DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES				0: 06/21/2013
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES				APPROVED 0. 0938-0391
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION DING	(X3) DA	TE SURVEY MPLETED
2		09G228	B. WING	3	06	/07/2013
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		10112013
RCM O	FWASHINGTON	8		2420 T STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION SHOU	DRE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	S	W	000		
(prompt) and the contract of t	6, 2013 through Junof three clients was a five females with var disabilities. This sur fundamental survey The findings of the sobservations in the hinterview with direct administrative staff, and administrative reports. [Qualified mental reta (QMRP) will be referred disabilities profession 483.440(f)(3)(i) PROCCHANGE The committee should monitor individual profination of the colient protection and refailed to ensure that the committee reviewed as failed to ensure that the committee reviewed as five for the surviview and failed to ensure that the committee reviewed as five for the surviview and failed to ensure that the committee reviewed as five for the surviviewed as failed to ensure that the committee reviewed as five for the surviviewed as failed to ensure that the committee reviewed as five for the surviviewed as failed to ensure that the committee reviewed as failed to ensure that the committee reviewed as failed to ensure that the committee reviewed as five for the surviviewed as failed to ensure that the committee reviewed as failed to ensure the committee reviewed as failed to ensure the committee reviewed to the committee reviewed	urvey were based on some and one day program, support staff, nursing and as well as a review of client ecords, including incident ardation professional red to as qualified intellectual all (QIDP) within this report.] GRAM MONITORING & d review, approve, and grams designed to manage or and other programs that, ommittee, involve risks to lights.	W 2£	RECEIVED 6/27/13 DOH-HRL-INCFO		
State of the	The finding includes:	THE PROPERTY OF THE PARTY OF TH				

Any deficiency statement ending with an asteristy.") denotes a deficiency which the institution made

On June 7, 2013 on 12:15 p.m., interview with the LABORATORY DIRECTORS OR PROMISER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X8) 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

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

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G228	B. WING		06/07/2013
	PROVIDER OR SUPPLIER WASHINGTON		2	REET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE WASHINGTON, DC 20020	2
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
	sometime required appointment to improper the consultation revealed, "Patient [Otreatment today. Pleadental appointment." 12:37 p.m. revealed dated July 30, 2012, milligram (mg) by medental appointment. consultation report of June 7, 2013 at 12:4 was sedated for comexam, prophylaxis, at 13:4 was sedated for comexam, prophylaxis, at 13:5 agency's policy to obapproval of all sedatic Committee (HRC) beclient. The RN and there were no record approval for the Xana#3 on July 30, 2012. would follow up with the ascertain if additional available.	sedation prior to an ove her cooperation. 12:32 p.m., the review of a report dated July 5, 2012 client #3] fussed and refused ase sedate patient for next 'Continued record review at a telephone physician's order that prescribed Xanax 5 outh one hour prior next Review of a dental ated August 23, 2012 on 7 p.m., revealed the client apletion of the periodic oral and fluoride treatment. 12:52 p.m., interview with the land the director of nursing at Client #3 was sedated for ent on August 23, 2012. The RN and the DON on p.m. revealed it was the tain prior review and on by the Human Rights of the HRC review and ax 5 mg prescribed for Client The DON indicated that she he program director to HRC minutes were	W 262	It is RCM's policy the medications used for are approved by the H Committee before they administered to the in In this case, the consapproved by individua Guardian; however, the failed to request the by the Human Rights Committee on the dental approved for August Even though the time is passed, the use of Xamwas presented, and approved by the Human Rights Committee on Refer to attachment #In the future, the fact management will ensure all medications used is sedation are reviewed, approved by the special constituted committee to their administrations.	sedation uman Rights are ndividuals. sent was l #3's QIDP approval ommittee ppointment 23,2012. has hax 5mg roved 6-17-13 cility that for and ally prior
i r	meeting minutes date	:18 p.m., review of the HRC d July 16, 2012, August 13, 17, 2012 revealed there	Annual Control of the St. (5 and 5)		

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

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED
		09G228	B. WING_		06/07/2013
	PROVIDER OR SUPPLIER WASHINGTON			TREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE WASHINGTON, DC 20020	, , , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
W 262	was no documentat approval for the Xar Client #3. At the time of the su evidence that the Xar	ion to verify a review or nax 5 mg administered to irvey, however, there was no anax 5 mg administered to 23, 2013 was reviewed and	W. 262	It is RCM's policy the medications used for are approved by the H Committee before they administered to the i In this case, the con approved by individua Guardian; however, the failed to request the by the Human Rights C prior to the dental a scheduled for August Even though the time passed, the use of Xamuss presented, and approved by the Human Rights Committee on Refer to attachment # In the future, the fact management will ensure all medications used sedation are reviewed, approved by the special constituted committee to their administrations.	sedation fuman Rights are ndividuals. sent was l #3's QIDP approval committee ppointment 23,2012 has nax 5mg roved 6-17-13 l cility e that for and ally prior

