

PRINTED: 02/27/2009
FORM APPROVED

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/18/2009 |
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| NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 255 FARRAGUT ST, NW WASHINGTON, DC 20011 |
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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 |
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| 1 000 | <p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on February 18, 2009. A random sample of three residents was selected from a population of six females with varying disabilities. The findings of this survey were based on observations at the group home, interviews with residents, residential, nursing and administrative staff as well as the review of clinical and administrative records, including incident reports.</p> | 1 000 | <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p> | |
| 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, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and was free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>The findings include:</p> <p>Observations of the GHMRP 's environment on December 18, 2009 at approximately 7:45PM revealed the following:</p> <p>Interior</p> <ol style="list-style-type: none"> 1. Paint peeling off all facility radiators. 2. Lower half of metal panel on the front door was loose. | 1 090 | <p>MAR - 9 2009</p> <p>3504.1</p> <p>All eight issues cited under this tag will be addressed by...3-13-09. MTS has spoken with one of its maintenance contractors, has shared the list of Farragut environmental issues and has gotten a commitment for the needed repairs to be completed by the target date. MTS was trying to minimize the amount of revenue it committed to Farragut repairs because it planned to move the residents in the near future. That is still a possibility but not imminent.</p> <p>The facility manager will audit the physical environment weekly and report significant repair and upkeep issues to the Assistant to the Executive Director so that follow up plans are made and implemented in a timely manner...3-20-09.</p> | |

Health Regulation Administration
Arthur Moore Director of Residential Services
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 STATE FORM
 MGQ211
 DATE 3-9-09 (X6) DATE

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| 1090 | <p>Continued From page 1</p> <p>3. Globe cover missing from light fixture in the first floor hallway bathroom.</p> <p>4. Cover missing from the fluorescent light fixture in the basement.</p> <p>5. Floor in the basement bathroom was sunken around the side of the commode.</p> <p>6. Two small openings in the ceiling of the laundry room had peeling plaster.</p> <p>7. Ceiling in Resident #2's bedroom was observed to have peeling plaster that was drooping from it's original foundation.</p> <p>8. Ceiling in Resident #4 and Resident #8's bedroom was observed to have peeling plaster.</p> <p>[Note: The Qualified Mental Retardation Professional (QMRP) revealed that the ceiling in Resident #2, Resident #4 and Resident #8's bedrooms would be repaired on February 21, 2009]</p> <p>Exterior</p> <p>Gutter hanging from the rafter on the side porch.</p> | 1090 | | |
| MLI 135 | <p>3505.5 FIRE SAFETY</p> <p>Each GHRMP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the GHRMP failed to hold evacuation drills quarterly</p> | 1135 | <p>3505.5</p> <p>The fire drill issue was addressed during the course of the 2008, first quarter. Fire drills were held quarterly for all shifts thereafter and this continues into 2009. A 2009 fire drill schedule was developed that reflects planned drills for all shifts quarterly. The facility manager will review the record within 24 hours of each planned drill to insure it was implemented and done properly. Drills not implemented will be rescheduled to occur within 24 hours with the exception of weekend shifts where they will be scheduled to occur by the following weekend (i.e. within one week)...3-20-09.</p> | |

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| I 135 | Continued From page 2 on all shifts. The findings include: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on February 18, 2009 at approximately 11:15 AM revealed the scheduled shifts were as follows: Weekdays Day Shift 8:00 AM to 4:00 PM Evening Shift 4:00 PM to 12:00 AM Night Shift 12:00 AM to 8:00 AM Weekends/Saturday and Sunday Day/Evening Shift 8:00 AM to 8:00 PM Evening/Night 8:00 PM to 8:00 AM Further interview with the QMRP revealed that the staff was required to conduct a drill once a month on each shift. Review of the fire drill log book from December, 2007 to December, 2008 revealed that the facility failed to hold fire evacuation drills quarterly on all shifts in the first, second, third and fourth quarters. There was no evidence that fire drills were conducted quarterly on all shifts. | I 135 | | |
| I 161 | 3507.2 POLICIES AND PROCEDURES The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually. | I 161 | | |

