

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/01/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MULTI-THERAPEUTIC SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4414-16 JAY STREET NE WASHINGTON, DC 20019</b>
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1 000 INITIAL COMMENTS

1 000

A revisit licensure survey was conducted from February 28, 2013, through March 1, 2013, to ascertain whether the group home for individuals with intellectual disabilities (GHIP) was in compliance with Chapter 35 of Title 22 of the District of Columbia Municipal Regulations. A sample of two residents was selected from a population of four females with varying degrees of intellectual disabilities.

The findings of the survey were based on observations in the home, interviews with residents, direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

1 043 3502.2(c) MEAL SERVICE / DINING AREAS

1 043

Modified diets shall be as follows:

(c) Reviewed at least quarterly by a dietitian.

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 ensure that the resident's modified diet for residents had been reviewed at least quarterly by a dietitian for one of the two residents included in the sample. (Resident #1)

The finding includes:

*Received 3/28/13*  
 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

*Kuneshni Sharma for Evette Moore*  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*DRS*

(X5) DATE

*3/28/13*

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1 043	<p>Continued From page 1</p> <p>On February 28, 2013, beginning at 8:20 a.m., Resident #1 was observed sitting in the living room. Further observation of the resident revealed that she appeared to be overweight. At 8:31 a.m., the resident was observed preparing to leave the facility for a day program.</p> <p>Review of Resident #1's medical record on February 28, 2013, beginning at 11:51 a.m. revealed a Nutritional Assessment dated September 28, 2012. Continued review of the assessment revealed the resident's ideal body weight (IBW) was 140 -170 lbs, and that the resident's weight at that time was 218 lbs. According to the assessment, the resident had gained 48 lbs. over her IBW. The nutritionist continued the diet order for a 1500 Kcal low fat, low cholesterol diet. Additionally, the nutritional summary indicated that "diet is appropriate in achieving a gradual decline if adhered to."</p> <p>Further review of the resident's record revealed a quarterly nutrition assessment dated April 30, 2012. At the time of the assesment the resident weighed 183 lbs and was reported to have a 1500 Kcal precribed diet order. There was no documented evidence that Resident #1's modified diet had been monitored by the nutritionist from April 2012 until September 28, 2012 when she gained 35 lbs. (5 months)</p> <p>Review of the weight chart revealed that the resident continued to gain weight after September 2012. Resident #1's last weight was recorded as 224 lbs. on January 26, 2013.</p>	1 043	<p>3502.2 (C)</p> <p>Resident #1 makes frequent visits with involved family and there is a failure to reinforce or encourage cooperation with the prescribed diet. The QIDP has discussed this with the involved family member who has pledged to encourage Resident #1 to eat more healthy meals and stick to her diet...3-23-13</p> <p>Additionally, the RN will provide reinforcing training to the home staff on the importance of providing Resident #1 with the prescribed diet every meal and encouraging her to eat only healthy snacks between meals. This training will occur...3-27-13</p> <p>The nutritionist will conduct follow up training on...4-9-13</p> <p>The QIDP and facility manager will conduct meal observations at minimum twice weekly (each) to monitor for compliance with the prescribed diet...3-23-13</p> <p>The QIDP has discussed the concern with the day program who report that compliance with the lunch diet during day program hours is good...3-23-13</p>
1 206	3509.6 PERSONNEL POLICIES	1 206	<p>Each employee, prior to employment and annually thereafter, shall provide a physician 's</p>

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I 206	Continued From page 2  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 group home for individuals with intellectual disabilities (GHIID) failed to ensure that all direct support staff and health care professionals had current health certificates for 2 of 10 direct support staff and 2 of 7 licensed consultants. (Direct support staff #9 and #10, consultants #1 and #6)  The finding includes:  On March 1, 2013, beginning at 9:50 a.m., review of the personnel records for all employees, including licensed professional health consultants, revealed the following:  1) There was no evidence of a health inventory/certificate for direct support staff #9 and #10.  2). There was no evidence of a health /inventory for C1 and C6.  The house manager (HM) acknowledged the findings and indicated she would follow-up with the human resources director.	I 206	3509.6  Health certificates for one of the two staff members and two consultants are attached...3-23-13 The second staff member has been placed on leave pending the receipt of a valid, current health certificate...3-23-13 MTS tracks and proactively notifies staff members and consultants concerning all personnel file issues and now implements its enforcement policy for those that fail to comply...3-23-13		
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS  Professional services shall include both diagnosis and evaluation, including identification of	I 401			

