

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

PRINTED: 09/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE STREET, NE WASHINGTON, DC 20019
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W 000 INITIAL COMMENTS

W 000

A recertification survey was conducted from September 12, 2013 through September 13, 2013. A sample of two clients was selected from a population of three 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 in the home and one day program, interviews with one client, 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 390 483.460(m)(2)(i) DRUG LABELING

W 390

The facility must remove from use outdated drugs.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to remove from it's use, out dated medications, for one (1) of three (3) clients included in the sample. (Client #3)

The finding includes:

The GHIID's nursing staff failed to remove all expired medications from the medication cabinet, as evidenced by:

On September 12, 2013, at approximately 7:10 p.m., Client #3's bottle of mineral oil was

W390

Mineral oil has been replaced for Client #3...9-15-13
The RN will review the medication supply cabinets at minimum monthly to ensure that expired medications including topical creams and oils are discarded properly and in a timely manner when they reach their expiration dates...10-1-13
MTS is hiring a QA RN to audit medical concerns who will also audit medication cabinets to ensure timely follow up on expired medications...10-1-13

Received 9/27/13
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 <i>Charles Chigano For Ms. EVETT MOORE</i>	TITLE <i>DRS.</i>	(X6) DATE <i>9/27/13</i>
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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 390 Continued From page 1
observed in the medication cabinet with an expiration date of April 3, 2012.

Interview with licensed practical nurse #1 (LPN #1) on September 12, 2013, at approximately 7:15 p.m., confirmed that the aforementioned medication had expired and had not been discarded by the nursing staff.

Review of the Client #3's primary care physician's order sheet (POS) dated August 1, 2013, at approximately 7:35 p.m., revealed the client was to be administered five (5) drops of mineral oil to each ear every week for cerumen control maintenance.

In an interview with the registered nurse supervisor #1 (RNS #1) on September 13, 2013, at approximately 9:05 a.m., it was acknowledged that Client #3's bottle of mineral oil expired on April 3, 2012. Further interview revealed that the expired bottle of mineral was going to be discarded and re-ordered from the pharmacy for Client #3.

There was no evidence the facility removed from use all out dated medications.

W 426 483.470(d)(3) CLIENT BATHROOMS

The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility

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W 426 Continued From page 2
failed to ensure water temperatures did not exceed 110 degrees Fahrenheit to ensure the health and safety, for of three of the three clients residing in the facility. (Client #1, #2 and #3)

W 426

The finding includes:

During the inspection of the facility on September 13, 2013, beginning at 10:40 a.m., this surveyor noted that the hot water temperature in the bathroom sink located on the main hallway felt warm. Further observations revealed the following:

- The water temperature in Bathroom #1 located in the main hallway measured 113 degrees F.
- The water temperature located in the kitchen sink measured 113.5 degrees F.

W426

The hot water temperature will be checked daily by staff on all shifts and documented. Temperatures above 110 degrees F will be reported immediately to the Facility Manager for follow up...10-1-13
Staff has been trained by the QIDP on the daily hot water temperature mandate...9-17-13

The temperature readings were verified by the qualified intellectual disabilities professional (QIDP) who accompanied this surveyor during the inspection. At 12:10 p.m., the facility's maintenance personnel (MP) arrived to the facility to adjust the water temperature. The MP was then observed to adjust the thermostat on the water boiler and indicated that it would take a few minutes before the hot water temperature to adjust. At 12:36 p.m., the hot water temperatures were rechecked. According to the findings, the water temperatures located in the kitchen and Bathroom #1 were at or below 110 degrees Fahrenheit.

At the time of the survey, there was no evidence that facility ensured the water temperature did not exceed 110 degrees Fahrenheit at all time.

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W 426 Continued From page 3

W 426

Note: It should be noted that on September 13, 2013, at approximately 12:45 p.m., interview with the qualified intellectual disabilities professional (QIDP) revealed Clients #2 and #3 were incapable of regulating the water temperature.

