the account has been eliminated...7-12-11 Resident #1 now has a money management program that is implemented routinely by with the Facility Manager's support as monitored by the QIDP...7-12-11	

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I 443	Continued From page 7 Interview with the Qualified Intellectual Developmental Professional (QIDP) on June 28, 2011 at approximately 1:45 p.m. was conducted to ascertain information regarding any assessed in the area of money management for Resident #1. The QIDP proceeded to look for the resident's assessment, however, there was no documented evidence that Resident #1 had received a comprehensive assessment that outlined her current money management skills and specific needs. At the time of the survey, there was no documented evidence that the resident had received any training in money management skills.	I 443		