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| 161 | <p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP's governing body failed to review its policies and procedures annually.</p> <p>The finding includes:</p> <p>Review of the policy and procedure manual on February 18, 2009 at approximately 7:35 PM failed to provide evidence that the agency's policy manual had been reviewed and approved since October 16, 2007. In an interview with the Qualified Mental Retardation Professional (QMRP) on February 18, 2009 at approximately 7:36 PM, it was acknowledged that the policies and procedures were not reviewed annually.</p> | 161 | <p>3507.2</p> <p>The policies and procedures manuals were reviewed. Either the QMRP spoke in error or was misunderstood (see attachment #1)...3-9-09.</p> <p>The home did not have a copy of the updated signature sheets in its own books. That has been corrected...3-9-09.</p> <p>The QMRP will insure that all staff members have the revisions reviewed with them and acknowledge this by signing off on the signature sheet...3-20-09.</p> | |
| 184 | <p>3508.5(a) ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall have an organization chart that shows the following:</p> <p>(a) All major components of the administering agency or the roles of individuals when the licensee is not an agency;</p> <p>This Statute is not met as evidenced by: Based on interview and review of the policy and procedure manual, the GHMRP failed to provide an organizational chart representative of its organizational hierarchy.</p> <p>The finding includes:</p> <p>Review of the policy and procedure manual on February 18, 2009 at approximately 7:37 PM failed to provide evidence of the agency's organizational chart. In an interview with the Qualified Mental Retardation Professional (QMRP) on February 18, 2009 at approximately</p> | 184 | <p>3508.5(a)</p> <p>The QMRP reports that he was not asked about the organizational chart. There was an organizational chart in the manual when it was reviewed by MTS management subsequent to receiving the survey report and also in the last internal QA audit prior to the survey. Attached is a copy of the organizational chart that was in the record and the newest, modified version that will be in the book hereafter...3-20-09.</p> | |

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| 1184 | Continued From page 4 7:38 PM, it was acknowledged that the policies and procedures manual did not have an organizational chart. | 1184 | | |
| 1208 | 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 review, the GHMRP failed to ensure that all staff had current health certificates on file. The finding includes: Review of the personnel files conducted on February 18, 2009 at approximately 11:45 AM revealed the GHMRP failed to provide evidence of current health certificates for four of nine consultants. Interview with the Qualified Mental Retardation (QMRP) on February 18, 2009 at approximately 11:50 AM acknowledged that four of nine consultants did not have current health certificates. (Consultant # 1, Consultant #2, Consultant #3 and Consultant #4) | 1208 | 3509.6 MTS was aware of the health certificate problem prior to the survey and had sent notices to these consultants alerting them of their need to provide updated information. Given that they have not corrected the problem to date, MTS will provide each with a "Drop Dead" date by which they must provide the information or they will no longer be allowed to serve. Updated health certificates will be obtained by...3-29-09. MTS will conduct internal personnel file audits at minimum quarterly and proactively notify any/all individuals with deficiencies or items that will expire soon of their obligation to provide the updated information...3-29-09. MTS will also take appropriate action for failure to comply...3-29-09. | |
| 1401 | 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of | 1401 | | |

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| 1401 | <p>Continued From page 5</p> <p>developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the facility's professional services failed to provide treatment services and services designed to prevent deterioration or further loss of function for three of the three residents in the sample. (Resident #1, Resident #2 and Resident #3) and one focus resident. (Resident #4)</p> <p>The findings include:</p> <p>1. The facility's nursing services failed to update the Health Management Care Plan (HMCP) for Resident #1 as evidenced by:</p> <p>Review of Resident #1's physician's order sheet (POS) dated December 2008 and January 2009 on February 18, 2009 at approximately 12:00 PM revealed an order for a 2 GM. sodium diet. Review of Resident #1's quarterly nutritional assessment dated November 30, 2008 on February 18, 2009 at approximately 12:05 PM also confirmed the diet through the nutritionist recommendations. Review of Resident #1's Health Management Care Plan (HMCP) revised on December 5, 2008 on February 18, 2009 at approximately 12:15 PM revealed that Resident #1 was on a regular, no added salt (NAS), no caffeine diet. The HMCP had not been updated to include the resident's 2 GM. sodium diet. In an interview with the Registered Nurse (RN) on February 18, 2009 at approximately 12:16 PM it was acknowledged that the HMCP had not been updated to include the resident's 2 GM. sodium diet. There was no documented evidence that the</p> | 1401 | <p>3520.3</p> <p>1. The RN did indeed fail to update the Health Management Care Plan to reflect the 2GM sodium change in diet. The diet was properly changed on the physician's orders, staff was trained on the change and the change has been properly implemented...3-1-09.</p> <p>The QMRP will review the medical records monthly to support the RN in insuring that such needed modifications occur on the HMCP in a timely manner...3-20-09.</p> <p>Additionally, the Director of Nursing will periodically audit the HMCPs and will address such changes or needed changes in her monthly meetings with the Lead RNs...3-29-09.</p> | |

