Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD0084	A. BUILDING _____ B. WING _____	02/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULTI-THERAPEUTIC	2852 NORTHAMPTON ST WASHINGTON, DC 20015

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I 000	INITIAL COMMENTS A licensure survey was conducted from February 14, 2013, through February 15, 2013. A sample of two residents was selected from a population of three males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home, interviews with residents, 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 000	March 8/13 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
I 161	3507.2 POLICIES AND PROCEDURES The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually. This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIIP) failed to provide evidence that the governing body approved and reviewed its policies and procedures annually. The finding includes: [Cross Reference I165]Interview with the qualified intellectual disabilities professional (QIDP) on February 14, 2013, at 10:54 a.m., was conducted to ascertain information regarding the GHIIP's policies and procedures manual. Review of the manual on February 14, 2013, at 11:02 a.m.	I 161	3507.2 The annual review of the policy manuals is scheduled to occur the second week of March and was delayed because of recent changes in DDS policies that require adjustments in the MTS policies. Modifications will be completed by 3-22-13 The modifications will be rolled out for staff in the April management team meeting and by each QIDP in their first April home staff meeting...4-15-13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Evette Moore

TITLE: Residential Director

(X6) DATE: 3-5-13

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I 161	Continued From page 1 failed to provide evidence that the manual had been reviewed and approved by the governing body as required since January 2, 2012.	I 161		
I 165	3507.4(c) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (c) Health and safety, which covers fire safety and evacuation, infection control, medication, and procedures for emergency and the death of a resident; This Statute is not met as evidenced by: Based on staff interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to implement policies to ensure the health and safety for the residents residing in the facility. (Residents #1, #2, and #3) The GHIID failed to implement their policy for "Serious Illness Trauma (Emergency)" as evidenced below: Interview with the GHIID's qualified intellectual disabilities professional (QIDP) on February 14, 2013, at 10:54 a.m. revealed the staff ratio was two staff to three residents with the exception of the overnight shift, in which one staff is on duty. Further interview with the QIDP revealed if there is an emergency and the staff needed to call 911, they have been instructed to notify the QIDP or the House Manager to meet the resident at the emergency room. Review of the Serious Illness Trauma (Emergency) policy on February 14, 2013, at 11:02 a.m. revealed procedures for calling 911 as follows:	I 165		

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I 165	Continued From page 2 After calling 911, the counselor escorts the resident to the emergency room (ER)should remain with resident throughout the immediate length of stay until received by another staff person or excused by the approval of the facility's house manager (HM) a. Notify the Nurse, QIDP, and HM; b. Designated staff should accompany resident to hospital; c. Take the resident's chart with medical history; and d. Inform the receiving hospital of the resident's primary care physician At the time of the survey, the GHIID failed to provide adequate staff to ensure the GHIID's policies and procedures for Serious Illness Trauma (Emergency) would be implemented.	I 165	3507.4 (c) MTS sought additional funding to cover overnights with two staff but the request was denied based on the current census (3) and their perceived needs...3-1-13 MTS will develop a policy amendment that outlines how one staff on duty (emergency) situations are addressed (See: Attachment #1)...3-10-13	
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. 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 unusual incidents that	I 379		

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I 379	Continued From page 3 interfered substantially with the resident's health were reported immediately to the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA), for one of the three residents in the facility. (Resident #3) The finding includes: Review of the GHPID's incident reports on February 14, 2013, beginning at 9:47 p.m., revealed Resident #3 was involved in an incident dated October 14, 2012. According to the incident report, Resident #3 was observed limping, when the direct care staff called him to come downstairs for breakfast. The resident was taken to a local emergency room for further evaluation and was diagnosed with a sprained left foot. At the time of the survey, there was no documented evidence that the aforementioned incident involving Resident #3 was reported to DOH within 24 hours as required.	I 379	3519.10 This incident occurred during an absence of the full-time IMC who is responsible for sending all incident reports to all necessary parties. MTS has established a back up to the full-time IMC that will assume such responsibilities in her absence and ensure no breakdown in the reporting system...3-01-13	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. 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 resident received timely treatment services for the diagnosis of Osteoporosis, for one of two residents included in	I 401		

