

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2010
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 49TH ST, NE WASHINGTON, DC 20019
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1 000 INITIAL COMMENTS

A licensure survey was conducted on July 9, 2010 through July 12, 2010. A random sampling of three residents from a residential population of five females was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing, direct care staff and residents, as well as a review of the resident and administrative records, including a review of the unusual incident reports.

1 000

*DOH-HRCA - ICEP
Received 8/2/10*

1 043 3502.2(c) MEAL SERVICE / DINING AREAS

Modified diets shall be as follows:

(c) Reviewed at least quarterly by a dietitian.

This Statute is not met as evidenced by:
Based on observation, interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure that the resident's modified diet was reviewed at least quarterly by the consulting dietitian for one of the three residents (Resident #2) included in the sample.

The finding includes:

Observations on July 9, 2010, at 5:48 p.m., revealed Resident #2 seated at the dining room table preparing to eat her dinner. Interview with the direct care staff revealed dinner consisted of chilli with crackers, kale, and sweet potatoes.

Review of Resident #2's record on July 9, 2010, beginning at approximately 10:35 a.m., revealed a Nursing Assessment dated September 18, 2009. According to the assessment, Resident #1

1 043

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

TITLE: *Residential Program Ass. Staff*
(X6) DATE: _____
GK3P11

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1043	<p>Continued From page 1</p> <p>was placed on a soft chopped texture as desired, 1500 calorie, diet. Continued review of the resident's medical record revealed a Nutritional Assessment dated February 20, 2010. The nutritionist recommended that their would be a discussion regarding the DASH (Dietary Approach to Stop Hypertension).</p> <p>At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet plan since the initial assessment was conducted in February 2010.</p>	1043	<p>3502.2 (c)</p> <p>The nutritionist has been contacted and has committed to reviewing the record of Resident #2 in order to complete a quarterly review. The quarterly review will be completed by...8-22-10.</p> <p>The QMRP will review the records monthly to insure that reviews are completed consistently and in a timely manner. The QMRP will track progress on all of the recommendations accepted by the team in developing the annual ISP to insure that all recommendations accepted are implemented in a timely manner...8-28-10.</p>	
1090	<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 the Mentally Retarded Persons (GHMRP) failed to ensure the interior of the GHMRP were maintained in a safe, orderly, and attractive manner for five of the five residents in the facility. (Residents #1, #2, #3, #4 and #5)</p> <p>The findings include:</p> <p>During the inspection of the environment on July 12, 2010, beginning at 5:31 p.m., the following concerns were identified:</p> <p>Interior:</p> <p>1. The carpet on the first floor was soiled, as well</p>	1090	<p>3504.1</p> <p>1. The soiled carpet on the stairwell leading upstairs has been cleaned twice during the program year and since the last Medicaid survey. The carpet will be cleaned by...8-22-10</p> <p>It would likely be best to replace the carpet but MTS is holding off on taking that step and to invest extensive resources in the upkeep of this facility because MTS is currently seeking an alternative location for the individuals supported here. MTS will insure that the home is maintained to an acceptable standard for as long as the individuals reside here....8-20-10</p>	

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1090	<p>Continued From page 2</p> <p>as the carpet on the stairwell leading ups-stairs. (This is a repeat deficiency, Survey June 4, 2009)</p> <p>2. The bathroom located on the first floor had missing tiles by the toilet. Additionally, the exhaust fan in aforementioned bathroom was loud and it did not have a cover on it. (This is a repeat deficiency, Survey June 4, 2009)</p> <p>3. The air conditioner on the first floor located in the sitting room was observed with a sign that read "don't turn on AC leaks."</p> <p>4. The bathroom door knob was loose located on the second floor. Additionally, there were no cups in the cup dispenser or paper towels in the aforementioned bathroom.</p>	1090	<p>2. The bathroom tiles were replaced subsequent to the last Medicaid survey but the newer tiles began to crack in the weeks leading up to the most recent survey. The tiles will again be replaced but a higher grade of tile will be purchased and laid...8-30-10</p> <p>3. The air conditioning unit has been replaced...8-13-10</p> <p>4. The bathroom door knob will be replaced by...8-20-10</p> <p>Two individuals residing in the home present the issue of stuffing paper towels in the toilet and stopping up the toilet. They must be monitored to prevent this behavior. Paper towels will be maintained in the bathroom at all times but will be stored under the sink as opposed to being in plain view. Staff will consistently monitor their use...8-13-10</p> <p>The facility manager will audit environmental concerns on a routine basis (bi-monthly) to insure that all repair issues that developed are reported and addressed in a timely manner...8-13-10</p>	
1161	<p>3507.2 POLICIES AND PROCEDURES</p> <p>The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide evidence that the governing body approved and reviewed its policies and procedures annually.</p> <p>The finding includes:</p> <p>Interview with the House Manager and review of the policy and procedures manual on July 9, 2010, at approximately 5:29 p.m., failed to provide evidence that the policy manual had been reviewed and approved by the governing body as required since November 30, 2008.</p>	1161	<p>3507.2</p> <p>The 2010 update of the policy manuals will be outlined in a cover document by...8-20-10 Staff will review the changes as demonstrated by their signatures on a sign off sheet...8-30-10</p>	