W 440 483.470(i)(1) EVACUATION DRILLS

W 440

The facility must hold evacuation drills at least quarterly for each shift of personnel.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to hold evacuation drills quarterly on three of the five shifts (8:00 a.m. - 4:00 p.m.; 8:00 a.m. - 8:00 p.m.; and 8:00 p.m. - 8:00 a.m.) for three of the three clients residing in the facility. (Clients #1, #2 and #3)

The finding includes:

The facility failed to conduct simulated fire drills at least four times (4) a year for each shift, as evidenced below:

On September 12, 2013, at 1:33 p.m., interview with the qualified intellectual disabilities professional (QIDP) revealed that there were five designated shifts (8:00 a.m. - 4:00 p.m.; 4:00 p.m. - 12:00 a.m.; and 12:00 a.m. - 8:00 a.m.), Monday through Friday. Further interview revealed that there were two designated shifts (8:00 a.m. - 8:00 p.m. and 8:00 p.m. - 8:00 a.m.) for the weekend (Saturday/Sunday).

W440

The QIDP will collaborate with the Facility Manager to develop a short-term fire drill schedule (October 2013) that makes up for the drills missed in the quarter indicated; these drills will be in addition to the regularly scheduled drills...10-1-13
The Facility Manager failed to effectively monitor implementation of the planned schedule. The QIDP will re-train the Facility Manager to ensure monitoring/auditing is done routinely...9-27-13
The QIDP will review the fire drill record monthly to ensure routine implementation of the planned schedule...10-1-13

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W 440	Continued From page 4 Review of the facility's fire drill records on September 12, 2013, beginning at 1:44 p.m., revealed that no drills were held during the weekday shift (8:00 a.m. - 4:00 p.m.) from April 2013 through June 2013 and no drills were held during the weekend shifts (8:00 a.m. - 8:00 p.m. and 8:00 p.m. - 8:00 a.m.) from April 2013 through June 2013. A second review of the fire drills records was conducted on September 14, 2013, at 10:13 a.m., with the QIDP. The QIDP confirmed that fire drills were not conducted during the above aforementioned shifts.	W 440
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W 448	483.470(i)(2)(iv) EVACUATION DRILLS	W 448
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The facility must investigate all problems with evacuation drills, including accidents.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to provide evidence that problems with evacuation drills were investigated and addressed, for three of the three clients in the facility. (Clients #1, #2 and #3)

The finding includes:

On September 12, 2013, at 3:38 p.m., evening observations revealed three clients entered the facility via the front door from day program. Client #1 ambulated independently without the assistance of staff. Clients #2 and #3 required a gait belt to assist them with ambulating due to their severe gait problems.

Review of the fire evacuation drills from the

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W 448 Continued From page 5
period September 2012 through September 2013 was conducted on September 12, 2013, beginning at 1:44 p.m. The facility had documented several drills conducted during the twelve (12) month period. While some were drills achieved less than 10 minutes, several took more time to complete, as follows:

- a drill on January 11, 2013, reportedly took 20 minutes to complete;
- a drill on January 19, 2013, drill took 30 minutes;
- a drill on February 18, 2013, drill took 25 minutes;
- a drill on March 5, 2013, drill took 20 minutes;
- a drill on April 16, 2013, drill took 20 minutes;
- a drill on May 16, 2013, drill took 25 minutes; and,
- a drill on June 18, 2013, drill took 25 minutes.

The qualified intellectual disabilities professional (QIDP) and direct support staff (DSS) #1 were both interviewed on September 13, 2013, at approximately 10:15 a.m. and approximately 12:50 p.m., respectively. When mentioned that several fire drills took more than 20 minutes to complete, they (QIDP and DSS #1) stated that was a big concern considering that all clients were ambulatory. When further queried to ascertain if the problem had been investigated, the QIDP failed to be able to provide information and/or documented evidence that the issue had

W 448

W448

Staff was inappropriately documenting the evacuation time during the drills cited; they were counting time up until they returned to the home as opposed to identifying properly the amount of time it took to get out of the house. The QIDP retrained staff on properly documenting fire drill and other emergency drill evacuation times and properly conducting drills generally (all aspects)...9-17-13 Staff members were trained to report immediately to the QIDP if an evacuation does in fact take greater than 10 minutes to achieve full evacuation...9-17-13

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W 448 Continued From page 6
been addressed. W 448

At the time of the survey, the facility failed to provide evidence that problems associated with evacuation drills were addressed.

