

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

PRINTED: 05/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2012
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NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019
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(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
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W 000 INITIAL COMMENTS

W 000

A re-certification survey was conducted from 4/18/2012 through 4/20/2012. The survey was completed utilizing the fundamental survey process.

A random sampling of three clients was selected from a residential population of two males and four females with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the client and administrative records, including the unusual incident reports.

Qualified Mental Retardation Professional will be referred to as Qualified Intellectual Disabilities Professional within this report.

W 460 483.480(a)(1) FOOD AND NUTRITION SERVICES

W 460

Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.

This STANDARD is not met as evidenced by:
Based on observation, staff interview and record review, the facility failed to ensure a client's nutritional supplement was being offered as prescribed for one of three sampled clients.
[Client #1]

The finding includes:

Observation at Client #1's day program on 4/20/2012 at approximately 11:10 a.m. revealed that he refused to eat lunch which consisted of

It is RCM responsibility to ensure that the individuals are offered the appropriate diets at home as well as at the day program as prescribed by the physician.

Received 5/11/12
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
809 North Capitol St., N.E.
Washington, D.C. 20002

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marie Angela Blanka</i>	TITLE <i>Program Director</i>	(X6) DATE <i>5-11-12</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 480 Continued From page 1
chicken salad, cole slaw and apple juice. The staff attempted to offer it to him on three separate occasions, but he refused. The attending staff indicated that when he refuses lunch, he is offered applesauce or some other fruit and a beverage. According to the staff, he normally eats those items.

Record review on 4/20/2012 at 2:31 p.m. revealed Client #1's Nutritional assessment dated 12/08/2011 recommended that he be provided " Ensure Plus (8oz) TID (three times a day). A more recent Nutritional assessment dated 4/2012 outlined, "Resident's current weight is 125lbs and down 9 pounds times 60 days; and down 11 pounds times 90 days. His current weight is 2 pounds below his IBW range... start Ensure Plus (8oz) TID, nutritional supplement for gradual weight gain. Ensure Plus (8oz) TID providing an additional 1065 calories, ~ 39 grams protein, and ~ 576cc fluids." There was no evidence presented or on record at the time of survey to substantiate that Client #2 was being provided his ensure three times a day as prescribed.

Interview with the facility's director of nursing (DON) and the licensed practical nurse (LPN) on 4/20/2012 at approximately 2:45 p.m. revealed Client #2 does not receive any Ensure at this day program. Further interview with the DON and the LPN on the same day at approximately 2:55 p.m. revealed the 3/28/2012 Physician's Orders (POS) listed an order for " Ensure TID (three times a day). " The LPN and the DON stated this order was not being implemented as prescribed because they had not implemented the noon serving at his day program. Both the DON and the LPN indicated there was no system in place

W 480
Individual #1 has the recommendation by the nutritionist that he be provided with Ensure Plus (8oz) TID (Three times a day) for gradual weight gain; however, the noon serving was not implemented at the day program.
Refer to attachment #1
The new order for clarification was obtained by the DON on 4-18-12
Refer to attachment #2
On 4-23-12, a new system was put in place to ensure that the supplement is being provided to the day program. A chart is being created by the QIDP on 4-23-12
The facility will send a weekly supply of supplement to the day program.
The day program will place a check mark when the supplement is offered to individual #1, and another check mark will indicate when the individual #1 refuses to take the supplement; additionally, the QIDP will make unannounced visits to the day program during lunch to ensure that the day program offers supplement as prescribed.
Refer to attachment #3
The house staff was inserviced by the nurse on individual's 1 diet on 4-23-12
and the day program staff was inserviced by the nutritionist on individual#1's diet on 5-4-12
Refer to attachment # 4 and 5
In the future, the facility will ensure that individual #1 is provided with the proper nutrients in the manner prescribed by the physician to improve, and maintain a healthy weight.

