Health Regulation Administration

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/20/2010
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 QUINCY ST, NE WASHINGTON, DC 20017		

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I 000	INITIAL COMMENTS A licensure survey was conducted on December 16, 2010 through December 20, 2010. A random sample of three residents was selected from a resident population of five women with various disabilities. The findings of the survey were based on observations, interviews with staff and residents in the home, as well as a review of resident and administrative records, including incident reports.	I 000	RECEIVED 1/19/2011 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
I 090	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 and interview, the group home for mentally retarded persons (GHMRP) failed to ensure that the environment was free from potential safety hazards for five of five residents residing in the facility. The finding includes: On December 16, 2010, beginning at 1:08 p.m., the surveyor was accompanied by the House Manager (HM) to conduct observations of the interior and exterior of the environment of the facility. 1. There was peeling paint at the entrance of the first floor living room. Additionally, the first floor hallway wall was soiled and had peeling paint.	I 090		

Health Regulation Administration
Lottie N. Moore Director of Residential Services 1/18/11
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE DATE
TATE FORM DNZ011 If continuation sheet 1 of 8

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I 090	Continued From page 1 2. Resident #2's bedroom wall was soiled. 3. The hardwood floors throughout the facility was tarnished, scratched and worn. Interview with the Residential Director revealed that the Administrative office had estimates for the floors, however, at the time of the survey, there was no documented evidence of estimates for the hardwood floors. 4. The first floor bathroom where the shower chairs were kept, was soiled especially, around the baseboards. Additionally, the second floor bathroom wall had been partially painted.	I 090	3504.1 1. The hall will be cleaned and receive touch up painting by...1-30-11 2. The bedroom wall has been washed down but needs a new coat of paint that will be done by 1-30-11 3. Estimates have been obtained to refinish the hard wood floors. They will be refinished by...2-15-11 4. The soiled areas in the bathroom around the baseboards have been cleaned and will be cleaned routinely after daily showers... 1-30-11	
I 206	3509.6 PERSONNEL POLICIES 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, the group home for mentally retarded person's (GHMRP) failed to obtain an annual health screening, as required by this section for four consultants. (C2, C3, C4, and C6). The findings include: On December 20, 2010, at approximately 3:47 p.m., the review of health certificates revealed four consultant's health certificates were expired (C2, C3, C4, and C6). Interview with the	I 206	3509.6 The updated health certificates will be obtained by...1-30-11 MTS tracks health certificate and other personnel file issues on a routine quarterly basis through HR and will insure that all staff and consultants maintain current information in all required areas...2-15-11	

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I 206	Continued From page 2 qualified mental retardation professional (QMRP) during the reviews confirmed that the administrative office had not provided current health certificates for the aforementioned consultants. At the time of the survey, the GHMRP failed to ensure (C2, C3, C4, and C6) had current health certificates.	I 206	The facility manager will conduct weekly environmental audits to insure that all areas are cleaned on a routine basis....1-30-11 Additionally, a home upkeep duties schedule will be developed and implemented outlining all upkeep tasks and the routine time parameters for getting them done...2-1-11	
I 291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. 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 #1) included in the sample. The finding includes: Review of Resident #1's medical record on December 16, 2010, beginning at 11:18 a.m., revealed an Annual & Quarterly Nursing Assessment dated September 9, 2010. There was no documented evidence that the assessment had been signed by the GHMRP's nurse. During a face to face interview with the Director of Nursing (DON) on December 20, 2010, at approximately 9:10 a.m., it was acknowledged that the aforementioned assessments had not been signed. Further interview with the RN revealed that the last page was missing from the document.	I 291	3514.2 The assessment has been signed by the RN. The DON will check all such assessments before they are finalized to insure they are accurate and properly signed...2-1-11 The QMRP will audit the records monthly to review such considerations...2-1-11	

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I 291	Continued From page 3	I 291		
	At the time of the survey, there was no documented evidence of the nurse's signature on Resident 1's Annual & Quarterly Nursing Assessment.			
I 379	3519.10 EMERGENCIES	I 379		
	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.		3519.10 The incidents mentioned were reported within 48 hours as opposed to 24 hours. The Director of Residential Programs will counsel the IMCs on this concern, insuring that the importance of timely submission is reinforced. Timely submission will be routinely and proactively tracked with feedback and follow up actions taken when follow up is less than timely...2-1-11	
	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 two of the three residents (Residents #1 and #2) included in the sample. The findings include: Review of the facility's incident reports on December 20, 2010, beginning at approximately 11:44 a.m., revealed the following: 1. On April 5, 2010 through April 8, 2010, Resident #1 was admitted to the hospital with a diagnoses of rhabdomyolysis.			

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I 379	Continued From page 4	I 379		
	2. On April 29, 2010, Resident #1 was taken to the Emergency Room due to her refusal to eat and take her medications. Subsequently she was hospitalized from April 29, 2010 through May 10, 2010. Review of the Discharge Summary revealed the resident's diagnosis was " Drug Reaction, fever, and altered mental status."			
	3. On March 20, 2010, Resident #1 was taken to the Emergency Room for showing signs of discomfort. According to the report, the resident was diagnosed with an upper respiratory infection.			
	Interview with the GHMRP's Qualified Mental Retardation Professional (QMRP) on December 16, 2010, at approximately 11:19 a.m. revealed that the facility had two Incident Management Coordinators (IMC). Continued interview with the QMRP revealed the IMC was responsible for submitting incident reports to the State Agency (Department of Health, DOH), and usually faxes the report.			
	At the time of the survey, there was no documented evidence that the aforementioned incidents was reported to the Department of Health (DOH) within 24 hours.			
I 500	3523.1 RESIDENT'S RIGHTS	I 500		
	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 observations, interviews and record			

