

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

PRINTED: 07/23/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2008
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NAME OF PROVIDER OR SUPPLIER M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
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W 000	<p>INITIAL COMMENTS</p> <p>On June 18, 2008, an investigation was initiated to ascertain information regarding the frequency of serious incidents involving Client #1. According to the State Agency's (SA) records, the following incidents were reported:</p> <p>On April 25, 2008, staff reported that Client #1 fell while attempting to exit the shower. The client sustained a laceration to his scalp and was subsequently transported to the emergency room (via 911) for evaluation. Client #1 received sutures to his injury and was discharged that same day in stable condition.</p> <p>On May 13, 2008, staff reported that Client #1 appeared to be "very tired." The facility nurse took the client's blood pressure and noted that it was very low. Client #1 was subsequently transported to the emergency room (via 911). Client #1 was admitted to the hospital for abnormal labs and hypotension.</p> <p>On June 2, 2008, staff reported that Client #1 fell and sustained a scrape above his left eye. The client was transported to the emergency room for evaluation and was discharged that same day in stable condition.</p> <p>On June 5, 2008, staff reported that Client #1 fell and hit his chin on a stair while attempting to ascend a staircase in the facility. The client was escorted to the emergency room and was diagnosed with a gum laceration. While at the hospital, no x-rays were conducted. The client was given a prescription for antibiotics to be taken four times a day.</p> <p>On June 6, 2008, the facility's nursing personnel</p>	W 000		
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 ADMINISTRATION
 2008 AUG -4 P 4:04

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Paula K. Moore* TITLE: *Director of Residential Services* (X6) DATE: *8/4/08*

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 000	Continued From page 1 reported that Client #1's jaw was swollen. As a result of the observed swelling, Client #1 was taken back to the emergency room for x-rays of the face and jaw. The report further documented that Client #1's Primary Care Physician (PCP) called and notified the group home that the client had a mandibular fracture. On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time." The findings of the investigation were based on observations, interviews and a review of records, including unusual incident reports. The results of the investigation revealed that the facility failed to maintain compliance with the Conditions of Participation of Governing Body, Client Protection, and Facility Staffing.	W 000			
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.	W 104			
W 122	This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility's governing body failed to provide general operating directions over the facility as reflected in deficiencies cited throughout this report. 483.420 CLIENT PROTECTIONS The facility must ensure that specific client	W 122	W104 MTS has developed and is implementing a plan of correction addressing the governing body issues outlined in this deficiency report as evidenced by the responses for each citation and the associated attachments ... 8-4-08.		

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W 122	Continued From page 2 protections requirements are met. This CONDITION is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the health and safety of one client by making certain systems were developed/implemented to reduce the frequency of unusual incidents requiring emergency medical care.[The effects of these systemic practices resulted in the failure of the facility to protect Client #1 and ensure his health and safety.	W 122			
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to establish policies that ensured each client's health and safety. The findings include: 1. The facility failed provide evidence to ensure that policies and procedures were established to protect clients from further harm while allegation of abuse were being investigated. th provide evidence of Staff 4's personnel record that documented the date the employee was placed on administrative leave pending the outcome of an allegation of abuse. [See W157]	W 149	Client #1 has been moved to an alternate ICF/MR to better meet his needs and a permanent placement is being sought that will best meet his needs. MTS' plan of correction includes steps that will better protect the health of the individuals supported as evidenced by the responses outlined below and the associated attachments... 8-4-08. W122 W149 Staff member was placed on leave the day MTS was notified of the allegation of abuse (See attachment 1). This allegation has been investigated internally and externally. The external investigation has been completed and concluded that the allegation was unfounded. Staff #4 has returned to work but has been assigned to a home that does not support client #1 ... 8-4-08. 2. MTS was informed when the feedback (allegation) was obtained by DDS staff that DDS staff would write up an incident report and begin an investigation. This did not occur in a timely manner so MTS moved forward internally. DDS did eventually investigate as indicated below. In the confusion, timely reporting to HRA was compromised. MTS has added manpower to its incident management staff that will help better manage this responsibility (explained in greater detail in W153)... 8-4-08.		

