

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0082	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2010
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NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 819 6TH STREET, NE WASHINGTON, DC 20002
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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted on 1/28/2010. A random sampling of two residents was selected from a population of three individuals with varying degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home, interviews with direct care staff, medical staff, facility management, and a review of the habilitation and administrative records, including the unusual incident reports.</p>	I 000	<p><i>Received 3/4/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
I 090	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the upkeep and maintenance of the facility's physical environment for four of four residents residing in the facility. (Resident #1, #2, #3 and #4)</p> <p>The finding includes:</p> <p>The shower head in Resident #2's bathroom was broken off the shower pipe. The shower head was observed in the cabinet below the bathroom sink.</p>	I 090		2/1/10
I 180	<p>3508.1 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall provide adequate administrative support to efficiently meet the</p>	I 180		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *POD* (X8) DATE *3/4/10*

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I 180	Continued From page 1 needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the coordination of services to properly monitor a resident's nutritional requirements for one of two sampled residents. [Resident #2] The finding includes: Record review on 1/28/2010, at approximately 1:30 p.m., revealed Resident #2's current weight has been on a steady increase over the past year. His ideal body weight range is 149 - 183. As of 12/2009 he was documented as weighing 200 lbs. Further record review on the same day at approximately 1:40 p.m., revealed his Nutritional Assessment dated 12/30/2009, recommended that his current diet of "2000 calorie, low sodium, high fiber, low cholesterol diet" be discontinued. The assessment further recommended that he start a "1800 Kcal, no added salt, high fiber, low cholesterol, low fat" diet to manage the weight gain. Review of the current Physician's Orders dated 2/2010 revealed the old order for the "2000 calorie" diet was still being reflected. Interview with the facility's licensed practical nurse (LPN), registered nurse supervisor (RNS), and the qualified mental retardation professional (QMRP) on 1/28/2010, at approximately 2:00 p.m., revealed they were not aware of the diet change and would work to address the aforementioned immediately. The GHMRP failed to ensure adequate administrative support to ensure all dietary	(180	The LPN and the RN for resident #2 has since discussed his diet order with his Primary Care Physician. A copy of the nutrition assessment was also forwarded to the PCP for review. The PCP signed the changes to his diet order on 1/29/2010. The PCP agreed to the diet change and the Physician orders now reflect the 1800 calorie diet order. Staff were trained on the new diet order on 2/3/2010. The Health Care Plan as well as the health passport has been revised to reflect the change in his diet order. In the future the LPN and RN will ensure that all health recommendations are forwarded to the PCP in a timely manner for approval and implementation. (See attached signed Physician orders, doctor's note, Health Passport, and inservice training on the diet change)	1/29/10

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I 180	Continued From page 2 changes were being provided to the Primary Care Physician for approval and implementation.	I 180		
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 4 out of 10 staff. The finding includes: Record review on 1/28/2010, at approximately 6:00 p.m., revealed four out of ten staff employed at this GHMRP, did not have a current health screening/physical on file. Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) revealed that she would address this oversight as soon as possible and put systems in place to ensure that this problem does not re-occur.	I 206	Since the survey one staff have submitted a completed health certificate. Another has been terminated and no longer works at the facility. Two out of the four staff did have current health screening on file but they are not on the correct form. The HR director have given them a deadline of 1/15/10 to get their doctors to complete the correct form. In the future the supervisor for the home and the HR Director will ensure that all health certificates are current by sending out notices 2 months prior to the expiration of the document to ensure compliance. (see attached health screenings)	3/15/10
I 227	3510.5(d) STAFF TRAINING	I 227		

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I 333	<p>Continued From page 4</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the implementation of a client's individual service plan (ISP) as required by this section for one of two sampled residents. [Resident #2]</p> <p>The finding includes:</p> <p>Interview with the facility's qualified mental retardation professional (QMRP) on 1/28/2010, at approximately 5:06 p.m., revealed Resident #2 was admitted to the facility on 10/29/2009. In addition, his Individual Support Plan (ISP) was completed on 10/22/2009, just prior to his admission to the facility. Additional record review and interview with the facility's QMRP on the same day at approximately 5:30 p.m. revealed the following ISP recommendations had not been implemented to date:</p> <ol style="list-style-type: none"> 1. Resident #2 will be taught to be cautious around strangers. 2. Resident #2 will identify safety signs when crossing the street. <p>In addition, Resident #2's ISP also recommended a goal to "increase [his] functional language/vocabulary and reading skills". The ISP goes on to outline two objectives to meet this goal. The objectives are:</p> <ol style="list-style-type: none"> 1. Resident #2 will be able to identify different language concepts in order to increase his language and vocabulary skills given model prompts 70% of the time. 2. Resident #2 will be able to identify and read functional site words (using the whole word approach) in order to increase his functional reading skills given model prompts 79% of the 	I 333	<p>Both trainings was mastered during the previous ISP year and should not have been included in his current ISP. A meeting was held to amend his ISP. The final ISP has not been received as yet. Once received the document will be filed in the records. In the future the Support Coordinator will read all recommendation in the ISP to ensure that goals that have been mastered are not carried over into the current ISP.</p>	2/15/10

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I 333	Continued From page 5 time. Interview with the facility ' s QMRP on 1/28/2010, at approximately 5:00 p.m., revealed none of the above recommendations or goals had been implemented to date. The QMRP indicated she would set a meeting with the case manager and the GHMRP ' s Facility ' s Director to facilitate a review of these recommendations and goals. The GHMRP failed to ensure the timely implementation of a resident ' s ISP as required by this section.	I 333	Both Speech and Language goals were recommended by the Speech Pathologist; however, the goals were never submitted for implementation and the staffs were not trained as DDS did not provide the prior authorization for the continued Speech and Language Services. The consultant who completed the assessment and made the recommendations no longer works for DDS, and, the Service Coordinator for client #2 is submitting the paperwork to get a prior authorization for another assessment. Once the assessment is completed the Support Coordinator will ensure that the additional hours are requested in order for all recommendations to be implemented. Staff will also be trained in a timely manner on all recommended training goals.	3/15/10
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure its professional staff conducted quarterly reports/assessments to ensure the health and safety of its residents for two of four sampled residents. [Residents #1 and #2] The findings include: 1. Record review and interview with the facility ' s qualified mental retardation professional (QMRP) on 1/28/2010, at approximately 3:05 p.m. revealed, Resident #1 ' s Behavior Support Plan was last reviewed and reassessed on 1/28/2008. 2. Record review and interview with the QMRP	I 407		

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I 407	Continued From page 6 on 1/28/2010 at approximately 3:20 p.m. revealed, Resident #2 's Behavior Support Plan (BSP) was last reviewed and reassessed on 1/22/2008. Interview with the facility ' s QMRP on 1/28/2010, at approximately 5:45 p.m., revealed she would get in contact with the Psychologist to see if an updated Psychological and BSP could be provided for both Residents #1 and #2.	I 407	Client #2 BSP has been completed (see attached BSP) and client #1's BSP will be completed by 3/10/10. Both BSP's will be presented to the Behavior Support Committee and the HRC committee for approval on 3/15/10. In the future the Support Coordinator will ensure that the Psychologist completed all plans prior to their expirations.	3/15/10