Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0076	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2009
NAME OF PROVIDER OR SUPPLIER: RCM OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE: 2510 R STREET SE WASHINGTON, DC 20020		

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I 000	INITIAL COMMENTS A re-licensure survey was conducted on 3/26/2009. Six males with varying degrees of disabilities reside in the facility. Three of the six residents were selected for the survey sample. The findings of the survey were based on observations at the group home, interviews with the GHMRP 'S staff, and the review of the facility's records including the incident reports.	I 000	Received GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of updated and reviewed job descriptions for three of the eleven personnel records reviewed. The finding includes: Interview with the Support Coordinator and review of the GHMRP's personnel files on March 26, 2009, beginning at 3:52 PM revealed the GHMRP failed to provide evidence that three direct care staff had the contents of their job descriptions updated and reviewed .	I 203	The Support Coordinator has since met with the identified staff and has reviewed their job description with them. Attached are the signed job descriptions for the identified staff. In the future the House Manager and the Support Coordinator will ensure that all staff job descriptions are reviewed at least annually.	5/15/09
I 205	3509.5 PERSONNEL POLICIES Each job description shall be updated, rewritten, and reviewed with the employee when, the duties and responsibilities of the job change. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of updated	I 205		

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I 205	Continued From page 1 and reviewed job descriptions for three of the eleven personnel record reviewed. The finding includes: Interview with the Support Coordinator and review of the GHMRP's personnel files on March 26, 2009, beginning at 3:52 PM revealed the GHMRP failed to provide evidence that three direct care staff had the contents of their job descriptions updated and reviewed .	I 205	The Support Coordinator has since met with the identified staff and has reviewed their job description with them. Attached are the signed job descriptions for the identified staff. In the future the House Manager and the Support Coordinator will ensure that all staff job descriptions are reviewed at least annuall 4-10-09	5/15/09
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties for four of the eleven personnel records reviewed. The findings include: Interview with the Support Coordinator on March 26, 2009, and review of the GHMRP's personnel records beginning at 3:52 PM revealed that the	I 206		

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I 206	Continued From page 2 GHMRP failed to provide evidence that current health certificates were on file for four direct care staff.	I 206	Three out of the four health certificates have been obtained. Staff #4 is currently out on administrative leave. If and when staff #4 returns, she will have to present a current health certificate prior to her shift at this facility. In the future, the supervisors for this facility will check (at least quarterly) all health certificates to ensure that the staff are notified at least one month prior to the expiration to ensure that all health certificates are obtained in a timely manner.	5/1/09
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure that all staff received training on a resident's nutritional regimen for one out of three sampled residents. [Resident #2] The finding includes: 1. Record review on 3/26/2009 at 2:52pm revealed Resident #2's was hospitalized for excessive emesis on 5/20/2008. The GHMRP investigated the incident and recommended that "staff should be in-serviced on [Resident#2's] diet." Interview with the QMRP on 3/26/2009 at 3:03pm revealed she could not find evidence of the recommended training and admitted that it had not taken place. 2. Record review on 3/26/2009 at 2:52pm revealed Resident #2's was hospitalized for excessive emesis on 5/20/2008. The GHMRP investigated the incident and recommended that "staff should document if [Resident #2] does not consume 50% of his food at mealtime and offer him his nutritional supplement." Further record	I 229	1. The nurse for the home has conducted a nutrition inservice will all of individual #2's staff to include his current diet order. The inservice was held on 4/15/09. Reference attachement #2 and the attachment for the items discussed. In the future the nurse for the home will conduct inservices as ordered and will contact the Nutritionist for futher evaluations and trainings as warranted. 2. The nurse for the home has conducted the inservice training to address documentation regarding his food intake and the protocol	4/15/09

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I 229	Continued From page 3 review revealed Resident #2's current physician order sheets detailed a diet order of "pureed diet, low cholesterol, offer Skandi shake if [he] eats 50% or less of his meal". Interview with the House Manager (HM) and Qualified Mental Retardation Professional (QMRP) on 3/26/2009 at 3:13pm revealed, there was data missing on the mealtime consumption data sheets and there was no way to tell if he ate 50% or less of his meals. For example, there was no documentation to reflect if he ate 50% more or less of his dinner on 3/5, 3/6, 3/12, 3/13, 3/17, 3/18, 2/11 - 2/28, 1/27 - 1/31 of 2009.	I 229	for offering supplements. The nurse, during the training ensured to review individual #2 diet order and demonstrated how to document on the mealtime consumption data sheet. In the future the nurse and the QMRP will monitor the documentation daily to ensure that staff are documenting his food intake as well as ensuring that the individual is offered Skandi shake as warranted.	4/15/09
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure provision of physical therapy services was provided for two of the three residents (Residents #1 and #3) included in the sample. The findings include: 1. On the morning of 3/26/2009 at 11:36 AM Resident #1 in his bedroom was observed sitting in his wheelchair. Continued observation of the resident's wheelchair revealed that the left arm of the chair was worned and covered with tape. Interview with the House Manager (HM) on the aforementioned date revealed that the GHMRP	I 401		