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W 149	Continued From page 3	W 149		
W 153	<p>2. The facility failed to provide evidence to ensure that policies and procedures were established for reporting and investigating allegations of abuse in accordance with federal and local regulations. [See W153, W156]</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all allegations of abuse were immediately reported to the administrator or to other officials in accordance with State law.</p> <p>The finding includes:</p> <p>Review of the facility's incident reports and corresponding investigations on June 18, 2008 revealed the following:</p> <p>On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time."</p> <p>Interview was conducted with the facility's Qualified Mental Retardation Professional</p>	W 153	<p>W153</p> <p>In addition to the response outlined for W149 above, MTS maintains an Incident Management Coordinator who is an RN. The position is filled by a professional consultant who works part time. To better meet this responsibility, MTS is elevating a part time, experienced QMRP to full time status with 50% of her time devoted to incident management. She will support the RN Consultant and between them, MTS will be committing a full time equivalent to this responsibility. The RN/QMRP combination should work well. MTS will insure that future incidents are reported in a timely manner... 8-4-08.</p>	

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W 153	Continued From page 4 (QMRP) on June 18, 2008 at 4:59 PM that revealed the QMRP was made aware of the incident on May 7, 2008, but did not complete an incident report and investigation timely in accordance with the facility's policy. At the time of the survey, the facility failed to provide evidence that the administrator and/or other officials were immediately notified of the allegation of abuse.	W 153		
W 155	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence that Client #1 was protected from potential abuse while the investigation is in progress. The finding includes: Review of the facility's incident reports on June 18, 2008 revealed an incident involving Client #1 on May 7, 2008. According to the report, Client #1 alleged that Client #4 beat him. Interview with the House Manager (HM) and the Qualified Mental Retardation Professional (QMRP) on June 18, 2008 revealed Staff 4 was placed on administrative leave on or about May 7, 2008. The House Manager was asked for Staff 4's personnel record on June 18, 2008, and June 27, 2008, to verify required state regulations and to provide evidence that documented the date Staff 4 was placed on administrative leave. At the time of the survey, the facility failed to provide the evidence of the date the staff member was placed	W 155	W155 See response for W149 above.	

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W 155	Continued From page 5 on leave pending the outcome of an investigation of abuse.	W 155		
W 156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure required investigations were reviewed by the administrator or designee within five working days of the incident, for one of one client (Client #1) being investigated.</p> <p>The finding includes:</p> <p>On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time."</p> <p>Interview was conducted with the facility's Qualified Mental Retardation Professional (QMRP) on June 18, 2008 at 4:59 PM that revealed the QMRP was made aware of the incident on May 7, 2008, but did not complete an incident report and investigation timely in accordance with the facility's policy. At the time of the survey, the facility failed to provide evidence that the administrator or designee reviewed the results of the investigation within five working days of the incident.</p>	W 156	<p>W156</p> <p>See responses for W149 above.</p>	

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W 156	Continued From page 6	W 156		
W 159	<p>Note: An investigation was completed for the aforementioned incident on June 4, 2008, however, there was no evidence the investigation was reviewed as required.</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The QMRP failed to ensure each employee was provided with initial and continued training that enabled them to perform their duties effectively, efficiently, and competently. (See W189) 2. The QMRP failed to ensure that Client #1's safety protocol documented clear instructions on how staff were to assist the client to safely ambulate. <p>Review of the facility's incident reports on June 18, 2008 revealed an incident involving Client #1 on April 25, 2008. According to the report, Client #1 fell while in the shower and sustained an injury that required emergency medical care.</p>	W 159	<ol style="list-style-type: none"> 1. The QMRP will insure that any new staff receives an initial orientation that includes a review of the health management care plan of each person supported within the first week of hire... 8-4-08. 2. The protocol is clear (see attachment) but staff needed further training from the PT to implement it effectively. Client #1 has since moved but one-to-one support staff followed him and has been trained to criteria on client #1's protocols by PT... 8-4-08. <p>The QMRP performed the initial training on the protocol but in the future, will insure that the clinical professional provides training within a work week of developing or modifying a protocol with the QMRP providing subsequent, additional training and monitoring of staff implementation... 8-4-08.</p> <p>The facility manager admitted during the interview process that she could not explain implementation of the protocol very well when interviewed by the surveyor. She states that she was "nervous" during the interview process. The QMRP will insure that the facility manager participates in all trainings and is trained to criteria on all protocols implemented... 8-30-08.</p>	

