

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

PRINTED: 12/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MULTI-THERAPEUTIC SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4901 FOOTE STREET, NE WASHINGTON, DC 20019</b>
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W 000 INITIAL COMMENTS

W 000

A recertification survey was conducted from December 5, 2012 through December 6, 2012. A sample of two clients was selected from a population of two males and two females with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.

The findings of the survey were based on observations in the home and one day program, interviews with direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

W 263 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE

W 263

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 observation, 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 two clients in the sample. (Client #2)

The finding includes:

*Received 1/2/13*  
Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
899 North Capitol St., N.E.  
Washington, D.C. 20002

W263

It was the QDDP's responsibility to ensure that the consent issue was presented to the legal guardian and to obtain the guardian's signature on the consent form. The Director of Residential Services will ensure that the QDDP receives counseling to reinforce the importance of this responsibility...12-30-12

The QDDP will review the issue with the legal guardian and obtain the signed consent by...1-07-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Charles Chiagosso For Ms. Evette Moore DRS TITLE \_\_\_\_\_ (X6) DATE 12/31/12

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 263 Continued From page 1

The facility failed to ensure that written consent was obtained from Client #2's court appointed legal guardian prior to the administration of her psychotropic medications.

During the entrance conference on December 5, 2012, at appropriately 10:00 a.m., interview with the qualified intellectual disabilities professional (QIDP) (Staff #13) revealed Client #2 had a court-appointed guardian to assist with healthcare decisions due to the client's lack of capacity to give informed consent for the use of her medications.

Observation of the evening medication administration on December 5, 2012, at 8:58 p.m., revealed Client #2 received medications including Thorazine, Revia and Anafranil. Interview with the nurse (Consultant #7) who administered the medications to Client #2 revealed the aforementioned medications were incorporated into the client's behavior support plan (BSP) to address maladaptive behaviors.

The QIDP's statements were verified on December 6, 2012, at approximately 1:00 p.m., through review of Client #2's psychological assessment dated January 13, 2012. According to the assessment, Client #2 did not evidence the capacity to make independent decisions on her own behalf regarding her habilitation planning, placement, treatment, financial and medical matters due to profound mental retardation." Continued review of Client #2's record revealed no written consent from the court-appointed guardian for the aforementioned psychotropic medications.

W 263

To ensure all needed consents are obtained and filed in a timely manner, MTS will create an office file that is both comprehensive (i.e. addresses all consent issues for each person supported) and person-specific (there will be a section for each relevant person supported). The file will include for each relevant person supported:

- A copy of their current BSP
- A copy of the HRC review of the BSP and approval document
- A copy of the consent document for the BSP (person supported or legally recognized decision-making support)
- A copy of the consent document for psychotropic drug regimens (same as above)
- A copy of the consent document for one-to-one supports
- A copy of the consent document for any intrusive medical procedures
- A copy of the current psychology and psychiatry assessments
- A copy of the proof of consent document from DDS for the BSP

The file will be used to track ongoing compliance and renewal dates so as to follow up in proactive manner. The QA Consultant will audit the files monthly and track compliance as well as initiate needed, proactive follow up...1-30-13

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W 263 Continued From page 2

On December 6, 2012, at 2:58 p.m., review of the facility's Human Rights Committee (HRC) records revealed there were minutes available for only one meeting from the past 12 months. Review of those meeting minutes, dated December 17, 2011, revealed no evidence that the HRC had discussed whether Client #2's medical guardian had provided written consent for her medications.

Follow-up interview with the QIDP on December 6, 2012, at approximately 3:45 p.m., revealed that he believed the guardian had signed consent forms for the use of Client #2's medications. However, upon review of the client's record, the QIDP acknowledged that there was no documented evidence that the guardian had signed the consent for the medications. The QIDP then stated that he would contact the guardian immediately to obtain consent for the use of the client's medications. He also acknowledged that there were no minutes taken during other meetings held by the HRC during the previous year.

Note: It should be noted that on December 6, 2012, at 1:20 p.m., an attempt was made to reach Client #2's guardian by telephone. The message, however, was not returned before the survey ended.

W 263

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2012</b>
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I 000 INITIAL COMMENTS

I 000

A licensure survey was conducted from December 5, 2012 through December 6, 2012. A sample of two residents was selected from a population of two females and two males with varying degrees of intellectual disabilities.

The findings of the survey were based on observations in the home and at one day program, interviews with direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

I 206 3509.6 PERSONNEL POLICIES

I 206

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 intellectual disabilities (GHPID) failed to ensure that all employees and health care professionals had current health certificates on file, for 1 of 13 direct support staff (Staff #6) and 2 of 7 consultants. (Consultants #3 and #6).

