

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

PRINTED: 11/17/2010
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019
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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 recertification survey was conducted from November 3, 2010 through November 4, 2010, utilizing the fundamental survey process. A random sample of three clients was selected from a population of five females with various levels of developmental disabilities.</p> <p>The findings of the survey were based on observations at the group home, two day programs, interviews with clients and staff, and the review of clinical and administrative records including incident reports.</p>	W 000	<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 11-23-10</p>	
W 120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to ensure that clients' day programs implemented training programs and/or provided a complete meal in accordance with nutritional needs, for two of the three clients in the sample. (Clients #2 and #3)</p> <p>The findings include:</p> <p>1. On November 3, 2010, Client #2 was observed at her day program from 11:25 a.m. until 1:00 p.m. At the outset, the client was observed manipulating plastic objects (food items) as part of her instructional program. At 12:20 p.m., the client, her peers and their direct support staff left the treatment room and walked to the cafeteria. The client did not wash her hands before eating lunch. During the lunch, staff was observed</p>	W 120		

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Arthur M. Moore, Director of Residential Services, Inc.* TITLE: *Director of Residential Services, Inc.* (X6) DATE: *11/22/10*

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.

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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 927 95TH STREET, NE WASHINGTON, DC 20019
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W 120 Continued From page 1
 wiping Client #2's mouth with a napkin without offering the client any verbal cues or opportunity to participate in the mouth-wiping.

At 12:45 p.m., review of Client #2's training programs revealed that she had an objective to wash her hands before lunch and another objective to learn how to wipe her mouth with a napkin. Observations on November 3, 2010, however, revealed that day program staff did not consistently implement her training objectives.

2. On November 3, 2010, Client #3 was observed at her day program from 12:05 p.m. until approximately 1:10 p.m. She finished eating her lunch at 1:05 p.m. and after receiving a verbal prompt from staff, she cleared her place setting. The client's lunch had consisted of chopped meatballs (without tomato sauce) mashed potatoes, a slice of soft whole wheat bread (chopped); there was no dessert offered.

At approximately 1:15 p.m., interview with the direct support staff revealed that she had not offered the client a fruit cup because her diet orders said to avoid citrus fruits (due to the acidity). [Note: Observation of the fruit cups in question revealed no citrus products were in the mixture of chopped fruits.] Further interview with the direct support staff also confirmed that she had not offered the client a substitute food item for dessert.

At approximately 1:30 p.m., interview with the day program case manager revealed that Client #3 was expected to receive a full lunch, including a dessert, as long as the foods were not acidic and did not contain lactose milk sugar, in accordance with her diet orders: chopped, regular, no-acid, no

W 120	
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W 120	Continued From page 2 dairy products. A moment later, review of the client's physician's orders dated October 2010, confirmed the diet orders as described: On November 4, 2010, the qualified mental retardation professional (QMRP) was interviewed in the facility, beginning at 1:20 p.m. She stated that "a few months" before the survey, she and the house manager had given the day program a list of food items that were appropriate for Client #3's restricted diet. The QMRP then acknowledged, however, that she had not returned to the day program to observe a lunch and to ensure that the client received a full meal in accordance with her orders.	W 120	W120 The QMRP will meet with the day programs of Client #2 and Client #3 to share the feedback from W120. The QMRP will insure that the daily activity schedules are modified at the day program to reflect routine implementation of the objectives... 11-30-10 The day program of Client #3 will be provided with a detailed list of the food items Client #3 cannot have and substitutes... 11-30-10 Additionally, the QMRP will insure that she observes lunch meals during her routine monthly visits to the program or her designee will do likewise (the facility manager)... 12-1-10
#W-124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients' family members were informed of the risks and benefits of clients' treatment, for one of the three clients in the sample. (Client #1) The finding includes: The facility failed to ensure that informed consent was obtained from Client #1's family member	W 124	