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I 401	Continued From page 4 was trying to get a new seating unit for Resident #1. According to the HM they used a cover to place over the seating unit. It should be noted that the cover that the HM referred to was not on the seating unit, but was lying on the back of the resident's wheelchair. At 11:24 AM, interview with the Licensed Practical Nurse (LPN) Coordinator on 3/26/2009, revealed Resident #1 was admitted to the GHMRP on 2/13/2008. According to the Support Coordinator, a meeting was held, (uncertain of the date) to discuss the resident's care at the Specialty Hospital where he had been a patient. The Support Coordinator verified this meeting with a "special note" from Resident #1's habilitation record. Review of the note revealed that one of resident's needs discussed at the meeting included a "molded wheelchair for transportation with a safety belt." Additionally, the note indicated that the 719 A forms had been given to the GHMRP to order the wheelchair. Interview with the LPN revealed that the 719 A had been completed for the wheelchair, however, Resident #1 had to be evaluated by a physical therapist first. At the time of the survey, there was no documented evidence that Resident #1 had been evaluated by a physical therapist. 2. Observations throughout the survey revealed Resident #3's helmet was not fitting him properly. On 3/26/2009, at 4:21 PM Resident #3 was observed sitting at the GHMRP's dinning room table having a snack. Continued observation revealed the resident's helmet had tilted over covering his left eye. The direct care staff was observed to lift the helmet so that it would not cover the client's eyes at 5:15 PM. At 6:00 PM, Resident #3's helmet's was observed to tilt again covering his left eye.	I 401	Individual #1 had an appointment with National Rehabilitation Hospital on 5/14/09 for an evaluation of a new custom molded wheelchair to replace his current wheelchair. Report to follow. Individual #1 was assessed by the Physical Therapist on 11/28/08. (See attached assessment dated 11/28/08). The assessment does state in the recommendation section, (Please purchase a new custom molded wheel chair to replace his current wheel chair). Individual #1 was fitted for a new wheelchair on 5/14/09. In the future the nursing team and the Support Coordinator will ensure that all recommendations are addressed in a timely manner. 2. The Support Coordinator did contact essential rehabilitation regarding securing additional velcro inserts to make the helmet fit individual #3 head prior to the survey. Attached is a note from Essential Rehab Plus indicating that the velcro was sent out via mail on March 24, 2009. The velcro has since been received and is inplace in the helmet for better fit. The supervisors in the	5/14/09 11/28/08 5/14/09 3/28/09

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I 401	Continued From page 5 During the dinner observation at 7:05 PM on 3/26/2009, Resident #3 was observed to eat his dinner with his helmet tilted over his left eye until 7:23 PM when he completed his dinner. Interview with House Manager (HM) on 3/26/2009, revealed that she spoke to someone from the vendor last week regarding Resident #3's loose fitting helmet. Continued interview with the HM revealed that the person she spoke with indicated that she would order pieces to be placed in the resident's helmet so that it would fit better. At the time of the survey, the GMRP failed to ensure Resident #3's helmet was measured and fitted by a physical therapist.	I 401	home and the nurse will continue to monitor the helmet. The helmet has been fitted with additional velcro. In the future the Support Coordinator will ensure that all correspondence regarding any adaptive equipment is documented and filed in the individual's record for review.	3/28/09
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on staff observation, staff interview and record review, the GHMRP failed to provide the necessary adaptive equipment to ensure the appropriate assistance in the implementation of a resident's behavioral management plan for one of the three sampled residents. [Resident#3] The finding includes: On 3/26/2009 at 3:35pm Resident #3 arrived home from his day program with one of the fingers on his right hand heavily bandaged. Record review on 3/26/2009 at approximately 4:00pm revealed, Resident #3's Psychology and	I 422		

