PRINTED: 04/18/2018

CENTERS FOR MEDICAR	E & MEDICAID SERVICES			FORM APPROVE 0MB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G037	B. WING	- Area - Steel Are	
NAME OF PROVIDER OR SUPPLIEF	1	ST	REET ADDRESS, CITY, STATE, ZIP CODE	03/16/2018
COMMUNITY MULTI SERVIC			ASHINGTON, DC 20008	
PREFIX (EACH DEFICIENCE	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
*[For LTC facilities on and include a documunity-based rall-hazards approact *[For ICF/IIDs at §4 and include a documunity-based rall-hazards approact (2) Include strategic events identified by * [For Hospices at § strategies for addressidentified by the risk	and include a documented, community-based risking an all-hazards approach.* at §483.73(a)(1):] (1) Be based ocumented, facility-based and risk assessment, utilizing an och, including missing residents. 83.475(a)(1):] (1) Be based on mented, facility-based and risk assessment, utilizing an och, including missing clients. es for addressing emergency the risk assessment. 418.113(a)(2):] (2) Include assing emergency events assessment, including the	E 006	DEFIGIENCY)	4/
failures, natural disa that would affect the care. This STANDARD is Based on interview facility's emergency (EPP): (I) failed to do assessment (RA); (II community-based R/hazardous materials (III) failed to establish address some of the in the RA (specifically unrest); and (IV) the table (EP) failed to include	consequences of power sters, and other emergencies hospice's ability to provide not met as evidenced by: and record review, the preparedness program occument a facility-based risk of failed to complete the A to include events involving (as identified by the facility); an emergency plans to greatest hazards identified by, mass casualty and civil facility's emergency plan policies and procedures that the incidents or events occur			

while the six clients residing in the facility are out

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/18/2018 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 09G037 B. WING 03/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC. WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) E 006 Continued From page 2 E 006 Findings included: I. On 03/15/18 beginning at 4:44 PM, review of the facility's RA, dated 11/22/17, revealed no discernable "community-based" RA or "facility-based" RA. During an interview with the QIDP (who was the identified EP Leader) on 03/16/18 at 4:49 PM, the QIDP could not articulate the difference between the two types of RA. She stated that a team of QIDPs had met several times with agency administrators to develop one RA, which she characterized as having a regional perspective and not specific to this specific facility. At the time of the survey, the facility failed to document a facility-based RA. II. On 03/15/18 beginning at 4:44 PM, review of the facility's four-page RA, dated 11/22/17, showed the facility planned to assess the probability and severity of potential emergencies involving hazardous materials. The final (fourth) page of the RA showed a chart with the following listed: "Mass Casualty Hazmat Incident," "Small Casualty Hazmat Incident," "Chemical Exposure." Terrorism, Chemical," Radiologic Exposure, External," and "Terrorism, Radiologic." To the

During a follow-up interview on 03/16/18 at 4:50 PM, the QIDP acknowledged that the last page was blank. The QIDP further stated that the

right of each of those listed hazards, every box in the chart was blank, except for the last column down the right side of the chart; it showed "0%"

agency intends to complete the remainder of the

risk for each hazard listed.

PRINTED: 04/18/2018

		AND HUMAN SERVICES			FORM APPROVE
		& MEDICAID SERVICES			OMB NO. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
<u> </u>		09G037	B WING_		03/16/2018
NAME OF	PROVIDER OR SUPPLIER		·	STREET ADDRESS, CITY, STATE, Z	IP CODE
COMML	INITY MULTI SERVICE	S, INC		WASHINGTON, DC 20008	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	FION SHOULD BE COMPLETION THE APPROPRIATE DATE
E 006	Continued From pa	ge 3	E 00	6	
	that the facility fully community-based R III. During an intervious beginning at 3:15 PI facility' RA had ident	urvey, there was no evidence completed their IA. ew with the QIDP on 03/15/18 M, the QIDP stated that the iffed snowstorms, blizzards storms as the greatest		The facility's RA will be r "Mass Casualty Incidenty The revised plan will incl when an emergency eve residents and staff are in	/Civil Disturbance. ude steps to follow nt occurs when
	potential hazards. S and cold events, ice failure, communicati	he then added extreme heat storms, floods, electrical ons failures (phones and glow on supplies as posing			*
a	facility's RA, dated 1: Shortage" was deter risk (at 61%). The ne were "Electrical Failu Failure" (both at 56% "Information Systems Internal" was 41%, "S	ng at 4:44 PM, review of the 1/22/17, showed "Supply mined to be of highest overall ext-greatest hazards listed are" and "Communications b). The RA showed the risk of a Failure" was 44%, "Flood, Bevere Thunderstorm" was "Blizzard" were both at 28%, torm" was 22%.			
((5	did not mention "Mas trauma)" or "Civil Dis	cioned interview, the QIDP s Casualty Incident sturbance;" however, the RA sessed at 44% and 41%			100
F ti	Personal Emergency he six clients, followe	g at 9:25 AM, review of the Plans (PEPs) for each of d by review of the facility's 2/17, (at 2:45 PM) showed			

