

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] WASHINGTON, DC 20008
---	---

(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
--------------------	--	---------------	---	----------------------

E 006 Continued From page 1
(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*

*[For LTC facilities at §483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.

*[For ICF/IIDs at §483.475(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients.

(2) Include strategies for addressing emergency events identified by the risk assessment.

* [For Hospices at §418.113(a)(2):] (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility's emergency preparedness program (EPP): (I) failed to document a facility-based risk assessment (RA); (II) failed to complete the community-based RA to include events involving hazardous materials (as identified by the facility); (III) failed to establish emergency plans to address some of the greatest hazards identified in the RA (specifically, mass casualty and civil unrest); and (IV) the facility's emergency plan (EP) failed to include policies and procedures that address situations when incidents or events occur while the six clients residing in the facility are out in the community (Clients #1, 2, 3, 4, 5 and 6).

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008
--	--

(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
--------------------	--	---------------	---	----------------------

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 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%" risk for each hazard listed.

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 agency intends to complete the remainder of the

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008		
(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	
E 006	Continued From page 3 RA. At the time of the survey, there was no evidence that the facility fully completed their community-based RA. III. During an interview with the QIDP on 03/15/18 beginning at 3:15 PM, the QIDP stated that the facility' RA had identified snowstorms, blizzards and severe thunderstorms as the greatest potential hazards. She then added extreme heat and cold events, ice storms, floods, electrical failure, communications failures (phones and internet) and running low on supplies as posing lesser degrees of risk. On 03/15/18 beginning at 4:44 PM, review of the facility's RA, dated 11/22/17, showed "Supply Shortage" was determined to be of highest overall risk (at 61%). The next-greatest hazards listed were "Electrical Failure" and "Communications Failure" (both at 56%). The RA showed the risk of "Information Systems Failure" was 44%, "Flood, Internal" was 41%, "Severe Thunderstorm" was 33%, "Snowfall" and "Blizzard" were both at 28%, and the risk of "Ice Storm" was 22%. During the aforementioned interview, the QIDP did not mention "Mass Casualty Incident (trauma)" or "Civil Disturbance;" however, the RA showed they were assessed at 44% and 41% risk, respectively. On 03/16/18 beginning at 9:25 AM, review of the Personal Emergency Plans (PEPs) for each of the six clients, followed by review of the facility's overall EP, dated 11/22/17, (at 2:45 PM) showed no evidence that the facility had established plans on how to address mass casualty incidents or	E 006	The facility's RA will be revised to include: "Mass Casualty Incident/Civil Disturbance. The revised plan will include steps to follow when an emergency event occurs when residents and staff are in the community. 5/30/18		

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008
--	--

(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
--------------------	--	---------------	---	----------------------

E 006 Continued From page 4
civil disturbances. E 006

During a follow-up interview on 03/16/18 at 4:55 PM, the QIDP acknowledged that there were no plans, policies and procedures developed to address possible mass casualty incidents or civil disturbances.

IV. During an interview with the QIDP on 03/15/18 beginning at 3:15 PM, the QIDP stated that the facility' RA had identified snowstorms, blizzards and severe thunderstorms as being the greatest potential hazards.

On 03/16/18, review of the PEPs for each of the six clients (at 9:25 AM), the facility's overall EP, dated 11/22/17, (at 2:45 PM) and an agency-wide "Continuity of Operations Plan," dated 11/22/17, showed a staffing plan and list of supplies needed on-site in advance of snowstorms or other severe weather. The plans did not, however, provide guidance or instructions as to how staff and clients should respond if/when a snowstorm, severe thunderstorm or other emergency event happened unexpectedly while the staff and clients were traveling in the community.

During a follow-up interview on 03/16/18 at 4:56 PM, the QIDP stated that drivers knew to seek shelter and to call the QIDP. She acknowledged however, that there were no written plans, policies and procedures developed to address such emergencies if/when the clients were traveling out in the community.

At the time of the survey, 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
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] WASHINGTON, DC 20008
---	---

(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
--------------------	--	---------------	---	----------------------

E 015 Subsistence Needs for Staff and Patients
CFR(s): 483.475(b)(1) E 015

[(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 hospice-operated inpatient care facilities only. The policies and procedures must address the following:
(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:
(A) Food, water, medical, and pharmaceutical

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] WASHINGTON, DC 20008
--	--

(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
--------------------	--	---------------	---	----------------------

E 015 Continued From page 6
supplies.
(B) Alternate sources of energy to maintain the following:
(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
(2) Emergency lighting.
(3) Fire detection, extinguishing, and alarm systems.
(C) Sewage and waste disposal.
This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to develop written policies and procedures that describe the method to be used to ensure client access to pharmaceuticals during emergency situations, for six of six clients residing in the facility (Clients #1, 2, 3, 4, 5 and 6).