Health Regulation Administration
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If continuation sheet 6 of 16

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| 1401 | <p>Continued From page 6</p> <p>HMCP had been updated after December 5, 2008 to include the resident's 2 GM. sodium diet.</p> <p>2. The facility's nursing services failed to schedule Resident # 1's endocrinology appointment as recommended by the endocrinologist as evidenced by:</p> <p>Review of an endocrinology consult dated June 26, 2008 on February 18, 2009, at approximately 12:20 PM revealed that Resident #1 was recommended to return for a follow-up appointment in four months to rule out Type 2 Diabetes. In an interview with the RN on February 18, 2009 at approximately 12:22 PM it was acknowledged that Resident #1 did not return for a follow-up endocrinology appointment in four months as recommended. There was no documented evidence that Resident #1's endocrinology appointment had been scheduled or obtained by the facility prior to the survey.</p> <p>3. The facility's nursing services failed to perform monthly breast examinations on Resident # 1 as evidenced by:</p> <p>Review of Resident #1's POS dated December, 2008 and January, 2009 on February 18, 2009 at approximately 12:23 PM revealed that Resident #1 had a status post excision of a right breast nodule. Review of the December 2008 monthly breast examination document on February 18, 2009, at approximately 12:22 PM revealed the monthly breast exam had not been performed in December, 2008. In an interview with the RN on February 18, 2009 at approximately 12:24 PM it was acknowledged that the monthly breast exam had not been performed in December, 2008. There was no documented evidence that the monthly breast exam had not been performed in</p> | 1401 | <p>2. Resident #1 had a follow up scheduled for endocrinology after the June 2008 consultation but she refused to go. Resident #1 does not like to miss her day program activities. MTS attempts to schedule her medical appointments around day program hours but this is not always possible. As recently as 2-11-09 (see attachment) another appointment was attempted. MTS planned strategically for it to be successful by counseling Resident #1 on the importance of the appointment and by encouraging her to go. The Facility Manager was scheduled to attend because she is one of Resident #1's favorite staff members and the person with whom she is most at ease. Although she initially agreed to go, she refused on the date of the appointment. The appointment was at 9:40am and once again she didn't want to miss going to the day program even though it was explained to her that she would get to go right after. Nursing has scheduled another appointment for 3-12-09 at 11:30am. Nursing will try to get the time altered to after 2pm so that Resident #1 can enjoy her day program and be picked up for the appointment from the day program and taken directly to her appointment...3-12-09.</p> <p>MTS will consult with psychology and use the team process to successfully plan for Resident #1's needed medical follow up. To the greatest extent possible, her desire to attend her day program will be respected...3-29-09.</p> <p>3. Breast exams are completed and documented monthly for Resident #1 by medication passing nurses but as cited, December 2008 was missed. The RN will check the record monthly to insure that the exams are done and will insure that any missed are rescheduled within 48 hours...3-20-09.</p> <p>The medication nurses have been retrained and reinforced to insure that needed breast exams are implemented and properly documented...3-9-09.</p> | |

Health Regulation Administration
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If continuation sheet 7 of 10