no evidence that the facility had established plans on how to address mass casualty incidents or

PRINTED: 04/18/2018

		E & MEDICAID SERVICES		(FORM APPROVED DMB NO. 0938-0391
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G037	B. WING		03/16/2018
NAME OF	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/10/2010
COMMU	NITY MULTI SERVICE	S, INC	V	/ASHINGTON, DC 20008	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
E 006	civil disturbances.		E 006	1	
	PM, the QIDP acknowledge plans, policies and p	nterview on 03/16/18 at 4:55 owledged that there were no procedures developed to ass casualty incidents or civil	e.		*
	beginning at 3:15 PM facility' RA had ident	ew with the QIDP on 03/15/18 M, the QIDP stated that the ified snowstorms, blizzards storms as being the greatest	9		
: : : : :	six clients (at 9:25 Al dated 11/22/17, (at 2 "Continuity of Operat showed a staffing placensite in advance of weather. The plans diguidance or instructic clients should responsevere thunderstorm	of the PEPs for each of the M), the facility's overall EP, :45 PM) and an agency-wide icins Plan," dated 11/22/17, an and list of supplies needed snowstorms or other severe lid not, however, provide ons as to how staff and if/when a snowstorm, or other emergency event dly while the staff and clients community.			
F s h p s	PM, the QIDP stated shelter and to call the nowever, that there w policies and procedur	es developed to address when the clients were	,		<
А	at the time of the surv	ey, the facility failed to			+

ensure that the emergency plan addressed emergency events that might occur while clients

and staff were in the community.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/18/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 09G037 B. WING 03/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) E 015 Subsistence Needs for Staff and Patients E 015 CFR(s): 483.475(b)(1) (b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for

limited to the following:

following:

hospice-operated inpatient care facilities only. The policies and procedures must address the

(A) Food, water, medical, and pharmaceutical

(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not

		& MEDICAID SERVICES	age to the contract of		MB NO. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G037	B. WING		03/46/2040
NAME OF	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	03/16/2018
COMMU	INITY MULTI SERVICE		148	ASHINGTON, DC 20008	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D RE COMPLETION
E 015	Continued From pa	ge 6	E 01E		
	supplies,	900	E 015		91
	(B) Alternate soul following:	rces of energy to maintain the			
	and safety and for the	es to protect patient health ne safe and sanitary storage	1		4
	of provisions. (2) Emergency	liabtina			4
	(3) Fire detection	on, extinguishing, and alarm			
	systems.	-			
	(C) Sewage and v	vaste disposal. not met as evidenced by:			
	Based on record rev	view and interview, the facility			1
	failed to develop writ	ten policies and procedures			17
	that describe the me client access to phar	thod to be used to ensure			į
8	emergency situations	s, for six of six clients			207
	residing in the facility 6).	(Clients #1, 2, 3, 4, 5 and			
	Findings included:	A1			
	Record review of the	facility's plan titled		he facility's Director of Nursing an	
	'Continuity of Operati	ons Plan," dated 11/22/17.		rogram Director will develop a bac lan that will provide guidance in th	
	showed that "all personed by	ons' prescriptions and e filled for 30 days." There	th	at pharmacy services are interrup	oted
Ň	was no evidence how	ever, of a back-up plan to	dı	uring and emergency event.	5/30/18
Ł	provide guidance in the	ne event that access to the			
6	current pharmacy bed emergency event.	ame disrupted due to an			
	During an interview or	03/16/18 at 5:09 PM, the			10
C	QIDP confirmed that t	o date, there was no written			(4)
p	olicy and procedures	that specifically addressed interruptions in receiving			
q	eliveries from the cui	rent pharmacy.	X		
A	t the time of the surv	ey, there was no evidence			
	iat a contingency plai ontinuity of client acc	n was developed to ensure less to medications and			1

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/18/2018 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING COMPLETED 09G037 B WING 03/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC WASHINGTON, DC 20008 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 015 Continued From page 7 E 015 other pharmacy supplies during an emergency. E 023 Policies/Procedures for Medical Documentation E 023 CFR(s): 483.475(b)(5) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:1 (5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.

records.