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W 159	<p>-Continued From page 7</p> <p>On April 30, 2008, the QMRP conducted an inservice training on a safety protocol for Client #1. According to the protocol, the "1:1 staff will stand on [Client #1's] right side with his right arm around his left arm to provide assistance to keep him from falling to the floor." Interview was conducted with the House Manager on June 18, 2008, to ascertain how the aforementioned technique was to be done. The HM was unsure as to how the technique was to be implemented. At the time of the investigation, the QMRP failed to ensure the safety protocol documented clear instructions.</p>	W 159		
W 189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure each employee was provided with initial and continued training that enabled them to perform their duties effectively, efficiently, and competently.</p> <p>The findings include</p> <p>Review of the facility's incident reports forwarded to the SA revealed that Client #1 sustained 3 falls that required emergency medical treatment, alleged an abuse and was hospitalized twice between April 25, 2008, and June 12, 2008.</p> <p>Review of Client #1's record on June 19, 2008, revealed a Physical Therapy assessment dated May 2, 2008. The assessment documented that</p>	W 189	<p>W189</p> <p>As indicated, the QMRP will insure in the future that staff is trained by the clinical professional who develops a protocol on any new protocol within one week of the protocols development. Only staff trained on a protocol's strategies will be allowed to implement such protocols. MTS will follow this practice beginning... 8-4-08.</p>	

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W 189 Continued From page 8
staff should provide stand by assistance at all times. Attached to the assessment were both an ambulation protocol and a stair climbing protocol. It should be noted that two of the client's three falls occurred after the development of the protocols. At the time of the investigation, there was no evidence that staff had been trained on implementing the aforementioned protocols in order to reduce/prevent incidents of falling.

W 322 483.460(a)(3) PHYSICIAN SERVICES
The facility must provide or obtain preventive and general medical care.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to ensure general and preventative care services, for one of one client (Client 1) being investigated.

The finding includes:

- Review of Client #1's record on June 23, 2008 revealed a Physical Therapy (PT) assessment dated May 2, 2008. According to the assessment, the PT documented the client had "bilateral lower extremity weakness." Additionally, the PT indicated that there were "changes at his cervical and lumbar spine with possible neurological involvement." The PT recommended a "nerve conduction velocity test to rule out neurological involvement that would explain his trunk and lower extremity weakness." Interview with the Director of Nursing (DON) and further record review on June 30, 2008, failed to provide evidence that the recommended test was conducted and/or scheduled to be completed.

W 189

W 322

W322

- Multiple tests were being done on client #1 to ascertain the reasons for the reduced gross motor function (See attachments). The nerve conduction velocity test was one that was indeed going to be scheduled in sequence. It should be noted that client #1 was hospitalized for a two week period during the May 2, 2008 through June 30, 2008 time frame. The requested test has been passed on to the new ICF team and will be scheduled by ... 8-4-08.

MTS RNs use standard medical transportation tracking forms to insure that each person's required follow up is implemented as prescribed ... 8-4-08.

- In fact the PT did visit the home subsequent to the February 19th MRI results and prior to the May 2nd assessment. The PT visited in early March right after the February 27th note mentioned by the surveyor, to assess the disc

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W 322	Continued From page 9 2. Review of Client #1's medical records on June 20, 2008 revealed a nursing note dated February 19, 2008. According to the note, Client #1's MRI results were obtained that revealed the client had a disc bulge. Further review of the nursing notes revealed a note dated February 27, 2008. The note documented that the nurse spoke with the Qualified Mental Retardation Professional (QMRP) regarding the need for contacting the Physical Therapist (PT) to assess Client #1. Further review of the record revealed a PT assessment was conducted of Client #1 on May 2, 2008 (more than two months) after the need was relayed to the QMRP. At the time of the investigation, the facility failed to ensure Client #1 received a timely PT assessment to ensure his disc bulge was addressed.	W 322	situation. He recommended that client #1's bed be replaced and that client #1 be taken on the shopping trip to assess his comfort level. This was done on March 7, 2008 and March 10, 2008. Client #1's bed was replaced on March 20, 2008 and the new bed has helped the problem. The PT's recommendations as per his May 2, 2008 full assessment are being implemented in the new home placement... 8-4-08.		
W 326	483.460(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes special studies when needed. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure Client #1 received a recommended CAT Scan. The finding includes: Review of Client #1's medical record on June 23, 2008, revealed a PCP note dated April 22, 2008. According to the note, the PCP documented a plan that included a neurology consult, a CAT scan of the head, and laboratory studies. Interview was conducted with the DON to ascertain if the CAT scan had been conducted.	W 326	W326 The CAT scan for client #1 was conducted and MTS is seeking a copy of the results. Unlike in the past, such results are not automatically released to the private residential provider. The PCP must be involved. The results will be obtained by ... 8-4-08.		

