

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

PRINTED: 11/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2013
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 FOOTE STREET, NE WASHINGTON, DC 20019
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W 000 INITIAL COMMENTS

W 000

A recertification survey was conducted from October 30, 2013 through October 31, 2013. A sample of two clients was selected from a population of two females and two males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.

The findings of the survey were based on observations, interview, and record review.

Note: The below are abbreviations that may appear throughout the body of this report.

Direct Support Staff - DSS
Day Program Staff - DPS
Registered Nurse - RN
Day Program Case Manager - DPCM
Occupational Therapy - OT
Qualified Intellectual Disabilities Professional - QIDP
Group Home for Individuals with Intellectual Disabilities - GHIID
House Manager - HM

W 120 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES

W 120

The facility must assure that outside services meet the needs of each client.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to ensure outside services provided each client with a beverage during meals, for one of two sampled clients. (Client #2)

Received 11/25/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Charles Chiagozo For Mrs. EUGETTE MOORE-DRS. 11/22/13

TITLE

(X6) DATE

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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W 120	<p>Continued From page 1 The finding includes:</p> <p>The day program staff failed to offer Client #2 a beverage with her meal during lunch time, as evidenced below:</p> <p>On October 30, 2013, at 12:02 p.m., observations conducted at the day program revealed Client #2 was served green beans, Cole slaw and pureed turkey in a clear sectional plate during lunch. The client ate independently with some observed food spillage. At 12:22 p.m., Client #2 completed approximately 90% of her meal, 10% of which was spillage. Client #2 was not offered a beverage before, during or after lunch.</p> <p>An interview was conducted with DPS #1 on October 30, 2013, at 12:32 p.m., to ascertain why Client #2 was not offered a beverage with her lunch. DPS #1 responded by saying, "the home did not send a beverage with her lunch, so we usually offered water." However, when water was offered to the client, she pushed the water on the floor. DPS #1 confirmed that water or another beverage was not offered. The DPCM, who was present during the interview, instructed DPS #1 to go to the kitchen immediately to get a beverage for Client #2 to drink. The DPCM stated that staff should have offered the client a beverage during the course of her meal and/or after her meal. The DPCM then stated that he would address the concern with staff through training immediately.</p> <p>On October 31, 2013, at approximately 3:40 p.m., interview with the QIDP revealed the day program should be using both the plate guard and sectional plate during meals at the day program.</p>	W 120	<p>W120</p> <p>MTS is sending a beverage daily to the day program along with the lunch itself...11-1-13</p> <p>MTS is sending her plate guard to the day program for the short term but has also ordered a second plate guard that will be kept at the day program for their ongoing use for lunch and snacks...11-20-13</p> <p>The QIDP of MTS will discuss the importance of ensuring that the plate guard is used properly on a routine basis and that the meal protocol be followed on a consistent basis (MTS provided the day program with a copy of the meal protocol). The QIDP will observe meals during the monthly visits to the program to ensue ongoing compliance...11-22-13</p>	

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W 120	Continued From page 2 Note: Based on observation during snack and dinner time on October 30, 2013, at 4:21 p.m. and 5:41 p.m. respectively, DSS offered Client #2 with water during both meals. Client #2 was observed to take a drink of water every few bites until her meal was completed. Client #2 consumed 100% of her water during snack and dinner time.	W 120	
W 382	483.460(I)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to keep all drugs locked securely when not being prepared for administration, for one of the two sampled clients. (Client #1) The finding includes: On October 30, 2013, at approximately 9:55 a.m. two (2) DSS were observed to walk in/out of the administrator's office. At 10:09 a.m., the surveyor observed a pharmacy bag lying on a desk. The bag contained Client #1's Nitrofurantoin Mono-MCR 100 mg. At approximately 10:15 a.m., the surveyor informed the HM that Client #1's medication was not secure. The HM stated that the medication was left on the desk after picking the medication up from the pharmacy early that morning. On	W 382	W382 The DON will ensure that the Medication LPN receives refresher training on the importance of securing medications at all times, including during medication passing intervals...11-28-13 The Medication LPN will also be reminded to review the MTS medication passing guide that is provided in the front of the MAR prior to passing medications daily...11-28-13 Either the QIDDP or RN will observe medication passing at minimum once monthly to ensure routine compliance...12-1-13