*[For RNHCIs at §403.748(b):] Policies and procedures. (5) A system of care documentation

*[For OPOs at §486.360(b):] Policies and procedures. (2) A system of medical

(ii) Protects confidentiality of patient information.(iii) Secures and maintains the availability of

documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records.

that does the following:

(i) Preserves patient information.

18 ED 91

CENTERS FOR MEDICA	TH AND HUMAN SERVICES RE & MEDICAID SERVICES		P	FORM APPROVE
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T		MB NO. 0938-03
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G037	B WING		03/16/2018
NAME OF PROVIDER OR SUPPLI	ER	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/10/2010
COMMUNITY MULTI SERVI	CES, INC	W	ASHINGTON, DC 20008	
PREFIX (EACH DEFICIENT	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETIO
E 023 Continued From	page 8	E 023		
Based on intervie failed to develop address a system of client informati	is not met as evidenced by: ew and record review, the facility policies and procedures that that protects the confidentiality on during an emergency, for six ling in the facility (Clients #1, 2,			1
Findings included	:			
3:30 PM, the QIDF made their clients department, via a Each client was ge described as a per hangs around a cli indicate the name, other important inf QIDP further state information was madatabase located a electronic records at a private contract region. Although no interview, the survey client in the facility (assessments, reported.)	orts and other standard			E
"Continuity of Opera showed that "All im individual will be sto include hard copies	e facility's plan titled, ations Plan," dated 11/22/17, portant documents for each ored in safety locked boxes to of social security cards, formation and bank			

statements." The plan also showed that back-up

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					(M APPROVE O. 0938-039
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		09G037	B. WING			0	3/16/2018
NAME OF	PROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE	1 0	3/10/2010
сомми	INITY MULTI SERVICE	ES, INC		WA:	SHINGTON, DC 20008		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TD BE	(X5) COMPLETION DATE
E 023	Continued From pa	ae 9	F 0	00			
L 020		yere maintained on a server at	E 0:	23			6
	the corporate office	, with another set of records					5
	saved on back-up L	JSB drives that were stored actor located elsewhere in the					
	region. There were	no written policies and					
	procedures that des	scribed the Smart 911					
	showed "evacuation	y's EPP, dated 11/22/17, tags should be available in					Ÿ
	every group home a	nd distributed to staff during					
	an evacuation event	t. All person's tags should be anent marker to prevent					,
	smudging or erasing	of vital information on the					
	tag Tags will help I (sic) needs and help to assembly or refug specify what informa "E tags" and there w	nospital staff identify persons staff provide patient transfer le area." The policy did not ation would be included on the lere no procedures outlined					
	regarding now to pro information to be inc tags."	tect the confidentiality of luded on the evacuation "E					b
	RN on 03/16/18:	terview with the QIDP and					
	locked boxes" were s	I stated that the "safety stored off site at the nurse's I RN acknowledged that the					
į I	nformation in the loc	ked boxes would not be e time of an immediate					
V	At 5:37 PM, the QII vere no written plans egarding the Smart 9	DP acknowledged that there , policies and procedures 311 program.					
s h a	tated that the tags w er understanding that ddress, picture, diag	the "E tags," the QIDP ere being ordered. It was at the client's name, noses, medications would ever, she stated that she				1	

