

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2008
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NAME OF PROVIDER OR SUPPLIER S	STREET ADDRESS, CITY, STATE, ZIP CODE 5714 1ST ST, NW WASHINGTON, DC 20011
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1000	INITIAL COMMENTS An annual relicensure survey was conducted from February 19, 2008 through February 20, 2008. A random sample of three clients were selected from a population of five females with various levels of mental retardation and disabilities. The findings of this survey were based on observations at the group home, interviews with clients, staff, medical personnel and the Qualified Mental Retardation Professional (QMRP), review of clinical and administrative records to include the facility's unusual incident reports.	1000		
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1090	3504.1 HOUSEKEEPING 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. This Statute is not met as evidenced by: Based on observation the facility failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and free of accumulations of dirt, rubbish, and objectionable odors.	1090		
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	The findings include: Dining Room: 1. One of the dining room chair's stabilizer was detached from its legs causing the chair to be unsafe.		3504.1 1. The unstable chair was replaced by The Facility manager reported the issue to the Program assistant prior to the survey but The problem was not abated within 24hours as per MTS policy. The executive director will review the MTS policy on abating safety hazards within 24 hours with the Program Assistant to insure the policy is followed consistently.	3/18/08 3/30/08
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 DEPARTMENT OF HEALTH
 HEALTH REGULATION
 ADMINISTRATION
 2008 MAR 19 P 3:39

Regulatory Administration
Celia Mose
 REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 DIRECTOR of Residential Services
 TITLE
 DATE 3-19-08
 01711
 If continuation sheet 1 of 10

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1 090	Continued From page 1 2. The baseboard located in the dining room had peeling paint. Additionally, the door frame leading into the kitchen also had peeling paint. Bathroom: The toilet tank top located on the second floor was cracked. Stairwell: The wall leading to the 2nd floor was discolored and soiled.	1 090	2. The baseboard and door will be scraped and repainted by The toilet tank top will be replaced by The stairwell wall will be cleaned and repainted by	3/30/08
1 100	3504.10(b) HOUSEKEEPING Each GHMRP shall provide clean linens as follows to each resident at least weekly: (b) One (1) pillowcase: This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to provide clean linens as follows to each resident at least weekly. The finding includes: On February 20, 2008 at approximately 2:00 PM, an environmental walk-through of Resident #1 and #5's bedroom revealed a pillow case that was soiled of unknown substances. Interview with the House Manager on the aforementioned date revealed the pillow cases were soiled from the resident's hair.	1 100	The Executive Director will review Environmental concerns with the Program Assistant routinely during her monthly meeting with the assistant to insure all issues are addressed in a timely manner. The Facility Manager will continue to complete weekly environmental audits so as to detect such concerns and follow up with MTS management to resolve all such concerns in a timely manner 3504.10(b) AM staff will check the linen and pillows daily and if they are soiled or dirty, they will be removed, washed and replaced by clean unsoiled linen. Resident #1 uses a hair jell that causes the soiling. Resident #1 has agree to wear a hair net at night to prevent such soiling	3/30/08
1 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and	1 206		3/18/08

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1206	Continued From page 2 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 GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties. The finding includes: Interview with the Qualified Mental Retardation Professional on and review of the GHMRP's personnel files on February 20, 2008 at 12:48 PM revealed the GHMRP failed to provide evidence that current health certificates were on file for five consultants (physical therapist, primary care physician, psychiatrist, pharmacist and the psychologist).	1206	3509.6 The clinical professionals had been notified of the need to Provide MTS with updated health certificates (and other Information) prior to the survey based on internal audits. All must submit by MTS will continue to perform internal audits at minimum quarterly to proactively notify staff and consultants of upcoming or existing personnel file deficiencies	3/30/08 3/30/08
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1227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHRMP failed to effectively train staff	1227		
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1227	Continued From page 3 to implement infection control measures for one of three residents in the sample. (Resident #1) The finding includes: The Qualified Mental Retardation Professional (QMRP) failed to ensure that all staff had been effectively trained to implement infection control measures as evidenced by: On February 19, 2008 at 6:30 PM Resident #1 was overheard offering to help Resident #2 set the table for the dinner. Resident #1 was observed to take dinner plates to the dining room table without first washing her hands. Review of the facility's training records on February 20, 2008 revealed infection control training was conducted on October 19, 2007. At the time of the survey the direct care staff failed to implement infection control measures to ensure residents were encouraged to wash their hands.	1227	3510.5 (d) Staff will be retrained on infection control by nursing and by The QMRP and Facility Manager on Separate occasions will observe active treatment implementation at minimum twice weekly (QMRP) or three times weekly (Facility Manager) to ensure staff routinely exhibit safe practices and encourage or prompt the same for the individuals supported	3/30/08
1274	3513.1(e) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records: (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded (GHMRP) failed to provide evidence of contracts with each of their consultants. The finding includes:	1274		

