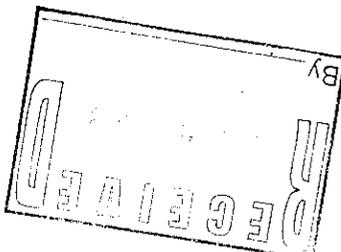


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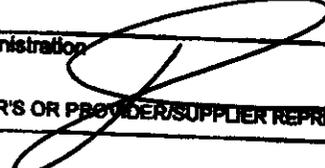
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2009
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NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC 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
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1000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from June 3, 2009 through June 4, 2009. A random sample of three residents was selected from a resident population of five females with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.</p>	1000		
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 GHMRP failed to ensure the interior and exterior was maintained in a safe, clean, orderly, attractive, and sanitary manner.</p> <p>The finding includes:</p> <p>During the environmental inspection of the GHMRP's environment on June 3, 2009, at approximately 1:00 PM, the following deficient practices were identified:</p> <ol style="list-style-type: none"> 1. The carpet on the first floor was soiled, as well as the carpet on the stairway leading ups-stairs. 2. The living room radiator had evidence of chipping and peeling paint. 	1090		<p>3504.1</p> <ol style="list-style-type: none"> 1. The carpet will be professionally cleaned by...6-30-09. 2. The radiator will be scrapped and repainted by...6-30-09. 3. Same as #2 above...6-30-09. 4. The bathroom floor tiles will be replaced by...6-30-09. <p>In addition, a toilet paper holder will be installed by...6-24-09. The ceiling fan cover will be replaced by...6-30-09.</p> <p>The facility manager will perform weekly environmental audits to identify such concerns and will report findings to the Assistant to the Executive Director to insure that timely follow up planning in done...6-30-09.</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Assistant to Director (X6) DATE 8/24/09

STATE FORM XD8011 If continuation sheet 1 of 12

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I 090	Continued From page 1 3. Bedroom #2's radiator had chipping and peeling paint. 4. The bathroom on the first floor had missing tiles by the toilet, and no toilet tissue holder. In addition, the ceiling fan in the bathroom did not have a cover on it. The Qualified Mental Retardation Professional (QMRP) was present at the time of the environmental inspection and acknowledged the problems.	I 090		
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 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 for four (4) of eight (8) records reviewed. The findings include: Interview with the House Manager (HM) on June 4, 2009, at 2:00 PM and review of the personnel	I 206	3509.6 All of the nurses used to support the individuals who reside at 49 th Street have current health certificates (See: Attached copies). The two consultants have been notified and will submit updated health certificates by...7-15-09. MTS audits the personnel files via HR at minimum quarterly and alerts all staff and consultants on a proactive basis of upcoming concerns or existing expirations...6-30-09.	

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I 206	Continued From page 2 records revealed, that the GHMRP failed to provide evidence that current health certificates were on file for two (2) nurses and two (2) consultants.	I 206		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (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; This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff was effectively trained in the area of nutrition. The finding includes: Interview with the direct care staff on June 3, 2009, revealed that Resident #1's father usually brings her dinner on Wednesday evenings. On the same day at 5:36 PM, Resident #1's father was observed to bring a tuna fish sub from a local carry-out, a diet Pepsi and a bag of potato chips. Review of Resident #1's medical record on June 3, at 11:45 revealed a medical evaluation dated August 1, 2008. According to the evaluation, the resident had been diagnosed with hypertension. Additionally, review of the resident's physician's order dated June 1, 2009, revealed the resident was prescribed Amlodipine Besylate 10 mg for Hypertension since November 19, 2007. Continued review of the resident's record at 5:20	I 229	3510.5(f) The father of Resident #1 attempts to provide her with "treats" and things she enjoys when he visits weekly. Some of those things are not consistent with good health maintenance. Historically, these items have included beer, cigarettes and foods that are inconsistent with her diet. The QMRP has met with the father and has met with him as supported by the DDS Support Coordinator as well. In those meetings, both the QMRP and the Support Coordinator explained the issues associated with providing Resident #1 with cigarettes, beer and fast foods, particularly those that are high in salt. The father's cooperation has improved. He no longer brings beer or cigarettes but he will still bring fast food that he knows she enjoys. His attitude is that you cannot take away everything she enjoys. MTS, supported by the DDS Support Coordinator will continue to counsel and advise the father on this concern and will suggest alternatives to high fat and high salt products. However MTS will proceed in a manner that respects the father as her closest loved one and will patiently work towards change...6-24-09. In the future the QMRP will document all such meetings and there outcomes in her monthly notes...6-30-09. It should also be noted that direct care staff are not expected to "correct" or challenge the father of Resident #1. These issues are dealt with at a higher level to insure professionalism and the maintenance of a positive working relationship with the involved family...6-30-09.	