		& MEDICAID SERVICES			OMB NO. 0938-039
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G037	B. WING _		02/46/2040
NAME OF	PROVIDER OR SUPPLIER		'Т	STREET ADDRESS, CITY, STATE, ZIP COO	03/16/2018 DE
COMM	JNITY MULTI SERVICE	S, INC		WASHINGTON, DC 20008	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
E 023	Continued From page	ge 10	E 02:	3	*
	didn't know "what's	on the actual order," When		•	
	asked how the infor	mation on the "E tags" would		The facility will develop a writ	tan
	be kept confidential, being discussed.	, she stated that it was still		policy/procedure to address of	confidentiality
	boing diacussed.			of client's information and how	v it will make
	- Further discussion	revealed that each client's		records accessible during an	
	adaptive equipment,	health passport and other		evaluation.	5/30/18
	evacuation was nece	company the client if			Ť
	acknowledged that v	vhile management had			
	discussed this topic	(taking clients' health			
	passports), that aspe been finalized and the	ect of the EP had not yet here were no written policies			
	and procedures to pr	ovide guidance.			
	At the time of the sur	vey, there was no evidence			
	that the facility developed	oped written policies and			
	procedures that spec	cifically addressed ensuring			
	maintaining ready ac	client information while			
	information during an	emergency evacuation.			
E 029	Development of Com	munication Plan	E 029		
	CFR(s): 483.475(c)				A.
	(c) The [facility] must	develop and maintain an			
	emergency preparedr	ness communication plan			, and the second
	that complies with Fe	deral, State and local laws d and updated at least			
	and must be reviewed annually.	and updated at least			
- 1	This STANDARD is n	not met as evidenced by:			
	Based on record revi	ew and staff interview, the			
	communication plan (p and maintain a written CP) that coordinated client			
(care within the facility,	across health care			
ŗ	providers and with the	state public health			i
f	department, for six of acility (Clients #1, 2, 3	six clients residing in the 3, 4, 5 and 6).			e:

		E & MEDICAID SERVICES		100 Hz-		. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DAT	TE SURVEY MPLETED
		09G037	B. WING_		02/	/4 <i>C</i> /204 D
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	16/2018
COMMU	NITY MULTI SERVICE	ES, INC		WASHINGTON, DC 20008		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIETION OF THE APPROPRI	D BE	(X5) COMPLETION DATE
E 029	Continued From pa Findings included:	age 11	E 02	9		
	review of the EPP refailed to develop a vector that coordinated can healthcare providered department. There is communication-relaincluded in the facility	ning at approximately 4:41 PM, manual showed the facility written communication plan re within the facility, across s, and with state public health were however, ted statements and policies ty's EP, dated 11/22/17, and ity of Operations Plan," dated		The Communication Plan will be represented to coordinate care within the facility an emergency event. The QIDP, DSPs will receive additional training communication plan.	ty during RN and; ng on the	
	RN on 03/16/18 beg stated that the Emer Program was still in confirmed that the fa	e interview with the QIDP and inning at 4:49 PM, the QIDP gency Preparedness development and she acility was unable to provide ace of a written communication		1		
E 033	Methods for Sharing CFR(s): 483.475(c)(4	Information 4)-(6)	E 033		i	
t 1 3	emergency prepared hat complies with Fe and must be reviewe	et develop and maintain an ness communication plan ederal, State and local laws d and updated at least nunication plan must include			8	
o C	locumentation for pa	ing information and medical tients under the [facility's] with other health providers to by of care.	7		4	
re	elease patient inform	vent of an evacuation, to ation as permitted under 45. [This provision is not			9	

PRINTED: 04/18/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 09G037 B. WING 03/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMMUNITY MULTI SERVICES, INC. WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) E 033 Continued From page 12 E 033 required for HHAs under §484.22(c), CORFs under §485.68(c), and RHCs/FQHCs under §491.12(c).1 (6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4). *[For RNHCIs at §403.748(c):] (4) A method for sharing information and care documentation for patients under the RNHCI's care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative. *[For RHCs/FQHCs at §491.12(c):] (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). The Revised Communication Plan will This STANDARD is not met as evidenced by: include: Based on interview and record review, the facility 1- Methods of sharing client's medical failed to develop clear, written policies and information with other health providers. procedures that describe a communications system that (I) outlines a method of sharing a 2- Provides guidelines for protection of a client's medical information with other health

and 6).

