2027891061

AND FLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION: NUMBER:		TIPLE CONSTRUCTION	(X3) DA	D. 0938-0: TE SURVEY MPLETED	
		09G236	B. WING			211	
NAME OF PROVIDER OR SUPPLIER  RCM OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE SHINGTON 2620 24TH STREET, NE WASHINGTON, DC 20018				11/08/2013	
(X4) ID PREFIX TAG	LACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S FLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(XS) COMPLET DATE	
W 000	INITIAL COMMENT	s	, w 00	0		<del>                                     </del>	
	November 5, 2013 the sample of three clier population of five incommendation of five incommendation of the survey the findings of the subservations, intervise	urvey were based on			h		
į	starr, nursing and ad a review of records, i Note: The below are appear throughout th	ministrative staff, as well as neluding incident reports.  abbreviations that may e body of this report.		Department of Health  Regulation & Licensing Administra  By North Capricol St., N.E.  Washington, D.C. 20002  Vashington, D.C. 20002			
W 120	Program Director (PE Direct Support Profes Licensed Practical Nu Day Program Staff (D Individualized Program House Manager (HM) Gastrointestinal (GI) 483,410(d)(3) SERVIC	sional (DSP) urse (LPN)	W 120		! 		
1	OUTSIDE SOURCES The facility must assument the needs of each	re that outside services	.		Î		
s (c a lu	eview, the facility faile eview, the facility faile eview, the facility faile eview munication device visually impaired clie anch prior to serving it	ot met as evidenced by: s, interview and record d to ensure that outside client's adaptive equipment e) and also failed to inform nt of the contents of their , for two of three clients in					
deficiency s safeguards	tatement ending with an as a provide sufficient protecti	SUPPLIER REPRESENTATIVE'S SIGNA sterisk (*) denotes a deficiency which on to the patients. (See instructions.) a plan of correction is provided. For re-made available to the facility. If de-	thé institutio	n may be excused from correcting pr nursing homes, the findings stated ab es, the above findings and plans of c e cited, an approved plan of correction	oviding it is determi	DATE  Description  Description	
CMS-2567(0	02-99) Previous Versions Obso	lete Event ID: U9CG11	Facili	ty ID: 09G236 If oc	ontinuation sheet Pa		

PRINTED: 11/27/2013 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G236	B. WING	Property Control of Control of Control	1 11	/08/2013	
	PROVIDER OR SUPPLIER WASHINGTON		2	STREET ADDRESS, CITY, STATE, ZIP CODI 1620 24TH STREET, NE WASHINGTON, DC 20018			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 000	INITIAL COMMENT	TS	W 000				
1 1 2 2 3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	November 5, 2013 sample of three clie population of five in intellectual disabilition utilizing the full survent observations, intervistaff, nursing and are a review of records, Note: The below ar	through November 8, 2013. A sents was selected from a dividuals with profound es. This survey was initiated vey process.  Survey were based on riews, and with direct support dministrative staff, as well as including incident reports.  The abbreviations that may the body of this report.		73			
W 120	OUTSIDE SOURCE The facility must ass	essional (DSP) Nurse (LPN) (DPS) am Plan (IPP)  M) //CES PROVIDED WITH ES sure that outside services	W 120				
	This STANDARD is Based on observation review, the facility fastervices utilized each (communication devolument prior to serving the servin	not met as evidenced by: ons, interview and record iled to ensure that outside h client's adaptive equipment ice) and also failed to inform lient of the contents of their g it, for two of three clients in		TITLE		(X6) DATE	

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.

(X6) DATE

	ATEMENT OF DEFICIENCIES DEPLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		09G236	B. WING		11/08/2013	
NAME OF	PROVIDER OR SUPPLIER		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE		
RCM OF	WASHINGTON			2620 24TH STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉTION	
	Continued From parthe sample. (Client The findings included 1. The day program #1, who was visually what she was havin During the entrance 2013, at approximate revealed that Client Client #1 sat at the client #1 informed the client dinner.  On November 6, 20 DPS #2 was observed in front of her. Client herself. DPS #2 was client of what she was approximately 12:15 occasion will tell Client to the sample of the sample occasion will tell Client to the sample occasion will tell Client to the sample occasion will tell Client the sample occasion the sample occasion will tell client the sample occasion will tell client the sample occasion the sample occasion will tell client	ge 1 s #1 and #3) e: failed to ensure that Client y impaired, was informed of			ine al #1 being The ntents ds on the have ved. t f the ing	
	At the time of survey Client #1 of her lunc	r, DPS #2 failed to inform h.		In the future, the fact QIDP will ensure that t	-	
	2. The day program failed to ensure Client #3's communication program was implemented as recommended.			program informs individual#1 on the contents of her plate during mealtime; additionally,		
	Client #3 was observentering her classroom "do you know the sur client made eye confidented by the confidence by the confidented by the confidence by the confid	13, beginning at 12:35 p.m., yed at her day program. Upon om, DPS #1 asked the client, rveyor." In response, the tact with the surveyor. DPS cular plastic object in the		the QIPD will make unar visits at the day programment to ensure the practice is being impless.	nnounced ram during nat the	

