

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

PRINTED: 05/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1608 EVARTS ST, NE WASHINGTON, DC 20018
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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) COMPLETION DATE
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from May 2, 2012 through May 4, 2012. A sample of two clients was selected from a population of four men with profound intellectual disabilities. This survey was initiated utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations in the home and one day program, interviews with direct support staff, administrative staff, and one guardian, as well as a review of client 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>	W 000	<p style="text-align: center;">5/21/12 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St., N.E. Washington, D.C. 20002</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cantana A. Reese TITLE: Program Director (X8) DATE: 5/21/12

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.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2012
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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from May 2, 2012 through May 4, 2012. A sample of two residents was selected from a population of four men with profound intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and one day program, interviews with direct support staff, administrative staff, and one guardian, 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>	1 000		
1 090	<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 facility failed to ensure that the interior of the group home for persons with intellectual disabilities (GHPID) was in a safe and orderly manner for four of four residents in the facility. (Residents #1, #2, #3, and #4)</p> <p>The findings include:</p> <p>On May 4, 2012, at 4:33 p.m., the qualified intellectual disabilities professional (QIDP) accompanied the surveyor through the facility to conduct environmental observations. The</p>	1 090		

Health Regulation & Licensing Administration <i>Constantine A. Reese</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Program Director</i>	(X6) DATE <i>5/21/12</i>
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I 090	Continued From page 1 following concerns were identified: 1. The mattress on Client #3's bed was observed to have multiple hard springs and lacked sufficient padding to prevent the pressure from the springs. The QIDP checked the springs and acknowledged that they were palpable. 2. The gasket installed on the interior of the oven door was observed to be heavily damaged and frayed. 3. Part of the screen was missing from the lint filter of the dryer. 4. The metal screens covering the radiators in the dining room, first floor bathroom, and in the bedrooms of Residents # 1, #3 and #4, were observed to have the edges exposed, which created potential for accidental injury. 5. Seven brown spots were observed on the kitchen ceiling. Interview with staff during the observation revealed that the origin of the brown spots was unknown. 6. Heavily scalling paint was observed on the window sill in the sitting room located on the second floor of the facility. 7. Resident #3's shoe rack was broken. 8. Cotton padding was exposed in the arm chair located in the sitting room on the second floor. (Resident #2 behavior support plan revealed he was being monitored for PICA, eating non-nutritive substances). 9. There was no screen in the open window of the bathroom. The bathroom was located	I 090	1. A new Mattress was provided for Client #3's bed. 2. A new gasket will be installed on the interior of the oven door. 3. Lint filter for dryer will be replaced. 4. Metal screens covering for radiators will be replaced in identified areas. 5. Kitchen ceiling will be repaired and painted. 6. Windowsill in the sitting room will be scaled and repainted. 7. A new shoe rack will be purchased for Client #3. 8. New chairs were purchased for the sitting room.	5/10/12 5/31/12 5/31/12 5/31/12 5/31/12 5/31/12 5/21/12 5/17/12	

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I 090	Continued From page 2 adjacent to the kitchen and the dining room, where food was being prepared and served.	I 090	9. A screen will be installed in the window in the first floor bathroom.	5/31/12
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I 206	3509.6 PERSONNEL POLICIES	I 206		
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Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.

This Statute is not met as evidenced by:
Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all consultants had current health certificates, for two consultants (behavioral specialist and pharmacist)

The finding includes:
During the entrance conference on May 2, 2012 at 6:35 p.m., the qualified intellectual disabilities professional (QIDP) was notified of the records required to complete the survey process.

Record review on May 4, 2012 at approximately 1:30 p.m., revealed current health certificates were not available for the behavioral specialist and the pharmacist.

On May 4, 2012, at 2:00 p.m., the qualified intellectual disabilities professional acknowledged that there was no evidence of health inventories performed by a physician for the aforementioned consultants. She stated she would seek additional information from the administrative

Current health certificates will be requested from the Behavioral Specialist and Pharmacist and placed in personnel files.

5/10/12

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I 206	Continued From page 3 office. No additional information was presented before the survey ended at 5:03 p.m.	I 206		