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| 1401 | <p>Continued From page 7</p> <p>December, 2008.</p> <p>4. The facility's nursing services failed to administer medication timely to Resident # 1 as ordered by the Primary Care Physician (PCP) as evidenced by:</p> <p>Review of Resident #1's POS dated January 7, 2009 on February 18, 2009 at approximately 12:25 PM revealed an order to administer Debrox 5 drops daily in both ears until January 16, 2009. Review of the Medication Administration Record (MAR) dated January 7, 2009 on February 18, 2009 at approximately 12:28 PM revealed that Debrox 5 drops daily in both ears not was not initially administered until January 9, 2009. In an interview with the RN on February 18, 2009 at approximately 12:27 PM it was acknowledged that the Debrox 5 drops daily in both ears not was not administered until January 9, 2009. There was no evidence that the nursing staff administered the Debrox 5 drops daily in both ears on January 7, 2009 as ordered by the Primary Care Physician.</p> <p>5. The facility's nursing services failed to obtain the results of the annual physical examination performed on Resident #2 as evidenced by:</p> <p>Review of Resident #2's medical record on February 18, 2009 at approximately 12:30 PM revealed a letter to the Department of Developmental Disabilities Services (DDS) dated January 9, 2008 from a local hospital that the Resident #2 was scheduled for a medical examination on January 16, 2008 under sedation. Interview with the RN on February 18, 2009 at approximately 12:32 PM revealed that the resident did have an annual physical examination under sedation on January 16, 2008. Further</p> | 1401 | <p>4. The Debrox for Resident #1's ear wax was indeed ordered January 7, 2009 but it was not ordered "STAT" by the PCP. There was not the expectation that it would be started the same day ordered. The medication was ordered on the seventh of January, delivered late evening on the eighth and started on the ninth. The RN double checked with the PCP subsequent to the survey being received to insure the regimen was started per his orders. His attached not indicates that there was no problem starting the regimen on the ninth...3-9-09.</p> <p>MTS will insure to seek clarity from the PCP in order to insure that any new medication regimen ordered is started in a timely manner and particularly, to insure that all medications that should be ordered "STAT" to start immediately are in fact started the same day...3-20-09.</p> <p>5. Resident #2 does not liked to be examined and is very uncooperative during medical appointments and follow up. Because of this, she receives a battery of tests and follow-up under sedation when she receives her annual physical examination. This was to occur on January 16, 2008 as indicated by the surveyor but the physician that usually serves Resident #2 was not present that day. Although the paperwork for Resident #2 indicated all of the needed testing and follow-up in addition to the overall physical, this physician only performed the physical. MTS staff was unaware of this at the time because results of the other specialty services (like lab work, GYN) are sent after the service date. The RN sought the needed information several times only to finally discover that the needed, extended tests and examinations were not done. Nursing will schedule an appointment to get the other needed follow up by...3-13-09. Nursing will attend the follow-up appointment once made to insure that all needed follow-up is done...3-29-09.</p> | |

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| 1401 | <p>Continued From page 8</p> <p>interview revealed that several attempts were made by the facility to obtain the results of the residents annual physical examination. At the time of the survey, however there was no documented evidence of the results of the resident's annual physical examination performed on January 16, 2008.</p> <p>6. The facility's nursing services failed to obtain the results of laboratory studies for Resident # 2 as evidenced by:</p> <p>Review of Resident #2's POS dated December, 2008 on February 18, 2009 at approximately 12:35 PM revealed an order for a yearly Complete Blood Count (CBC). Interview with the RN on February 18, 2009 at approximately 12:32 PM revealed that the resident did have a CBC performed on January 16, 2008. Further interview revealed that several attempts were made by the facility to obtain the results of the residents laboratory studies. There was no documented evidence of the results of the resident's laboratory studies performed on January 16, 2008.</p> <p>7. The facility's nursing services failed to obtain the results of Resident # 2's gynecology examination as evidenced by:</p> <p>Review of Resident #2's operative report from a local hospital dated January 18, 2008 on February 18, 2009 at approximately 1:02 PM revealed that the resident was under general anesthesia for a gynecology procedure. Interview with the RN on February 18, 2009 at approximately 1:04 PM revealed that the resident had a gynecology examination performed January 16, 2008. Further interview revealed that several attempts were made by the facility to obtain the results of the residents gynecology</p> | 1401 | <p>6. Same as #5 above. 7. Same as #5 above. 8. Same as #5 above.</p> | |