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I 229	<p>3510.5(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 Group Homes for Mental Retardation Persons (GHMRP) failed to ensure that nutrition training had been conducted for one of three residents (Resident #1) included in the sample.</p> <p>The finding includes:</p> <p>Observation on July 9, 2010, at approximately 12:16 p.m. revealed Resident #1 sitting at the dining room table preparing to have lunch. Continued observation of the resident revealed the staff served a plastic container of oodles of noodles. Interview with Resident #1 revealed she loved oodlas of noodles and that she had three (3) packages of the noodles in the container.</p> <p>Review of the resident's medical record on July 9, 2010, beginning at 2:00 p.m., revealed a physician's order dated June 2010. According to the physician's order, Resident #1 was prescribed a regular diet. The resident's medical record also revealed a Nutritional Assessment dated April 8, 2010. Review of the assessment revealed that the resident had gained twenty-three (23) pounds since January 2009 and was twenty-three (23) pounds overweight. The Nutritionist recommended a 1500-calorie diet. It should be</p>	I 229		

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I 229	<p>Continued From page 4</p> <p>noted that the facility's staff was not aware of the new recommendation.</p> <p>The in-service records were reviewed on July 12, 2010, at approximately 1:45 p.m., revealed a nutritional in-service training dated September 16, 2009. Review of the agenda revealed that the direct care staff had been trained on nutrition concerns of clients.</p> <p>At the time of the survey, the GHMRP failed to ensure staff had received training to address the new recommended diet for Resident #1.</p>	I 229	<p>3510.5(f)</p> <p>The nutritionist will train staff on the new diet recommendations for Resident #1 by...8-22-10 The QMRP will insure that such recommendations are implemented in a timely manner via her monthly record audits and recommendation tracking process...8-20-10 The Director of Programs will monitor the QMRP's follow up in her monthly meetings and by reviewing the completed duties checklist that are routinely completed and submitted during monthly meetings...8-20-10</p>	
I 291	<p>3514.2 RESIDENT RECORDS</p> <p>Each record shall be kept current, dated, and signed by each individual who makes an entry.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that all persons making entries into the clients' records were dated and signed, for one of the three residents (Resident #2) included in the sample.</p> <p>The finding includes:</p> <p>Review of Resident #2's medical record on July 9, 2010, beginning at 10:32 a.m., revealed Physician's Orders (PO) dated September 2009. Continued review of the orders revealed a written order for Annual CMP, UA, Lipids, TSH, CBC q (every) six months. There was no documented evidence that the GHMRP's nurse had signed or dated the written order.</p> <p>During a face to face interview with the Registered Nurse (RN) on July 9, 2010, at</p>	I 291		

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1291	Continued From page 5 approximately 3:30 p.m., it was acknowledged that the aforementioned assessments had not been signed. Further interview with the RN revealed she wrote the orders, because the pharmacy failed to include them as part of the prescribed orders. At the time of the survey, there was no documented evidence of the signature of the facility's nurse that wrote the aforementioned written orders for Resident #2.	1291	3514.2 The nurse has signed and dated the order...8-13-10 The Director of Nursing and QMRP, separately in independent audits, will periodically review physician's orders to insure all are properly signed and dated by all relevant parties...8-30-10	
1379	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 review of the incident reports, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that all incidents that presented a risk to residents' health or safety were reported immediately to the Department of Health (DOH), Health Regulation Administration, for one of the three residents (Resident #3) included in the sample. The finding includes: Review of the facility's incident reports on July 9,	1379		