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I 401	<p>Continued From page 3</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 interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure residents received timely treatment services from the physical therapist, to prevent deterioration or further loss of function for one of two residents included in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>Review of Resident #2's medical record on March 1, 2013, at 12:49 p.m. revealed a physical therapy assessment dated February 7, 2012. Further review of the assessment revealed the resident's diagnosis included Spastic Quadriplegia. Continued review of the assessment revealed the physical therapist recommended an orthopedic consult to determine if the resident was appropriate for a dynamic knee brace to increase her left knee extension range of motion.</p> <p>On March 1, 2013, at 12:55 p.m. Resident #2's record revealed that she was seen by an orthopedic on May 23, 2012. The orthopedic consult revealed that the resident was not on their schedule and could not be seen. An appointment was rescheduled for August 29, 2012. Continued review of the orthopedic consult dated August 29, 2012, revealed Resident #2 was casted for a left knee brace.</p> <p>Interview with the QIDP on March 1, 2013, at 12:43 p.m. revealed that the resident had</p>	I 401	<p>3520.3</p> <p>PT training for proper use of the knee brace was conducted on...3-13-13 Implementation of the program/protocol has begin with data collection to measure progress...3-23-13 PT's reassessment for Resident #2 is attached...3-213</p> <p>The QIDP and RN will ensure via monthly reviews of the medical records and monthly team meetings that all medical appointments are effectively tracked and implemented in a timely manner...3-23-13</p>	

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I 401	Continued From page 4	I 401		
	<p>received and was fitted for the dynamic knee brace on February 5, 2013, (one year after the physical therapy assessment conducted on February 7, 2012). Further review of the consult revealed the resident was recommended to wear the brace no more than 2 hours each day and increase two hours each week. Continued discussion with QIDP, revealed that the physical therapist was notified that Resident #2 had received the brace.</p> <p>Interview with the registered nurse (RN) on February 28, 2013, at 6:25 p.m. revealed Resident #2 could not wear the dynamic knee brace before the staff received training.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on February 28, 2013, at 11:25 a.m. revealed the physical therapist was notified of Resident #2's incident, however, a scheduled time for staff training was still pending. Interview with the facility's house manager (HM) on March 1, 2013, at 12:43 p.m. revealed she spoke to the physical therapist on the day of the survey and was told that he needed to check his calendar before scheduling the staff training.</p> <p>At the time of the survey, there was no evidence that arrangements had been made for the physical therapist to reevaluate Resident #2 to prevent deterioration or further loss of function. Additionally, the facility failed to ensure staff training and instructions regarding Resident #2's dynamic knee brace was provided.</p>			

I 404	3520.6 PROFESSION SERVICES: GENERAL PROVISIONS	I 404		
	<p>Each professional service provider shall assist, as appropriate, each other person who is working</p>			