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W 124	<p>Continued From page 3 prior to the administration of her psychotropic medications.</p> <p>During the entrance conference on November 3, 2010, beginning at 8:30 a.m., the qualified mental retardation professional (QMRP) indicated that Client #1 received psychotropic medications to address her maladaptive behaviors. Further interview revealed the client did not have the capacity to give informed consent for the use of medications and habilitation services.</p> <p>Observations during the medication administration on November 3, 2010, at 5:30 p.m., revealed Client #1 receiving Clonazepam 2 mg.</p> <p>Review of Client #1's current physician orders (POS) dated October 26, 2010, on November 3, 2010, beginning at 10:20 a.m., revealed an order for Clonazepam 2 mg, twice a day.</p> <p>The QMRP's statement was verified on November 4, 2010, at 9:30 a.m., through review of Client #1's psychological assessment dated December 5, 2009. According to the assessment, the client "does not evidence the capacity to make decisions on her own behalf in treatment, habilitation, residential placement, and financial matters." Further interview with the QMRP during the survey, revealed that the client had a family member that was involved in her habilitation planning and decision making.</p> <p>Record verification on November 4, 2010, at 10:00 a.m., revealed that Client #1's family member had given informed consent on August 5, 2010, for Clonazepam 1 mg, twice a day.</p>	W 124		
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W 124	Continued From page 4	W 124	W124	
W 126	<p>Interview with the Registered Nurse confirmed that Client #1's family member had not given informed consent for the use of Clonazepam 2 mg twice daily.</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients were being taught to manage their finances to the best of their abilities, for one of the three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>On November 4, 2010, beginning at 12:35 p.m., review of Client #3's record revealed that her Interdisciplinary team had met on August 12, 2010 for her annual review. Review of the new program plan revealed six goals for which specific training objectives had been established. There was no money-related training goal or objective noted. At 12:51 p.m., review of the client's money management skills assessment (dated September 2, 2010) revealed the following skill needs:</p> <ul style="list-style-type: none"> - could not fill out deposit and withdrawal slips; - could not spend money with some planning; and, 	W 126	<p>The RN made an error in completing the consent form for Client #3, indicating one mg of the medication when the actual dose was two. The RN called the sister, explained the error and submitted a new consent form indicating the proper dose (2 mgs). The sister has provided consent for the proper dose... 11-22-10.</p> <p>Both the RN and the QMRP will review completed consent forms before they are sent forth to insure all information is accurate... 11-22-10</p>	

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W 126 Continued From page 5
- could not control her own major expenditures.

Interview with the qualified mental retardation professional (QMRP) on November 4, 2010, beginning at 1:50 p.m., confirmed that although Client #3 was able to make small purchases with staff assistance, she was not capable of managing her own finances. Instead, the facility was responsible for managing the client's finances in collaboration with the Department of Disability Services. The QMRP also stated that the client received Supplemental Security Income in the amount of \$70.00 monthly as well as a small stipend (\$1 per day) for attendance at her day program. The QMRP then acknowledged that Client #3 was not receiving money management skills training at the time.

489.420(b)(1)(i) CLIENT FINANCES

W 126 W126

In the past, Client #3 has had money management objectives implemented for her. She was trained to make simple purchases and although she did not reach independence, she reached her maximum potential level (can make purchase with verbal assistance from staff). It is the opinion of the IDT that Client #3 has low potential to develop further in this skill area. The QMRP will document this finding in her notes and Client #3 will informally be provided with opportunities to make purchases of her choice... 11-22-10

W 140

The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.

This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure a system had been implemented to maintain a complete accounting of clients' personal funds, for three of the three clients in the sample. (Clients #1, #2 and #3)

The findings include:

On November 4, 2010, at approximately 1:30 p.m., interview with the qualified mental retardation professional (QMRP) and review of Clients #1, #2, and #3's financial records from November 2009 through October 2010, revealed