providers; (II) protects the confidentiality of client information during an evacuation; and, (III) is

information on the general condition and location of clients under their [facility's] care, for six of six clients residing in the facility (Clients #1, 2, 3, 4, 5

capable of generating timely, accurate

information

client's confidentiality of records

3- Guidelines for maintaining accurate

5/30/18

PRINTED: 04/18/2018

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM A DMB NO.	APPROVEI
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE	
		09G037	B. WING		03/1	6/2018
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
сомми	NITY MULTI SERVICE	S, INC		WASHINGTON, DC 20008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETION DATE
	stated that each clie which she described card that the client with eneck during an expending and would indicate the nimportant information. "E tag." The QIDP fuclient information was electronic database office, with back-up contractor. The survithe facility had paper reports and other stawould be available demergency. Record review revea 11/22/17, showed that emergency communication plan review. The facility's the agency had "a sypersons supported a including evacuation information. Each group material to the facility of the proposed communication of the althowever, failed to show that a discernible tracemplemented in the facility and material to the facility of the proposed complemented in the facility of the proposed complemented complement	and that the EPP, dated at each facility would have an ication plan. There was no however, available for EP, dated at each facility would have an ication plan. There was no however, available for EP, dated 11/22/17, showed staffing personnel, location and receiving facility oup home is in charge of communicating with each port, DDS and the continued record review ow documented evidence exiting system had been	E 03	 4- Methods to maintain an electro database with back-up files 5- Written guidelines when releas records 6- Written policies and procedures sharing information with other and the public. 	ing s for	5/30/18
		uld be available in every		5907		

group home and distributed to staff during an evacuation event. All person's tags should be filled out using permanent marker to prevent

PRINTED: 04/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE (X3) DATE SUR COMPLETE (COMMUNITY MULTI SERVICES, INC (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COMMUNITY MULTI SERVICES, INC (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) E 033 Continued From page 14 smudging or erasing of vital information on the tag Tags will help hospital staff identify persons (sic) needs and help staff provide patient transfer to assembly or refuge area." The policy did not specify what information would be included on the "E tags" and there were no procedures outlined regarding how to protect the confidentiality of information to be included on the evacuation "E tags" and/or other documentation that might accompany a client when evacuated from the facility. In addition, there were no written policies and procedures that described the method/process by which confidential information would be shared with other health providers.	00171		TAND HOMAN SERVICES				FOR	MAPPROVE
SAND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CATION NUMBER: 099037 NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COMMUNITY OF CORRECTION SUPPLIER E 033 Continued From page 14 smudging or erasing of vital information on the tag Tags will help hospital staff identify persons (sic) needs and help staff provide patient transfer to assembly or refuge area." The policy did not specify what information would be included on the "E tags" and there were no procedures outlined regarding how to protect the confidentiality of information to be included on the tag Tags will need to protect the confidentiality of information to be included on the waccustion "E tags" and/or other documentation that might accompany a client when evacuated from the facility. In addition, there were no written policies and procedures but described the method/process by which confidential information would be shared with other health providers.								
NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY)) E 033 Continued From page 14 Smudging or erasing of vital information on the tag Tags will help hospital staff identify persons (sic) needs and help staff provide patient transfer to assembly or refuge area." The policy did not specify what information would be included on the "E tags" and there were no procedures outlined regarding how to protect the confidentiality of information to be included on the evacuation "E tags" and/or other documentation that might accompany a client when evacuated from the facility. In addition, there were no written policies and procedures that described the method/process by which confidential information would be shared with other health providers.	STATEMEN AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) D.	
COMMUNITY MULTI SERVICES, INC (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 033 Continued From page 14 smudging or erasing of vital information on the tag Tags will help hospital staff identify persons (sic) needs and help staff provide patient transfer to assembly or refuge area." The policy did not specify what information would be included on the "E tags" and there were no procedures outlined regarding how to protect the confidentiality of information to be included on the mathod/process by which confidential information would be shared with other health providers. STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008 WASHINGTON, DC 20008 PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DESCRIPTION SHOULD BE CROSS-REF	L		09G037	B. WING			0	3/16/2018
WASHINGTON, DC 20008 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 033 Continued From page 14 smudging or erasing of vital information on the tag Tags will help hospital staff identify persons (sic) needs and help staff provide patient transfer to assembly or refuge area." The policy did not specify what information would be included on the "E tags" and there were no procedures outlined regarding how to protect the confidentiality of information to be included on the evacuation "E tags" and/or other documentation that might accompany a client when evacuated from the facility. In addition, there were no written policies and procedures that described the method/process by which confidential information would be shared with other health providers.	NAME OF	F PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		0,10,2010
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 033 Continued From page 14 E 033 smudging or erasing of vital information on the tag Tags will help hospital staff identify persons (sic) needs and help staff provide patient transfer to assembly or refuge area." The policy did not specify what information would be included on the "E tags" and there were no procedures outlined regarding how to protect the confidentiality of information to be included on the evacuation "E tags" and/or other documentation that might accompany a client when evacuated from the facility. In addition, there were no written policies and procedures that described the method/process by which confidential information would be shared with other health providers.	COMMU	UNITY MULTI SERVICE	ES, INC		WA	SHINGTON, DC 20008		
smudging or erasing of vital information on the tag Tags will help hospital staff identify persons (sic) needs and help staff provide patient transfer to assembly or refuge area." The policy did not specify what information would be included on the "E tags" and there were no procedures outlined regarding how to protect the confidentiality of information to be included on the evacuation "E tags" and/or other documentation that might accompany a client when evacuated from the facility. In addition, there were no written policies and procedures that described the method/process by which confidential information would be shared with other health providers.	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	;	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE
Review of a plan "Continuity of Operations Plan," dated 11/22/17, showed that "All important documents for each individual will be stored in safety locked boxes to include hard copies of social security cards, medical/Medicaid information and bank statements." The plan also showed that back-up electronic records were maintained on a server at the corporate office, with another set of records saved on back-up USB drives that were stored with a private contractor. There were no written instructions regarding how confidential information would be protected (paper records, "E Tags," etc.) during emergencies. In addition, there was no evidence of written policies and procedures regarding how the facility would release client information, to include the general condition and location of clients. During a follow-up interview with the QIDP and RN on 03/16/18:		smudging or erasing tag Tags will help (sic) needs and help to assembly or refug specify what informa "E tags" and there we regarding how to proinformation to be incompany a client of accompany a client of facility. In addition, the and procedures that method/process by would be shared with Review of a plan "Condated 11/22/17, show documents for each is safety locked boxes to social security cards, information and bank showed that back-up maintained on a serve with another set of recontractor. There were regarding how confide protected (paper recontractor. There were regarding how confidence of the protected (paper recontractor. In addition of written policies and the facility would releasingly a follow-up integrating a follow-up integrating a follow-up integration.	g of vital information on the hospital staff identify persons of staff provide patient transfer ge area." The policy did not ation would be included on the vere no procedures outlined of the confidentiality of cluded on the evacuation "E ocumentation that might when evacuated from the here were no written policies described the which confidential information in other health providers. Intimuity of Operations Plan," wed that "All important individual will be stored in to include hard copies of medical/Medicaid a statements." The plan also be electronic records were ger at the corporate office, cords saved on back-up a stored with a private re no written instructions ential information would be ords, "E Tags," etc.) during the procedures regarding how asse client information, to ondition and location of	EO	33			