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I 404	<p>Continued From page 5</p> <p>with a resident in the GHMRP so that relevant professional instructions can be implemented through-out the resident ' s programs and daily activities.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that all staff working with residents received relevant professional instructions to ensure correct implementation for appropriate dietary orders for one of the two residents included in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>Based on observation, interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that the resident's modified diet for residents had been reviewed at least quarterly by a dietitian for one of the two residents included in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>On February 28, 2013, beginning at 8:20 a.m., Resident #1 was observed sitting in the living room. Further observation of the resident revealed that she appeared to be overweight. At 8:31 a.m., the resident was observed preparing to leave the facility for a day program.</p> <p>Review of Resident #1's medical record on February 28, 2013, beginning at 11:51 a.m. revealed a Nutritional Assessment dated September 28, 2012. Continued review of the assessment revealed the resident's ideal body weight (IBW) was 140 -170 lbs, and that the</p>	I 404	<p>3520.6</p> <p>Resident #1 makes frequent visits with involved family and there is a failure to reinforce or encourage cooperation with the prescribed diet. The QIDP has discussed this with the involved family member who has pledged to encourage Resident #1 to eat more healthy meals and stick to her diet...3-23-13</p> <p>Additionally, the RN will provide reinforcing training to the home staff on the importance of providing Resident #1 with the prescribed diet every meal and encouraging her to eat only healthy snacks between meals. This training will occur...3-27-13</p> <p>The nutritionist will conduct follow up training on...4-9-13</p> <p>The QIDP and facility manager will conduct meal observations at minimum twice weekly (each) to monitor for compliance with the prescribed diet...3-23-13</p> <p>The QIDP has discussed the concern with the day program who report that compliance with the lunch diet during day program hours is good...3-23-13</p>	

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I 404	<p>Continued From page 6</p> <p>resident's weight at that time was 218 lbs. According to the assessment, the resident had gained 48 lbs. over her IBW. The nutritionist continued the diet order for a 1500 Kcal low fat, low cholesterol diet. Additionally, the nutritional summary indicated that "diet is appropriate in achieving a gradual decline if adhered to."</p> <p>Further review of the resident's record revealed a quarterly nutrition assessment dated April 30, 2012. At the time of the assesment the resident weighed 183 lbs and was reported to have a 1500 Kcal precribed diet order. There was no documented evidence that Resident #1's modified diet had been monitored by the nutritionist from April 2012 until September 28, 2012 when she gained 35 lbs. (5 months)</p> <p>Review of the weight chart revealed that the resident continued to gain weight after September 2012. Resident #1's last weight was recorded as 224 lbs. on January 26, 2013.</p> <p>At the time of the survey, there was no evidence documented from September 2012, to present, that the nutritionist had provided assistance and professional instructions to all staff working with Resident #1. Additionally, she/he failed to ensure that the 1500 Kcal low fat, low cholesterol modified diet was implemented throughout the resident's programs and daily activities.</p>	I 404		
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R 125	<p>4701.5 BACKGROUND CHECK REQUIREMENT</p> <p>The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the 7 years prior to the check for one (1) of nine (9) staff employed. (Staff #1 )</p> <p>The finding includes:</p> <p>Review of the personnel files on March 1, 2013, beginning at 9:55 a.m., revealed the GHIID failed to provide evidence of a criminal background check that disclosed a seven year history of all jurisdictions where one staff worked and/or resided at the time of the survey.</p> <p>1. Staff #6 was hired September, 2009. A background check was conducted November 2009, where he/she lived and previously worked, but did not have a background check in the jurisdiction in which he/she presently worked. (District of Columbia)</p> <p>2. Staff #10 who was omitted from the survey process on March 1, 2013, information was requested on March 4, 2013. at approximately 1:15 p.m. via phone contact with the house manager (HM), who indicated they would follow-up on the requested information was requested</p>	R 125	<p>R125</p> <p>1. Staff #6 background check expanded to include the District of Columbia...3-23-13 The new background check will be used hereafter for all staff...3-23-13</p> <p>The personnel file for staff member #10 is attached. Because there is little to no client contact (staff member #10 manages maintenance concerns), MTS believed no health certificate was required but has corrected the problem...3-23-13</p>	

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TITLE

(X6) DATE

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

STATE FORM

6559

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If continuation sheet 1 of 2

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R 125	<p>Continued From page 1 on March 4, 2013.</p> <p>On March 4, 2013, at approximately 1:15 p.m. phone contact was made with the HM and she indicated she would follow up on obtaining the requested documents for Staff #10 who was omitted from the list during the initial record review on March 1, 2013. No documents have been received by the surveyor at this time.</p> <p>Interview with the house manager during the exit at approximately 3:00 p.m., acknowledged the aforementioned findings. There were no additional documents given to the surveyor for review by the end of the exit on March 1, 2013.</p>	R 125		
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