The findings include:

3509.6

Staff member #6 will provide an updated health certificate by...1-07-13

The two clinical consultants will provide updated health certificates by...1-07-13

Payments will not be released for the aforementioned consultants until the health certificates are submitted. 1-07-13

Should either fail to provide updated health certificates beyond 1-07-13, MTS will seek alternatives for their services...1-14-13

MTS systematically tracks and proactively notifies staff and consultants regarding personnel file issues and is now at the point of taking action for failure to comply in a timely manner...1-07-13

Health Regulation & Licensing Administration

TITLE

(X6) DATE

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

TATE FORM

6899

RSDR11

If continuation sheet 1 of 4

Health Regulation & Licensing Administration

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I 206 Continued From page 1 I 206

On December 6, 2012, beginning at 1:25 p.m., review of the personnel records for all employees, including licensed professional health consultants, revealed the following:

1. There was no evidence of a complete physician's health inventory/certificate on file for Staff #6.

2. There were no current health inventories/certificates for the speech/language pathologist (Consultant #3), and one of the two LPNs (Consultant #6). The LPN did however, have a current PPD skin test (results negative) administered in June 2012 on file.

When interviewed at 4:25 p.m., the house manager acknowledged the aforementioned findings. No additional information was provided before the exit conference that evening at 7:00 p.m.

This is a repeat deficiency. See Licensure Deficiency Report dated December 1, 2011.

I 500 3523.1 RESIDENT'S RIGHTS I 500

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.

This Statute is not met as evidenced by: Based on observations, interviews and record review, the group home for persons with intellectual disabilities (GHPID) failed to observe and protect residents' rights in accordance with

3523.1

It was the QDDP's responsibility to ensure that the consent issue was presented to the legal guardian and to obtain the guardian's signature on the consent form. The Director of Residential Services will ensure that the QDDP receives counseling to reinforce the importance of this responsibility...12-30-12

The QDDP will review the issue with the legal guardian and obtain the signed consent by...1-07-13

Health Regulation & Licensing Administration

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I 500	<p>Continued From page 2</p> <p>Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and federal regulations 42 CFR 483 Sub-Part 1 (for Intermediate Care Facilities for Persons with Mental Retardation), for one of the two residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>The GHPID failed to ensure that written consent was obtained from Resident #2's court appointed legal guardian prior to the administration of her psychotropic medications.</p> <p>During the entrance conference on December 5, 2012, at appropriately 10:00 a.m., interview with the qualified intellectual disabilities professional (QIDP) (Staff #13) revealed Resident #2 had a court-appointed guardian to assist with healthcare decisions due to the resident's lack of capacity to give informed consent for the use of her medications.</p> <p>Observation of the evening medication administration on December 5, 2012, at 8:58 p.m., revealed Resident #2 received medications including Thorazine, Revia and Anafranil. Interview with the nurse (Consultant #7) who administered the medications to Resident #2 revealed the aforementioned medications were incorporated into the resident's behavior support plan (BSP) to address maladaptive behaviors.</p> <p>The QIDP's statements were verified on December 6, 2012, at approximately 1:00 p.m., through review of Resident #2's psychological assessment dated January 13, 2012. According to the assessment, Resident #2 did not evidence the capacity to make independent decisions on her own behalf regarding her habilitation</p>	I 500	<p>To ensure all needed consents are obtained and filed in a timely manner, MTS will create an office file that is both comprehensive (i.e. addresses all consent issues for each person supported) and person-specific (there will be a section for each relevant person supported). The file will include for each relevant person supported:</p> <ul style="list-style-type: none"> <li>• A copy of their current BSP</li> <li>• A copy of the HRC review of the BSP and approval document</li> <li>• A copy of the consent document for the BSP (person supported or legally recognized decision-making support)</li> <li>• A copy of the consent document for psychotropic drug regimens (same as above)</li> <li>• A copy of the consent document for one-to-one supports</li> <li>• A copy of the consent document for any intrusive medical procedures</li> <li>• A copy of the current psychology and psychiatry assessments</li> <li>• A copy of the proof of consent document from DDS for the BSP</li> </ul> <p>The file will be used to track ongoing compliance and renewal dates so as to follow up in proactive manner. The QA Consultant will audit the files monthly and track compliance as well as initiate needed, proactive follow up...1-30-13</p>

Health Regulation & Licensing Administration

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I 500 Continued From page 3 I 500

planning, placement, treatment, financial and medical matters due to profound mental retardation." Continued review of Resident #2's record revealed no written consent from the court-appointed guardian for the aforementioned psychotropic medications.

On December 6, 2012, at 2:58 p.m., review of the facility's Human Rights Committee (HRC) records revealed there were minutes available for only one meeting from the past 12 months. Review of those meeting minutes, dated December 17, 2011, revealed no evidence that the HRC had discussed whether Resident #2's medical guardian had provided written consent for her medications.

Follow-up interview with the QIDP on December 6, 2012, at approximately 3:45 p.m., revealed that he believed the guardian had signed consent forms for the use of Resident #2's medications. However, upon review of the resident's record, the QIDP acknowledged that there was no documented evidence that the guardian had signed the consent for the medications. The QIDP then stated that he would contact the guardian immediately to obtain consent for the use of the resident's medications. He also acknowledged that there were no minutes taken during other meetings held by the HRC during the previous year.

Note: It should be noted that on December 6, 2012, at 1:20 p.m., an attempt was made to reach Resident #2's guardian by telephone. The message, however, was not returned before the survey ended.