

Health Regulation & Licensing 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 08/11/2011
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NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 819 6TH STREET WASHINGTON, DC 20002
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1 000	INITIAL COMMENTS A licensure survey was conducted on August 11, 2011. A sample of two (2) residents was selected from a population of four (4) men with various intellectual and developmental disabilities. The findings of the survey were based on observations, staff and resident interviews, as well as a review of resident and administrative records, including incident reports.	1 000	<p><i>Reviewed 9/2/11</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
1 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on observation, record review and interview, the group home for persons with intellectual disabilities (GHPID) failed to ensure that the resident's modified diet was reviewed at least quarterly by the consulting dietitian for one (1) of the two (2) residents included in the sample. (Resident #1) The finding includes: On August 11, 2011, at approximately 6:42 am, Resident #1 was observed sitting at the dining room table eating breakfast which included a bowl of oatmeal, a piece of wheat toast with jelly, one turkey sausage, a glass of orange juice and water. Review of Resident #1's medical record on August 11, 2011, at approximately 11:55 a.m. revealed the most recent Nutritional Evaluation was dated February 24, 2011. The nutritional assessment recommended 1800 calorie/NAS (no added salt), increase fiber, low cholesterol,	1 043		The Support Coordinator has sent out numerous emails to DDS Service Coordinator in an effort to get the prior authorization for ongoing nutritional services and quarterly reports. (see attached emails). However, the authorization has yet to be received. Although the authorization has not yet been received the

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

STATE FORM

Michael Joseph

TITLE

*RCM,
Director of Community Affairs*

(X6) DATE

9-1-2011

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If continuation sheet 1 of 7

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I 043	Continued From page 1 low fat diet. Further review of the record revealed there was no documented evidence the aforementioned modified diet was reviewed at least quarterly by the dietician. Interview with the Qualified Intellectual Disabilities Professional (QIDP) at approximately 12:45 p.m. revealed the dietician had not reviewed the aforementioned modified diet at least quarterly.	I 043	nurse and the Support Coordinator continues to monitor individual #1's diet order and also ensures that the staff adheres to the prescribed diet order. The nurse continues to in-service the staff at least quarterly on the diet order. In the meantime, to rectify the citation, RCM has contacted the Nutritionist to review and update individual #1's quarterly assessments. In the future RCM of Washington will assure that all reviews are completed timely and will pay to get the quarterly reviews completed if DDS fails to provide the individual with a prior authorization for reviews.	9-10-2011
I 052	3502.10 MEAL SERVICE / DINING AREAS Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observations, interview and record review, group home for persons with intellectual disabilities (GHPID) failed to ensure that residents were provided with necessary adaptive feeding equipment, for one of the two residents included in the sample. (Resident #2) The finding includes: On August 11, 2011, beginning at approximately 7:46 a.m., during breakfast Resident #2 was observed being fed a pureed diet of oatmeal, wheat toast, banana and turkey sausage from a divided plate. Further observation revealed Resident #2 first consumed orange juice from a two handed sippy cup, then water from an opened mouth mug type cup with a handle held by Staff #4. In an interview with Staff #4 on August 11, 2011, at approximately 7:47 a.m., it was acknowledged Resident #2 was to utilize a sippy cup to drink all liquids. Review of the	I 052		

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I 052	Continued From page 2 Occupational Therapy consult dated January 10, 2010, on August 11, 2011, at approximately 10:00 a.m., revealed a recommendation for Resident #2 to utilize a sippy cup for liquids. There was no evidence the resident was provided with the necessary adaptive feeding equipment at all times.	I 052	Individual #2 did have two sippy cups that was being utilized by him; however, one of the cup had a broken lid/handle and was not operable. To ensure that this individual has the necessary adaptive equipment at all times as well as to ensure that if one breaks and become inoperable, 3 additional sippy cups have been ordered and should be received by 9-10-11. In the future the Support Coordinator as well as the Nurse will ensure that back-up adaptive equipments are in the home at all times in the event that one becomes inoperable.	9-11-2011
I 090	3504.1 HOUSEKEEPING 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. This Statute is not met as evidenced by: Based on observation and interview, the group home for persons with intellectual disabilities (GHPID) failed to maintained the interior and exterior of the facility in a safe manner. The findings include: 1. On August 11, 2011, at approximately 9:45 a.m., observation of the wheelchair ramp in the back of the house revealed loose posts. Interview with the QIDP during this time acknowledged the wheelchair ramp posts were in need of repair. 2. On August 11, 2011, at 10:15 a.m., observation of the front door metal threshold revealed the strip was loose. Interview with the QIDP on the same day at approximately 11:00 a.m. acknowledged the front door metal threshold strip was in need of	I 090	1. The wheelchair ramp was repaired on August 31, 2011. In the future the Support Coordinator will ensure that all needed repairs are reported timely for repair completion. 2. The metal threshold was repaired on 8-11-2011. In the future the Support Coordinator will complete daily walkthrough of the house and report all needed repairs to be fixed.	8-31-2011 8-11-2011