W 140

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W 140	<p>Continued From page 6</p> <p>that the facility assisted the clients with maintaining their finances. Further record review revealed a withdrawal from each of the clients' personal accounts on March 11, 2010, in the amount of \$25.00.</p> <p>Interview with the house manager (HM) on November 4, 2010, at 2:15 p.m., indicated that the money was requested for an outing to the circus. There were no receipts, however, for such an outing and no evidence that the funds had been redeposited into the clients' personal accounts. Moments later, the HM explained that the clients never went to the circus because the funds were not made available in time for the outing. The HM, therefore, never picked-up the check. The HM reviewed the documentation and acknowledged that the money had not been redeposited back into the clients' accounts. She further acknowledged that the facility had not previously identified the oversight.</p>	W 140	<p>W140</p> <p>The outstanding \$25 dollars has been re-deposited in each client account but the documentation record did not reflect this. The documentation record has been corrected... 11-22-10</p> <p>MTS has hired a full-time staff for the Finance Department that is charged with overseeing Client Personal Accounts. The Client Accounts Manager and the facility manager will meet monthly to review the status of all client account transactions to insure that all are documented and reconciled in a timely manner... 11-22-10</p>	
W 261	<p>At the time of the survey, the facility failed to establish and maintain an effective accounting system for the clients' personal accounts.</p> <p>483.440(f)(3) PROGRAM MONITORING & CHANGE</p> <p>The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>This STANDARD is not met as evidenced by:</p>	W 261		

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W 261	<p>Continued From page 7</p> <p>Based on observation, interview and review of the Human Rights Committee (HRC) documentation, the facility failed to ensure that persons with no ownership or controlling interest in the facility reviewed and approved clients' Behavior Support Plans (BSPs) and invasive medical procedures, for two of the three clients in the sample. (Clients #1 and #2).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. During the entrance conference on November 3, 2010, beginning at 8:30 a.m., the qualified mental retardation professional (QMRP) revealed that Client #1 received psychotropic medications for her maladaptive behaviors. Observations during the medication administration on November 3, 2010, at 5:40 p.m., revealed Client #1 received Chlorapraminze HCL 100 mg, Cionazepam 2 mg and Paxil 20 mg. On November 4, 2010, beginning at 11:20 a.m., review of HRC-related documentation in Client #1's record revealed agendas and signature sheets for meetings held on January 29, 2010, March 26, 2010, May 26, 2010, July 30, 2010, September 24, 2010 and October 26, 2010. There were no minutes, however, that documented the HRC's deliberations. Attached to the agenda for the October 26, 2010, meeting was a list of HRC members who voted to "approve" the change in Client #1's medication. Review of the list, however, revealed no signatures of the persons indicated elsewhere as being "community representatives." 2. On November 4, 2010, at approximately 10:08 a.m., review of HRC-related documentation in Client #2's record revealed agendas and signature sheets for meetings held on January 	W 261		
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W 261 Continued From page 8

29, 2010, March 26, 2010 and several other dates during 2010. Each signature sheet contained one or two signatures by individuals listed as "community representatives." The agenda for the January 29, 2010, meeting indicated that Client #2's BSP, medication regimen, and incidents were to be reviewed by the committee. There was no indication, however, that a vote was taken and there were no minutes that documented the committee's deliberations on the issues identified on the agenda.

At approximately 10:15 a.m., a similar agenda was attached to a signature sheet dated March 26, 2010. The agenda indicated that in addition to Client #2's BSP, medication regimen, and incidents, the HRC was to review a recommendation that the client undergo an invasive procedure (Esophagogastroduodenoscopy, EGD). Attached to the agenda was a list of signatures. The signature sheet indicated that 9 out of 9 HRC members who voted were in "agreement" with the recommended procedure. However, further review of the signatures revealed no signatures of the persons indicated elsewhere as being "community representatives."

On November 4, 2010, at 1:21 p.m., the QMRP was asked if the community representatives had participated in the deliberations. She replied yes but then acknowledged that the documentation available for review failed to show evidence of their participation and/or that they (the community representatives) had voted March 26, 2010 to approve Client #2's EGD. She then acknowledged that there were no minutes that documented the committee's deliberations.

