Received on 4/14/08 RPA

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G184	A. BUILDING B. WING	C 03/31/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTS	39 PEABODY STREET, NE WASHINGTON, DC 20011

(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) COMPLETION DATE
W 000	INITIAL COMMENTS Surveyor: 17620 On October 22, 2007 this office received an incident report from the facility. According to the incident report, Client #1 was observed to have a swollen left arm on October 20, 2007. The client was taken to the emergency room at a local hospital and was subsequently diagnosed with closed distal humerus fracture. Client #1 was release from the hospital on the same day. An investigation was initiated on March 20, 2008. The findings of the investigation were based on observations at the group home, interviews and the review of records including incident reports.	W 000	Received GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 4/14/08	
W 187	483.430(d)(3) DIRECT CARE STAFF Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients: (i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2; (ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4; (iii) For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4. This STANDARD is not met as evidenced by: Surveyor: 17620 Based on interview and record review, the facility failed to ensure sufficient direct care staff were	W 187		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
A. Ulrey - Tingle for Ms Evette Moore	QMRP	4/14/08

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ving the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation.

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W 187	Continued From page 1 present and on duty at the time of the incident (October 20, 2007). The finding includes: Review of the facility's unusual incident report on March 20, 2008 revealed that Client #1 was observed to have a swollen left arm on October 20, 2007 . The client was taken to the emergency room at a local hospital and was subsequently diagnosed with closed distal humerus fracture. Interview with one of the facility's Licensed Practical Nurses (LPN) on March 21, 2008 at 8:20 AM and one of the facility's Certified Nursing Assistants (CNA) on March 24, 2008 at 12:35 PM, revealed that they were the only people on duty to supervise and assist five clients on the overnight shift (October 19, 2007). Interview with the Qualified Mental Retardation Professional (QMRP) on March 24, 2008 at 9:23 AM revealed that between the hours on 11:30 AM and 8:00 AM, the facility required a staffing composition that included two direct care workers and one nurse. Additional interview was conducted with the facility's House Manager (HM) on March 20, 2008 at 5:54 PM that revealed he/she arrived to the facility at approximately 2:00 AM, to assist with the shift coverage due to the fact that the CNA accompanied Client #1 to the emergency room leaving only the nurse in the facility with the four remaining clients. At the time of the incident, the facility failed to ensure staffing was adequate to monitor and assist the clients in the facility.	W 187	W187 MTS routinely insures that staff coverage ratios meet prescribed mandates routinely. On the night in question, one of the two CNAs scheduled to work the overnight had supposedly "switched" shifts with each other for a day. Neither came to work that night and there was no prior call to the Facility Manager. Staff called the Facility Manager after the staff member was one half hour late and he got to the home as soon as he could. On interview with the Facility Manager the next day, the staff member who supposedly agreed to the switch stated that she in fact did not. The Facility Manager counseled both staff members that switching of shift assignments cannot be done by staff unilaterally but rather must have the prior approval of the Facility Manager or QMRP...4-14-08. Both the 5:2 ratio that existed before the Facility Manager arrived and the 4:1 ratio with the nurse as the one staff (when the second certified nursing assistant went to the hospital) meet the regulatory mandate cited but not MTS' mandate for coverage of this grouping. The 4:1 ratio provided by the nurse and Facility Manager from 2pm on and the one-to-one hospital supports were both appropriate given the situation. MTS provides routine guidance on coverage. Staff must call in at least 2 hours prior to the shift if they must be absent and the Facility Manager or QMRP must arrange coverage by: • Calling in a part time staff member with experience serving the grouping; • Asking a staff member on duty to cover the shift (as long as it does not constitute 24 consecutive hours worked); • Covering the shift themselves; • Using an outside agency (that provides certified nursing assistants)...4-14-08	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing	W 331		

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W 331	Continued From page 2 services in accordance with their needs. This STANDARD is not met as evidenced by: Surveyor: 17620 Based on interview and record review, the facility's nursing services failed to ensure that each on going nursing notes were documented as required by facility policy. The finding includes: Review of the facility's unusual incident report on March 20, 2008 revealed that Client #1 was observed to have a swollen left arm on October 20, 2007 . The client was taken to the emergency room at a local hospital and was subsequently diagnosed with closed distal humerus fracture. Review of the Client #1's running nursing progress notes on March 20, 2008 for the period between October 16, 2007 and October 20, 2007 revealed that nursing progress notes were documented during both the morning and evening shifts, except on October 19, 2007 (no evening progress note). Interview was conducted with one of the facility's Licensed Practical Nurses on March 31, 2008 at 4:18 PM via telephone, that revealed it was the facility's policy that nurse's document in the nursing progress notes on each shift. At the time of the investigation, the facility failed to provide evidence that nursing progress notes were documented on each shift as required.	W 331	W331 See responses for W187 above. W331 The RN will check the LPN shift notes on a routine weekly basis to insure that all shifts consistently develop the needed notes...4-14-08.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 03/24/2008
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SVC	STREET ADDRESS, CITY, STATE, ZIP CODE 39 PEABODY STREET NE WASHINGTON, DC 20011		

