

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/03/2008
NAME OF PROVIDER OR SUPPLIER  R C M OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019		
(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) COMPLETE DATE
1000	<p><b>INITIAL COMMENTS</b></p> <p>On December 31, 2007, the state agency received two incident reports via facsimile from the facility's Qualified Mental Retardation Professional (QMRP). Both incident reports alleged a staff physically abused the two Residents (Resident #1 and Resident #2). Resident #2 reported that the staff hit him on the side of his head with a pan.</p> <p>Due to the nature of the allegations, the State Agency conducted an onsite investigation on January 2, 2008 through January 3, 2008.</p> <p>The findings of this investigation were based on interviews with the two Residents, the facility's nursing and direct care staff, and the review of medical and clinical records, including incident reports.</p> <p>Based on the findings of this investigation, it was determined that the allegation of abuse to Resident #1 and Resident #2 could not be substantiated.</p>	1000		
1002	<p><b>3500.2 GENERAL PROVISIONS</b></p> <p>Each GHMRP licensee and residence director shall demonstrate that he or she understands that the provisions of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 govern the care and rights of mentally retarded persons in addition to this chapter.</p> <p>This Statute is not met as evidenced by: The deficient practices that are outlined in the</p>	1002		

RECEIVED  
 DEPARTMENT OF HEALTH  
 HEALTH REGULATION  
 ADMINISTRATION  
 2008 FEB -5 P 2:21

Health Regulation Administration

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

TITLE

2/1/08

(X5) DATE

STATE FORM

6886

EFYY11

If continuation sheet 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>01/03/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>R C M OF WASHINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4316 ALABAMA AVE, SE WASHINGTON, DC 20019</b>		
(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) COMPLETE DATE
1002	Continued From page 1  report that follows reflects a failure of the GHMRP's residence director to demonstrate an understanding that D.C. Law 2-137 (now Title 7, Chapter 13 of the D.C. code) governing the definition of a Qualified Mental Retardation Professional. [See I500]	1002		
1500	<b>3523.1 RESIDENT'S RIGHTS</b>  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on interview and record review, the Group Home for persons with Mental Retardation (GHMRP) failed to ensure that the facility employed a Qualified Mental retardation Professional (QMRP) in accordance with D.C. Law 2-137.  The findings include:  Section 7-1301.3(21) revealed that QMRP means a psychologist, a physician, an educator, a social worker, a rehabilitation counselor, a physical or occupational therapist, a therapeutic recreational specialist with bachelors/masters/. . . who has specialized training or one year experience working with persons with mental retardation.  Interviews with the QMRP on January 2, 2008 revealed that she had been employed as the facility's QMRP for three weeks. Prior to her employment with the provider, the QMRP indicated that she had worked in the mental	1500	The Qmrp had previously worked in the field of Mental Retardation, and received intense training during the orientation period. The training enabled her to perform the duties of the Qmrp, and to work with individuals who have learning disabilities. The Qmrp was retrained by the program Director in all of the domains of the Qmrp's duties. Refer to attachment #1 The program Director will supervise, and sign off on all of the works completed by the facility Qmrp. In the future the agency will ensure that the facility Qmrp is Qualified in accordance with DC Law 2-137.	1-28-08

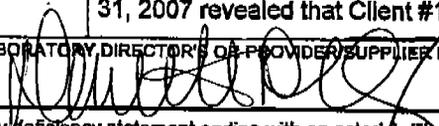
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>R C M OF WASHINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4316 ALABAMA AVE, SE WASHINGTON, DC 20019</b>		
(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) COMPLETE DATE
1 500	Continued From page 2  retardation field for nearly one year. Review of the QMRP's educational credentials indicated that she held a Bachelor's degree in Business.	1 500		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/03/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  R C M OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	<p><b>INITIAL COMMENTS</b></p> <p>On December 31, 2007, the state agency received two incident reports via facsimile from the facility's Qualified Mental Retardation Professional (QMRP). Both incident reports alleged a staff physically abused the two clients (Client #1 and Client #2). Client #2 reported that the staff hit him on the side of his head with a pan.</p> <p>Due to the nature of the allegations, the State Agency conducted an onsite investigation on January 2, 2008 through January 3, 2008.</p> <p>The findings of this investigation were based on interviews with the two clients, the facility's nursing and direct care staff, and the review of medical and clinical records, including incident reports.</p>	W 000		
W 104	<p><b>483.410(a)(1) GOVERNING BODY</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation interview and record review, the Governing Body failed to ensure its Incident Management System Policy and Procedures were followed with regards to allegations of abuse for two of two clients who alleged physical abuse by a direct care staff. (Client #1 and Client #2)</p> <p>The findings include:</p> <p>Review of the incident reports dated December 31, 2007 revealed that Client #1 and Client #2</p>	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 2/1/08
--	--------------	---------------------

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

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

PRINTED: 01/23/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/03/2008
NAME OF PROVIDER OR SUPPLIER  R C M OF WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 104	Continued From page 1 accused a staff member of physical abuse. Review of the facility's "Incident Management System Policy and Procedures" required the staff to report all incidents of client abuse to the Metropolitan Police Department (MPD) and the District of Columbia's Adult Protective Services (APS). Review of records failed to provide evidence that the MPD or APS had been notified of the allegation.  Interview with the Qualified Mental Retardation Professional on January 7, 2007 at 2:00 PM acknowledged that the agencies were not notified of the incident.	W 104	All incidents are reported to OIG which conducts criminal investigations for the individuals that we serve. In addition, if OIG suspects criminal intent, the entity will prosecute the accused. The Qmnp was in-serviced on the incident reporting protocol to include all of the entities. Refer to attachment # 2. In the future, the agency will ensure that the incidents for alleged abuse of individuals over 18 years are reported to the Adults Protective Services.	1-28-08	