W 455 483.470(l)(1) INFECTION CONTROL W 455

There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure effective infection control procedures (hand washing) was implemented, for two of the three clients included in the sample. (Clients #1 and #2)

The finding includes:

On September 12, 2013, at 4:07 p.m., evening observations revealed Client #1 walked over to the book shelf, retrieved an ABC puzzle and began to assemble the puzzle. At 4:20 p.m., Staff #3 handed Client #2 a shapes/colors puzzle and asked the client to assemble the puzzle. The client began to assemble to puzzle with some assistance from Staff #3. At 4:24 p.m., Client #1 was given a piece of paper and a pencil from Staff #4 and asked the client to write his name and home address. At 4:36 p.m., Client #2 was given a magazine out of the magazine rack by Staff #3. At 4:50 p.m., Client #2 was observed to verify a 100, 50, 20 and 10 dollar bill while working on identifying money. At 5:07 p.m., Client #2 was observed holding up cue cards and

W455

The RN will re-train the staff on infection control and the importance of hand washing...10-1-13
The QIDP and Facility Manager will conduct separate observations at minimum weekly to ensure that infection control protocols are consistently followed...10-1-13
On-the-spot training will be conducted if the QIDP or facility Manager observes violations of infection control policy/protocols mandated...10-1-13

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W 455 Continued From page 7

W 455

identifying what was on the card with Staff #3. At 5:48 p.m., Client #1 was observed working on another word puzzle. At approximately 6:00 p.m., while setting the table for dinner, Client #1 was observed to grab the rim of each cup (3) using his fingers which were placed inside the cup. The client poured juice into his housemates' cups. At 6:02 p.m., the surveyor informed Staff #3 and Staff #4 that Clients #1 and #2 needed to wash their hands before serving themselves dinner (salad, seafood pasta, crackers and pears).

At approximately 6:05 p.m., interview with both Staff #3 and Staff #4 both confirmed that Clients #1 and #2 were encouraged to wash their hands prior to dinner. Staff #3 immediately verbally directed Client #1 to go to the bathroom to wash his hands and Client #2's hands were cleaned using hand wipes. Further interview with both Staff #3 and Staff #4 revealed that they had received training on universal precautions which included hand washing, within the past year.

Review of the in-service training records on September 13, 2013, at approximately 1:00 p.m., revealed that all staff including Staff #3 and Staff #4 received training on infection control procedures (hand washing) on August 23, 2013. Observations on September 12, 2013, however, revealed the training had not been effective.

Health Regulation & Licensing Administration

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I 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from September 12, 2013 through September 13, 2013. A sample of two residents was selected from a population of three males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and one day program, interviews with one resident, direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	I 000		
I 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 three of the three residents of the facility. (Residents #1, #2 and #3)</p> <p>The findings include:</p> <p>Observation during the inspection of the environment on September 13, 2013, beginning 10:40 a.m., revealed the following:</p>	I 090	<p>3504.1</p> <ol style="list-style-type: none"> Broken base board stripping will be repaired by 9-27-13 Peeling wall paper in the dining room will be addressed by...10-5-13 Wall hole (kitchen) will be repaired by...10-5-13 Drawer knob will be replaced by...10-1-13 Water stopper was replaced....9-24-13 <p>The facility manager will conduct weekly environmental audits to detect such concerns and will report findings to the home and vehicle maintenance coordinator for follow up...10-1-13</p>	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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I 090 Continued From page 1

I 090

1. The base board stripping located on the dining room floor was observed to be broken, which posed a trip hazard.
2. There was a large piece of wall paper observed peeled off the wall in the dining room.
3. There was a small whole (50 cent size) observed behind the kitchen back door.
4. The drawer located beside the stove was observed with a missing knob.
5. The water stopper located in the kitchen bathroom sink was observed to be missing.

The qualified intellectual disabilities professional (QIDP) who was present during the inspection, confirmed the above findings. The QIDP stated she would address the findings with maintenance.

I 135 3505.5 FIRE SAFETY

I 135

Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.