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W 460	Continued From page 2 to maintain that the Ensure was being sent to the day program or to monitor that Client #2 was being provided the proper serving of the nutritional supplement. The facility failed to ensure that Client #2 was being provided the proper nutrients in the manner prescribed by the physician to improve and maintain a healthy weight.	W 460		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2012
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019	
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1 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted from 4/18/2012 through 4/20/2012.</p> <p>A random sampling of three residents was selected from a residential population of two males and four females with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the resident and administrative records, including the unusual incident reports.</p> <p>Qualified Mental Retardation Professional will be referred to as Qualified Intellectual Disabilities Professional within this report.</p>	1 000	
1 040	<p>3502.1 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall provide each resident with a nourishing, well-balanced diet.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure a resident's nutritional supplement was being offered as prescribed for one of three sampled residents. [Resident #1]</p> <p>The finding includes:</p> <p>Observation at Resident #1's day program on 4/20/2012 at approximately 11:10 a.m. revealed that he refused to eat lunch which consisted of chicken salad, cole slaw and apple juice. The staff attempted to offer it to him on three separate occasions, but he refused. The attending staff indicated that when he refuses lunch, he is offered applesauce or some other fruit and a</p>	1 040	<p>It is RCM responsibility to ensure that the individuals are offered the appropriate diets at home as well as at the day program as prescribed by the physician.</p>

Health Regulation & Licensing Administration

Maria Angelle E Yamba
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Program Director

(X6) DATE

5-11-12

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I 040	Continued From page 1 beverage. According to the staff, he normally eats those items. Record review on 4/20/2012 at 2:31 p.m. revealed Resident #1's Nutritional assessment dated 12/08/2011 recommended that he be provided " Ensure Plus (8oz) TID (three times a day). A more recent Nutritional assessment dated 4/2012 outlined, "Resident's current weight is 125lbs and down 9 pounds times 60 days; and down 11 pounds times 90 days. His current weight is 2 pounds below his IBW range... start Ensure Plus (8oz) TID, nutritional supplement for gradual weight gain. Ensure Plus (8oz) TID providing an additional 1065 calories, ~ 39 grams protein, and ~ 576cc fluids." There was no evidence presented or on record at the time of survey to substantiate that Resident #2 was being provided his ensure three times a day as prescribed. Interview with the facility's director of nursing (DON) and the licensed practical nurse (LPN) on 4/20/2012 at approximately 2:45 p.m. revealed Resident #2 does not receive any Ensure at this day program. Further interview with the DON and the LPN on the same day at approximately 2:55 p.m. revealed the 3/28/2012 Physician's Orders (POS) listed an order for " Ensure TID (three times a day). " The LPN and the DON stated this order was not being implemented as prescribed because they had not implemented the noon serving at his day program. Both the DON and the LPN indicated there was no system in place to maintain that the Ensure was being sent to the day program or to monitor that Resident #2 was being provided the proper serving of the nutritional supplement. The facility failed to ensure that Resident #2 was	I 040	Individual #1 has the recommendation by the nutritionist that he be provided with Ensure Plus (8oz) TID (Three times a day) for gradual weight gain; however, the noon serving was not implemented at the day program. Refer to attachment #1 The new order for clarification was obtained by the DON on 4-18-12 Refer to attachment #2 On 4-23-12, a new system was put in place to ensure that the supplement is being provided to the day program. A chart is being created by the QIDP on 4-23-12 The facility will send a weekly supply of supplement to the day program. The day program will place a check mark when the supplement is offered to individual #1, and another check mark will indicate when the individual #1 refuses to take the supplement; additionally, he QIDP will make unannounced visits to the day program during lunch to ensure that the day program offers supplements as prescribed. Refer to attachment #3 The house staff was inserviced by the nurse on individual's1 diet on 4-23-12 The day program staff was inserviced by the nutritionist on individual#1's diet on 5-4-12 Refer to attachment # 4 and 5 In the future, the facility will ensure that individual #1 is provided with the proper nutrients in the manner prescribed by the physician to improve, and maintain a healthy weight.	

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I 040	Continued From page 2 being provided the proper nutrients in the manner prescribed by the physician to improve and maintain a healthy weight.	I 040	