W 120 Continued From page 2  client's hand. The client screamed and dropped the item. DPS #! placed it back in her hand and asked. "Can you hold it for five minutes for me?" The client responded by looking at staff and by vocalizing unintelligibly. At approximately 12:40 p.m., Client #3 began to vocalize different sounds. At 12:51 p.m., the surveyor asked, does the client utilize a communication device? DPS #1 retrieved it out of the client's bag and said "she uses it sometimes." (It should be noted on November 5, 2013 at 6:44 p.m., a Go-talk communication device was observed in the client's bedroom).  Review of Client #3's IPP dated October 8, 2013 on November 8, 2013, at 9:30 a.m., revealed the following communication program objective:  "Given hand over hand assistance, [Client #3] will utilize a low tech communication device to express basic fundamental wants and needs with 80% accuracy of recorded trials per month for three consecutive months by September 2014."  Continued From page 2  client's hand. The client screamed and dropped that consists of the use of a communication assistive device "Low Tech device Go Talk 4) that she must use at the residence as well at the day program to express her basic fundamental wants and needs. Individual #3' communication device is brought to the day program by her staff on a daily basis to ensure the continuation of the active treatment.  On November 5, 2013, the day program did not fully provide individual #3 with the full implementation of the communication goal.  The day program staff was inserviced by the Program Director on the implementation of the communication goal on 12-4-press the no cell.	OLITICE.	NOT ON MEDIONAL				
NAME OF PROVIDER OR SUPPLIER  RCM OF WASHINGTON    XIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)   TAG				#6000 TO #600 TO SO		
RCM OF WASHINGTON  (PASH) IN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 120 Continued From page 2 client's hand. The client screamed and dropped the item. DPS #1 placed it back in her hand and asked, "Can you hold it for five minutes for me?" The client responded by looking at staff and by vocalizing unintelligibly. At approximately 12:40 p.m., Client #3 began to vocalize different sounds. At 12:51 p.m., the surveyor asked, does the client utilize a communication device? DPS #1 retrieved it out of the client's bag and said "she uses it sometimes." (It should be noted on November 5, 2013 at 6:44 p.m., a Go-talk communication device was observed in the client's bedroom).  Review of Client #3's IPP dated October 8, 2013 on November 8, 2013, at 9:30 a.m., revealed the following communication device to express basic fundamental wants and needs. Individual #3' communication device is brought to the day program by her staff on a daily basis to ensure the continuation of the active treatment.  On November 5, 2013, at 6:40 p.m., a Go-talk communication program objective.  "Given hand over hand assistance, [Client #3] will utilize a low tech communication device to express basic fundamental wants and needs with 80% accuracy of recorded trials per month for three consecutive months by September 2014."  Continued review of the IPP revealed the following program implementation strategies:  a. After the staff ask the client a yes question and has modeled pressing the yes cell, the client will press the yes cell.  b. After the staff ask the client a no question and has modeled pressing the no cell, the client will press the no cell.			09G236	B. WING		11/08/2013
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 120 Continued From page 2 client's hand. The client screamed and dropped the ltem. DPS #1 placed it back in her hand and asked, "Can you hold it for five minutes for me?"  The client responded by looking at staff and by vocalizing unintelligibly. At approximately 12:40 p.m., Client #3 began to vocalized different sounds. At 12:51 p.m., the surveyor asked, does the client tuitize a communication device PDPS #1 retrieved it out of the client's bag and said "she uses it sometimes." (It should be noted on November 5, 2013 at 6:44 p.m., a Go-talk communication device was observed in the client's bedroom).  Review of Client #3's IPP dated October 8, 2013 on November 8, 2013, at 9:30 a.m., revealed the following communication device was observed to express basic fundamental wants and needs with 80% accuracy of recorded trials per month for three consecutive months by September 2014." Continued From page 2 client #3's IPP dated October 8, 2013 on November 8, 2013, at 9:30 a.m., revealed the following communication device was observed in the client's bedroom).  Review of Client #3's IPP dated October 8, 2013 on November 8, 2013, at 9:30 a.m., revealed the following communication device was observed to express basic fundamental wants and needs with 80% accuracy of recorded trials per month for three consecutive months by September 2014." Continued From page 2 individual #3 has a program goal that consists of the use of a communication assistive device "Low Tech device Go Talk 4) that she must use at the residence as well at the day program to express her basic fundamental wants and needs. Individual #3' communication device is brought to the day program by her staff on a daily basis to ensure the continuation of the active treatment.  On November 5, 2013, the day program did not fully provide individual #3 with the full implementation of the communication program by her staff was inserviced by the Program pricector on the implementation of the communication program					2620 24TH STREET, NE	
client's hand. The client screamed and dropped the item. DPS #1 placed it back in her hand and asked, "Can you hold it for five minutes for me?" The client responded by looking at staff and by vocalizing unintelligibly. At approximately 12:40 p.m., Client #3 began to vocalize different sounds. At 12:51 p.m., the surveyor asked, does the client utilize a communication device? DPS #1 retrieved it out of the client's bag and said "she uses it sometimes." (It should be noted on November \$, 2013 at 6:44 p.m., a Go-talk communication device was observed in the client's bedroom).  Review of Client #3's IPP dated October 8, 2013 on November 8, 2013, at 9:30 a.m., revealed the following communication program objective:  "Given hand over hand assistance, [Client #3] will utilize a low tech communication device to express basic fundamental wants and needs. Individual #3' communication device is brought to the day program by her staff on a daily basis to ensure the continuation of the active treatment.  On November 5, 2013, the day program did not fully provide individual #3 with the full implementation of the communication goal.  After the staff ask the client a yes question and has modeled pressing the yes cell, the client will press the no cell.  b. After the staff ask the client a no question and has modeled pressing the no cell, the client will press the no cell.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	HOULD BE COMPLETION
In the future, the facility QIDP will ensure that the sindividuals' communication device at the day program to communicate her needs. On November 6, 2013, interview with DPS #1 at		client's hand. The of the item. DPS #1 plasked, "Can you had The client responded vocalizing unintelling p.m., Client #3 begas sounds. At 12:51 pthe client utilize a communication development of the client utilize a communication development of the client will be development."  Review of Client #3 on November 8, 20 following communication development of the com	client screamed and dropped laced it back in her hand and old it for five minutes for me?"  ed by looking at staff and by ibly. At approximately 12:40 an to vocalize different a.m., the surveyor asked, does communication device? DPS of the client's bag and said "she of the client of the communication device of the cation program objective:  and assistance, [Client #3] will are mounted to a mental wants and needs with corded trials per month for months by September 2014."  The IPP revealed the implementation strategies:  at the client a yes question and me the yes cell, the client will the communication device at the communication device at communicate her needs. On	W 1	that consists of the communication assist "Low Tech device Go that she must use at residence as well at program to express he fundamental wants an Individual #3' commundevice is brought to program by her staff daily basis to ensure continuation of the treatment.  On November 5, 2013, program did not full individual #3 with the implementation of the communication goal. The day program staff inserviced by the Propincetor on the implementation Refer to attachment In the future, the faculty will ensure that individuals' communication communication in the future of the communication the future, the faculty will ensure that individuals' communication communication in the future, the faculty will ensure that individuals' communication communication in the future of the communication in the future, the faculty will ensure that individuals' communication communication in the future of the communication in the future, the faculty will ensure that individuals' communication communication is the faculty of the communication is the communication in the faculty of the communication is the communication is the communication in the faculty of the communication is the communication in the communication in the communication is the communication in the communication in the communication is the communication in the communication in the communication is the communication in the communication is the communication i	e use of a live device Talk 4) the the day her basic do needs. mication the day on a le the active  the day y provide he full le f was ogram ementation goal on 12-4-1 #2 acility t the cation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 × ×	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
		09G236	B. WING _		11/08/2013	
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VAL 400	2			facility and day progra		
VV 120	Continued From pa		W 12	0 as recommended by the	Speech	
		d that Client #3 was not her communication device as		and Language Patholog	ist.	
W 148		MUNICATION WITH	W 14	8 It is RCM policy that	all	
	CLIENTS, PARENT	3 &		of the appropriate ent		
		tify promptly the client's		including guardians an	d family	
		n of any significant incidents, or not condition including, but not		members are notified o	f the	
		ness, accident, death, abuse,		individuals incidents		
	or unauthorized abs	ence.		including the ER visit		
				Individual #2 has a gu	ardian	
		not met as evidenced by:		and individual #5 has	1	
		and record review, the facility dians of all emergency room		family member.		
	visits, for two of the five clients residing in the			The facility QIDP who	covered	
	facility. (Clients #2 and	and #5)		the house during the po		
	The finding includes			where these incidents	occurred	
	On November 6, 20	13, beginning at 9:00 a.m.,		is no longer employed l	oy RCM,	
	review of incident re	ports revealed that on		and consequently can't	be	
		R, Client #5 was taken to the er she began coughing up		inserviced on the incid	dent	
	blood. Further review	v of the incident report		management; however, tl	ne	
		e that Client #5's guardian ers had been notified of the		Program Director has in	nserviced	
	incident.	ers riad been notined of the		the new QIDP on the ind		
				management policy during	ng the	
		the facility incident reports ober 23, 2013, Client #2 was		house inservice on	11-22-13	
	taken to the emerge	ncy room after having a		Refer to attachment #3		
		nore than three minutes.  incident report revealed no		In the future, the fac:	ility	
	evidence that Client	#2's guardian and/or family		will ensure that all in	ncidents	
	members had been	notified of the incident.		are notified to the far	nily	
				members and quardians		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-51 000 100 000 0000	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G236	B. WING		11	/08/2013
NAME OF PROVIDER OR SUPPLIER  RCM OF WASHINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018		
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	2013, at approximate both clients had legathe PD on November 3:00 p.m., revealed Client #2 or Client # aware of the aforem.  At the time of the surprovide evidence the aware of the incident	conference on November 5, tely 3:00 p.m., revealed that all guardians. Interview with er 6, 2013, at approximately that she did not know if either 5's guardians were made lientioned incidents.  Invey, the facility failed to at legal guardians were made	W 1			
W 242	The individual prograthose clients who lad skills essential for project (including, but not lir personal hygiene, dipathing, dressing, grof basic needs), until	am plan must include, for ck them, training in personal rivacy and independence nited to, toilet training, ental hygiene, self-feeding, rooming, and communication I it has been demonstrated elopmentally incapable of	W 24	42		
	Based on observation failed to provide a clip the client 's dependent during mealtimes for the sample. (Client #The finding includes:  On November 7, 201 who was assisted during a bib while ewater. No spills were					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		09G236	B. WING _		11/08/2013
2 5-0	PROVIDER OR SUPPLIER WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018	
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	with the PD reveale wearing bibs during of the client's clothin an attempt to teach client's clothing duri answer the question acknowledged that not considered for Oprotect her clothing.  At the time of the suprovide evidence the opportunity to learn during mealtimes with 483.440(d)(1) PROGAS soon as the interformulated a client's each client must recite treatment program of interventions and seand frequency to sure objectives identified plan.  This STANDARD is Based on observation review, the facility sticlient's communication.	on the use of a bib. GRAM IMPLEMENTATION  Individual program plan, seive a continuous active consisting of needed ervices in sufficient number poor the achievement of the in the individual program  In the individual program of the interview, and record aff failed to ensure each ion training program was tently, for one of the three e. (Client #3)	W 24	on individual#1's adapequipment by the faciliary Program Coordinator on A goal has been developed individual #1 to clean with a paper towel to pher clothing without the bib.  Refer to attach #4 and In the future, the fact management will ensure the individual with a paper towel to pher clothing without the bib.	ptive lity