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1274	Continued From page 4 Interview with the Qualified Mental Retardation Professional (QMRP) and review of the GHMRP's personnel files on February 20, 2008 at 12:48 PM revealed the GHMRP failed to have contracts on file for its nutritionist and pharmacist who provided ongoing services to the residents.	1274	3513.1 (e) MTS has agreements with both its nutritionist and Pharmacist (see attachment)	
1372	3519.3 EMERGENCIES Each GHMRP shall post by each telephone emergency numbers, which include at least fire and rescue squads, the local police department, each resident's physician, and the agency's on-duty administrator. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to post by each telephone emergency numbers, which include at least fire and rescue squads, the local police department, and each resident's physician. The finding includes: On February 19, 2008, the GHMRP did not have posted near each telephone emergency numbers, to include fire and rescue squads, the local police department and the residents' primary care physician.	1372	3519.3 The emergency numbers required were posted The Facility Manager will audit ongoing Compliance during weekly environmental inspections	3/14/08
1430	3521.7(a) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (a) Eating and drinking (including table manners, use of adaptive equipment, and use of appropriate utensils);	1430	3521.7 (a) A formal feeding program and protocol will be developed for Resident #1 by And implemented by	4/15/08

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1430	Continued From page 5 This Statute is not met as evidenced by: Based on observation, the GHMRP failed to provide training for its residents on proper table manners for one of the three residents in the sample. (Resident #1) The finding includes: At 12:49 PM, Resident #1 was observed eating a tuna sandwich. She used her index finger to slide tuna that fallen from her sandwich to the edge of her plate. She then lowered her face to the plate and scooped the tuna into her mouth. There was no documented evidence that the residents' eating skills had been assessed to determine whether training programs, or other staff assistance/ practices might be indicated.	1430	The program will focus on eating in a safe socially appropriate manner and the protocol will outline strategies for staff to follow in assisting her. The OT will be consulted in developing the program and protocol to insure that any physical limitation are accounted for and any adaptive equipment needs are met. It should be noted that resident #1 exhibited unusual behavior during the survey observation. Supervisory and direct care staff reported that she never lower her mouth to her plate to eat and that she uses regular utensils well and appropriately on a regular basis. The QMRP will monitor at least two meals weekly as a part of assessing the issue.	3/30/08 3/30/08
1432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in washing her hands for one of the three residents in the sample. (Resident #2) The finding includes: The Qualified Mental Retardation Professional	1432	3521.7(c) See responses for 3510.5 (d)	

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1432	Continued From page 6 (QMRP) failed to ensure Resident #1 received training on washing her hands as evidenced below: On February 19, 2008 at 6:30 PM Resident #1 was overheard offering to help Resident #2 set the table for dinner. Resident #1 was observed to take dinner plates to the dining room table without first washing her hands. At the time of the survey, there was no documented evidence that training to wash the resident's hands was included in Resident #1's Individual Habilitation Plan (IHP).	1432		
1434	3521.7(d) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (d) Dressing (including purchasing, selecting, and access to clothing); This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to train residents in the domain of selecting clothing for one of the three residents in the sample. (Resident #2) The finding includes: On February 19, 2008 between 2:55 PM and 4:11 PM, Resident #2 was wearing pants that were too large, dragging the floor and they were un zippered. At 4:03 PM, Resident #2's pants was observed throughout the evening to be interacting with staff. At no time did staff encourage the resident	1434	3521.7 (d) The individuals supported at 1 st street do pick their own clothing and once they have selected them, even if they are inappropriate for whatever reason, they will sometimes refuse to change. MTS will insure via person by person wardrobe audits that all ill-fitting, old worn and otherwise inappropriate clothing is purged from the wardrobes of each person supported. Only appropriate clothing will be retained. The purged items will be replaced by new clothes purchased by The QMRP will train all staff on insuring that the individuals supported are properly groomed, dressed and have taken care of personal hygiene needs on a routine daily basis. The Facility Manager will observe the morning routine at least three times weekly to insure the above on a routine basis	4/10/08 3/30/08