This Statute is not met as evidenced by:
Based on interview and record review, the group for individuals with intellectual disabilities (GHIID) failed to hold evacuation drills quarterly on three of the five shifts (8:00 a.m. - 4:00 p.m.; 8:00 a.m. - 8:00 p.m.; and 8:00 p.m. - 8:00 a.m.) for, three of the three residents residing in the GHIID. (Residents #1, #2 and #3)

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I 135 Continued From page 2

I 135

The finding includes:

The GHIID failed to conduct simulated fire drills at least four times (4) a year for each shift, as evidenced below:

On September 12, 2013, at 1:33 p.m., interview with the qualified intellectual disabilities professional (QIDP) revealed that there were five designated shifts (8:00 a.m. - 4:00 p.m.; 4:00 p.m. - 12:00 a.m.; and 12:00 a.m. - 8:00 a.m.), Monday through Friday. Further interview revealed that there were two designated shifts (8:00 a.m. - 8:00 p.m. and 8:00 p.m. - 8:00 a.m.) for the weekend (Saturday/Sunday).

Review of the GHIID's fire drill records on September 12, 2013, beginning at 1:44 p.m., revealed that no drills were held during the weekday shift (8:00 a.m. - 4:00 p.m.) from April 2013 through June 2013 and no drills were held during the weekend shifts (8:00 a.m. - 8:00 p.m. and 8:00 p.m. - 8:00 a.m.) from April 2013 through June 2013. A second review of the fire drills records was conducted on September 14, 2013, at 10:13 a.m., with the QIDP. The QIDP confirmed that fire drills were not conducted during the above aforementioned shifts.

I 484 3522.11 MEDICATIONS

I 484

Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label.

3505.5

The QIDP will collaborate with the Facility Manager to develop a short-term fire drill schedule (October 2013) that makes up for the drills missed in the quarter indicated; these drills will be in addition to the regularly scheduled drills...10-1-13
The Facility Manager failed to effectively monitor implementation of the planned schedule. The QIDP will re-train the Facility Manager to ensure monitoring/auditing is done routinely...9-27-13
The QIDP will review the fire drill record monthly to ensure routine implementation of the planned schedule...10-1-13

Staff was inappropriately documenting the evacuation time during the drills cited; they were counting time up until they returned to the home as opposed to identifying properly the amount of time it took to get out of the house. The QIDP retrained staff on properly documenting fire drill and other emergency drill evacuation times and properly conducting drills generally (all aspects)...9-17-13
Staff members were trained to report immediately to the QIDP if an evacuation does in fact take greater than 10 minutes to achieve full evacuation...9-17-13

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE 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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I 484	<p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHIID) nursing staff failed to remove from use, medications that had expired for one (1) of the three (3) residents residing in the facility. (Resident #3)</p> <p>The finding includes:</p> <p>The GHIID's nursing staff failed to remove all expired medications from the medication cabinet, as evidenced by:</p> <p>On September 12, 2013, at approximately 7:10 p.m., Resident #3's bottle of mineral oil was observed in the medication cabinet with an expiration date of April 3, 2012.</p> <p>Interview with licensed practical nurse #1 (LPN #1) on September 12, 2013, at approximately 7:15 p.m., confirmed that the aforementioned medication had expired and had not been discarded by the nursing staff.</p> <p>Review of the Resident #3's primary care physician's order sheet (POS) dated August 1, 2013, at approximately 7:35 p.m., revealed the resident was to be administered five (5) drops of mineral oil to each ear every week for cerumen control maintenance.</p> <p>In an interview with the registered nurse supervisor #1 (RNS #1) on September 13, 2013, at approximately 9:05 a.m., it was acknowledged that Client #3's bottle of mineral oil expired on April 3, 2012. Further interview revealed that the expired bottle of mineral was going to be discarded and re-ordered from the pharmacy for Resident #3.</p>	I 484	<p>3522.11</p> <p>Mineral oil has been replaced for Client #3...9-15-13 The RN will review the medication supply cabinets at minimum monthly to ensure that expired medications including topical creams and oils are discarded properly and in a timely manner when they reach their expiration dates...10-1-13 MTS is hiring a QA RN to audit medical concerns who will also audit medication cabinets to ensure timely follow up on expired medications...10-1-13</p>	
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE STREET, NE WASHINGTON, DC 20019
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I 484	Continued From page 4 There was no evidence the facility removed from use all out dated medications.	I 484		
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