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I 422	Continued From page 6 Behavioral Support Plan dated 9/2008 recommended that the facility "reinforce his use of the bicycle gloves as a routine part of his attire". According to the House Manager on 3/26/2009 at 4:25pm, the gloves were being used to guard him from biting and scarring his hands. When asked to present the gloves he that was being used as part of his BSP, the house manager looked for and could not find them. Later on in the afternoon, she went out and purchased a new pair of gloves for Resident #3 to use. The facility failed to ensure that the gloves were being used as part of his "routine attire" and failed to ensure the adaptive equipment was being used to effectively prevent Resident #3 from injuring his hands whenever he engaged in the self injurious behavior (SIB).	I 422	The gloves, as reported were replaced on 3/26/09. Two back up pairs have been purchased and placed in the home in the event that the current gloves is misplaced as they were during the time of the survey. In the future, the Support Coordinator will ensure on a daily basis that individual #3 is provided with this adaptive equipment at all times.	3/28/09
I 500	3523.1 RESIDENT'S RIGHTS 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 staff interview and record review, the Group Home for the Mentally Retarded Person (GHMRP) failed to ensure the advocate, guardian or parent took part in the consent process for two of three sampled residents [Resident #2 and #3] and failed to ensure the repair of an adaptive equipment as required by this section and as required by § 7-1305.14(b).	I 500		

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I 500	Continued From page 7 The findings include: 1. Record review on 3/26/2009 at approximately 10:00am revealed Resident #2 "signed" consents for treatment and for managing his financial affairs. There was no evidence Resident #2's mother was aware of the consent forms or that her son had "signed" the documents. Her signature was not on the consent forms. Further record review revealed, Resident #2's current Psychology assessment dated 7/1/2008 details he does not have the capacity to make informed decisions on his own behalf. Interview with the QMRP at 1:55pm revealed, Resident #2's mother was acting as his legal advocate and she has taken part in all of his habilitation planning. According to the QMRP, although Resident #2's mother had not presented herself to the courts to petition for the action of legal guardianship, "she was currently acting in that capacity", but there was no evidence that she was made aware of these consent forms. There was no information presented during survey to clarify how Resident #2's mother was receiving information regarding the signing of consents and to what extent she was being notified of the habilitation planning process. The GHMRP failed to establish a written directive to govern their relationship with parents, advocates and/or legal guardians to ensure the personal rights of the resident. 2. Record review on 3/26/2009 at approximately 10:15am revealed Resident #3 "signed" consents for release of medical information and for managing his financial affairs. There was no evidence Resident #3's legal guardian took part in consenting for the habilitation and treatment planning. Further record review revealed,	I 500	1. The Support Coordinator contacted Individual # 2's mother to review his rights and consents with her in the presence of individual #2. The consents and residents rights have been reviewed and signed by individual's #2's mother. In the future, the Support Coordinator will ensure that all of individual #2's consents are reviewed and signed off yearly or as needed by the mother.	3/30/09
			In the future all consents and rights will be reviewed and signed by relatives and or guardians during yearly ISP meetings. The Support Coordinator will ensure that everyone is notified of the meeting in a timely manner in order for them to take part in the meeting. If family members who gives consents or guardians are unable to attend the meeting, the Support Coordinator will contact them to review the outcome of the meetings and to review the consents and rights for signatures.	3/30/09
			2. Individual #3's medical guardian has reviewed and signed all medical consent forms on 4/29/09. In the future, the Support Coordinator will ensure that all forms are reviewed with him at least annually and when	4/29/09

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I 500	Continued From page 8 Resident #3's Psychology assessment dated 6/24/2008 details "[Resident #3] does not evidence the capacity to make informed decisions on his own behalf regarding residential placement, habilitation/treatment, ongoing medical treatment, and financial matters." Interview with the QMRP at 1:59pm verified there was no evidence on file to support that Resident #3's legal guardian was notified or provided any measure of consent for the signing of the consent forms as a measure to ensure the personal rights of the resident. There was no information presented during survey to clarify how Resident #3's legal guardian was receiving information regarding the signing of consents and to what extent he was being notified of the habilitation planning process. The GHMRP failed to establish a written directive to govern their relationship with parents, advocates and/or legal guardians. 3. Record review and staff interview on 3/26/2009 at 3:24pm revealed Resident #2's attorney submitted a written statement to the GHMRP on 8/11/2008 which detailed "a wheelchair brake has been ordered, but not yet installed". During the record review, the House Manager stated that the repairs were completed and that she would look to find the documents. Later on in the evening, at approximately 4:50pm the facility's staff was observed having difficulty trying to lock and unlock Resident #2's wheelchair. The house manager approached the survey team during that observation and stated that she still was not able to find documentation of the repairs. The facility failed to ensure the resident was afforded the opportunity to have a fully functioning wheelchair.	I 500	there are changes to his medical plan. The Support Coordinator will ensure that the medical guardian is made aware of all medical needs and that all consent forms are presented to him for approval and signatures. This wheelchair was taken into Essential Rehab for repair on 5/12/09. According to Essential Rehab there was nothing wrong with the breaks. The supervisors for the home will provide training to the staff regardin the use of the breaks as well as c continued monitoring of the breaks to ensure that it is operating correctly. Attached is the copy of the repair form from Essential Rehab dated 5/12/09.	4/29/09 5/12/09