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W 326	Continued From page 10	W 326		
W 331	Discussion with the nurse and record review at the time of the investigation, failed to provide evidence that the CAT scan was conducted. 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility's nursing services failed to ensure that each client received nursing services in accordance with their needs, for one of one client (Client #1) being investigated. The finding includes: Review of the facility's incident reports on June 18, 2008 revealed an incident involving Client #1 on April 25, 2008. According to the report, Client #1 fell while in the shower and sustained an injury that required emergency medical care (sutures). Review of the corresponding incident investigation dated May 1, 2008, revealed the client was prescribed Keflex 500 mg for five days. Interview with the Director of Nursing (DON) and review of Client #1's Medication Administration Record (MAR) on June 30, 2008 revealed the Keflex was to be administered three times a day until completed. Continued review of the MAR revealed that from May 2, 2008 through May 5, 2008, the medication was only administered once per day. At the time of the investigation, it could not be determined why the medication was not administered three times per day. Additionally, the facility failed to provide evidence of the written order for the Keflex.	W 331	W331 The Keflex was given 3 times daily as ordered and there was/is a physician's order for the medication (see the attached MAR copies and physician's order copy)... 8-4-08.	

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

PRINTED: 07/23/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER M T S			STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015		
(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) COMPLETION DATE	
W 336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each client's health status was reviewed by a Registered Nurse (RN) on a quarterly or more frequent basis, for one of one client (Client #1) being investigated.</p> <p>The finding includes:</p> <p>Review of Client #1's medical record on June 23, 2008, revealed the client's annual nursing assessment was conducted on July 25, 2007. Further review of the client's record revealed nursing quarterlies dated November 2007 and April 2008. Interview was conducted with the Director of Nursing (DON) on June 30, 2008, to ascertain information regarding the specific dates of the nursing quarterlies and to determine why there was an extended period of time between the November 2007 quarterly and the April 2008 quarterly (five months). At the time of the survey, the specific dates of the quarterlies could not be determined. Additionally, the facility failed to ensure Client #1's nursing quarterlies were conducted timely.</p>	W 336	<p>W336</p> <p>The nursing quarterly reviews were not completed 3 months apart using the annual assessment month as the baseline. The DON will insure that the RN develops a schedule for quarterly reviews for each person she supports y... 8-10-08.</p> <p>The RN will follow up annually subsequent to ISP assessments thereafter. The DON will monitor follow up monthly during her review meetings with the RN and during her periodic medical record checks... 8-30-08.</p>		
W 362	<p>483.460(j)(1) DRUG REGIMEN REVIEW</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p>	W 362			

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W 362	<p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the pharmacist reviewed drug regimens on a quarterly basis, for one of one client (Client #1) being investigated.</p> <p>The finding includes:</p> <p>Review of Client #1's medical record on June 23, 2008 revealed pharmacy reviews were conducted on October 19, 2007 and on May 13, 2008 (six months between reviews). Interview was conducted with the Director of Nursing (DON) on June 30, 2008 to ascertain information as to why the pharmacy reviews were not conducted quarterly as required. At the time of the survey, the facility failed to provide evidence that a pharmacist conducted a quarterly review of Client #1's record as required.</p>	W 362	<p>W362</p> <p>██████████ pharmacy was scheduled to complete the required quarterly review but failed to do so. MTS has switched to ██████████ and has a quarterly review schedule for each site ... 8-4-08.</p>	
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R 000	<p>INITIAL COMMENTS</p> <p>On June 18, 2008, an investigation was initiated to ascertain information regarding the frequency of serious incidents involving Client #1. According to the State Agency's (SA) records, the following incidents were reported:</p> <p>On April 25, 2008, staff reported that Client #1 fell while attempting to exit the shower. The client sustained a laceration to his scalp and was subsequently transported to the emergency room (via 911) for evaluation. Client #1 received sutures to his injury and was discharged that same day in stable condition.</p> <p>On May 13, 2008, staff reported that Client #1 appeared to be "very tired." The facility nurse took the client's blood pressure and noted that it was very low. Client #1 was subsequently transported to the emergency room (via 911). Client #1 was admitted to the hospital for abnormal labs and hypotension.</p> <p>On June 2, 2008, staff reported that Client #1 fell and sustained a scrape above his left eye. The client was transported to the emergency room for evaluation and was discharged that same day in stable condition.</p> <p>On June 5, 2008, staff reported that Client #1 fell and hit his chin on a stair while attempting to ascend a staircase in the facility. The client was escorted to the emergency room and was diagnosed with a gum laceration. While at the hospital, no x-rays were conducted. The client was given a prescription for antibiotics to be taken four times a day.</p> <p>On June 6, 2008, the facility's nursing personnel reported that Client #1's jaw was swollen. As a</p>	R 000		

