

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2009
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NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 703 RANDOLPH STREET NW WASHINGTON, DC 20011
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from February 19, 2009 through February 20, 2009. The survey was initiated using the fundamental survey process. A random sample of four clients was selected from a residential population of seven females with various levels of mental retardation and other disabilities.</p> <p>The findings of the survey were based on observations in the group home and two day programs, interviews with clients, staff, and the review of clinical and administrative records including unusual incident reports.</p>	W 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> <p>MAR 16 2009</p>	
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W 130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p>	W-130	<p>An in-service training will be held for direct care staff regarding the rights; including privacy rights of all individuals.</p>	3/27/09
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	<p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure each client's right to privacy for one of the four clients (Client #3) included in the sample.</p> <p>The findings include:</p> <p>Observation on February 19, 2009, at 5:40 PM revealed Client #3 was escorted to the facility's basement by a direct care staff member. Continued observation revealed the client in the basement bathroom sitting on the toilet with the door opened. The direct staff was observed standing in the bathroom with the client. A staff member heard the surveyor come down the stairs and failed to close the door for Client #3's privacy.</p>	W 130	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cantrell Reese</i>	TITLE <i>Program Director</i>	(X6) DATE <i>3-13-09 3-19-09</i>
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Any deficiency statement ending with an asterisk (*) indicates that the facility is required to submit a plan of correction to the state survey agency. The plan of correction must be submitted to the state survey agency within 30 days following the date of survey whether or not a plan of correction is required. If the facility fails to submit a plan of correction to the state survey agency within the required time frame, the facility's participation in the program will be suspended.

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NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 709 RANDOLPH STREET NW WASHINGTON, DC 20011
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W 130	Continued From page 1 At the time of the survey, the facility failed to ensure Client #3 was provided privacy while using the bathroom.	W 130		
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W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.	W 159	03/13/2009	
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This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP).

The findings include:

W 227	1. The QMRP failed to ensure that the individual program plan (IPP) included objectives to meet the client's needs. [See W227]	W 227	The QMRP will coordinate and monitor individual IPP quarterly.	3/13/09
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W 227	2. The QMRP failed to ensure each client received continuous active treatment services. [See W249] 483.440(c)(4) INDIVIDUAL PROGRAM PLAN	W 227	The QMRP will monitor active treatment services by reviewing documentation records.	3/13/09
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The individual program plan must include objectives necessary to meet the client's needs as identified by the comprehensive assessment required by paragraph (c)(3) of this standard.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility

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W 227	Continued From page 2 failed to ensure that the individual program plan (IPP) included objectives to meet the client's needs, for one of the four clients (Client #1) included in the sample. The findings include: The facility failed to ensure Client #1's IPP included a daily living skills objective.	W 227	Cross reference W159 09/13/2009	3/13/09
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Interview with the Qualified Medical Professional (QMRP) on February 20, 2009 at 9:55 AM revealed Client #1 needed assistance with personal care. Record review conducted on February 20, 2009, revealed the client had a Comprehensive Assessment dated May 13, 2008. Review of the assessment further revealed that Client #1 needed "maximum assistance" for personal care, bed making, vacuuming, washing dishes and washing clothes.

W 249	Interview was conducted on February 20, 2009, to ascertain if formal program objectives had been developed for Client #1 on any of the aforementioned areas (personal care, bed making, vacuuming, washing dishes and washing clothes). Further interview with the QMRP and record review failed to provide evidence for any of the previously mentioned areas. At the time of the survey, the facility failed to provide evidence that IPP included objectives for Client #1 to address the client's Required needs.	W 249	Cross reference W159	3/13/09
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483.440(d)(1) PROGRAM IMPLEMENTATION
As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous individualized treatment program consisting of the following:

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W 249	Continued From page 3 interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client received continuous active treatment services, for one of the four clients. (Client #2) included in the sample.	W 249		
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W 249	The findings include: The facility failed to ensure Client #2's money management program objective was implemented in accordance with the IDT recommendations as evidenced below:		A money management goal will be implemented and monitored. Client #2 will make a deposit in her savings account monthly.	3/13/09
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W 249	Interview with Qualified Mental Retardation Professional (QMRP) on February 20, 2009, at 11:13 AM revealed that Client #2 had several program objectives. Review of the client's habilitation record on the same day revealed an Individual Support Plan (ISP) dated August 20, 2008. Review of the ISP revealed the IDT recommended that Client #2 make a deposit into her community savings account once a month.	W 249		
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W 356	Further interview with the QMRP on February 20, 2009, revealed that she was not aware of the money management recommendation. At the time of the survey, the facility failed to ensure Client #1's objective to make a deposit into her savings account was implemented.	W 356		
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W 356	<p>Continued From page 4</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that clients received dental services in a timely manner for one of the three clients (Client #3) in the sample.</p> <p>The finding includes:</p> <p>On February 19, 2009, at 7:40 AM Client #3 was observed with frequent tongue and mouth movement. Upon closer observation it was noted that she was missing some of her teeth. Review of Client #3's medical record on February 19, 2009 at approximately 11:50 AM revealed a dental consultation dated June 24, 2008. The dentist noted that the client had poor oral hygiene with peritonitis, dry mouth and that she needed scaling and prophylaxis. Interview with the House Manager (HM) on February 19, 2009 at 12:24 PM indicated that the client needed pre-authorization prior to returning to the dentist office. On February 19, 2009 the House Manager contacted the Licensed Practical Nurse (LPN) to ascertain the status of the authorization. The LPN indicated that to date, no word had been received from the dentist office and the status of the authorization was unknown.</p> <p>Based on interview and record review, the facility failed to provide evidence that Client #3 received dental services.</p>	W 356	<p>Client #3 was scheduled for a dental consultation on March 24, 2009. In the future, regular dental appointments will be scheduled as needed for the maintenance of dental health.</p>	3/24/09
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Health Regulation Administration

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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted on February 19, 2009 through February 20, 2009. Four residents were randomly selected for the sample from a residential population of seven females with varying degrees of mental retardation.</p> <p>The findings of the survey were based on observations at the group home, interviews with residential staff, and the review of clinical and administrative records, including the review of the facility's unusual incident reports.</p>	1 000		
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1 082	<p>3503.10 BEDROOMS AND BATHROOMS</p> <p>Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and paper dispenser, soap for hand washing, a mirror and adequate lighting.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview, the Group Home for Mentally Retarded Person (GHMRP) failed to ensure that bathrooms be equipped with toilet tissue and paper towels.</p> <p>The finding includes:</p> <p>On February 19, 2009, at 8:16 AM the surveyor requested to use the facility's bathroom. Interview with the direct care staff revealed that the surveyor needed to first obtain a roll of toilet paper from a file cabinet located on the second floor. Additionally, the surveyor was informed that paper towels were on the top of the same file cabinet. According to the direct care staff, Resident #6 will stuff the toilet with paper towels.</p>	1 082	<p>Direct care staff have been instructed to equip all bathrooms with toilet tissue and paper towels. GHMRP's Residential Manager will monitor daily to ensure that bathrooms have toilet tissue and paper towels.</p>	3/12/09
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Health Regulation Administration

Constantine P. Pappas
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER IDENTIFICATION NUMBER

Program Director
DATE: 3-13-09

(X6) DATE

If continuation sheet 1 of 4

Health Regulation Administration

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1161	Continued From page 2 body of the GHMRP and shall be reviewed at least annually. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures annually. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the policy and procedures manual on February 20, 2009, failed to provide evidence that the manual had been reviewed and approved by the governing body as required since February 18, 2008.	1161		
1439	3521.7(i) HABILITATION AND TRAINING The habilitation and training program of the GHMRP shall include, when appropriate, but not be limited to, the following areas: (i) Home management (including maintenance of clothing, shopping, meal planning and preparation, and housekeeping); This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure IPP objectives were developed to teach residents how to prepare meals for the four residents (Resident #1) included in the sample. The finding includes: The facility failed to ensure resident #1 IPP included a daily living skills objective.	1439	Client #1's IPP will be amended to include an objective that will address identified needs to include daily living skills.	3/13/09

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1439	<p>Continued From page 3</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on February 20, 2009, at 9:55 AM revealed Resident #1 needed assistance with personal care. Record review conducted on February 20, 2009, revealed the resident had a Comprehensive Assessment dated May 13, 2008. Review of the assessment further revealed that Resident #1 needed maximum assistance for personal care, bed making, vacuuming, washing dishes and washing clothes.</p> <p>Interview was conducted with the QMRP on February 20, 2009, to ascertain if formal program objectives had been developed for Resident #1 for any of the aforementioned areas (personal care, bed making, vacuuming, washing dishes and washing clothes). Further interview with the QMRP and record review failed to identify any for any of the previously mentioned areas.</p> <p>At the time of the survey, the facility failed to provide evidence that IPP's were developed for Resident #1 to address the resident's identified needs.</p>	1439		
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R 000	INITIAL COMMENTS A licensure survey was conducted from February 19, 2009 through February 20, 2009 to verify compliance with the District of Columbia Municipal Regulations (DCMR), Title 22, Chapter 47 Health-Care Facility Unlicensed Personnel Criminal Background Checks. The findings of the survey were based on an interview with administrative staff and the review of personnel records. It was determined that the facility was in substantial compliance.	R 000		
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Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE: *Constantine C. Keen* TITLE: *Program Director*

STATE FORM 2009-12 (2GH1) (X6) DATE: 3-13-09

If continuation sheet 1 of 1