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I 229	Continued From page 3 PM revealed she had a Nutritional Assessment dated January 10, 2009. The nutritionist recommended a Regular diet/No Added Salt (NAS)/ and to limit processed foods. Although, the staff indicated that the family had been informed of the resident's restrictions (NAS), there was no documented evidence during the review of the records. It should be noted that the facility's training records was reviewed on June 4, 2009, at 9:50 AM. A nutritional inservice was held on February 19, 2009, however, at the time of the survey, the staff did not evidence that they had been effectively trained in the area of nutrition.	I 229		
I 260	3512.1 RECORDKEEPING: GENERAL PROVISIONS Each Residence Director shall maintain current and accurate records and reports as required by this section. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to maintain each residents' record, for one of the three residents (Resident #1) included in the sample. The finding includes: The facility failed to ensure Resident #1's current Behavior Support Plan (BSP) was available for review as evidenced below: During the entrance conference on June 3, 2009, at 9:16 AM an interview with the GHMRP's House Manager (HM) revealed Resident #1 received	I 260	3512.1 The behavior support plan modifications had been developed by the survey date but was not yet in hand. It was obtained prior to the survey verbal exit and a copy was sent by fax to the surveyor...6-24-09. Staff has been trained on the modifications by the QMRP and the psychologist will follow up the training by...7-15-09.	

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I 260	Continued From page 4 psychotropic medications in conjunction with a Behavior Support Plan (BSP). Review of the resident's record revealed a BSP dated January 3, 2008. Interview with the facility's Qualified Mental Retardation Professional (QMRP) on June 3, 2009 revealed Resident #1's BSP had been revised on April 9, 2008, however, at the time of the survey, there was no documented evidence of Resident #1's current BSP.	I 260		
I 261	3512.2 RECORDKEEPING: GENERAL PROVISIONS Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies. This Statute is not met as evidenced by: Based on review of records the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that a current Behavior Support Plan was current and available for one of the three residents (Resident #1) included in the sample. The finding includes: Review of the GHMRP incident reports on June 3, 2009 beginning at 8:37 AM revealed Resident #1 was involved in a behavioral incident dated May 22, 2009. According to the incident report, Resident #1 became physically and verbally aggressive when the staff did not agree to take her to the store to get a beer. She also threatened to harm herself and attempted to harm staff when she picked up	I 261	3512.2 The behavior support plan modifications had been developed by the survey date but was not yet in hand. It was obtained prior to the survey verbal exit and a copy was sent by fax to the surveyor...6-24-09. Staff has been trained on the modifications by the QMRP and the psychologist will follow up the training by...7-15-09.	

