

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/08/2009
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1326 45TH PLACE, NE 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
{I 090}	Continued From page 1 behind the stove.	{I 090}		
{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 all staff had current health certificates on file. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the personnel files on January 6, 2009, revealed the GHMRP failed to provide evidence of a current health certificate for the House Manager.	{I 206}		8/31/08
{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:	{I 227}	The House Manager has a health certificate that is current dating 12-12-08; however, it was received at the office on 1-28-09, therefore was not available on request. Refer to attachment #1 In the future, the provider will ensure that the proofs of the employees training are on file, and available upon request.	8/31/08

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{1227}	Continued From page 2 Based on record review, the GHMRP failed to have on file for review current training in First Aid and CPR for employees. The findings include: On January 7, 2009, review of personnel records/training records failed to provide evidence of First Aid and CPR for two staff. (S#1 and #2)	{1227}	Staff #1 was trained on CPR and First Aid; however, the CPR card was received, and the First Aid card has not been received yet. Refer to attachment #2 A Staff #2 has a current CPR card, and was trained on First Aid on 1-14-09; however, the First Aid card has not been received yet. refer to attachment #2b In the future, the provider will ensure that the employees file are updated, and that the proofs of training are available upon request.	1-14-09 2-15-09

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

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{W 000}	INITIAL COMMENTS	{W 000}		
	<p>A revisit was conducted on January 6, 2009 through January 8, 2009, to determine the facility's compliance with deficiencies cited on July 25, 2008. A random sample of three clients was selected from a client population of six females with various disabilities. The finding of this survey were based on observation, interview and record verification, interview with day program staff, management and residential staff, and a review of the habilitation and administrative records.</p> <p>As a result of th the survey, a determination was made that the facility failed to maintain compliance with the previously cited deficient practices.</p>			
{W 159}	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL	{W 159}		8/12/08
	<p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews with the Qualified Mental Retardation Professional (QMRP) and record review, the QMRP failed to ensure integration, coordination and monitoring of client's active treatment regimen.</p> <p>The findings include:</p> <p>1. The QMRP failed to ensure that Client #2's meal time protocol and/or support strategies as evidenced below.</p> <p>Observation on January 6, 2009 at approximately</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Infele Egamma</i>	TITLE <i>Program Director</i>	(X6) DATE <i>2/04/09</i>
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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.

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{W 159}	Continued From page 1 5:17 PM revealed Client #2 was wheeled to the dining room table. The staff was observed to go into the kitchen and return with Client #2's snack. The staff person sat down next to Client #2, informed her of what she had for snack and started feeding Client #2 her applesauce. The staff then commented, "Oh you are eating today since we have company. [Client #2] usually refuses her food and we have to attempt to give it to her later." Observation on January 7, 2009 at approximately 12:43 PM revealed the day program staff attempting to feed Client #2. Staff attempted to feed Client #2 several times, but she refused to eat her lunch. Interview with the direct care staff on January 6, 2009 at approximately 5:22 PM revealed that there was not a formal feeding protocol written for implementation when the client refused her meal. According to interview with the day program staff on January 7, 2009 at 12:47 PM Client #2 refused her lunch often at which time staff attempts to feed her later. . Interview with the QMRP on January 8, 2009 at 9:45 AM revealed that no formal mealtime support strategies had been developed to address Client #2's refusals. According to the QMRP, a mealtime protocol would be helpful to provide assistance to anyone who was not familiar with Client #2's behavior of meal refusal.	{W 159}	The qmrp has contacted the Dietitian who has developed a feeding protocol for individual #2 Refer to attachment # 3 a All staff were trained on individual #2 feeding protocol. Refer to attachment # 3b In the future the Qmrp will ensure that the individuals' meal time protocols and/support are in place as stipulated to maintain optimum health. The Qmrp reported to the day program, and trained the supportive staff on individual's #2 mealtime protocol. refer to attachment # 3c In the future the Qmrp will ensure that the individuals' meal time protocols and/support are in place at the day program. 2-02-09 The qmrp has contacted the Dietitian who has developed a feeding protocol for individual #2 Refer to attachment # 3 a All staff were trained on individual #2 feeding protocol. Refer to attachment # 3b In the future the Qmrp will ensure that the individuals' meal time protocols and/support are in place as stipulated to maintain optimum health.	1-28-09
{W 436}	2. The QMRP failed to ensure necessary adaptive equipment was maintained for Client #2. [See W436] 483.470(g)(2) SPACE AND EQUIPMENT	{W 436}		7/26/08

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{W 436}	<p>Continued From page 2</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure necessary adaptive equipment was maintained, for one of the three clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>The facility failed to ensure that Client #2's wheelchair was repaired timely as evidenced below:</p> <p>Observation on January 7, 2009 at approximately 11:51 AM revealed that Client #2's front wheels on her wheelchair were bent inward. On the same day, interview with the day program counselor at approximately 11:55 AM revealed that the day program case manager had reported the client's broken wheelchair to the group home. According to the day program staff, she was informed by the residential counselor that the client was to have her wheelchair fixed. However, upon Client #2's return to the day program the front wheels on the client's wheelchair had not been repaired.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on January 8, 2009 at approximately 9:40 AM revealed that the nurse scheduled Client #2's wheelchair for repair over a</p>	{W 436}	<p>The Qmrp has contacted the DME company (Essential Reb) that reported to the facility, and picked up the wheelchair for repair. Refer to attachment # 4</p> <p>In the future, the provider will ensure that the individuals' adaptive equipment is maintained in good repair.</p>	1-29-09
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{W 436}	Continued From page 3 month ago. At the time of the survey, Client #2's wheelchair had not been repaired.	{W 436}		
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