

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2012	
NAME OF PROVIDER OR SUPPLIER RCM		STREET ADDRESS, CITY, STATE, ZIP CODE 4954 ASTOR PLACE, SE 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
1 000	<p>INITIAL COMMENTS</p> <p>An initial licensure survey was conducted on November 15, 2012, to ascertain whether the group home for persons with intellectual disabilities (GHPID) was in compliance with Chapter 35 of Title 22, of the District of Columbia Municipal Regulations.</p> <p>The findings of the survey were based on interviews with administrative staff, review of the personnel records for all employees and contracted health care professionals, review of the facility's policies and procedures manual, as well as a walk through inspection of the interior and exterior of the GHPID. The survey findings revealed that the facility was in substantial compliance with Chapter 35 regulations.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1 000		
1 206	<p>3509.6 PERSONNEL POLICIES</p> <p>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.</p> <p>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 that all employees and health care professionals had current health certificates on file, for 2 of 7 direct support staff</p>	1 206		

Health Regulation & Licensing Administration

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

STATE FORM

6899

Q48811

TITLE

(X6) DATE

If continuation sheet 1 of 3

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I 206	Continued From page 1 (Staff #1 and #2), and 2 of 10 consultants. (Consultants #1 and #2) The findings include: On November 15, 2012, beginning at 9:30 a.m., review of the personnel records for all employees, including licensed professional health consultants, revealed the following: 1. There was no evidence of a complete physician's health inventory/certificate for the behavior therapist (Consultant #1). She did, however, have a documented PPD skin test (results "negative") administered on July 5, 2012; and, 2. The health inventory/certificate on file for the occupational therapist (Consultant #2) was signed by a nurse on August 22, 2012. There was no evidence that the consultant had been assessed by a physician or nurse practitioner. 3. The physician's health inventories/certificates on file for Staff #1 and #2 were not in compliance with regulatory requirements. [See 3509.7] At 10:34 a.m., the chief operating officer (COO), who had facilitated the review, acknowledged the aforementioned findings, further adding that she would forward any new information to this surveyor's email address. As of December 3, 2012 no new documentation had been received for the 4 employees cited above.	I 206	Consultant #1 no longer works for the agency, her replacement has a current PPD / Physician exam as of 8/31/12 and has worked with RCM for many years. Consultant #2 had her Health Certificate signed by her physician as of 11/28/12	12/1/12 11/28/12
I 207	3509.7 PERSONNEL POLICIES A new employee ' s physical examination shall have been performed within ninety (90) days prior to employment.	I 207		

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I 207	Continued From page 2 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 ensure that each new employee's physical examination was performed within ninety (90) days prior to employment, for 2 of 7 direct support staff. (Staff #1 and #2) The finding includes: On November 15, 2012, beginning at 9:30 a.m., review of the personnel records revealed that Staff #1 and #2 were hired on October 23, 2012 and November 8, 2012, respectively. Their health certificates were both dated April 26, 2012 (greater than 90 days prior to the dates they were hired). At 9:55 a.m., the chief operating officer (COO) acknowledged the aforementioned findings.	I 207	Staff #1 received an updated health exam on 11-26-12 and her PPD chest x-ray is still valid. Staff #2 received an updated health exam on 12-4-12 and her PPD was read on 12-7-12.	11-26-12 12-4-12	