

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

PRINTED: 03/04/2008  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012
--	--

(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) DATE OF COMPLETION
--------------------	--	---------------	---	-------------------------

W 000 INITIAL COMMENTS  
 The Department of Health, Health Regulations and Licensing Administration (HRLA) was notified of an allegation of abuse via fax January 14, 2008 and via telephone on January 15, 2008. It was reported that client #1 alleged that she was locked in a closet by a direct care staff.

W 104 483.410(a)(1) GOVERNING BODY  
 The governing body must exercise general policy, budget, and operating direction over the facility.

This STANDARD is not met as evidenced by:  
 Based on the review of the incident management system policy, client #1's behavioral support plan (BSP) and behavioral documentation, the governing body failed to ensure that it exercised the governing  
 The findings include:  
 A review of the Incident Management System procedures dated July 2007 was conducted on January 16, 2008 at 4:20 PM. An investigation regarding the January 12, 2008 incident concluded that the facility's direct care staff followed the sequence of notifications once the incident had been alleged by client #1. An investigation was initiated. It could not be determined that these procedures had been implemented consistently as evidenced by the

W 000  
 W 104  
 All staff have been retrained on how to properly respond to and document instances of false allegations according to individual #1's BSP. Additionally, the QMRP will review and sign all the ABC data collection sheets for all individuals served as an oversight to the team leader who already reviews the data throughout the month.

RECEIVED  
 DEPARTMENT OF HEALTH  
 LICENSING ADMINISTRATION  
 MAR 17 P 1:55

3/21/08

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3-13-08
--	------------------------	----------------------

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.

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

PRINTED: 03/04/2008  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/22/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(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	
W 104	Continued From page 1 following: Client #1 ' s behavioral documentation for the targeted behavior of " falsified allegations " revealed that the client made past allegations that had not been investigated as directed by her behavioral support plan. The BSP procedures regarding false allegations detailed that " when client #1 reports something, she should be asked if the information is true " . " If (Client #1) insisted that the allegation was true especially in instances of alleged physical abuse, an investigation is required. " The behavior data collection revealed the following documentation: 9/10/07 - Client #1 alleged that she had been choked and the staff told her she could stay up if she wanted to. The intervention was noted to be " staff asked her who choked her and when she couldn ' t answer " . 9/15/07 - Client #1 stated that staff pulled her hair. The intervention section noted " staff asked her who and when and she could not answer " . The documentation was unclear to determine if client #1 had denied all of the allegations that were documented. There were no other investigations provided. It could not be determined that the governing body had ensured that measures had been established effectively evaluate the facility ' s implementation and adherence to the incident management policies and procedures.	W 104			
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.	W 149			

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

PRINTED: 03/04/2008  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012
--	--

(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)	(X6) COMPLETION DATE
W 149	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by. Based on the review of the incident management system policy, client #1 ' s behavioral support plan (BSP) and behavioral documentation, the facility failed to ensure the implementation of the incident management system and failed to consistently conduct investigations accordingly. The findings include:</p> <p>During the investigation, the facility ' s client protection system was review. A review of the Incident Management System procedures dated July 2007 was conducted on January 16, 2008 at 4:20 PM. An investigation regarding the January 12, 2008 incident concluded that the facility ' s direct care staff followed the sequence of notifications once the incident had been conveyed by the client #1 and an internal investigation was initiated. It could not be determined that the facility had implemented their policy procedures regarding investigations consistently.</p> <p>Client #1 ' s behavioral documentation on " falsified allegations " revealed that the client had made allegations that had not been investigated as directed by her behavioral support plan.</p> <p>For Example:</p> <p>9/10/07 - Client #1 claimed that she had been choked and the staff told her she could stay up if she wanted to. The intervention was noted to be " staff asked her who choked her and when she couldn ' t answer "</p> <p>9/15/07 - Client #1 stated that staff pulled her hair. The intervention section noted " staff asked her who and when and she could not answer "</p> <p>Client #1 ' s BSP procedures regarding false allegations detailed that " when client #1 reports something, she should be asked if the information is true " . " If (Client #1) insisted that the allegation was true especially in instances of alleged physical abuse, an investigation is</p>	W 149	<p>Staff were retrained on the company ' s incident management policy, to include how to appropriately respond to allegations of abuse made by individuals served and its critical appropriateness.</p>	3/21/08