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1379	<p>Continued From page 6</p> <p>2010, beginning at 2:19 p.m., revealed the following:</p> <p>On November 7, 2009, at approximately 7:30 a.m., the direct care staff reported that Resident #3 "face looked funny." Facility nurse examined the resident and instructed the staff to take the resident to the Emergency Room. Interview with the facility's Registered Nurse (RN) and review of the resident's medical record revealed that she was admitted to the hospital with a diagnosis of "Probable New Onset Seizures.</p> <p>Interview with the GHMRP's Incident Management Coordinator (IMC) was conducted on July 9, 2010, at approximately 8:39 a.m., to ascertain information regarding the facility's Incident Management protocol. According to the IMC, and review of the facility's policy, it was her responsibility to "call and fax a copy of the incident report within 24 hours of the incident's occurrence to the Department of Health (DOH) and ensure that all other relevant entities are contacted and receive faxes."</p> <p>Although the incident involving Resident #3 was reported to the state agency on November 9, 2010, at the time of the survey, the facility failed to report this incident that substantially interfered with the resident's health and safety to the Department of Health (DOH) within 24 hours.</p>	1379	<p>3519.10</p> <p>The IMC did not receive the incident report in 24 hours which compromised her ability to send it to government within the prescribed time frame. The Director of Programs will insure that the 49th street staff is again trained on the incident management policy and particularly the requirement to complete and submit a report by the end of shift...8-22-10</p>	
1412	<p>3520.13 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>If a resident evidences the need for a professional service for which arrangements do not exist, the GHMRP shall have fourteen (14) days to show evidence of arrangements for provision of the professional service, except that</p>	1412		

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I 412	<p>Continued From page 7</p> <p>in life threatening situations, arrangements must be made immediately.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Person's (GHMRP) failed to ensure the provision of psychiatric services, for one of the three residents (Resident #2) included in the sample.</p> <p>The finding includes:</p> <p>Interview with the House Manager on July 12, 2010, at approximately 9:45 a.m., revealed that Resident #2 received Medicaid waiver services. Review of the resident's Medicaid waiver authorization on the aforementioned date revealed she was approved to receive Behavior Support Diagnostic Assessment (BSDA) for May 1, 2009 through April 30, 2010.</p> <p>Review of the resident's record on the aforementioned date revealed a Diagnostic Assessment (dated May 25, 2010), conducted by the facility's psychologist. Further review of the assessment revealed the psychologist recommended psychological therapy. According to the psychologist, the psychological therapy would "focus on developing personal insights, anger identification and problem solving skills. Special attention will be made regarding her risk for further emotional decompensation regarding the outcome of the current circumstance. She is predisposed to depression." Continued review of the assessment revealed that Resident #1 was "confused and protective regarding her perceptions of others involved. She is angry with those around her and has made allegations." The psychologist also recommended to update and revise the "Positive Behavioral Support Plan."</p>	I 412		
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1412	<p>Continued From page 8</p> <p>Review of the resident's Individual Habilitation record revealed Resident #1 had a Behavior Support Plan (BSP) dated February 25, 2008. Further review of the resident's record failed to evidence pre-authorization for Behavior Support Development & Follow-Up Services.</p> <p>At the time of the survey, the GHMRP failed to arrange for Resident #1 to receive individual therapy and to ensure that the revision of the client's BSP was conducted as recommended.</p>	1412	<p>3520.13</p> <p>Prior authorization has been obtained for the psychology services needed... 8-13-10 The licensed psychologist will review and revise the BSP of Resident #1 by... 8-30-10 The psychologist will outline the parameters of therapy and follow up... 8-30-10 In tracking recommendations accepted, the QMRP will follow up to insure that new prior authorizations needed are sought, approved and addressed in a timely manner... 8-30-10</p>	
1436	<p>3521.7(f) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the habilitation and training of self-medication for residents was implemented as recommended for one of the three residents (Resident #1) included in the sample.</p> <p>The finding includes:</p> <p>Observation on July 9, 2010, at approximately 12:16 p.m. revealed Resident #1 sitting at the dining room table preparing to have lunch. Continued observation of the resident revealed her face, arms, and legs were covered in what</p>	1436		