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I 401	Continued From page 4 the sample. (Resident #1) The finding includes: Review of Resident #1's medical record on February 14, 2013, at 12:30 p.m. revealed a physician's order dated April 12, 2012. Further review of the order revealed the resident's primary care physician (PCP) ordered a bone density scan. Continued review of the record revealed a second order was written four months later for a bone density scan dated August 30, 2012. Review of the record on February 14, 2013, at 1:01 a.m. revealed the Dexa Scan was conducted on July 9, 2012 , and Resident #1 was diagnosed with Osteoporosis with high fracture risk. Interview with the GHIID's registered nurse (RN) on February 15, 2013 at 1:15 p.m. revealed she was not an employee of the company until September 2012. The RN also revealed that upon hire, she had reviewed the resident's medical record and making sure that any future medical appointments are done timely. At the time of the survey, the GHIID failed to ensure timely treatment services for Resident #1's diagnosis of Osteoporosis.	I 401	3120.3 The new RN has been trained to use a systematic tracking format to ensure all required medical appointments are scheduled and implemented in a timely manner...3-1-13 Additionally, the MTS Nursing Office (manned by 1.5 support LPNs) also tracks and assists in the timely scheduling and implementation of all required appointments. The RN provides the DON with monthly reports demonstrating follow up on required medical appointments...3-1-13	
I 438	3521.7(h) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (h) Interpersonal and social skills (including sharing, courtesy, cooperation, responsibility and age-appropriate and culturally normative social behaviors and relationships involving peers of the	I 438		

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I 438	Continued From page 5 same and different sex, younger and older persons and person in authority); This Statute is not met as evidenced by: Based on interview and record review the group homes for individuals with intellectual disabilities (GHIID) failed to ensure training for social and adaptive behaviors were measurable for one of the two residents in the sample. (Residents #1 and #2) The findings include: 1. During the entrance conference on February 14, 2013, at 11:35 a.m. interview with the qualified intellectual disability professional (QIDP) revealed Resident #1 was prescribed psychotropic medication in conjunction with a behavior support plan (BSP). Review of the resident's medical record on February 14, 2013, at 12:37 p.m. revealed a physician's order dated February 1, 2013. According to the order, Resident #1 was prescribed Chlorpromazine HCL Coated 200 milligrams (MG) tablet, one tab twice daily for Intermittent Explosive Disorder. Further interview with QIDP and review of the record on February 15, 2013, at 12:43 p.m. verified that Resident #1 had a behavior support plan (BSP) dated July 16, 2012. Further review of the BSP revealed that the resident exhibited the following targeted behaviors: screaming; hitting-threatening to hit; running around the home; physical aggression, property destruction, door slamming, pushing others while pushing his finger in his nose, rubbing his private areas, throwing objects, jumping up/down and screaming. The resident's BSP revealed Resident #1 had a goal to increase social and	I 438	3521.7 (h) The licensed psychologist provided training on the BSPs of each person who has one on...6-7-12 She did a follow up for RY on...8-17-12 (See: Attached training signature sheets) The psychologist will conduct refresher training on all the BSP strategies by...3-22-13	

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I 438	Continued From page 6 adaptive behaviors in the home. The resident's objective was to decrease his explosive episodes to zero per month for nine months. The QIDP on February 14, 2013, at 2:02 p.m. revealed the GHIID's psychologist recommended one goal and objective to address Resident #1's targeted behaviors. The BSP outlines strategies to address the explosive episodes, however there was no evidence that the resident's direct care staff had been trained to implement the BSP. 2. During the entrance conference on February 14, 2013, at 11:35 a.m. interview with the qualified intellectual disability professional (QIDP) revealed Resident #2 was prescribed psychotropic medication in conjunction with a behavior support plan (BSP). Review of the resident's medical record on February 15, 2013, at 2:49 p.m. revealed a physician's order dated February 1, 2013. According to the order, Resident #1 was prescribed Chlorpromazine HCL Coated 100 milligrams (MG) tablet, one tab every morning for intermittent explosive disorder (IED) and 200 milligrams (MG) tablet, one tab at bedtime for IED. Further interview with QIDP and review of the record on February 15, 2013, at 12:43 p.m. verified that Resident #2 had a behavior support plan (BSP) dated April 29, 2012. Further review of the BSP revealed that the resident displayed the following targeted behaviors: physical aggression to others, destruction of property, threatening gestures by raising his arms or hands, pushing, slapping while running, taking food from others, and aggression when he cannot	I 438	3521.7 (h) The licensed psychologist provided training on the BSPs of each person who has one on...6-7-12 She did a follow up for RY on...8-17-12 (See: Attached training signature sheets) The psychologist will conduct refresher training on all the BSP strategies by...3-22-13	

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I 438	Continued From page 7	I 438		

get desired objects. The resident's BSP revealed Resident #2 had one goal to increase social and adaptive behaviors in the home. Resident #2's objective stated the resident's explosive episodes would decrease to zero per month for nine months.

The QIDP on February 14, 2013, at 2:02 p.m. revealed the GHIID's psychologist recommended one goal and objective to address Resident #1's targeted behaviors.

The BSP outlines strategies to address the explosive episodes, however there was no evidence that the Resident #2's direct care staff had been trained to implement the BSP.