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I 261	Continued From page 5 an ashtray to hit them in the head. Additionally, the resident threatened to get naked and break all of the facility ' s windows. The police was contacted and Resident #1 was transported to CPEP. During the entrance conference on June 3, 2009, at 9:16 AM an interview with the Group Home for Mentally Retarded Person ' s (GHMRP) House Manager revealed Resident #1 received psychotropic medications in conjunction with a Behavior Support Plan (BSP). Review of the resident's habilitation record revealed a BSP dated January 3, 2008. Interview with the facility's Qualified Mental Retardation Professional (QMRP) on June 3, 2009 revealed Resident #1's BSP had been revised on April 9, 2008, however, at the time of the survey, there was no documented evidence of Resident #1's current BSP.	I 261		
I 355	3518.4(a) DISCHARGE / TRANSFER POLICIES PROCEDURES Each GHMRP shall plan for voluntary or involuntary transfer or discharge of a resident on a non-emergency basis and shall provide the following: (a) Sixty (60) days notification to appropriate individuals or sponsoring agencies of reasons for the need to transfer or discharge; 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 of notification to appropriate individuals or sponsoring agencies of the reason for the need to transfer three of three	I 355	3518.4 (a) The move from First Street to 49 th Street was done with the approval of DDS, HRA and the involved family members. DOH relicensed the 49 th home prior to the move. In summary, all appropriate notifications and steps occurred. The family members of Resident #3 were the only family members that declined to visit the home prior to the move as they were invited to do but they have visited since on many occasions and are very satisfied with the new location. The court system, each individual attorney and all other necessary parties were notified...6-24-09. (See: Attached documentation).	

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I 355	Continued From page 6 residents (Residents #1, #2, and #3) included in the sample. The findings include: Interview with the facility's House Manager (H M) on June 3, 2009, beginning at 9:03 AM, revealed the residents had been transferred from another facility within their agency due to some environmental problems at their former residence. According to the House Manager, each of their family members had been notified. At the time of the survey, however, there was no documented evidence of notification of the transfers of Residents #1, #2, and #3 to their families and any sponsoring agencies.	I 355		
I 379	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 record review, the GHMRP failed to ensure the Department of Health (DOH), Health Facilities Division was immediately notified, followed by written notification within 24 hours, of unusual incidents that substantially interfered with a resident's	I 379	3519.10 DOH and the father were notified (See: Attached documentation)...6-24-09.	

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I 379	Continued From page 7 welfare and at risk, for one of the three residents (Resident #1) included in the sample. The finding includes: Review of the Group Home for Mentally Retarded Person (GHMRP) incident reports on June 3, 2009, beginning at 8:37 AM revealed Resident #1 was involved in a behavioral incident on May 22, 2009. According to the incident report, Resident #1 became physically and verbally aggressive when the staff did not agree to take her to the store to get a beer. She also threatened to harm herself and attempted to harm staff when she picked up an ashtray to hit them in the head. Additionally, the resident threatened to get naked and break all of the facility's windows. The police was contacted and Resident #1 was transported to CPEP. During the entrance conference on June 3, 2009, at 9:16 AM an interview was conducted with the House Manager to ascertain information regarding the resident's family involvement. Continued interview with the House Manager revealed Resident #1 had family involvement with her father. At the time of the survey, there was no documented evidence that the facility notified the DOH and Resident #1's father of all unusual incidents that substantially interfered with a resident's welfare and being at risk.	I 379		
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment	I 401	3520.3 A new psychiatrist has accepted Resident #1 and #2 and will complete assessments for them by...7-15-09. The center that formally served them is closing.	

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1401	Continued From page 8 services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the psychiatric evaluations was conducted for two of the three residents (Residents #1 and #2) included in the sample. The finding includes: During the entrance conference on June 3, 2009, at 9:16 AM an interview with the Group Home for Mentally Retarded Person 's (GHMRP) House Manager revealed Residents #1 and #2 received psychotropic medications in conjunction with Behavior Support Plans (BSPs). Review of both Residents #1 and #2 medical records failed to evidence a Psychiatric Evaluation.	1401		
1407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide evidence of a written quarterly report from the Podiatrist for five of the five residents (Residents #1, #2, #3, #4 and #5) that reside in the facility. The findings include:	1407	3520.9 Podiatry did provide the services as indicated but MTS has not yet received the consult forms back from the clinician. The QMRP and RN will follow up with the clinician to obtain the paperwork. It will be obtained by...6-30-09. In the future, MTS will obtain the completed consultation form on the date the service occurs by requiring the clinician to complete it before departing...7-15-09.	

