

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0091	(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

STREET ADDRESS, CITY, STATE, ZIP CODE
**4414-16 JAY 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
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1 000 INITIAL COMMENTS

1 000

A licensure survey was conducted on October 31, 2013. A sample of two residents was selected from a population of four women with varying degrees of intellectual disabilities.

The findings of the survey were based on observations in the home, interviews, as well as a review of client and administrative records, including incident reports.

Note: Below are abbreviations that may appear throughout the body of this report:

Group Home for Individuals with Intellectual Disabilities - GHIID

Qualified Intellectual Disabilities Professional - QIDP

1 206 3509.6 PERSONNEL POLICIES

1 206

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 individuals with intellectual disabilities (GHIID) failed to ensure that all consultants had current health certificates on file, for one (1) of seven (7) consultant records reviewed. (Consultant #7).

RECEIVED 11/20/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Christine Schorg Sporeman

TITLE

for Erette Moore

(X6) DATE

01/14/13

STATE FORM

6888

ODSD11

If continuation sheet 1 of 1

Health Regulation & Licensing Administration

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1206. Continued From page 1

1206

The finding includes:

On October 31, 2013, at approximately 4:00 p.m. record review and interview with the agency's QIDP, revealed that Consultant #7 did not have a current health certificate. The QIDP indicated that he/she would check with the administrative office to ascertain whether or not the needed document was on file. At the time of the exit conference on October 31, 2013, the facility failed to provide consultant #7's health certificate for review.

Consultant #7 is a DDS contractor who comes to the home for speech Services. MTS has made a request for her current health certificate. In the future, all non MTS contractors who provide in home services will be required to submit current health certificates prior to providing services. Consultant #7 will submit health certificate by 11/22/13.

11/22/13