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1436	<p>Continued From page 9</p> <p>appeared to be scarring and blisters. The surveyor attempted to interview the resident, however, appeared uncomfortable talking about the condition of her skin.</p> <p>Review of Resident #1's medical record on the aforementioned date at 1:14 p.m. revealed a Health Management Care Plan (HMCP) dated April 30, 2010. According to the HMCP, Resident #1 had a diagnosis of Epidermolysis Bullosa.</p> <p>During the administration of the medication pass on July 9, 2010, beginning at 6:50 p.m. Resident #1 received Hydroxyzine 25 mg for itching and Minocycline 100 mg for her skin condition. Review of the GHMRP's Medication Administration Record (MAR) on July 12, 2010, at approximately 11:17 a.m. revealed in addition to the aforementioned medication, the resident was also prescribed Diflorasone Diacetate 0.05% Cream for skin condition to be applied twice daily to affected area. Interview with the facility's Registered Nurse (RN) on July 12, 2010, at 11:28 a.m. revealed that the facility's direct care staff had been trained and signed the MAR for the application of the aforementioned cream for Resident #1.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on July 12, 2010, at approximately 11:20 a.m. verified that the cream was self applied by the resident. Continued interview with the QMRP was conducted to ascertain information regarding how it was ensured that Resident #1 was applying the cream as recommended. According to the QMRP and House Manager(HM), the cream was kept in the resident's bedroom on the dresser and that the</p>	1436		

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1436	<p>Continued From page 10</p> <p>facility's direct care staff was responsible for ensuring the resident applied the creams to her body.</p> <p>Review of the Assisted Daily Living (ADL) record on July 12, 2010, at 11:50 a.m. failed to document evidence that Resident #1 with the assistance of staff, had applied Diflorasone Diacetate 0.05% Cream as prescribed for the following months: August 2009, September 2009, October 2009, November 2009, and March 2010. It should be noted that April and May MARs 2010 was missing from the record.</p> <p>There was no evidence that the GHMRP's staff were ensuring that Resident #1's cream was applied as prescribed.</p>	1436	<p>3521.7(1)</p> <p>Nursing staff has trained direct care staff on the implementation and documentation of the prescribed cream for Resident #1...8-13-10 Staff is currently assisting in applying the cream and documenting follow up...8-13-10 The RN will insure that staff training and implementation occurs in a timely manner via routine tracking of the physician order treatments prescribed...8-22-10 The April and May MARs were in the medical record book of Resident #1 (see attached copies)...8-13-10</p>	
1474	<p>3522.5 MEDICATIONS</p> <p>Each GHMRP shall maintain an individual medication administration record for each resident.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that nursing staff maintained Medication Administration Records (MAR) for one of the three residents (Resident #2) included the sample.</p> <p>The finding includes:</p> <p>During the administration of the medication pass on July 9, 2010, beginning at 6:50 p.m. Resident #1 received Hydroxyzine 25 mg for itching and Minocycline 100 mg for her skin condition. Review of the GHMRP's Medication Administration Record (MAR) on July 12, 2010, at approximately 11:17 a.m. revealed in addition to</p>	1474		

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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 49TH ST, 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
I 474	<p>Continued From page 11</p> <p>the aforementioned medication, the resident was also prescribed Diflorasone Diacetate 0.05% Cream for skin condition to be applied twice daily to affected area.</p> <p>Review of the Assisted Daily Living (ADL) record on July 12, 2010, at 11:50 a.m. failed to document evidence that Resident #1 with the assistance of staff, had applied Diflorasone Diacetate 0.05% Cream as prescribed for the following months: August 2009, September 2009, October 2009, November 2009, and March 2010. It should be noted that MARs for April 2010 and May 2010 was missing from the record.</p> <p>At the time of the survey, the GHMRP failed to maintain MARs for the months of April 2010 and May 2010 for Resident #1.</p>	I 474	<p>3522.5</p> <p>The current MAR and the immediate pass month MARs are stored in the active medication administration record. Previous months are purged out to the medial record of each individual. The April and May MARs as completed are attached (copies)...8-13-10</p>	