E 015

Findings included:

Record review of the facility's plan titled, "Continuity of Operations Plan," dated 11/22/17, showed that "all persons' prescriptions and medications" would be filled for 30 days." There was no evidence however, of a back-up plan to provide guidance in the event that access to the current pharmacy became disrupted due to an emergency event.

During an interview on 03/16/18 at 5:09 PM, the QIDP confirmed that to date, there was no written policy and procedures that specifically addressed potential, unexpected interruptions in receiving deliveries from the current pharmacy.

At the time of the survey, there was no evidence that a contingency plan was developed to ensure continuity of client access to medications and

The facility's Director of Nursing and Program Director will develop a back-up plan that will provide guidance in the event that pharmacy services are interrupted during and emergency event.

5/30/18

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] WASHINGTON, DC 20008
---	---

(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
--------------------	--	---------------	---	----------------------

E 015	Continued From page 7 other pharmacy supplies during an emergency.	E 015		
E 023	Policies/Procedures for Medical Documentation CFR(s): 483.475(b)(5)	E 023		

[(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:]

(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.

*[For RNHCIs at §403.748(b):] Policies and procedures. (5) A system of care documentation that does the following:
(i) Preserves patient information.
(ii) Protects confidentiality of patient information.
(iii) Secures and maintains the availability of records.

*[For OPOs at §486.360(b):] Policies and procedures. (2) A system of medical documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records.

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] WASHINGTON, DC 20008
---	---

(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
--------------------	--	---------------	---	----------------------

E 023 Continued From page 8

E 023

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to develop policies and procedures that address a system that protects the confidentiality of client information during an emergency, for six of six clients residing in the facility (Clients #1, 2, 3, 4, 5 and 6).

Findings included:

During an interview with the QIDP on 03/15/18 at 3:30 PM, the QIDP stated that facility staff had made their clients known to the police department, via a program called Smart 911. Each client was getting an "E tag," which she described as a personal identification card that hangs around a client's neck. The "E tags" would indicate the name, diagnoses, medications and other important information about the client. The QIDP further stated that staff and client information was maintained on an electronic database located at the corporate office. Back-up electronic records were maintained on the server at a private contractor located elsewhere in the region. Although not discussed during this initial interview, the survey findings showed that each client in the facility had paper records (assessments, reports and other standard documentation) that would be available during a shelter in place emergency.

Record review of the facility's plan titled, "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

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] WASHINGTON, DC 20008
---	---

(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
--------------------	--	---------------	---	----------------------

E 023 Continued From page 9 E 023

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 located elsewhere in the region. There were no written policies and procedures that described the Smart 911 program. The facility's EPP, dated 11/22/17, showed "evacuation tags should be available in every group home and distributed to staff during an evacuation event. All person's tags should be filled out using permanent marker to prevent 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."

During a follow-up interview with the QIDP and RN on 03/16/18:

- At 5:10 PM, the RN stated that the "safety locked boxes" were stored off site at the nurse's office. The QIDP and RN acknowledged that the information in the locked boxes would not be readily available at the time of an immediate evacuation.
- At 5:37 PM, the QIDP acknowledged that there were no written plans, policies and procedures regarding the Smart 911 program.
- When asked about the "E tags," the QIDP stated that the tags were being ordered. It was her understanding that the client's name, address, picture, diagnoses, medications would be on the "E tags;" however, she stated that she

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED] WASHINGTON, DC 20008
--	--

(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
--------------------	--	---------------	---	----------------------

E 023 Continued From page 10

didn't know "what's on the actual order." When asked how the information on the "E tags" would be kept confidential, she stated that it was still being discussed.

- Further discussion revealed that each client's adaptive equipment, health passport and other information would accompany the client if evacuation was necessary. The QIDP acknowledged that while management had discussed this topic (taking clients' health passports), that aspect of the EP had not yet been finalized and there were no written policies and procedures to provide guidance.

At the time of the survey, there was no evidence that the facility developed written policies and procedures that specifically addressed ensuring the confidentiality of client information while maintaining ready access to each client's information during an emergency evacuation.

E 023

The facility will develop a written policy/procedure to address confidentiality of client's information and how it will make records accessible during an emergency evaluation.

5/30/18

E 029 Development of Communication Plan CFR(s): 483.475(c)

(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.

This STANDARD is not met as evidenced by:
Based on record review and staff interview, the facility failed to develop and maintain a written communication plan (CP) that coordinated client care within the facility, across health care providers and with the state public health department, for six of six clients residing in the facility (Clients #1, 2, 3, 4, 5 and 6).