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| 1401 | <p>Continued From page 9</p> <p>examination. However, at the time of the survey there was no documented evidence of the results of Resident # 2' s gynecology examination performed January 16, 2008.</p> <p>8. The facility's nursing services failed to obtain the results of Resident # 2's ophthalmology examination as evidenced by:</p> <p>Review of Resident #2's operative report from a local hospital dated January 16, 2008 on February 18, 2009 at approximately 1:02 PM revealed that the resident was under general anesthesia for a ophthalmology examination. Interview with the RN on February 18, 2009 at approximately 1:06 PM revealed that the resident had an ophthalmology examination performed January 16, 2008. Further interview revealed that several attempts were made by the facility to obtain the results of the residents ophthalmology examination. However, at the time of the survey there was no documented evidence of the results of Resident # 2' s ophthalmology examination performed January 16, 2008.</p> <p>9. The facility's nursing services failed to perform monthly breast examinations on Resident # 2 as evidenced by:</p> <p>Review of a monthly breast examination document on February 18, 2009, at approximately 1:10PM revealed the monthly breast examinations had not been performed since May, 2008. In an interview with the RN on February 18, 2009 at approximately 1:12 PM it was acknowledged that the monthly breast examinations had not been performed May 2008. There was no documented evidence that the monthly breast exam had not been performed since May 2008.</p> | 1401 | <p>9. The RN will monitor the implementation/documentation of required breast examinations monthly to insure routine implementation...3-20-09.</p> <p>The QMRP will conduct supporting audit monthly during his medical records reviews and will alert the RN if problems are uncovered...3-20-09.</p> <p>The nurses have received follow up training to insure routine implementation and documentation...3-9-09.</p> | |

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| NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 255 FARRAGUT ST, NW WASHINGTON, DC 20011 |
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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 |
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| 1401 | <p>Continued From page 10</p> <p>10. The facility's nursing services failed to obtain a yearly mammogram for Resident # 2 as evidenced by:</p> <p>Review of Resident #2's mammogram consult dated January 17, 2007 on February 18, 2009 at approximately 1:12 PM revealed the resident refused to have the examination performed. In an interview with the RN on February 18, 2009 at approximately 1:13 PM it was acknowledged that the mammogram had not been performed since January 17, 2007. There was no documented evidence that the mammogram had been performed or rescheduled since January 17, 2007.</p> <p>11. The facility's nursing services failed to obtain a physician's order to perform blood glucose fingersticks for Resident # 4 as evidenced by:</p> <p>Observation of a medication pass on February 18, 2009 at approximately 7:30 PM revealed that the Licensed Practical Nurse (LPN) performed a blood glucose fingerstick on Resident # 4 after the resident had eaten her dinner. Interview with the LPN revealed that Resident # 4 was to have blood glucose fingersticks performed twice a day before meals. Further interview revealed that the LPN had informed the Primary Care Physician (PCP) that the resident had already eaten her dinner and she was ordered to perform the blood glucose fingerstick.</p> <p>Review of the physician's orders dated December 2008 and January 2009, on February 18, 2009 at approximately 7:30 PM revealed Resident # 4 was prescribed Glipizide 2.5 mg one tablet every day for Diabetes Mellitus. Further review did not reveal an order for blood glucose fingersticks</p> | 1401 | <p>10. Same as #5 above.</p> <p>11. Staff has received updated training on holding the meal for Resident #4 until after the finger stick testing has been done... 3-0-09.</p> <p>It should be noted that staff has routinely complied but did fail to do so as noted by the surveyor on the date in question.</p> <p>12. Resident #3 will have the needed ophthalmology appointment scheduled by 3-10-09.</p> <p>A team meeting will be held prior to the appointment date once obtained in order to develop strategies to maximize the likelihood for success... 3-20-09.</p> | |