Health Regulation Administration
Shelley Moore Director of Residential Services
 LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE
 DATE FORM 8/14/08 (X6) DATE
 VHM11 If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2008
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R 000	Continued From page 1 result of the observed swelling, Client #1 was taken back to the emergency room for x-rays of the face and jaw. The report further documented that Client #1's Primary Care Physician (PCP) called and notified the group home that the client had a mandibular fracture. On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time." The findings of the investigation were based on observations, interviews and a review of records, including unusual incident reports.	R 000		
R 122	4701.2 BACKGROUND CHECK REQUIREMENT Except as provided in section 4701.6, each facility shall obtain a criminal background check, and shall either obtain or conduct a check of the District of Columbia Nurse Aide Abuse Registry, before employing or using the contract services of an unlicensed person. This Statute is not met as evidenced by: Based on interview and the review of records, the GHMRP failed to ensure criminal background checks had been obtained before employing or using the contract services of an unlicensed person. The finding includes: A. Interview with the House Manager (HM) and Qualified Mental Retardation Professional (on June 18, 2008 and June 19, 2008 respectively)	R 122	R122 and R125 MTS insures that all staff hired has a criminal background checks prior to starting work. Individuals that are long-term MTS employees have been redone using the national search. The individuals in question had a criminal background check but MTS went back to do the national search to insure there were no issues. All checks done came back without issues (See attachments). MTS using the national search for all new hires ... 8-4-08.	

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R 122	Continued From page 2 and review of personnel records on June 18, 2008 revealed that the facility failed to provide evidence that a criminal background checks were conducted on Staff 2 and 6 prior to their employment. It should be further noted that on June 27, 2008, a second request was made to the HM for staffs' personnel files. At the time of the investigation, the facility failed to provide evidence of Staff 2 and 6's personnel files to include their criminal background checks. B. Review of the personnel records and interview with the HM on June 18, 2008, revealed criminal background checks that disclosed a 7 year criminal history in all jurisdictions within which staff worked and resided were not on file for each staff (Staff 3, 4, 7, 8, 9,10, 11 and 12). The former HM was interviewed to ascertain if all the necessary checks were conducted. On June 23, 2008, the required background checks were provided. It should be noted however, that the background checks were dated June 20, 2008 (after the staffs' date of hire). [See also 4701.5] C. Interview with the House Manager (HM) and Qualified Mental Retardation Professional (on June 18, 2008 and June 19, 2008 respectively) and review of personnel records on June 18, 2008 revealed that the facility failed to provide evidence that a criminal background check was conducted on Staff 5 prior to his/her employment. At the time of the investigation, the facility failed to provide evidence of Staff 5's criminal background check.	R 122			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years,	R 125			

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R 125	<p>Continued From page 3</p> <p>In all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker had worked or resided within the seven (7) years prior to the check.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. (Cross Refer to 4701.2) Interview with the House Manager (HM) and Qualified Mental Retardation Professional (on June 18, 2008 and June 19, 2008 respectively) and review of personnel records on June 18, 2008 and June 19, 2008, revealed that the facility failed to provide evidence that a criminal background check was conducted and disclosed the required information for Staff 2 and 6 prior to their employment. 2. Interview with the House Manager (HM) and Qualified Mental Retardation Professional (on June 18, 2008 and June 19, 2008 respectively) and review of personnel records on June 18, 2008 and June 19, 2008, revealed Staff 1 and 13 had a criminal background checks for the District of Columbia. It should be noted however, that there was no information provided in other staff records that disclosed information regarding their residence or work history for the specified timeframe (7 years) prior to their employment. At the time of the investigation, the facility's 	R 125		

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HFD03-0109

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

C

06/30/2008

NAME OF PROVIDER OR SUPPLIER

M T S

STREET ADDRESS, CITY, STATE, ZIP CODE

6014 32ND STREET, NW
WASHINGTON, DC 20015

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

R 125

Continued From page 4
compliance with the aforementioned regulation
could not be determined.

