

PRINTED: 02/19/2013
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/07/2013
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 TEWKESBURY PL, NW WASHINGTON, DC 20012	

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{1 000}	INITIAL COMMENTS On February 23, 2013, a follow-up survey was conducted to determine the facility's compliance with deficiencies cited on November 26, 2012. The findings of this survey were based on observations at the group home, interviews with administrative staff, residential staff, and the review of clinical records, including incident/investigation reports.	{1 000}		
{1 206}	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 the revisit conducted on February 7, 2013, the group home for individuals with intellectual disabilities (GHIP) failed to show evidence that all health care professionals had current health certificates on file, for 1 out of 8 consultants. (C8) The findings include: In the previous survey on November 26, 2012, review of personnel files revealed 2 of 8 consultants (C#4 and C#8) personnel files failed to evidence current health certificates. According to the facility's February 4, 2013 plan of correction, all health certificates would be obtained and placed in personnel files by January	{1 206}	1206 The health certificate for C8 is attached. MTS is systematically tracking all personnel file considerations and is notifying staff and consultants in proactive fashion about file considerations that are about to expire. MTS is removing staff from duty that fails to submit the needed documentation in a timely manner and is withholding payment from professional, clinical consultants that fail to provide the needed information in a timely manner. MTS is talking two further steps henceforth; clinical consultants that fail to provide needed file updates in a timely manner (licenses, health certificates, insurance information, etc.) will be considered not qualified to deliver the services as long as that situation persists and will not be allowed to deliver services. Clinical consultants that remain in this status more than 30 days will be terminated and replaced...2-28-13	

Received 2/26/13
 Department of Health
 Health Regulation & Licensing Administration
 Intermediate Care Facilities Division
 899 North Capitol St., N.E.
 Washington, D.C. 20002

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

QDDP Signing For

TITLE
Evette Moore

(X6) DATE

2-24-13

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If continuation sheet 1 of 5

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{ 206 }	Continued From page 1 30, 2013. On February 7, 2013, at approximately 11:15 a.m., a review of personnel records was conducted with the quality assurance consultant (QAC). The previously requested information for Consultant #4, was provided, however, the health certification for Consultant #8 was not provided. Interview with the QAC on February 7, 2013, at approximately 11:15 a.m. indicated that she would contact the office to provide information on Consultant #8. At the end of the revisit, no further information was provided.	{ 206 }		
{ 420 }	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for individuals with intellectual disabilities (GHID) failed to provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of mental and social functioning, for one of three residents in the sample. (Resident #3) The finding includes: On November 8, 2012, an immediate jeopardy was identified based on the GHID's failure to	{ 420 }		

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{ 420}	<p>Continued From page 2</p> <p>ensure residents' behaviors were effectively managed in a timely manner to ensure continued skill growth related to their mental and social functioning. On February 7, 2013, a follow-up survey was conducted to determine if deficient practices cited on November 26, 2012, were abated.</p> <p>On February 7, 2013, at 7:50 a.m. Resident #3 was observed standing alone in the facility's kitchen for approximately two minutes. The resident was observed to move throughout the facility independently without one-to-one support. Direct care Staff #1 was observed sitting at the dining room table participating in a staff training with the qualified individual intellectual professional (QIIP). Staff #2 was observed sitting in the living room with Resident #4.</p> <p>Review of the Plan of Correction (POC) dated February 4, 2013, on February 7, 2013, at 1:00 p.m. revealed Resident #3's behavior support plan (BSP) dated July 8, 2012 recommended one-to-one staff supports. Additionally, the POC revealed the BSP was to be presented for a second time to the facility's internal Human Rights Committee (HRC) for approval. The POC also revealed that the resident's absconding behavior would be emphasized with supporting data and that the psychologist would assist the QIIP in presenting the case to the HRC members with a completion date of January 22, 2013. Review of the HRC minutes (dated January 22, 2013), on February 7, 2013, at 10:43 a.m. revealed the committee recommended alarms to be placed on all the doors and some of the facility's windows to address Resident #3's absconding, however, there was no documented evidence that the committee discussed one-to-one staff support for the resident.</p>	{ 420}	<p>1420</p> <p>Psychology and psychiatry collaborated to determine the exact parameters for the requested one-to-one supports for Resident #3. They conducted a series of observations and interviews to determine the least intrusive level of support needed. The attached psychotropic medication review outlines their recommendations (one-to-one support Monday – Friday 4pm to 12am and Sat/Sun 8am to 8pm). The MTS HRC has reviewed and approved these recommendations...2-20-13</p> <p>In the meantime, the two-person staffing pattern on duty during waking hours was instructed to keep Resident #3 within their visual screen (i.e. that of one staff member or the other) at all times. This instruction has been changed. Effective immediately, one of the two staff members on duty during waking hours will serve as the one-to-one support for Resident #3 until funding is provided for a third staff member...February 20, 2013.</p> <p>Staff is scheduled to receive training from psychology on the revised BSP and the parameters of one-to-one support on...2-28-13</p> <p>MTS has formally applied for one-to-one support funding for Resident #3...2-28-13</p>