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I 500	Continued From page 5	I 500		
	review, the Group Home for Persons with Mental Retardation (GHMRP) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District and federal laws that govern the care and rights of persons with mental retardation, for one of the two residents in the sample. (Residents #1 and #2) The finding includes: 1. (Chapter 13, § 7-1305.05. Visitors; mail; access to telephones; religious practice; personal possessions; privacy; exercise; diet; medical attention; medication [Formerly § 6-1965] The GHMRP failed to demonstrate protection of Resident #1's right to be free from unnecessary or excessive medication; specifically, psychotropic medications. "All prescriptions for psychotropic medications shall be written with a termination date, which shall not exceed 30 days." [Title 7, Chapter 13, § 7-1305.05(h), formerly § 6-1965(h)], as follows: On December 20, 2010, at approximately 8:40 a.m., a review of resident #1's December 1, 2010 physician orders was conducted. There was evidence of an order for Lorazepam. Further review of the medical record and physician orders revealed a September 1, 2010 PO for "Lorazepam 2 mg tablet (WF: Ativan) one (1) tab by mouth one (1) hour prior to Appt." It should be noted that the start date for the Ativan in September was June 22, 2010 and the start date for December was October 5, 2010. Interview with the Director of Nursing on December 20, 2010, at approximately 8:59 a.m.		3523.1 1. DON will insure via monthly reviews of the physician's orders that medication have termination dates...2-1-11 The RN will review the physician's orders monthly to insure their accuracy...2-1-11	

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I 500	Continued From page 6 revealed the Ativan was not a standing order and that the pharmacy was requested to remove it from the PO. .The order for Ativan was for one (1) time only. The DON was observed to write a note to the pharmacy requesting to remove the Ativan from Resident #1's profile At the time of the survey, the GHMRP failed to protect Resident #1's right to be free from unnecessary or excessive medication; specifically, to ensure the prescription for Ativan was written with a termination date, that did not exceed 30 days. 2. Interview with the Qualified Mental Retardation Professional (QMRP) on December 16, 2010, at approximately 11:11 a.m. revealed Resident #1 was prescribed psychotropic medications and that she had a Behavioral Support Plan. According to the QMRP, the resident had been assigned a legal guardian. Observation of the administration of medication on December 16, 2010 at approximately 5:43 p.m. revealed Resident #1 received Paroxetine HCL F/C 20 mg tab, 2 tabs every evening and Zyprexa (Zydis) 10 mg, 1 tab sublingually every day. Review of the resident's medical record revealed consent for Paxil was signed on August 27, 2010, however, review of the Medication Administration Record (MAR) revealed that the Paxil was started on August 26, 2010, 2 (two) days before she had consent. Further review of the residents medical record revealed Resident #1 was also prescribed Ativan 2 mg one (1) hour prior to Appt. Further review of the medical record revealed no evidence of a consent for the aforementioned sedation.	I 500	2. MTS sought and received consent by phone before the starting the medication but did not have documentation demonstrating the phone consent. The RN and QMRP will document such consent in the future in their notes...2-1-11	

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I 500	Continued From page 7 During the exit conference on December 21, 2010, at approximately 12:15 p.m., the Director of Nursing (DON) and the QMRP verified no documented evidence of a consent for the Ativan 2 mg. 3. Section 7-1305.05 (g). [Formerly 6-1965] The facility failed to ensure the resident's right to receive prompt and adequate medical attention, as evidenced below: Review of Resident #2's medical record on December 16, 2010, at approximately 10:03 a.m. revealed the resident was seen by the Dentist on January 26, 2010. Continued review of the consult revealed tooth #9 was shifting, heavy calculus and patient needs scaling. Further review of the medical record revealed Resident #2 was seen again on July 27, 2010, 6 (six) months later. According to the dental consult dated July 27, 2010, the resident needed scaling and the pre-authorization would be submitted. It should be noted the resident received scaling and polishing of her teeth 9 (nine) months later on September 16, 2010. At the time of the survey, the GHMRP failed to ensure Resident #2 received prompt and adequate medical attention.	I 500	3. Prior authorization for the needed dental work was delayed by considerations that MTS could not control. In the future, the QMRP and RN will work closely with the DDS Service Coordinator and other relevant DDS staff to insure that authorization is obtained in a timely manner...2-1-11	

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R 000	INITIAL COMMENTS	R 000		
	A licensure survey was conducted on December 16, 2010 through December 20, 2010. A random sample of three residents was selected from a resident population of five women with various disabilities. The findings of the survey were based on observations, interviews with staff and residents in the home, as well as a review of resident and administrative records, including incident reports.			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT	R 125		
	The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of personnel records, the agency failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the seven (7) years prior to the check, for five out of the thirteen staff employed. (Staff #3, #4, #5, #7, #8, #9, #10 and #12) The findings include: 1. Review of personnel records on December 20, 2010, beginning at 2:37 p.m., revealed that Staff #3 began employment on November 17, 2009. At the time of the survey, a background check was provided, however it was not obtained (7) years prior to the check.		R125 MTS will change providers for this service (criminal background checks) and redo the cited personnel, insuring that the new vendor/provider covers the minimum period required (7 years) and more...1-26-11	

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R 125	Continued From page 2 (7) years prior to the check.	R 125		