R 125

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1000	<p>INITIAL COMMENTS</p> <p>On June 18, 2008, an investigation was initiated to ascertain information regarding the frequency of serious incidents involving Client #1. According to the State Agency's (SA) records, the following incidents were reported:</p> <p>On April 25, 2008, staff reported that Client #1 fell while attempting to exit the shower. The client sustained a laceration to his scalp and was subsequently transported to the emergency room (via 911) for evaluation. Client #1 received sutures to his injury and was discharged that same day in stable condition.</p> <p>On May 13, 2008, staff reported that Client #1 appeared to be "very tired." The facility nurse took the client's blood pressure and noted that it was very low. Client #1 was subsequently transported to the emergency room (via 911). Client #1 was admitted to the hospital for abnormal labs and hypotension.</p> <p>On June 2, 2008, staff reported that Client #1 fell and sustained a scrape above his left eye. The client was transported to the emergency room for evaluation and was discharged that same day in stable condition.</p> <p>On June 5, 2008, staff reported that Client #1 fell and hit his chin on a stair while attempting to ascend a staircase in the facility. The client was escorted to the emergency room and was diagnosed with a gum laceration. While at the hospital, no x-rays were conducted. The client was given a prescription for antibiotics to be taken four times a day.</p> <p>On June 6, 2008, the facility's nursing personnel reported that Client #1's jaw was swollen. As a</p>	1000		

Regulation Administrator
[Signature] Director of Residential Services
 STATE REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE
 DATE 8/4/08
 VJ/JMT1
 If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2008
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1 000	<p>Continued From page 1</p> <p>result of the observed swelling, Client #1 was taken back to the emergency room for x-rays of the face and jaw. The report further documented that Client #1's Primary Care Physician (PCP) called and notified the group home that the client had a mandibular fracture.</p> <p>On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Client #1 on May 7, 2008. According to incident report, Client #1 revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time."</p> <p>The findings of the investigation were based on observations, interviews and a review of records, including unusual incident reports.</p>	1 000		
1 203	<p>3509.3 PERSONNEL POLICIES</p> <p>Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter.</p> <p>The finding includes:</p> <p>Interview with the House Manager and review of the GHMRP's personnel files on June 18, 2008, revealed the GHMRP failed to provide evidence that six direct care staff had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually</p>	1 203	<p>3509.3</p> <p>All of the cited staff members have had their job descriptions reviewed with them once again to meet the requirement to do so annually subsequent to initial hire... 8-4-08.</p> <p>The facility manager will track expiration dates for each and insure that reviews are updated annually for each staff member. The QMRP will audit follow up by the facility manager at minimum quarterly... 8-20-08.</p>	

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1203	Continued From page 2 thereafter.	1203		
1229	<p>3610.5(f) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure employees were effectively trained to provide for each resident's health and safety, for one of one residents (Resident #1) being investigated.</p> <p>The finding includes:</p> <p>Review of the facility's incident reports forwarded to the SA revealed that Client #1 sustained 3 falls that required emergency medical treatment, alleged an abuse and was hospitalized twice between April 25, 2008, and June 12, 2008.</p> <p>Review of Client #1's record on June 19, 2008, revealed a Physical Therapy assessment dated May 2, 2008. The assessment documented that staff should provide stand by assistance at all times. Attached to the assessment were both an ambulation protocol and a stair climbing protocol. It should be noted that two of the client's three falls occurred after the development of the protocols. At the time of the investigation, there was no evidence that staff had been trained on implementing the aforementioned protocols in order to reduce/prevent incidents of falling.</p>	1229	<p>was 3510.5(f)</p> <ol style="list-style-type: none"> 1. The QMRP will insure that any new staff receives an initial orientation that includes a review of the health management care plan of each person supported within the first week of hire... 8-4-08. 2. The protocol is clear (see attachment) but staff needed further training from the PT to implement it effectively. Client #1 has since moved but one-to-one support staff followed him and has been trained to criteria on client #1's protocols by PT... 8-4-08. <p>The QMRP performed the initial training on the protocol but in the future, will insure that the clinical professional provides training within a work week of developing or modifying a protocol with the QMRP providing subsequent, additional training and monitoring of staff implementation... 8-4-08.</p> <p>The facility manager admitted during the interview process that she could not explain implementation of the protocol very well when interviewed by the surveyor. She states that she was "nervous" during the interview process. The QMRP will insure that the facility manager participates in all trainings and is trained to criteria on all protocols implemented... 8-30-08.</p> <p><i>Was 32nd staff trained?</i></p>	