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				E SURVEY PLETED
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	PROVIDER OR SUPPLIER WASHINGTON			2	TREET ADDRESS, CITY, STATE, ZIP CODE 620 24TH STREET, NE VASHINGTON, DC 20018		
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	communication dev bedroom. At 8:08 p. escorted the client, mobility, to the living The house manage watch?"  Review of Client #3' on November 8, 20' following communication device three consecutive multiples a low tech consecutive	ge 6  13, at 6:44 p.m., Client #3's ice was observed in her m., the house manager who used a wheelchair for groom to watch television. Tasked, "What do you want to s IPP dated October 8, 2013 13, at 9:30 a.m., revealed the ation program objective:  and assistance, [Client #3] will munication device to imental wants and needs with corded trials per month for ionths by September 2014."  Who is November 7, 2013, at o.m. revealed that the client the communication device the her needs. On November 8, ely 4:30 p.m., DSP #1  #3 was required to use her ce daily. At no time during the lient #3 observed with her	W 2	249	Individual #3 has a locommunication device she needs to use to exher basic fundamental and needs.  All staff were inservation individual #3's fundamentation goal by Program Director on Refer to attachment #5 In the future, the houmanagement will ensure the individuals' communication goals are implemented recommended by the Speand Language Pathologicals.	that  xpress  wants  iced  iction  the  ise  that  unicat  as  eech	s nal 11-22-11
W 331	communication devi- 483.460(c) NURSIN The facility must pro services in accordan	G SERVICES vide clients with nursing	W 3:	31			
	This STANDARD is Based on observation review, the facility facrecommendation for						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				E SURVEY PLETED	
		09G236	B. WING			11/0	08/2013	
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1	30/2010	
PCM OF	WASHINGTON		1	2	2620 24TH STREET, NE			
ROM OF WASHINGTON				٧	VASHINGTON, DC 20018			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 331	Continued From pa		W 3	31	1.Individual #2 has a	colo	noscopy	
	orthopedic shoes were addressed for two of the				completed on February	1, 20	12	
1	three clients in the s	sample. (Client #1 and #2)			and the recommendation was to			
	The finding includes	3:			have another colonoscopy in			
	ACCORDANCE TO CONTRACT AND DESCRIPTION OF THE PROPERTY OF THE				5 years.	-		
		November 6, 2013, m., revealed Client #2 was			Individual # 2 was hos	oital	ized.	
	admitted to the hosp	oital for a gastrointestinal			and was discharged in May			
		hospital's discharge form			5-22-13 with the recom	•	tion	
		, revealed "the patient should done in the near future."			to have another colono		- 1	
		e record failed to disclose that			in the near future; how			
	recommendations.	vider was made aware of the			the facility's nurse fa			
		EU SE SE SES SESSONICAS S			notify the PCP because			
		f1 on November 8, 2013, at	n., revealed that the client oppy. The LPN then		5 years recommendation.			
	did not need a colon	oscopy. The LPN then			The facility's nurse in		ed	
		a GI consultation form dated			the PCP, and she noted	1	cu	
	February 1, 2012. To completed 15 month	ne form, which was as prior to the hospital's			individual#2 is not due			
	discharge recomme	ndation, revealed that a			another colonoscopy at			
	queried to ascertain	t warranted. The nurse was how the May 25, 2013		- 8	time		12-4-13	
	recommendation for	the colonoscopy was			Refer to attachment #6		12-4-13	
	addressed. The LPN the colonoscopy was	I continued to indicate that			In the future, the fac:	11:4		
				- 11	nursing management will	-	4	
1	At the time of the sur	rvey, the nurse failed to			that the PCP is informe			
	2013 recommendati	ensure Client #2's May 25, on for a colonoscopy was						
	addressed by the pri	mary care physician.			all of the recommendations			
	2 Observation of the	medication administration			from the clinicians.			
	record on November	5, 2013, at 7:35 p.m.,		2	2. Individual#1 has a p	air		
	revealed Client #1 re	ceived Glipizide and		C	of orthopaedic shoes in the			
	Metformin for diabete On November 8, 201			ŀ	nouse that she does not	wear		
	On November 8, 2013 at 5:03 p.m., interview with LPN #1 revealed Client #1 was recommended			k	because they do not fit.			