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I 090	Continued From page 3 repair. 3. On August 11, 2011, at approximately 1:50 p.m. observation of the kitchen revealed a cracked light cover over the stove hood light. Interview with the QIDP during this time acknowledged the cover for light under the stove hood was in need of repair. 4. On August 11, 2011, at approximately 2:00 p.m. observation of Resident #1's room revealed the middle window had broken wooden inserts with sharp edges. Interview with the QIDP during this time acknowledged the middle window wooden inserts was in need of repair.	I 090	3. The light cover repair has been completed. In the future the Support Coordinator will ensure that a daily walkthrough of the facility is completed and all needed repairs are reported to be fixed. 4. The middle window with broken wooden inserts was repaired on 8-11-11. In the future the Support Coordinator will ensure that a daily walkthrough of the facility is completed and all needed repairs are reported to be fixed.	8-11-2011 8-11-2011
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 group home for persons with intellectual disabilities (GHPID) failed to ensure one (1) of ten (10) staff and one (1) of six (6) consultants had a current health certificate.(Psychologist #1 and Staff #1) The findings include:	I 206		

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I 206	Continued From page 4 1. Review of Staff #1's personal record on August 11, 2011, at approximately 12:25 p.m. revealed there was no documented evidence of a current health certificate. 2. On August 11, 2011, a record review of psychologist #1's personal record at approximately 12:55 p.m. revealed there was no documented evidence of a current health certificate. Interview with the qualified intellectual disabilities professional (QIDP) at approximately 1:00 p.m. revealed the GHPID failed to have evidence of current health certificates for Staff #1 and Psychologist #1.	I 206	1. The staff has received their annual physical and waiting for the completed health certificate from their physician. Once received, the document will be placed in the staff's personnel record. In the future the Support Coordinator will ensure that all staff health certification remains current by monitoring the expiration date and giving notification of the expiration at least 60 days prior to the expiration of the certification. 2. The psychologist health certification was received on 8/22/2011. (See attached) In the future the Personnel Director will ensure that all consultants health certification is received timely.	9-15-2011 8-22-2011
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by: Based on record review and interview, the group home for persons with intellectual disabilities (GHPID) failed to have on file, current training in cardiopulmonary resuscitation (CPR) and first aid for one (1) of ten (10) staff. (Staff # 2) The finding includes: Review of the personnel and training records on August 11, 2011, beginning at 2:20 p.m., revealed the GHPID failed to provide	I 227		

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I 227	Continued From page 5 documentation of staff certification in CPR and first aid for Staff #2. When interviewed on August 11, 2011, at approximately 2:30 p.m., the qualified intellectual disabilities professional (QIDP) acknowledged the aforementioned staff records were without evidence of documented trainings.	I 227	Staff #2 is scheduled for CPR and First Aid training on 9-17-2011. In the future the Support Coordinator will ensure that staffs are not allowed to work on expired CPR and first aid certifications. Notification will be given at least 60 days prior to expiration.	9-17-2011
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 Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure treatment services, and services designed to prevent deterioration or further loss of function by the resident for one (1) of two (2) residents included in the sample. (Resident #1) The finding includes: On August 11, 2011, at approximately 6:35 a.m., Resident #1 was observed adjusting a pair of glasses on his face as he was packing a bottle of water in his lunch bag. On August 11, 2011, a record review of resident's #1's record at approximately 11:50 a.m. revealed an Ophthalmology consult dated December 14, 2010, which recommended the resident to follow-up in two (2) to three (3) months. Further	I 401	Individual #1 has a scheduled vision appointment for 9-6-2011. This appointment has been scheduled since 3-18-2011. (See attached consultation). In the future the nurse will ensure that appointments for follow up are made at the doctor's office once recommended to ensure timely follow-up and completion of recommended medical appointments.	9-6-2011

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I 401	Continued From page 6 review of the record revealed there was no documented evidence the resident followed-up with the ophthalmologist in two (2) to three (3) months as recommended. Interview with the Registered Nurse (RN) supervisor on August 11, 2011, at approximately 2:00 p.m., acknowledged the resident had not followed up with the ophthalmologist in two (2) to three (3) as recommended.	I 401		