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1271	<p>3513.1(b) ADMINISTRATIVE RECORDS</p> <p>Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records:</p> <p>(b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all Staff 2's personnel record.</p> <p>The finding includes:</p> <p>Interview with the House Manager (HM) and Qualified Mental Retardation Professional (on June 18, 2008 and June 18, 2008 respectively) and review of personnel records on June 18, 2008 and June 19, 2008, revealed that the facility failed to provide evidence two direct care staff personnel records. It should be further noted that on June 27, 2008, another request was made to the HM for aforementioned personnel files. At the time of the investigation, the facility failed to provide evidence of personnel files.</p>	1271	<p>3513.1(b)</p> <p>Copies of the requested file information for the two direct care staff members are attached. MTS maintains its main personnel files at the home office but will insure that each home has a copy of all relevant file information... 8-4-08. The QMRP will audit files quarterly to insure they are current and complete... 8-4-08.</p>	
1379	<p>3519.10 EMERGENCIES</p> <p>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</p>	1379		

PRINTED: 07/23/2008
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WASHINGTON, DC 20015

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1379	<p>Continued From page 4</p> <p>twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the Department of Health (DOH), Health Facilities Division was immediately notified, followed by written notification within 24 hours, of unusual incidents that substantially interfered with a resident's health, for one of the four residents (Resident #1) that resided in the facility.</p> <p>The finding includes:</p> <p>Review of the facility's incident reports and investigations on June 18, 2008, revealed the following incidents were not reported as required:</p> <p>On September 25, 2007, staff reported that Resident #1 was sick. The nurse directed staff to take him to the hospital. Continued review of the report revealed the DOH was notified of the incident on October 12, 2007.</p> <p>On April 25, 2008, staff reported that Resident #1 fell while attempting to exit the shower. The resident sustained a laceration to his scalp and was subsequently transported to the emergency room (via 911) for evaluation. Resident #1 received sutures to his injury and was discharged that same day in stable condition. It should be noted that the DOH was notified of the incident on April 29, 2008.</p> <p>On June 9, 2008, the facility's incident management coordinator reported an allegation of abuse involving Resident #1 on May 7, 2008. According to incident report, Resident #1</p>	1379	<p>W149 3519.10</p> <p>Staff member was placed on leave the day MTS was notified of the allegation of abuse (See attachment 1). This allegation has been investigated internally and externally. The external investigation has been completed and concluded that the allegation was unfounded. Staff #4 has returned to work but has been assigned to a home that does not support client #1 ... 8-4-08.</p> <p>2. MTS was informed when the feedback (allegation) was obtained by DDS staff that DDS staff would write up an incident report and begin an investigation. This did not occur in a timely manner so MTS moved forward internally. DDS did eventually investigate as indicated below. In the confusion, timely reporting to HRA was compromised. MTS has added manpower to its incident management staff that will help better manage this responsibility (explained in greater detail in W153) ... 8-4-08.</p> <p>W153 3519.10</p> <p>In addition to the response outlined for W149 above, MTS maintains an Incident Management Coordinator who is an RN. The position is filled by a professional consultant who works part time. To better meet this responsibility, MTS is elevating a part time, experienced QMRP to full time status with 50% of her time devoted to incident management. She will support the RN Consultant and between them, MTS will be committing a full time equivalent to this responsibility. The RN/QMRP combination should work well. MTS will insure that future incidents are reported in a timely manner ... 8-4-08.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2008
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NAME OF PROVIDER OR SUPPLIER M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
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1379	<p>Continued From page 5</p> <p>revealed to a Department of Disability Services (DDS) investigator that a facility staff member "beats me up all the time."</p> <p>On May 13, 2008, staff reported that Resident #1 appeared to be "very tired." The facility nurse took the resident's blood pressure and noted that it was very low. Resident #1 was subsequently transported to the emergency room (via 911). Resident #1 was admitted to the hospital for abnormal labs and hypotension. It should be noted that the DOH was notified of the incident on May 19, 2008.</p> <p>On June 2, 2008, staff reported that Resident #1 fell and sustained a scrape above his left eye. The resident was transported to the emergency room for evaluation and was discharged that same day in stable condition. It should be noted that the DOH was notified of the incident on June 8, 2008.</p> <p>On June 5, 2008, staff reported that Resident #1 fell and hit his chin on a stair while attempting to ascend a staircase in the facility. The client was escorted to the emergency room and was diagnosed with a gum laceration. It should be noted that the DOH was notified of the incident on June 9, 2008.</p>	1379		
1401	<p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>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.</p>	1401		