OL111	TO TOTT WEET OF THE	G :::==::::::::::::::::::::::::::::::::			Water the Manager of the Control of	1110 110. 0000 0001
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED
		09G236	B. WING	_		11/08/2013
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	
RCM OF WASHINGTON					620 24TH STREET, NE	
				٧	VASHINGTON, DC 20018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
	February of 2013. V Client #1 had a pair recommended by he that the shoes were not fit. Continued in never received a reshoes as recommendaware when Client #0 on November 8, 20 medical record rever August 8, 2013. The #1 's podiatrist continued to the substantial than the nurse ensur orthopedic shoes as podiatrist 483.470(g)(2) SPACT The facility must furnand teach clients to choices about the use	s secondary to her diabetes in When asked to verify that of orthopedic shoes as er podiatrist, LPN # 1 revealed returned because they did terview revealed that Client #1 placement pair of orthopedic nded, and LPN #1 was not #1 would receive a new pair. 13, at 8:54 a.m., review of the aled a podiatry consult dated e consult revealed that Client nued to request orthopedic #1's diabetes. Invey, there was no evidence are that Client #1 received her are recommended by the EE AND EQUIPMENT which maintain in good repair, use and to make informed se of dentures, eyeglasses, ormmunications aids, braces.	W 43	336 (1)	Individual #1 has those shoes when she joined to new provider; many attermade to find the origing shoes, and the Podiatric prescribed them have for Individual #1 had a podiate appointment on 5-9-13, Podiatrist did not present the shoes despite the result that the nurse. Another appointment on 11-4-1 podiatrist failed to present a prescription. Another was located, and Individuals an appointment on Refer to attachment #7 In the future, the provessill ensure that the insure that the insure that the insure was to the short of the state of the short of the state of the state of the state of the short of the state of the state of the state of the short of the state	the  ids  n of the  ist who  ailed.  iatry  and  scribe  request by  ointment  3, the  rovide  Podiatrist  dual #1  12-11-11
	This STANDARD is Based on record revialled to implement a client received recon	not met as evidenced by: view and interview, the facility a system to ensure that each mended adaptive of three clients in the #2 and #3)		ć	adaptive equipment are in a reasonable time as in the adaptive equipme	obtained stipulated