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1434	Continued From page 7 to zip or change her pants. At the time of the survey, there was no documented evidence that training on selecting proper clothing (dressing) was included in Resident #2's Individual Habilitation Plan (IHP).	1434		
1436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (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); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of its residents in the area of orthotic devices. The finding includes: On the morning of February 19, 2008 at 9:25 AM Resident #1 was observed with contractures of her left hand. Interview with the nurse and the Qualified Mental Retardation Professional (QMRP) on the aforementioned date revealed that the physical therapist had recommended a wrist brace for the resident. According to the QMRP the resident wears the wrist brace in the evening. Review of Resident #1's habilitation record on February 20, 2008 at 3:50 PM revealed a physical therapy assessment dated January 29, 2008. The assessment revealed a recommendation to	1436	3521.7 (f) Staff did forget to encourage resident #1 to put on her wrist brace as per the PT on the survey date. The QMRP will retrain staff on the procedure by The QMRP will observe active treatment at minimum twice weekly to insure routine compliance and will review the data weekly The QMRP will develop the needed ISP addendum and submit it to the services coordinator by	3/30/08 3/21/08

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1436	<p>Continued From page 8</p> <p>"follow-up with Botox injections to left upper extremity to temporarily decrease the hypertonicity of the resident's left upper extremity". Additionally, the physical therapist recommended for the resident to wear a wrist brace from 4:00 PM until 8:00 PM through March 1, 2008. On February 19, 2008 Resident #1 was observed to leave the facility at 2:35 PM with the direct care staff. She returned to the facility at approximately 4:05 PM. At 4:35 PM, Resident #1 was observed getting a cup of water but she was not observed wearing the wrist brace as recommended. It should be noted that the surveyor observed Resident #1 from 4:35 PM until 7:30 PM without wearing the brace.</p> <p>Verification with the facility's QMRP on February 20, 2008 revealed that the direct care staff forgot to encourage the resident to wear her wrist brace during the designated time frame on February 19, 2008. According to the QMRP the direct care staff placed the wrist brace on the resident after the surveyor left for the evening. At the time of the survey, there was no documented evidence that training to wear an orthotic device was included as an addendum to Resident #1's Individual Habilitation Plan (IHP).</p>	1436		
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), as follows:</p>	1474	<p>3522.5</p> <p>Direct care staff have been applying the creams but were given no direction or forms for documenting implementation. The QMRP will coordinate with nursing to insure that a documentation system is developed and staff is trained on implementation by</p> <p>The QMRP and RN will review all topical cream regimens to insure that they are properly implemented and documented</p>	3/30/08

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1474	<p>Continued From page 9</p> <p>The finding includes:</p> <p>Observation of the medication pass was conducted on February 19, 2008 at 4:43 PM. Resident #3 was administered Buspar 15 mg and Debrox 6.5 % at 5:20 PM. Interview with the medication nurse revealed that the resident also received treatments that the direct care staff administered. Further interview with the medication nurse revealed that the direct care staff was not documenting these treatments. Review of the resident's medical record revealed she received the following treatment orders:</p> <p>Diflorasone Diacetate 0.05 %, apply to affected area twice daily, Apexicon E 0.05% cream, apply to body twice daily, Lac-Hydrin 12% Lotion apply to feet twice daily, and Silver Sulfadiazine.</p> <p>Review of the Medication Administration Record (MAR) on February 20, 2008 beginning at 10:27 AM revealed that there was no documented evidence to reflect the administration of these topical treatments.</p>	1474		