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| 1401 | <p>Continued From page 11</p> <p>twice a day before meals. There was no documented evidence the PCP ordered blood glucose fingersticks twice a day before meals.</p> <p>12. The facility's nursing services failed to schedule an ophthalmology examination for Resident #3's as evidenced by:</p> <p>Review of Resident #3's ophthalmology consult dated July 25, 2007 revealed the resident refused to have the examination performed. In an interview with the RN on February 18, 2009 at approximately 3:30 PM it was acknowledged that Resident #3 has not had an ophthalmology examination scheduled since July 25, 2007. There was no documented evidence the ophthalmology examination had been performed or rescheduled since July 25, 2007.</p> <p>13. The facility's medical services failed to prescribe the dose of Debrox drops to be administered to Resident # 3 as evidenced by:</p> <p>Review of Resident #3's ENT consult dated July 14, 2008 on February 18, 2009 at approximately 3:23 PM revealed an order to administer Debrox drops in both both ears twice a day for five days per month. Review of Resident # 3's POS dated July 14, 2008 on February 18, 2009 at approximately 3:25 PM revealed an order to administer Debrox drops in both ears twice a day for five days per month. Review of Resident #3's August Medication Administration Record (MAR) revealed that Debrox drops in both ears twice a day for five days per month was transcribed on the MAR. Further review revealed that Resident #3 was administered an unknown dose of Debrox drops in both ears from August 20-24, 2008 at 7:00 AM and from August 19, 2008 and August 23-29, 2008 at 6:00 PM. In an interview with the</p> | 1401 | | |

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| 1401 | Continued From page 12 RN on February 18, 2009 at approximately 3:47 PM It was acknowledged that the medication order for Debrox drops in both ears twice a day for five days per month did not include the dose to be administered. There was no evidence that the PCP's order included the dose of Debrox drops to be administered to Resident # 3. | 1401 | | |
| 1473 | <p>3522.4 MEDICATIONS</p> <p>The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that any irregularities in the drug regimen for one of three residents in the sample was reported to the prescribing physician. (Resident #1)</p> <p>The finding includes:</p> <p>Review of Resident #1's POS dated January 7, 2009 on February 18, 2009 at approximately 12:25 PM revealed an order to administer Debrox 5 drops daily in both ears until January 16, 2009. Review of the Medication Administration Record (MAR) dated January 7, 2009 on February 18, 2009 at approximately 12:26 PM that Debrox 5 drops daily in both ears not was not initially administered until January 9, 2009. In interviews with the RN and Qualified Mental Retardation Professional (QMRP) on February 18, 2009 at approximately 12:28 PM it was acknowledged that the Primary Care Physician (PCP) was not made aware that the order for Debrox 5 drops daily in both ears was not initially administered until January 9, 2009. There was no evidence that the PCP was made aware that the order for</p> | 1473 | <p>3522.4</p> <p>See: Responses for 3520.3 number four (4).</p> | |

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| 1473 | Continued From page 13 Debrox 5 drops daily in both ears was not initially administered until January 9, 2009. | 1473 | | |
| 1478 | 3522.6(d) MEDICATIONS The record for a resident's prescribed controlled substances shall include the following: (d) Date dispensed, amount and expiration date; and... This Statute is not met as evidenced by: Based on observation, staff interview, and record verification, the facility failed to maintain records of the date dispensed and amount of all controlled drugs for one of three residents in the sample. (Resident # 3). The findings includes: The facility failed to provide evidence of the accurate disposition of the Controlled Schedule V Drug (Lyrica) prescribed for Resident #3 as evidenced by: 1. Observation of the evening medication pass on February 18, 2009 at approximately 7:10 PM revealed that Resident #3 was administered Lyrica 150 mg. by mouth. Review of the physician's orders dated January 23, 2009 on January 18, 2009 at approximately 10:00 AM revealed Resident # 3 was ordered Lyrica 150 mg. by mouth twice a day for seizure management. Review of the controlled medication utilization record on February 18, 2009 at approximately 7:50 PM revealed that sixty-two Lyrica 150 mg. capsules were dispensed to the facility on July 17, 2008. The initial doses of Lyrica 150 mg. documented twice a day was began on July 18, 2008. Further | 1478 | 3522.6(d) Medication nursing did incorrectly begin to document the dispensing of Lyrica on the 18 th of the month when the documentation should have begun on the 15 th . The Lead RN and DON have conducted follow-up and they have concluded that although the medications were given as prescribed, the failure to begin entries until the 18 th of the month threw off the count. In terms of the September/October count, the DON and Lead RN noted one missing entry for 10-10-08 pm. This also threw off the count by one but all of the medication was given. Medication nursing have been re-trained on insuring that documentation is collected as prescribed and in a timely manner...3-9-09. The Lead RN will check the documentation record at the beginning of each cycles (which routinely begin on the 15 th) to insure that they are properly started...3-15-09. Documentation sheets will be copied when initially received so that am and pm documentation can be collected separately which will make documenting and internal auditing easier...3-15-09. The Lead RN will monitor the documentation record weekly to insure ongoing accuracy...3-15-09. | |