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1401	<p>Continued From page 6</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure timely treatment services and evaluations were conducted for one resident (Resident #1) residing in the facility.</p> <p>The findings include:</p> <p>1. Review of Client #1's record on June 23, 2008 revealed a Physical Therapy (PT) assessment dated May 2, 2008. According to the assessment, the PT documented the client had "bilateral lower extremity weakness." Additionally, the PT indicated that there were "changes at his cervical and lumbar spine with possible neurological involvement." The PT recommended a "nerve conduction velocity test to rule out neurological involvement that would explain his trunk and lower extremity weakness." Interview with the Director of Nursing (DON) and further record review on June 30, 2008, failed to provide evidence that the recommended test was conducted and/or scheduled to be completed.</p> <p>2. Review of Client #1's medical records on June 20, 2008 revealed a nursing note dated February 19, 2008. According to the note, Client #1's MRI results were obtained that revealed the client had a disc bulge. Further review of the nursing notes revealed a note dated February 27, 2008. The note documented that the nurse spoke with the Qualified Mental Retardation Professional (QMRP) regarding the need for contacting the Physical Therapist (PT) to assess Client #1. Further review of the record revealed a PT assessment was conducted of Client #1 on May 2, 2008 (more than two months) after the need was relayed to the QMRP. At the time of the investigation, the facility failed to ensure Client #1 received a timely PT assessment to</p>	1401	<p>W328 3520.3</p> <ol style="list-style-type: none"> Multiple tests were being done on client #1 to ascertain the reasons for the reduced gross motor function (See attachments). The nerve conduction velocity test was one that was indeed going to be scheduled in sequence. It should be noted that client #1 was hospitalized for a two week period during the May 2, 2008 through June 30, 2008 time frame. The requested test has been passed on to the new ICF team and will be scheduled by ... 8-4-08. <p>MTS RNs use standard medical transportation tracking forms to insure that each person's required follow up is implemented as prescribed ... 8-4-08.</p> <ol style="list-style-type: none"> In fact the PT did visit the home subsequent to the February 19th MRI results and prior to the May 2nd assessment. The PT visited in early March right after the February 27th note mentioned by the surveyor, to assess the disc situation. He recommended that client #1's bed be replaced and that client #1 be taken on the shopping trip to assess his comfort level. This was done on March 7, 2008 and March 10, 2008. Client #1's bed was replaced on March 20, 2008 and the new bed has helped the problem. The PT's recommendations as per his May 2, 2008 full assessment are being implemented in the new home placement ... 8-4-08. <p>W326</p> <p>The CAT scan for client #1 was conducted and MTS is seeking a copy of the results. Unlike in the past, such results are not automatically released to the private residential provider. The PCP must be involved. The results will be obtained by ... 8-4-08.</p>	
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1401	Continued From page 7 ensure his disc bulge was addressed. 3. Review of Client #1 's medical record on June 23, 2008, revealed a PCP note dated April 22, 2008. According to the note, the PCP documented a plan that included a neurology consult, a CAT scan of the head, and laboratory studies. Interview was conducted with the DON to ascertain if the CAT scan had been conducted. Discussion with the nurse and record review at the time of the investigation, failed to provide evidence that the CAT scan was conducted.	1401		
1500	3623.1 RESIDENT'S RIGHTS 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 observation, interview and record review, the GHMRP failed to ensure each resident's rights were observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and Federal Laws. The findings include: (See Federal Deficiency Report Citations W149, W153, W155, W156 and W189)	1500	3523.1 MTS has ensured the rights of the people it supports are protected as outlined by the plans of correction articulated in this response document... 8-4-08. See also, responses for W153, W155, W156 and W189.	