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W 281	Continued From page 9 The facility's HRC failed to show evidence that persons with no ownership or controlling interest in the facility participated in committee deliberations and voting.	W 281	The issues raised will be addressed again with the community representatives present for the discussion. This will occur by... 12-15-10. An agenda will be developed for each meeting and the findings/recommendations will be reviewed in minutes that will be the responsibility of the participating QMRP as reviewed and approved by the Director of Programs... 12-1-10.	
W 283	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee (Human Rights Committee) failed to ensure that restrictive programs were used only with written consent, for one of the three clients in the sample. (Client #1) The finding includes: Cross-refer to W 324. Client #1's Behavior Support Plan, dated December 6, 2008, incorporated the use of psychotropic medication. The client was receiving Clonazepam 2 mg twice daily. The facility's human rights committee failed to ensure that informed consent had been obtained from Client #1's substituted health care decision-maker (i.e. family member) for the dose that was observed being administered.	W 283	W263 The RN made in error in completing the consent form for Client #3, indicating one mg of the medication when the actual dose was two. The RN called the sister, explained the error and submitted a new consent form indicating the proper dose (2 mgs). The sister has provided consent for the proper dose... 11-22-10. Both the RN and the QMRP will review completed consent forms before they are sent forth to insure all information is accurate... 11-22-10	
W 325	482.480(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.	W 325		

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W 325	<p>Continued From page 10</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility's nursing staff failed to ensure routine laboratory testing was scheduled as ordered by the primary care physician (PCP), for one of the three clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>During the entrance conference on November 3, 2010, beginning at 8:30 a.m., the qualified mental retardation professional indicated that Client #1 was recently diagnosed with Nephrogenic Diabetes Insipidus. Review of Client #1's medical record on November 3, 2010, beginning at 10:20 a.m., revealed physician's orders dated from March 2010 through November 2010, to complete laboratory studies for liver function test every three months. Further review of the record revealed no evidence of the laboratory studies.</p> <p>Interview with the registered nurse on November 4, 2010, at approximately 11:00 a.m., confirmed that the laboratory studies had not been completed as ordered.</p> <p>The facility's nursing services failed to maintain an effective internal system to ensure that clients' laboratory studies were performed at the frequencies ordered by the PCP.</p>	W 325	<p>Client #1 has CMP lab work completed bi-weekly. All of the issues that are monitored in a liver function check are covered in the CMP. Client #1's lab work has shown improved levels to the extent that it has been recommended that the CMP checks can be done monthly as opposed to bi-weekly. The relevant liver function issues will be checked monthly in conjunction with the CMPs... 12-1-10</p>	
W 369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by:</p>	W 369		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 090008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019
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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 369	<p>Continued From page 11</p> <p>Based on observation, staff interview, and record verification, the facility's nurse failed to ensure drug administration were administered without error, for one of the three clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>During the entrance conference on November 3, 2010, beginning at 8:30 a.m., the qualified mental retardation professional (QMRP); stated that Client #1's psychotropic medications had been recently adjusted due to significant side effects (facial swelling). Observation of the evening medication administration on November 3, 2010, at 5:30 p.m., revealed the nurse administering Client #1 Thorazine 100 mg. After administering the medication, the nurse also stated that Client #1's Thorazine had been adjusted recently.</p> <p>On November 4, 2010, at approximately 11:30 a.m., review and reconciliation of the medication observation and physician orders (POs), dated October 26, 2010, revealed an order to discontinue Thorazine HCL 200 mg, twice a day and begin Thorazine HCL 100 mg, twice a day. The Human Rights Committee held a special review on October 28, 2010 and at that time, they approved the decrease to 100 mg, twice a day. Further review of the records revealed a consent form that was signed by the client's family member on October 29, 2010.</p> <p>However, on November 4, 2010, at 12:20 p.m., review of Client #1's medication administration records (MARs) for October and November 2010, revealed that the client had continued receiving Thorazine 200 mg, twice a day through October 31, 2010. The drop to 100 mg was only reflected</p>	W 369		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0397

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0A0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 927 58TH STREET, NE WASHINGTON, DC 20019
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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 369	Continued From page 12 beginning on November 1, 2010. When interviewed a few moments later, the registered nurse explained that she had failed to write the new medication order on the MAR on October 29, 2010. The medication nurses, therefore, had continued administering the higher dose of Thorazine (200 mg) for an additional two days.	W 369	As indicated, the medication was given for two extra days at 200 mg verses 100mg, the amount that it was reduced to. The RN will receive additional training from the Director of Nursing to insure that all modifications in medication regimens are implemented accurately and in a timely manner... 12-1-10. The DON will conduct periodic checks of the MARs and physician's orders to insure that they accurately reflect the medication regimen of each person supported... 12-1-10	
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W 474	483.480(b)(2)(iii) MEAL SERVICES	W 474		
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Food must be served in a form consistent with the developmental level of the client.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure all clients received their meals in the form and consistency that was prescribed, for one of three clients in the sample. (Client #1)

The finding includes:

On November 3, 2010, at 8:10 a.m., Client #1 was observed eating cheese puff balls. Later that day, at 3:30 p.m., she was observed eating whole cheese crackers. At approximately 3:45 p.m., review of Client #1's physician orders, dated November 2010, revealed a diet order of fiber mixture 60 ml, twice a day, high fiber, low cholesterol, bite size with ground meats.