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED
		09G236	B. WING		11/08/2013
	PROVIDER OR SUPPLIER WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
	record on November revealed Client #1 r Metformin for diabe On November 8, 20 LPN #1 revealed Cl for orthopedic shoe February of 2013. V Client #1 had a pair recommended by he that the shoes were not fit. Continued in never received a repshoes as recommended by he shoes as recommended and ware when Client #1 On November 8, 20 medical record reveaugust 8, 2013. The #1 's podiatrist continued in shoes due to Client At the time of the suthat the facility ensure her orthopedic shoe podiatrist.  2. On November 5, 20 was observed in her escorted to the living handle was wrapped According to Client #1 November 6, 2013, PT assessment data recommended a new	ne medication administration or 5, 2013, at 7:35 p.m., received Glipizide and oftes.  113 at 5:03 p.m., interview with lient #1 was recommended is secondary to her diabetes in When asked to verify that it of orthopedic shoes as it podiatrist, LPN # 1 revealed it returned in because they did it returned it because they did it review revealed that Client #1 placement pair of orthopedic inded, and LPN #1 was not if would receive a new pair.  13, at 8:54 a.m., review of the itelad a podiatry consult dated it is consult revealed that Client inded to request orthopedic it inded to request orthopedic it is diabetes. Invey, there was no evidence red that Client #1 received is as recommended by the itelation in the wheelchair as she was groom. The wheelchair as she was groom. The wheelchair did with duct tape.  #2's habilitation records on beginning at 11:04 a.m., the end July 10, 2013, we custom wheelchair. Review	W 436	1. Refer to W 331 PP 8 & 9 Refer to attachment #7  2. It is RCM policy the adaptive equipment are on a reasonable basis. Individual #2's wheelche acquisition was delayed the annual PT assessment late. The measurements individual #2's custom	obtained  nair d because nt was obtained for
-	of the client's records revealed an requisition for a new wheelchair, dated September 11, 2013, evealed a request to replace Client #2's wheelchair.			completed on In the future, the faci will ensure that the ir	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		09G236	B. WING		11/08/2013			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD				
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	*** I	OULD BE COMPLETION			
W 436	Continued From page 10		W 4	adaptive equipment	are			
	Interview with the house manager on November 7, 2013, at approximately 2:00 p.m., revealed that		2.27 (2)	on a timely manner a	ıs			
				stipulated on the ac	lantive			
		hy the requisition for Client		equipment policy.	Lapoi VC			
		s made two months after the		equipment pointy.				
	recommendation.	n.						
	At the time of surve	y, the facility failed to request						
	a new custom whee	new custom wheelchair timely for Client #2 as		3. Individual #3 has a program go				
	recommended by the	ne physical therapist.		that consists of the	that consists of the use of a			
	3. On November 6,	2013, beginning at 12:35		communication assist	ive device			
		observed at her day program.		"Low Tech device Go	Talk 4)			
		classroom, DPS #1 asked the the the surveyor." In response,		that she must use at	1			
		contact with the surveyor.		residence as well at				
	DPS #1 then placed	a circular plastic object in the			-			
		lient screamed and dropped		program to express h				
		aced it back in her hand and ld it for five minutes for me?"		fundamental wants an	NA REPORT AND L			
		d by looking at staff and by		Individual #3' communication				
		bly. At approximately 12:40		device is brought to	the day			
		an to vocalize different .m., the surveyor asked, does		program by her staff	on a			
	the client utilize a co	mmunication device? DPS		daily basis to ensure	e the			
	#1 retrieved it out of	the client's bag and said "she (It should be noted on		continuation of the active				
		at 6:44 p.m., a Go-talk		treatment.				
		ce was observed in the		On November 5, 2013,	the day			
		PS #1 then placed the ce in front of the client and		program did not provi				
		uttons. When DSP #1		individual #3 with th				
	pressed the buttons	, the picture buttons failed to		implementation of the				
	operate, however the yes and no buttons were operable. When asked, DPS #1 stated that the			communication goal.				
		e not been working for a week.			5.5			
				The day program's st				
		13, interview with the house		inserviced by the Pr	rogram			
	manger at 2:30 p.m. that the client's com	, revealed she was unaware munication device was not		Director on the impl	ementation			

TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  DATE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
RCM OF WASHINGTON  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 436  Continued From page 11  working.  W 436  Continued From page 11  working.  STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018  PROVIDER'S PLAN OF CORRECTION CONFIDENCY  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  Of the goal on Refer to attachment #2  In the future, the facility QIDP will ensure that the individual #3's communication device is fully used at the facility and day program as recommended the Speech and Language			09G236	B. WING			11/	08/2013
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 436  Continued From page 11 working.  W 436  Continued From page 11 working.  W 436  PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 436  W 436  W 436  W 436  W 436  TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  Of the goal on Refer to attachment #2  In the future, the facility QIDP will ensure that the individual #3's communication device is fully used at the facility and day program as recommended the Speech and Language	S PKS PG GV PPS GAS				STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE			
working.  Refer to attachment #2 In the future, the facility QIDP will ensure that the individual #3's communication device is fully used at the facility and day program as recommended the Speech and Language	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	(EACH CO	ORRECTIVE ACTION SHOULD FERENCED TO THE APPROPI	BE	COMPLETION
	W 436		ge 11	W	Refer In the facili that to community and dathe Sp	to attachment to attachment to attachment the future, the ity QIDP will end individual aication device used at the fact program as received and Language	#2 ensure #3's e is acilit	-y

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE **RCM OF WASHINGTON** WASHINGTON, DC 20018 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A licensure survey was conducted from November 5, 2013 through November 8, 2013. A sample of three residents was selected from a population of five individuals with profound intellectual disabilities. The findings of the survey were based on observations, interviews, and with direct support staff, nursing and administrative staff, as well as a review of records, including incident reports. Note: The below are abbreviations that may appear throughout the body of this report. Program Director (PD) Direct Support Professional (DSP) Licensed Practical Nurse (LPN) Day Program Staff (DPS) Individualized Program Plan (IPP) House Manager (HM) Gastrointestinal (GI) 1090 3504.1 HOUSEKEEPING 1090 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 individuals with intellectual disabilities (GHIID) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for four of four residents residing in

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1 090 Continued From page 1 1090 the facility. (Residents #1, #2, #3 #4 and #5) The findings include: Observation during Inspection of the environment on November 8, 2013, beginning at 4:45 p.m., 1. Individual#4's pillow and revealed the following: comforter were replaced on 11-30-13 1. Resident #4's pillow and comforter were 2. Individual's #1 toothbrush stained. There was also no pillow case on the cover was replaced on wollig 11-08-13 3.Individual #1's dresser drawer There was no cover on Resident #1's was repaired on 12-3-13 toothbrush. 4. The handle missing on Resident #1's dresser drawer was off track. individual #4's dresser drawer creating a potential safety hazard. was replaced on 12-3-13 4. Resident #2's dresser drawer was missing a 5. The covering of the shower handle. gurney was ordered, and will be 5. The covering of the shower gurney was replaced on 12-9-13 observed to be worn and torn. In the future, the facility The house manager who was present during the management will ensure that inspection, confirmed the above findings. The all of the equipment in the house manager stated she would address the findings. facility are in a working condition. 1374 3519.5 EMERGENCIES 1374 After medical services have been secured, each GHMRP shall promptly notify the resident 's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident 's status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_\_

(X3) DATE SURVEY COMPLETED

HFD03-0267

B. WING \_

11/08/2013

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

#### 2620 24TH STREET, NE

RCM OF WASHINGTON 2620 24TH STREET, NE WASHINGTON, DC 20018								
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETE DATE					
1 374	Continued From page 2	1 374						
	This Statute is not met as evidenced by: Based on staff interview and record review, the GHIIP failed to provide evidence of the prompt notification of parents or guardians of significant incidents, for two of the five residents included in the sample. (Residents #2 and #5)  The findings include:  On November 6, 2013, beginning at 9:00 a.m., review of incident reports revealed that on September 20, 2013, Resident #5 was taken to the emergency room after she began coughing up blood. Further review of the incident report revealed no evidence that Resident #5's guardian and/or family members had been notified of the incident.		It is RCM policy that all of the appropriate entities including guardians and family members are notified of the individuals incidents including the ER visits.  Individual #2 has a guardian and individual #5 has a family member.  The facility QIDP who covered the house during the periods					
	Continued review of the facility incident reports revealed that on October 23, 2013, Resident #2 was taken to the emergency room after having a seizure that lasted more than three minutes. Further review of the incident report revealed no evidence that Resident #2's guardian and/or family members had been notified of the incident.  During the entrance conference on November 5, 2013, at approximately 3:00 p.m., revealed that both residents had legal guardians. Interview with the PD on November 6, 2013, at approximately 3:00 p.m., revealed that she did not know if either Resident #2 or Resident #5's guardians were made aware of the aforementioned incidents.  At the time of the survey, the facility failed to provide evidence that legal guardians were made aware of the incidents identified above.		where these incidents occurred is no longer employed by RCM, and consequently can't be inserviced on the incident management; however, the Program Director did inservice the new QIDP during the house inservice on 11-22-13 Refer to attachment # 3 In the future, the facility will ensure that all incidents are notified to the family members and to the guardians.					