E 029

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008		
(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	
E 029	Continued From page 11 Findings included: On 03/15/18 beginning at approximately 4:41 PM, review of the EPP manual showed the facility failed to develop a written communication plan that coordinated care within the facility, across healthcare providers, and with state public health department. There were however, communication-related statements and policies included in the facility's EP, dated 11/22/17, and plan titled, "Continuity of Operations Plan," dated 11/22/17. During a face-to-face interview with the QIDP and RN on 03/16/18 beginning at 4:49 PM, the QIDP stated that the Emergency Preparedness Program was still in development and she confirmed that the facility was unable to provide documented evidence of a written communication plan.	E 029	The Communication Plan will be revised to coordinate care within the facility during an emergency event. The QIDP, RN and DSPs will receive additional training on the communication plan.	5/30/18	
E 033	Methods for Sharing Information CFR(s): 483.475(c)(4)-(6) [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not	E 033			

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008		
(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	
E 033	Continued From page 12 required for HHAs under §484.22(c), CORFs under §485.68(c), and RHCs/FQHCs under §491.12(c). (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 RNHCs 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). This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to develop clear, written policies and procedures that describe a communications system that (I) outlines a method of sharing a client's medical information with other health providers; (II) protects the confidentiality of client information during an evacuation; and, (III) is capable of generating timely, accurate 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 and 6). Findings included: [Cross-refer to E0023] During an interview with	E 033	The Revised Communication Plan will include: 1- Methods of sharing client's medical information with other health providers. 2- Provides guidelines for protection of a client's confidentiality of records 3- Guidelines for maintaining accurate information	5/30/18	

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008
--	--

(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
--------------------	--	---------------	---	----------------------

E 033 Continued From page 13
the QIDP on 03/15/18 at 3:30 PM, the QIDP stated that each client was getting an "E tag," which she described as a personal identification card that the client would have hanging around the neck during an evacuation. The "E tags" would indicate the name, medications and other important information about the client wearing the "E tag." The QIDP further stated that staff and client information was maintained on an electronic database located at the corporate office, with back-up files maintained with a private contractor. The survey showed that each client in the facility had paper records (assessments, reports and other standard documentation) that would be available during a shelter in place emergency.

Record review revealed that the EPP, dated 11/22/17, showed that each facility would have an emergency communication plan. There was no communication plan however, available for review. The facility's EP, dated 11/22/17, showed the agency had "a system in place for tracking persons supported and staffing personnel, including evacuation location and receiving facility information. Each group home is in charge of" implementing the tracking system, maintaining documentation, and communicating with each person's circle of support, DDS and the Department of Health. Continued record review however, failed to show documented evidence that a discernible tracking system had been implemented in the facility.

The facility's EPP, dated 11/22/17, showed "evacuation tags should be available in every group home and distributed to staff during an evacuation event. All person's tags should be filled out using permanent marker to prevent

E 033
4- Methods to maintain an electronic database with back-up files

5- Written guidelines when releasing records

6- Written policies and procedures for sharing information with other agencies and the public.

5/30/18

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008
--	--

(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
--------------------	--	---------------	---	----------------------

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.

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:
- At 5:10 PM, the RN stated that the "safety locked boxes" were stored off site at the nurse's office. The QIDP and RN acknowledged that the

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008
--	--

(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
--------------------	--	---------------	---	----------------------

E 033 : Continued From page 15 E 033

information in the locked boxes would not be readily available at the time of an immediate evacuation to share with other health providers.

- At 5:14 PM, the QIDP described how staff would use cell phones, landlines and/or walkie-talkies to keep the QIDP apprised of client and staff locations and general condition. The QIDP in turn, would keep the administrator informed, based on information the QIDP received from staff. The QIDP further stated that staff would maintain ongoing telephone contact and she would continue offering updates to the administrator as time passed during an emergency. When asked if the process she just described was outlined in the policies and procedures, the QIDP stated no, they were "still working on" the plan while holding "monthly meetings." She acknowledged that there were no written policies and procedures describing how such information might be shared with the public.

- The QIDP further acknowledged that there was no documented evidence that a communication plan had been developed.

- When asked about the "E tags" at 5:37 PM, the QIDP stated that the tags were being ordered. It was her understanding that the client's name, address, picture, diagnoses, medications would be on the "E tags." When asked how the information on the "E tags" would remain confidential, she stated that the communication plan was still being discussed and formulated.

- 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 the time of the survey however, those aspects of

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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY MULTI SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20008	
(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)
E 033	<p>Continued From page 16</p> <p>the EPP had not been finalized and there were no written policies and procedures regarding methods used to share personal medical information with other providers (who/when/how, etc.).</p> <p>At the time of the survey, there was no evidence that the facility developed a written communication plan that included policies and procedures specific to ensuring the confidentiality of client information when transferring clients to other health providers, and to ensure timely access to client information during emergencies. In addition, there was no evidence of written policies and procedures regarding the means by which client information would be released.</p>	E 033	