On November 4, 2010, at 12:20 p.m., Client #1 was observed eating a chicken (lunch meat) sandwich that was cut into bite size pieces. Later that afternoon, at 2:00 p.m., she was observed eating cheese puff curls.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 927 56TH STREET, NE WASHINGTON, DC 20019
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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 474	Continued From page 13 On November 4, 2010, at approximately 1:30 p.m., interview with the house manager had indicated that Client #1 was prescribed a low cholesterol, high fiber, bite size diet (with no mention that her meats should be served ground texture). At approximately 2:33 p.m., review of the facility's in-service training records revealed that all staff had received training on October 15, 2010 on Client #1's health management care plan (HMCP), which included the current diet orders. There was no evidence, however, that the training had been effective.	W 474	W474 The RN will re-train the staff on the diet regimen of Client #1 to insure she is provided with the proper texture consistently... 12-10-10. The QMRP and facility manager will observe at least one meal weekly per shift (separately) to insure that the diet is consistently adhered to... 12-1-10. Client #1 will be reevaluated by speech pathology to determine if indeed a ground texture is needed for meals. The RN and QMRP question this given the fact that Client #1 has teeth and demonstrates no difficulty chewing and swallowing... 12-10-10 The team will follow the findings and recommendations of the speech pathologist after her review... 12-16-10	
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019
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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) COMPLETE DATE
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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from November 3, 2010 through November 4, 2010. A random sample of three residents was selected from a population of five females with various levels of developmental disabilities.</p> <p>The findings of the survey were based on observations at the group home, two day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.</p>	1 000		
1 189	<p>3508.7 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall maintain records of residents' funds received and disbursed.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to ensure a system had been implemented to maintain a complete accounting of residents' personal funds, for three of the three residents in the sample. (Residents #1, #2 and #3)</p> <p>The findings include:</p> <p>On November 4, 2010, at approximately 1:30 p.m., interview with the qualified mental retardation professional (QMRP) and review of Residents #1, #2, and #3's financial records from November 2009 through October 2010, revealed that the facility assisted the residents with maintaining their finances. Further record review revealed a withdrawal from each of the residents' personal accounts on March 11, 2010, in the amount of \$25.00.</p>	1 189		