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1407	Continued From page 9 Review of the resident's records on June 3, 2009, at 5:45 PM revealed each resident was seen by the GHMRP's Podiatrist in June 2008. The podiatrist recommended he/she would return in eight to ten weeks. Interview with the Qualified Mental Retardation Professional (QMRP) and the Registered Nurse (RN) on June 3, 2009, at 6:14 PM revealed the podiatrist was in the facility on September 22, 2008. Although the facility's log book revealed that the podiatrist had signed in, there was no documented evidence of the medical consults for each of the residents.	1407		
1412	3520.13 PROFESSION SERVICES: GENERAL PROVISIONS 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 in life threatening situations, arrangements must be made immediately. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Person (GHMRP) failed to ensure professional services were arranged for one of the three residents (Resident #1) included in the sample. The finding includes: Review of Resident #1's medical record on June 3, 2009, at 1:32 PM revealed a gynecological consult dated February 20, 2009. Continued review of the consult revealed a recommendation	1412	3520.13 Resident #1's repeat ultrasound has been completed (See: Attached copy)...6-30-09.	

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I 412	Continued From page 10 to repeat Resident #1's mammogram and to repeat an ultrasound due to secondary bleeding. Interview with the facility's Registered Nurse (RN) and record verification revealed the mammogram was repeated on March 27, 2009, however, there was no evidence that the ultrasound had been repeated. Interview with the RN and record verification revealed that there was not an order for the ultrasound. At the time of the survey, the Group Home for Mentally Retarded Person (GHMRP) failed to ensure arrangements had been made for Resident #1 to receive a repeat ultrasound.	I 412		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Person (GHMRP) failed to ensure the Behavior Support Plan (BSP) was revised as recommended by the Interdisciplinary team for one of the three residents (Resident #1) included in the sample. The findings include: Review of the GHMRP incident reports on June 3, 2009, beginning at 8:37 AM, revealed Resident #1 was involved in a behavioral incident dated May 22, 2009. According to the incident report, Resident #1 walked away from the facility, and was approached by some strangers. At that time, the direct care staff redirected her back to the facility.	I 422	3521.3 The behavior support plan modifications had been developed by the survey date but was not yet in hand. It was obtained prior to the survey verbal exit and a copy was sent by fax to the surveyor...6-24-09. Staff has been trained on the modifications by the QMRP and the psychologist will follow up the training by...7-15-09.	

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I 422	<p>Continued From page 11</p> <p>The resident became verbally aggressive using profanity, threatening to harm herself. Continued review of the report revealed the staff had to "box her in to keep her from walking up the sidewalk."when the staff did not agree to take her to the store to get a beer. Resident #1 returned to the facility's front porch, picked up an ashtray to hit the staff in the head. Additionally, the resident threatened to get naked and break all of the facility's windows. The police was contacted and Resident #1 was transported to CPEP.</p> <p>During the entrance conference on June 3, 2009, at 9:16 AM an interview with the Group Home for Mentally Retarded Person's (GHMRP) House Manager revealed Resident #1 received psychotropic medications in conjunction with a Behavior Support Plan (BSP).</p> <p>Review of Resident #1 ' s Individual Support Plan (ISP) on June 3, 2009, at 2:02 PM revealed a recommendation to ensure the resident's Behavior Support Plan (BSP) was updated and implemented. Further review of the resident's record revealed a BSP dated January 3, 2008. According to interview with the Qualified Mental Retardation Professional (QMRP) on June 3, 2009, the BSP was revised on April 9, 2009.</p> <p>At the time of the survey, there was no documented evidence of Resident #1's current BSP in the facility to assist the direct care staff with behavioral incidents, as recommended by the IDT team.</p>	I 422		