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| 1500 | <p>Continued From page 15</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interviews and record review, the 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) that governs the care and rights of persons with mental retardation for two of three residents in the sample. (Resident #2 and Resident #3)</p> <p>The findings include:</p> <p>1. Review of Resident #2's Primary Care. Physician's (PCP's) progress note dated November 17, 2006 on February 18, 2009 at approximately 1:00 PM revealed that the resident "does all medical consults on a yearly basis under general anesthesia". Review of Resident #2's operative report from a local hospital dated January 16, 2008 on February 18, 2009 at approximately 1:02 PM revealed that the resident "was under general for multiple procedures by podiatry, gynecology and ophthalmology". Review of Resident #2's, psychological assessment dated August 5, 2008 on February 18, 2009 at approximately 1:05 PM revealed that the resident does not have the ability to make decisions on her behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. Interview with the Qualified Mental Retardation Professional (QMRP) on February 18, 2009 at approximately 1:08 PM revealed that Resident #2's medical consents are authorized by her sister. Further interview</p> | 1500 | <p>3523.1</p> <ol style="list-style-type: none"> 1. Resident #2's sister is legally recognized for medical decision-making support although she is not legal guardian. The attached documentation demonstrates that she has requested and been granted the status of primary decision-making support person for Resident #2...3-9-09. 2. MTS sought and obtained a legal guardian for Resident #3. However, afterward, her brother stepped forward in a court hearing and indicated that he wanted that role. The judge voided the appointment of the legal guardian and processes are ongoing to establish the brother in that role. The brother will be established as the primary decision-making support person by...3-28-09. | |

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| 1500 | <p>Continued From page 16</p> <p>revealed that Resident #2's sister was not her legal guardian. There was no documented evidence that the facility obtained substituted consent from a legally recognized individual or entity.</p> <p>2. Observation of the evening medication pass on February 18, 2009 at approximately 7:10 PM revealed that Resident #3 was administered Lyrica 150 mg. by mouth. Review of the physician's orders dated January 23, 2009 on January 18, 2009 at approximately 10:30 AM revealed Resident # 3 was ordered Lyrica 150 mg. by mouth twice a day seizure management. Further review revealed that Resident #3 has a diagnosis of Intermittent Explosive Disorder (IED) and was prescribed Risperdal 1 mg. by mouth everyday for behavior management and has a Behavior Support Plan (BSP). Review of Resident #3's physician's orders (POS) dated January 23, 2009 on February 18, 2009 at approximately 3:20 PM revealed that the resident is prescribed. Review of Resident #3's, psychological assessment dated February 12, 2008 on February 18, 2009 at approximately 1:05 PM revealed that the resident does not have the ability to make decisions on her behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. Interview with the QMRP on February 18, 2009 at approximately 3:08 PM revealed that Resident #3's BSP and psychotropic medications are authorized by her brother. Further interview revealed that Resident #2's brother was not her legal guardian but had informed her attorney on January 7, 2009, that he would consider providing legal medical consent. There was no documented evidence that the facility obtained substituted consent from a legally recognized individual or entity.</p> | 1500 | | |

DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
 825 NORTH CAPITOL STREET NE, 2ND FLOOR
 WASHINGTON, DC 20002
 FAX NOS. 202-442-9430

FACSIMILE TRANSMITTAL SHEET

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| TO: Mr. Bentley Hamilton | FROM: Laura Hunt |
| COMPANY: Multi-Therapeutic Services, Inc. | DATE: 02/27/2009 |
| FAX NUMBER: 202-244-8048 | TOTAL NO. OF PAGES INCLUDING COVER: 21 |
| PHONE NUMBER: 202-244-4500 | SENDER'S REFERENCE NUMBER: |
| RE: Deficiency Report 255 Farragut Street, NW | YOUR REFERENCE NUMBER: |

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Thank you.