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STATE FORM

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1379 Continued From page 3 1379 1379 3519.10 EMERGENCIES 1379 In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and review of resident records, including incident reports and investigations, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that all incidents that present a risk to residents' health and safety were reported immediately to the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA), for two of five residents of the facility. (Residents #2 and #5) The findings include: On November 6, 2013, beginning at 9:00 a.m., Refer to W 148 P. 4 of 12 11 22-13 review of incident reports revealed that on September 20, 2013, Resident #5 was taken to Refer to attachment #3 the emergency room after she began coughing up blood. Further review of the incident report revealed no evidence that Resident #5's guardian and/or family members had been notified of the incident. Continued review of the facility incident reports revealed that on October 23, 2013, Resident #2

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1379 Continued From page 4 1379 was taken to the emergency room after having a Refer to W 148 P. 4 of 12 11 22-13 seizure that lasted more than three minutes. Further review of the incident report revealed no Refer to attachment #3 evidence that Resident #2's guardian and/or family members had been notified of the incident. During the entrance conference on November 5, 2013, at approximately 3:00 p.m., revealed that Refer to W 148 P. 4 of 12 11 22-13 both residents had legal guardians. Interview with Refer to attachment #3 the PD on November 6, 2013, at approximately 3:00 p.m., revealed that she did not know if either Resident #2 or Resident #5's guardians were made aware of the aforementioned incidents. At the time of the survey, the facility failed to provide evidence that legal guardians were made aware of the incidents identified above 1 401 3520.3 PROFESSION SERVICES: GENERAL 1401 **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 individuals with intellectual disabilities (GHIID) nursing services failed to ensure that a recommendation for a colonoscopy and orthopedic shoes were addressed for two of the three Residents in the sample. (Resident #1 and #2) The findings include:

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1 401 Continued From page 5 1401 1. Record review on November 6, 2013, beginning at 9:30 a.m., revealed Resident #2 was 1.Refer to W 331 PP 7 & 8 of 12 admitted to the hospital for a gastrointestinal Refer to attachment #6 bleed. Review of the hospital's discharge form 12-4-13 dated May 25, 2013, revealed "the patient should have a colonoscopy done in the near future." Further review of the record failed to disclose that the primary care provider was made aware of the recommendations. Interview with LPN #1 on November 8, 2013, at approximately 12:15 p.m., revealed that the Resident did not need a colonoscopy. The LPN 1.Refer to W 331 PP 7 & 8 of 12 then presented for review a GI consultation form dated February 1, 2012. The form, which was Refer to attachment #6 12-4-13 completed 15 months prior to the hospital's discharge recommendation, revealed that a colonoscopy was not warranted. The nurse was queried to ascertain how the May 25, 2013 recommendation for the colonoscopy was addressed. The LPN continued to indicate that the colonoscopy was not needed. 1. Refer to W 331 PP 7 & 8 of 12 At the time of the survey, the nurse failed to provide evidence to ensure Resident #2's May Refer to attachment #6 12-4-13 25, 2013, recommendation for a colonoscopy was addressed by the primary care physician. 2. Observation of the medication administration record on November 5, 2013, at 7:35 p.m., revealed Resident #1 received Glipizide and 2.Refer to W 331 PP 8 & 9 12-4-13 Metformin for diabetes. On November 8, 2013 at 5:03 p.m., interview with Refer to attachment #7 LPN #1 revealed Resident #1 was recommended for orthopedic shoes secondary to her diabetes in February of 2013. When asked to verify that Resident #1 had a pair of orthopedic shoes as

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recommended by her podiatrist, LPN # 1 revealed that the shoes were returned because they did not fit. Continued interview revealed that Resident

FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE **RCM OF WASHINGTON** WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1 401 Continued From page 6 1401 #1 never received a replacement pair of 1.Refer to W 331 PP 8 & 9 12-4-13 orthopedic shoes as recommended, and LPN #1 was not aware when Resident #1 would receive a Refer to attachment #7 On November 8, 2013, at 8:54 a.m., review of the medical record revealed a podiatry consult dated August 8, 2013. The consult revealed that Resident #1 's podiatrist continued to request orthopedic shoes due to Resident #1's diabetes. At the time of the survey, there was no evidence that the nurse ensured that Resident #1 received her orthopedic shoes as recommended by the podiatrist 1405 3520.7 PROFESSION SERVICES: GENERAL 1405 **PROVISIONS** Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners. This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure its outside day program met the needs of each resident, for two of three residents in the sample. (Resident #3) (Residents #1 and #2) The findings include:

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what she was having for lunch.

1. The day program failed to ensure that Resident #1, who was visually impaired, was informed of

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) 1405 Continued From page 7 1405 1.Refer to W 120 P 2 of 12 12-5-13 During the entrance conference on November 5, 2013, at approximately 3:00 p.m., the HM Refer to attachment 1 revealed that Resident #1 was blind. At 5:30 p.m., Resident #1 sat at the dining room table. then DSP #1 informed the resident what was being served for dinner. 1.Refer to W 120 P 2 of 12 12-5-13 On November 6, 2013, beginning at 11:45 a.m., Refer to attachment 1 DPS #2 was observed to place Resident #1's lunch in front of her. Resident #1 then began to feed herself. DPS #2 was not observed to inform the resident of what she was being served for lunch. Interview with DPS #2 on November 6, 2013, at 1. Refer to W 120 P 2 of 12 12-5-13 approximately 12:15 p.m., revealed that she on Refer to attachment 1 occasion will tell Resident #1 what she was having for lunch and other times the resident "feels for it". At the time of survey, DPS #2 failed to inform 2.Individual #3 has a program goal Resident #1 of her lunch. that consists of the use of a 2. The day program failed to ensure Resident communication assistive device #3's communication program was implemented "Low Tech device Go Talk 4) as recommended. that she must use at the On November 6, 2013, beginning at 12:35 p.m., residence as well at the day Resident #3 was observed at her day program. program to express her basic Upon entering her classroom, DPS #1 asked the resident, "do you know the surveyor." In fundamental wants and needs. response, the resident made eye contact with the Individual #3' communication surveyor. DPS #1 then placed a circular plastic object in the resident's hand. The resident device is brought to the day screamed and dropped the item. DPS #1 placed program by her staff on a it back in her hand and asked, "Can you hold it for