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

PRINTED: 03/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012
--	--

(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
W 149	Continued From page 3 required. "	W 149		
W 154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on the review of the submitted investigations and client #1 ' s behavioral support plan and documentation, the facility failed to investigate allegations of abuse made by one of three clients in the facility. The findings include: A review of the Incident Management System procedures dated July 2007 was conducted on January 16, 2008 at 4:20 PM. The Incident Management System Policy and Procedures Indicated that all allegations of " abuse " would be investigated. Client #1 ' s targeted behaviors included episodes of making false allegations against staff and clients. The BSP procedures regarding false allegations detailed that " when client #1 reports something she should be asked if the information is true " . " If client #1 insisted that the allegation was true especially in instances of alleged physical abuse, an investigation is required. " Client #1 ' s behavioral data collection documentation on " falsified allegations " revealed that the client had made allegations that had not been investigated as directed by her behavioral support plan and subsequently the</p>	W 154	<p>As stated previously, all staff have been retrained on the companies incident management policy. Additionally, to ensure all incidents are thoroughly investigated the verbal notification tree has been modified to ensure that staff verbally notify the Incident Management Coordinator directly off the occurrences of all incidents.</p>	3/21/08

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

PRINTED: 03/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 8634 EASTERN AVENUE, NW WASHINGTON, DC 20012
--	--

(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
--------------------	--	---------------	---	----------------------

W 154	Continued From page 4 incident management system procedures. For Example: 9/10/07 - Client #1 claimed that she had been choked and the staff told her she could stay up if she wanted to. The intervention was noted to be " staff asked her who choked her and when she couldn't answer " 9/15/07 - Client #1 stated that staff pulled her hair. The intervention section noted " staff asked her who and when and she could not answer " . There was no consistently documented evidence that client #1 had denied all of the allegations that were documented and there was no investigation to determine the client ' s safety.	W 154		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL  Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.  This STANDARD is not met as evidenced by: Based on interview with the Day Program Case Manager and review of the behavioral support plan, the Qualified Mental Retardation Professional (QMRP), failed to ensure coordination of client #1's BSP between the facility and the day program.  The finding includes:  It was discovered through interview with client #1's day program case manager that the day program had not included " false allegations " in client #1's behavioral support plan. The case manager stated that this behavior had not been observed at the day program.	W 159	On 1/31/08 the QMRP met with the Case Manager at individual #1's day program, and it was explained that false allegations was a targeted behavior for her at her home, and that it should be a targeted behavior at her day program as well. And I is also important to mention that the psychologist at the home was the same psychologist for the day program. And on 2/7/08 at the individuals pre-ISP meeting the psychologist informed the team that false allegations had been added to her BSP at the day program as a targeted behavior.	3/21/08

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012	
(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
W 159	Continued From page 5 The QMRP failed to integrate the all behaviors targeted in the facility into the BSP at the day program. (The QMRP was not available during the on-site visits)	W 159		
W 264	483.440(f)(3)(III) PROGRAM MONITORING & CHANGE  The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.  This STANDARD is not met as evidenced by: Based on the review of the incident management system policy and client #1's behavioral support plan and documentation, the Human Rights Committee failed to ensure that client #1's behavioral support plan (BSP) supported the protection of the client's rights to be free from harm and the potential of harm. The findings include: During an investigation at the facility, a review of the Incident Management System procedures dated July 2007 was conducted on January 16, 2008 at 4:20 PM. Review of the investigation of the January 12, 2008 allegation of abuse indicated that the that the facility implemented their incident management system. However, it could not be determined that the facility consistently implemented their incident management policies and procedures regarding the following investigations. Client #1's behavioral documentation on " falsified	W 264	All staff have been retrained on how to properly respond to and document instances of false allegations according to individual #1's BSP. And the QMRP will review and sign all the ACB data collection sheets for all individuals served as an oversight to the team leaders who already reviews the data throughout the month. Also, staff have been retrained on the company's incident management policy. And to ensure that all incidents are thoroughly investigated, the verbal notification tree has been modified to ensure that staff verbally notify the Incident Management Coordinator directly of the occurrences of all incidents.	3/2/08

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

PRINTED: 03/04/2008  
 FORM APPROVED  
 OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/22/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 8634 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(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	
W 264	Continued From page 6 allegations" revealed that the client had made allegations that had not been investigated as directed by her behavioral support plan. For Example: 9/10/07 - Client #1 claimed that she had been choked and the staff told her she could stay up if she wanted to. The Intervention was noted to be "staff asked her who choked her and when she couldn't answer." 9/15/07 - Client #1 stated that staff pulled her hair. The intervention section noted " staff asked her who and when and she could not answer". The BSP procedures regarding false allegations detailed that "when (client #1) reports something, she should be asked if the information is true". "If (Client #1) insisted that the allegation was true especially in instances of alleged physical abuse, an investigation is required." There was no consistently documented evidence that client #1 had denied all of the allegations that were documented. It could not be determined that the Human Rights Committee had monitored and reviewed client #1's behavioral management plan and documentation to ensure that plan continued to be suitable for protecting the clients in the facility.	W 264			