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{ 420 }	Continued From page 3 Interview with the quality assurance consultant (QAC) on February 7, 2013, at 12:10 p.m. revealed the facility plans to request approval for the one-to-one support. Interview with the Director of Nursing (DON) on February 7, 2013, at 2:57 p.m. revealed Resident #3's psychiatrist recommended one-to-one staff support during the medication review held on January 29, 2013. Review of the psychotropic medication review (dated January 29, 2013), on February 7, 2013, at 3:00 p.m. revealed the psychiatrist noted that the resident "required one-one to staffing due to absconding and the need for travel training." Interview with the QIIP on February 7, 2012, at 2:45 p.m. revealed the staff ratio is two to one on each shift. Additionally, the QIIP revealed the Behavioral Specialist was scheduled to review the psychiatrist's recommendation. At the time of the follow-up visit, the group home failed to implement the BSP and comply with orders for one-to-one staff.	{ 420 }		
{ 500 }	3523.1 RESIDENT'S RIGHTS 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 observation, interview and record review, the group home for individuals with intellectual disabilities (HID) failed to ensure each resident's rights were observed and protected in accordance with D.C. Law, Title 7, Chapter 13	{ 500 }		

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{ 500 }	Continued From page 4 (formerly D.C. Law 2-137), this chapter, and other applicable District and Federal Laws, five of six residents in the home. (Resident #3) The findings include: On November 8, 2012, an immediate jeopardy was identified based on the GHID's failure to ensure residents' behaviors were effectively managed in a time manner to ensure continued skill growth related to their mental and social functioning. On February 7, 2013, a follow-up survey was conducted to determine if deficient practices cited on November 26, 2012 were abated. The HID failed to implement Resident #3's BSP and to comply with the physician's order for one to one support. The GHID failed to ensure the resident's right to be safe. [Also See 3521.1]	{ 500 }	1500 Psychology and psychiatry collaborated to determine the exact parameters for the requested one-to-one supports for Resident #3. They conducted a series of observations and interviews to determine the least intrusive level of support needed. The attached psychotropic medication review outlines their recommendations (one-to-one support Monday - Friday 4pm to 12am and Sat/Sun 8am to 8pm). The MTS HRC has reviewed and approved these recommendations...2-20-13 In the meantime, the two-person staffing pattern on duty during waking hours was instructed to keep Resident #3 within their visual screen (i.e. that of one staff member or the other) at all times. This instruction has been changed. Effective immediately, one of the two staff members on duty during waking hours will serve as the one-to-one support for Resident #3 until funding is provided for a third staff member...February 20, 2013. Staff is scheduled to receive training from psychology on the revised BSP and the parameters of one-to-one support on...2-28-13 MTS has formally applied for one-to-one support funding for Resident #3...2-28-13	

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