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five minutes for me?" The resident responded by

looking at staff and by vocalizing unintelligibly. At

approximately 12:40 p.m., Resident #3 began to vocalize different sounds. At 12:51 p.m., the

treatment.

daily basis to ensure the

continuation of the active

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING HFD03-0267 11/08/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1 405 1405 Continued From page 8 On November 5, 2013, the day surveyor asked, does the resident utilize a communication device? DPS #1 retrieved it out of program did not provide the resident's bag and said "she uses it individual #3 with the full sometimes." (It should be noted on November 5, 2013 at 6:44 p.m., a Go-talk communication implementation of the device was observed in the resident's bedroom). communication goal. The day program staff was Review of Resident #3's IPP dated October 8, 2013 on November 8, 2013, at 9:30 a.m., inserviced by the Program revealed the following communication program Director on the implementation objective: of the communication goal on 12-4-13 "Given hand over hand assistance, [Resident #3] Refer to attachment #2 will utilize a low tech communication device to In the future, the facility express basic fundamental wants and needs with 80% accuracy of recorded trials per month for QIDP will ensure that the three consecutive months by September 2014." individuals' communication Continued review of the IPP revealed the following program implementation strategies: devices are fully used at the facility as well as at a. After the staff ask the resident a yes question and has modeled pressing the yes cell, the the day program. resident will press the yes cell. After the staff ask the resident a no question. and has modeled pressing the no cell, the resident will press the no cell. Interview with the HM on November 7, 2013, at approximately 3:00 p.m. revealed that the . resident was required to use the communication device at the day program to communicate her needs. On November 6, 2013, interview with DPS #1 at 12:54 p.m., revealed that Resident #3 was not encouraged to use her communication device as needed. 1420 3521.1 HABILITATION AND TRAINING 1420

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_\_ B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1420 Continued From page 9 1420 Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to provide a resident with training to reduce the resident 's dependency on the use of a bib during mealtimes for one of the three residents in the sample. (Resident #1) The finding includes: On November 7, 2013, at 3:05 p.m., Resident All staff were inserviced #1, who was assisted during meals, observed wearing a bib while eating yogurt and drinking on individual#1's adaptive water. No spills were noted on the bib after the equipment by the facility resident had completed 100% of the yogurt and water. Program Coordinator on 11-22-13 A goal has been developed to assist On November 7, 2013, at 4:02 p.m., interview with the PD revealed that Resident #1 had been individual #1 to clean her mouth wearing bibs during mealtimes for the protection with a paper towel to protect of the resident's clothing. When asked if there her clothing without the use of the was an attempt to teach the resident to protect the resident's clothing during mealtimes, the PD bib. did not answer the question; however, she Refer to attach #4 & 4.1 acknowledged that a formal recommendation was not considered for Resident #1 to learn how to In the future, the facility protect her clothing or to use a napkin. management will ensure that At the time of the survey, the facility failed to the individuals use only provide evidence that Resident #1 was given an the adaptive equipment prescribed opportunity to learn how to protect her clothing during mealtimes without the use of a bib. by the clinicians.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD03-0267 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1422 Continued From page 10 1422 1 422 3521.3 HABILITATION AND TRAINING 1422 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 observation, interview, and record review, the group home for individuals with intellectual disabilities (GHIID) staff failed to ensure each resident's communication training programs were implemented consistently, for one of the three residents in the sample. (Resident #3) The finding includes: Individual #3 has a low tech communication device that On November 5, 2013, at 6:44 p.m., Resident #3's communication device was observed in her she needs to use to express bedroom. At 8:08 p.m., the house manager her basic fundamental wants escorted the resident, who used a wheelchair for mobility, to the living room to watch television. and needs. The house manager asked, "What do you want to All staff were inserviced watch?" on individual #3's functional Review of Resident #3's IPP dated October 8 communication goal by the 2013 on November 8, 2013, at 9:30 a.m., program Director on revealed the following communication program 11-22-13 objective: Refer to attachment #5 In the future, the house "Given hand over hand assistance, [Resident #3] will utilize a low tech communication device to management will ensure that express basic fundamental wants and needs with the individuals' communication 80% accuracy of recorded trials per month for three consecutive months by September 2014." goals are implemented as recommended by the Speech Interview with the HM on November 7, 2013, at and Language Pathologist. approximately 3:00 p.m. revealed that the resident was required to use the communication device daily to communicate her needs. On

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ HFD03-0267 B. WING 11/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE RCM OF WASHINGTON WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1422 Continued From page 11 1422 November 8, 2013, at approximately 4:30 p.m., DSP #1 revealed that Resident #3 was required to use her communication device daily. At no time during the survey period was Resident #3 observed with her communication device.

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