Health Regulation Administration	TITLE _____ (X6) DATE _____
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, 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
1188	Continued From page 1 Interview with the house manager (HM) on November 4, 2010, at 2:15 p.m., indicated that the money was requested for an outing to the circus. There were no receipts, however, for such an outing and no evidence that the funds had been redeposited into the residents' personal accounts. Moments later, the HM explained that the residents never went to the circus because the funds were not made available in time for the outing. The HM, therefore, never picked-up the check. The HM reviewed the documentation and acknowledged that the money had not been redeposited back into the residents' accounts. She further acknowledged that the GHMRP had not previously identified the oversight. At the time of the survey, the facility failed to establish and maintain an effective accounting system for the residents' personal accounts.	1188	Chapter 35 3508.7 The outstanding \$25 dollars has been re-deposited in each client account but the documentation record did not reflect this. The documentation record has been corrected...11-22-10 MTS has hired a full-time staff for the Finance Department that is charged with overseeing Client Personal Accounts. The Client Accounts Manager and the facility manager will meet monthly to review the status of all client account transactions to insure that all are documented and reconciled in a timely manner...11-22-10	
1208	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 Persons with Mental Retardation (GHMRP) failed to ensure each consultant had a current health certificate, for six of the twelve consultants. (three LPN's, PCP, Nutritionist, and RN)	1208		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 827 55TH STREET, NE WASHINGTON, DC 20010		
(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 208	Continued From page 2 The finding includes: Interview with the house manager (HM) and review of the personnel records on November 4, 2010, beginning at 11:45 a.m., revealed the GHMRP failed to provide evidence that current health certificates were on file, for six of the twelve consultants (three LPNs #2, #3, and #5, PCP, Nutritionist, and RN).	I 208	3309.6 MTS has hired a new Director of HR who has been charged with tracking personnel file requirements for both staff and consultants. The individuals cited have been given notice to provide updated health certificates by 12-15-10. MTS will proactively track such requirements in the future and notify both staff and consultants of upcoming issues. Information will be collected and distributed to the program sites by the Director of HR... 12-15-10	
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to ensure all residents received their meals in the form and consistency that was prescribed, for one of three residents in the sample. (Resident #1) The finding includes: On November 3, 2010, at 8:10 a.m., Resident #1 was observed eating cheese puff balls. Later that day, at 3:30 p.m., she was observed eating whole cheese crackers. At approximately 3:45 p.m., review of Resident #1's physician orders, dated November 2010, revealed a diet order of fiber mixture 60 ml, twice a day, high fiber, low cholesterol, bite size with ground meats.	I 229		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, 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
1 229	Continued From page 3 On November 4, 2010, at 12:20 p.m., Resident #1 was observed eating a chicken (lunch meat) sandwich that was cut into bite size pieces. Later that afternoon, at 2:00 p.m., she was observed eating cheese puff curls. On November 4, 2010, at approximately 1:30 p.m., interview with the house manager had indicated that Resident #1 was prescribed a low cholesterol, high fiber, bite size diet (with no mention that her meats should be served ground texture). At approximately 2:33 p.m., review of the facility's in-service training records revealed that all staff had received training on October 15, 2010 on Resident #1's health management care plan (HMCP), which included the current diet orders. There was no evidence, however, that the training had been effective.	1 229	3510.5(f) The RN will re-train the staff on the diet regimen of Client #1 to insure she is provided with the proper texture consistently... 12-10-10. The QMRP and facility manager will observe at least one meal weekly per shift (separately) to insure that the diet is consistently adhered to... 12-1-10. Client #1 will be reevaluated by speech pathology to determine if indeed a ground texture is needed for meals. The RN and QMRP question this given the fact that Client #1 has teeth and demonstrates no difficulty chewing and swallowing... 12-10-10 The team will follow the findings and recommendations of the speech pathologist after her review... 12-16-10	
1 405	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 observation, interviews, and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to ensure that residents' day programs implemented training programs and/or provided a complete meal in accordance with nutritional needs, for two of the three residents in the sample. (Residents #2 and #3). The findings include:	1 405		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 927 85TH STREET, NE WASHINGTON, DC 20010
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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)	OSR COMPLETE DATE