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W 382	Continued From page 3 October 31, 2013, at approximately 3:20 p.m., interview with the facility's RN confirmed that all medications should be secured at all times.	W 382		
W 436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, facility staff failed to consistently implement the use of each client's adaptive equipment in all settings, for one of two clients in the sample. (Client #2)</p> <p>The findings include:</p> <p>1. On October 30, 2013, at 4:21 p.m., Client #2 was provided with a built-up handle spoon, a fruit cup and water for snack. Each time the client was observed to place the built-up spoon inside the fruit cup to scoop up the fruit, the cup would turnover causing juice/fruit to spill onto the table and Client #2. The client spilled approximately between 10 to 15% of her snack. After bringing this observation to the attention of DSS #3, DSS</p>	W 436	<p>W436</p> <p>Staff members have been retrained on the proper use of the plate guard to avoid spillage...11-1-13 The Facility Manager and QIDP will observe at minimum one meal weekly per shift (separately) to ensure routine compliance...12-1-13 The QIDP or Facility Manager will provide on-the-spot training if errors in implementation are observed and document the training...12-1-13</p>	

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W 436	<p>Continued From page 4</p> <p>#3 immediately retrieved Client #2's sectional plate, with a plate guard and poured the remainder of the fruit inside the plate. Client #2 was then observed to complete the remainder of her snack without additional food spillage. Earlier that morning on October 30, 2013, at 12:02 p.m., observations conducted at the day program revealed Client #2 was served green beans, Cole slaw and pureed turkey in a clear sectional plate during lunch. The client ate independently with some food spillage. At 12:22 p.m., Client #2 completed approximately 90% of her meal, 10% of which was spillage. There was observed plate guard used during lunch.</p> <p>Interview with the HM on October 30, 2013, at approximately 4:25 p.m., revealed that Client #2 eats independently with a sectional plate and plate guard. On October 31, 2013, at approximately 3:40 p.m., interview with the QIDP revealed the day program should be using both the plate guard and sectional plate during meals at the day program.</p> <p>On October 31, 2013, at 1:34 p.m., review of Client #'s OT assessment dated February 5, 2013, revealed a recommendation to continue to have available for use her plate guard and sectional plate for meals.</p> <p>At the time of the survey, there was no evidence that Client #2 consistently used the sectional plate and plate guard during meals, as recommended.</p>	W 436		
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W 436	Continued From page 5 2. Cross refer to W120. Client #2 was observed eating independently using a sectional plate during lunch at the day program. Although 90% of her meal was consumed, 10% was spillage due to the lack of a plate guard.	W 436		

Health Regulation & Licensing Administration

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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from October 30, 2013 through October 31, 2013. A sample of two residents was selected from a population of two females and two males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interview, and record review.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Direct Support Staff - DSS Day Program Staff - DPS Registered Nurse - RN Day Program Case Manager - DPCM Occupational Therapy - OT Qualified Intellectual Disabilities Professional - QIDP Group Home for Individuals with Intellectual Disabilities - GHIID House Manager - HM</p>	1 000		
1 090	<p>3504.1 HOUSEKEEPING</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHIID) failed to maintain the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, for four of the four residents of the facility. (Residents #1, #2, #3 and #4)</p>	1 090		

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

Health Regulation & Licensing Administration

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I 090	<p>Continued From page 1</p> <p>The findings include:</p> <p>Observation during the inspection of the environment on October 31, 2013, beginning 3:05 p.m., revealed the following:</p> <ol style="list-style-type: none"> 1. The countertop island located in the kitchen was detached from its foundation. 2. There was a broken toilet handle located in bathroom #1. 3. There was observed grease debris and built-up on the walls located beside the stove. 4. There were torn blinds located in Client #1's bedroom which you could see inside the window. <p>The qualified intellectual disabilities professional (QIDP) who was present during the inspection, confirmed the above findings. The QIDP stated he would address the findings with maintenance.</p>	I 090	<ol style="list-style-type: none"> 1. The counter top has be reattached to the base...11-1-13 2. Broken toilet handle replaced...11-1-13 3. Stove area was cleaned immediately (during the survey)...10-31-13 and staff members have been retrained to clean the area daily as a part of the routine clean up tasks after each meal...12-1-13 4. Blinds have been replaced...11-1-13 <p>The Facility Manager will audit the physical environment on a weekly basis using the MTS standard tool and report findings to the QIDP and to the MTS Maintenance Coordinator for timely follow up...12-1-13</p>	