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R 000	INITIAL COMMENTS An initial licensure survey was conducted on March 20, 2008 and March 24, 2008 at this facility prior to the conversion to Medicaid Waiver. was in the hospital. At the time of the survey one of the five residents residing in the facility was in the hospital. Three residents were randomly selected for the survey sample. Resident #1 was admitted to the hospital on March 9, 2008. Interview with the facility's Charge Nurse on March 20, 2008 at 9:14 AM revealed the resident was transported to the emergency room, because she was having difficulty breathing. Interview with the Qualified Mental Retardation Professional (QMRP) on the aforementioned date revealed Resident#1 had two (2) asthma attacks and was placed on a ventilator. According to the QMRP, the hospital was trying to ween the resident off of the ventilator and that she had been scheduled for a Scat Scan on March 20, 2008. The findings of the survey were based on observations in the group home, interviews with direct care, nursing and administrative staff in the home, as well as a review of all available resident and administrative records, including incident reports.	R 000		
R 122	4701.2 BACKGROUND CHECK REQUIREMENT Except as provided in section 4701.6, each facility shall obtain a criminal background check, and shall either obtain or conduct a check of the District of Columbia Nurse Aide Abuse Registry, before employing or using the contract services of an unlicensed person. This Statute is not met as evidenced by:	R 122		

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	HFD12-0079	A. BUILDING B. WING	03/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULTI-THERAPEUTIC SVC	39 PEABODY STREET NE WASHINGTON, DC 20011

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R 122	Continued From page 1 Based on interview and the review of records, the GHMRP failed to ensure criminal background checks had been obtained before employing or using the contract services of an unlicensed person. The finding includes: Interview with the QMRP and review of the personnel records on March 20, 2008 revealed that the GHMRP failed to provide evidence that criminal background checks were obtained prior to employing and using the services of one direct care staff.	R 122	The criminal background check for the one direct care staff member was done and is attached. MTS insures that background checks are completed and reviewed prior to the final decision to hire... 4-11-08.	

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I 000	INITIAL COMMENTS An initial licensure survey was conducted on March 20, 2008 and March 24, 2008 at this facility prior to the conversion to Medicaid Waiver. was in the hospital. At the time of the survey one of the five residents residing in the facility was in the hospital. Three residents were randomly selected for the survey sample. Resident #1 was admitted to the hospital on March 9, 2008. Interview with the facility's Charge Nurse on March 20, 2008 at 9:14 AM revealed the resident was transported to the emergency room, because she was having difficulty breathing. Interview with the Qualified Mental Retardation Professional (QMRP) on the aforementioned date revealed Resident #1 had two (2) asthma attacks and was placed on a ventilator. According to the QMRP, the hospital was trying to ween the resident off of the ventilator and that she had been scheduled for a Sleat Scan on March 20, 2008. The findings of the survey were based on observations in the group home, interviews with direct care, nursing and administrative staff in the home, as well as a review of all available resident and administrative records, including incident reports.	I 000		
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.	I 206		

alth Regulation Administration

TITLE (X6) DATE

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

ATE FORM Q9G511 If continuation sheet 1 of 3

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I 206	Continued From page 1	I 206		
	This Statute is not met as evidenced by: Based on review of records, the GHMRP failed to ensure each employee had a current physician's certification that indicated a health inventory had been performed and documented the consultants health status would allow him/her to preform their required duties. The finding includes: Review of the personnel files on March 20, 2008 reflected that the GHMRP failed to provide physician's certification for one of the facility's direct care staff and two nurses.		The staff member and two nurses have been provided notice to update their health certificates by: 4-30-08.	
I 407	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) Qualified Mental Retardation Professional (QMRP), failed to provide evidence of a written quarterly report for each resident. (Resident #3) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) revealed on March 24, 2008 at 11:21 AM revealed Resident #3 had a Individual Support Plan (ISP) meeting in May,	I 407	MTS will insure that personnel records are audited quarterly and that staff is proactively notified of upcoming needs... 4-20-08	

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I 407	Continued From page 2 2007. Review of Resident #3's habilitation record on March 24, 2008 revealed an occupational therapy (OT) Assessment dated April 20, 2007. Further review of the assessment revealed a program objective for the resident to assist with applying lotion to his arms and hands given 80% hand over hand assistance. Additionally, the resident was recommended a program objective to tolerate tooth brushing with hand over hand assistance for three minutes for 100% trials. The OT indicated that he/she would "monitor status quarterly." At the time of the survey, there was no documented evidence to substantiate that the occupational therapist provided written reports at least on a quarterly basis for Resident #3.	I 407	MTS will insure that personnel records are audited quarterly and that staff is proactively notified of upcoming needs...4-30-08. 3509.9 The QMRP will contact the OT to insure that the measurable objectives for resident #3 are reviewed by...4-20-08. The QMRP will review the records monthly to insure that all reviews occur as prescribed and will proactively notify clinical professionals about upcoming timelines...4-30-08.	