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1406	<p>Continued From page 4</p> <p>1. On November 3, 2010, Resident #2 was observed at her day program from 11:25 a.m. until 1:00 p.m. At the outset, the resident was observed manipulating plastic objects (food items) as part of her instructional program. At 12:20 p.m., the resident, her peers and their direct support staff left the treatment room and walked to the cafeteria. The resident did not wash her hands before eating lunch. During the lunch, staff was observed wiping Resident #2's mouth with a napkin without offering the client any verbal cues or opportunity to participate in the mouth-wiping.</p> <p>At 12:45 p.m., review of Resident #2's training programs revealed that she had an objective to wash her hands before lunch and another objective to learn how to wipe her mouth with a napkin. Observations on November 3, 2010, however, revealed that day program staff did not consistently implement her training objectives.</p> <p>2. On November 3, 2010, Resident #3 was observed at her day program from 12:05 p.m. until approximately 1:10 p.m. She finished eating her lunch at 1:05 p.m. and after receiving a verbal prompt from staff, she cleared her place setting. The resident's lunch had consisted of chopped meatballs (without tomato sauce) mashed potatoes, a slice of soft whole wheat bread (chopped); there was no dessert offered.</p> <p>At approximately 1:15 p.m., interview with the direct support staff revealed that she had not offered the resident a fruit cup because her diet orders said to avoid citrus fruits (due to the acidity). [Note: Observation of the fruit cups in question revealed no citrus products were in the mixture of chopped fruits.] Further interview with</p>	1405		
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 927 65TH STREET, 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 405	Continued From page 5 the direct support staff also confirmed that she had not offered the resident a substitute food item for dessert. At approximately 1:30 p.m., interview with the day program case manager revealed that Resident #3 was expected to receive a full lunch, including a dessert, as long as the foods were not acidic and did not contain lactose milk sugar, in accordance with her diet orders: chopped, regular, no-acid, no dairy products. A moment later, review of the resident's physician's orders dated October 2010, confirmed the diet orders as described. On November 4, 2010, the qualified mental retardation professional (QMRP) was interviewed in the facility, beginning at 1:20 p.m. She stated that "a few months" before the survey, she and the house manager had given the day program a list of food items that were appropriate for Resident #3's restricted diet. The QMRP then acknowledged, however, that she had not returned to the day program to observe a lunch and to ensure that the resident received a full meal in accordance with her orders.	I 405	3520.7 The QMRP will meet with the day programs of Client #2 and Client #3 to share the feedback from W120. The QMRP will insure that the daily activity schedules are modified at the day program to reflect routine implementation of the objectives... 11-30-10 The day program of Client #3 will be provided with a detailed list of the food items Client #3 cannot have and substitutes... 11-30-10 Additionally, the QMRP will insure that she observes lunch meals during her routine monthly visits to the program or her designee will do likewise (the facility manager)... 12-1-10	
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 interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to ensure residents were being taught to manage their finances to the best of	I 443		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 927 45TH STREET, NE WASHINGTON, DC 20010		
(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
1443	<p>Continued From page 6</p> <p>their abilities, for one of the three residents in the sample. (Resident #3)</p> <p>The finding includes:</p> <p>On November 4, 2010, beginning at 12:35 p.m., review of Resident #3's record revealed that her interdisciplinary team had met on August 12, 2010 for her annual review. Review of the new program plan revealed six goals for which specific training objectives had been established. There was no money-related training goal or objective noted. At 12:51 p.m., review of the resident's money management skills assessment (dated September 2, 2010) revealed the following skill needs:</p> <ul style="list-style-type: none"> - could not fill out deposit and withdrawal slips; - could not spend money with some planning; and, - could not control her own major expenditures. <p>Interview with the qualified mental retardation professional (QMRP) on November 4, 2010, beginning at 1:50 p.m., confirmed that although Resident #3 was able to make small purchases with staff assistance, she was not capable of managing her own finances. Instead, the facility was responsible for managing the resident's finances in collaboration with the Department of Disability Services. The QMRP also stated that the resident Supplemental Security Income in the amount of \$70.00 monthly as well as a small stipend (\$1 per day) for attendance at her day program. The QMRP then acknowledged that Resident #3 was not receiving money management skills training at the time.</p>	1443	<p>3521.7</p> <p>In the past, Client #3 has had money management objectives implemented for her. She was trained to make simple purchases and although she did not reach independence, she reached her maximum potential level (can make purchases with verbal assistance from staff). It is the opinion of the IDT that Client #3 has low potential to develop further in this skill area. The QMRP will document this finding in her notes and Client #3 will informally be provided with opportunities to make purchases of her choice...11-22-10</p>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, 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	
1500	Continued From page 7	1500			
1500	<p>3523.1 RESIDENT'S RIGHTS</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to establish a system that would ensure residents' family members were informed of their risks and benefits of residents' treatment, for one of the three residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>The facility failed to ensure that informed consent was obtained from Resident #1's family member prior to the administration of her psychotropic medications.</p> <p>During the entrance conference on November 3, 2010, beginning at 8:30 a.m., the qualified mental retardation professional (QMRP) indicated that Resident #1 received psychotropic medications to address her maladaptive behaviors. Further interview revealed the resident did not have the capacity to give informed consent for the use of medications and habilitation services.</p> <p>Observations during the medication administration on November 3, 2010, at 5:30 p.m., revealed Resident #1 receiving Clonazepam 2 mg.</p> <p>Review of Resident #1's current physician orders</p>	1500			