CENTERS FOR MEDICARE					D: 04/18/201 MAPPROVEI
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	OMB NO	O. 0938-039 ATE SURVEY OMPLETED
ALEXANDER SONANDO DE SUBSENIO	09G037	B WING		_ 0:	3/16/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES	S, INC		STREET ADDRESS, CITY, STA	ATE, ZIP CODE	<i>1</i> 10/2010
PREFIX (EACH DEFICIENCY)	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA ((EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
readily available at the evacuation to share of evacuation to share of the evacuation of the evacuatio	cked boxes would not be the time of an immediate with other health providers. QIDP described how staff is, landlines and/or to the QIDP apprised of client and general condition. The steep the administrator information the QIDP formation the QIDP the QIDP further stated that the process she just and in the policies and the policies are the policies are the policies and the policies are the policies and the policies are the policies and the policies and the policies and the policies are the policies and the policies and the policies and the policies are the policies are the policies are the policies are the policies and the policies are the poli	E 03	33		

Also at 5:37 PM, the QIDP stated that each

client's health passport and other information would be taken with the client in an evacuation. At

PRINTED: 04/18/2018

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			FORM APPROV
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED
		09G037	B WING		
NAME OF	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CO	03/16/2018 DE
COMMU	NITY MULTI SERVICE		I)	ASHINGTON, DC 20008	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETIO
	the EPP had not be written policies and methods used to sh information with othetc.). At the time of the su that the facility deve communication plan procedures specific of client information other health provider access to client information addition, there was policies and procedures	en finalized and there were no procedures regarding are personal medical er providers (who/when/how,	E 033		