Health Regulation & Licensing Administration

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If continuation sheet 1 of 4

	NT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPL A. BUILDING;	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HFD-03-028		B. WING		06/	07/2013	
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON			2420 T 5	DDRESS, CITY, S STREET, SE IGTON, DC 20	STATE, ZIP CODE	, , , , , ,	50/6/120/13	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FU		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
1 000	INITIAL COMMENT	rs		1000				
The second secon	A licensure survey was conducted from J 2013 through June 7, 2013. A random sa three residents was selected from a populitive females with varying degrees of intellidisabilities. This survey was initiated utilize fundamental survey process. The findings of the survey were based on observations in the home and one day prointerview with direct support staff, nursing administrative staff, as well as a review of resident and administrative records, includincident reports. [Qualified mental retardation professional		sample of pulation of ellectual lizing the orogram, g and of uding					
1 090 3	3504.1 HOUSEKEE			1 090		And the control of th		
n a a	naintained in a safe and sanitary manner	erior of each GHMRF , clean, orderly, attra , and be free of t, rubbish, and objec	ictive,			The control of the co		
B h (0 a	This Statute is not met as evidenced by: Based on observation and interview, the group nome for individuals with intellectual disabilities (GHIID) failed to maintain the environment in accordance with the needs of five of the five residents in the facility. (Residents #1, #2, #3, #4 and #5) The findings include:							
T				to the second control of				
O	In June 7, 2013, beg urveyors were accor	ginning at 2:50 p.m. to make the residence of the properties of the residence of the residence of the properties of the residence of the properties of the p	the lential	GPUPP-POPP-POPP-POPP-POPP-POPP-POPP-POPP				
h Regulatio	on & Licensing Administr	ation my 10 h	200		TITLE	/×	B) DATE	
RATORY DI	RECTOR'S OR PROVIDER	R/SUPPLIER REPRESENTA	ATIVE'S SIGN	IATURE 701	حوث		127/1	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER			2016 10184	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED			
		HFD-03-028		B. WING		06/07/2013		
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE, ZIP CODE	00,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				TREET, SE STON, DC	20020			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED (ENCY)	D RE COMPLETE				
1 090	1 20 20 20 20 20 20 20 20 20 20 20 20 20	R		1090	1. The large area rug	on the		
8			his report		floor of the living ro			
	MOF WASHINGTON SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED IN REGULATORY OR LSC IDENTIFYING INFORMAGE) Continued From page 1 director to conduct an inspection of the environment. The findings identified in were confirmed by the residential direct to a stack of five plastic oblong pans to observed stored in bathroom #1. Close observed in bathroom #1. Close observed in bathroom #1. Close observed in bathroom #1. Close obser				The second secon			
	FWASHINGTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 director to conduct an inspection of the environment. The findings identified in this rewere confirmed by the residential director. 1. The large area rug on floor of the living roo was heavily solled. 2. A stack of five plastic oblong pans was observed stored in bathroom #1. Closer observation of the pans revealed each contain an accumulation of a white substance on the interior, which appeared to be soap scum. Interview with direct support staff (DSP #9) on June 7, 2013 at 4:08 p.m., revealed the pans were used when it was necessary to give the residents bed baths. Interview with the resident director acknowledged that the pans were soile and that they should be cleaned after each use ensure they are maintained in a sanitary condition. 3519.10 EMERGENCIES In addition to the reporting requirement in 3519 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 the part of the pans with a resident's health, welfare, living the pans welfare.		a room		In the future, the fac			
) 2	was heavily solled.	.9 011 11001 01 210 1111	ig room	B. WING	management will ensure	that		
	2. A stack of five pla	astic oblong pans wa	ns		the facility is clean,			
	observed stored in b	continued From page 1 irector to conduct an inspection of the nvironment. The findings identified in this refere confirmed by the residential director. The large area rug on floor of the living refere confirmed by the residential director. A stack of five plastic oblong pans was beserved stored in bathroom #1. Closer beservation of the pans revealed each contain accumulation of a white substance on the terior, which appeared to be soap scumbled. The large area rug on floor of the living reference in accumulation of the pans revealed each contain accumulation of a white substance on the terior, which appeared to be soap scumbled treview with direct support staff (DSP #9) of the pans revealed the pans were seen used when it was necessary to give the sidents bed baths. Interview with the residence of the pans were so that they should be cleaned after each under they are maintained in a sanitary andition. The large area rug on floor of the living reference on the living residence on the pans revealed account to the residence of the pans were so that they should be cleaned after each under they are maintained in a sanitary andition. The large area rug on floor of the living reference on			orderly, attractive in a			
	an accumulation of a				sanitary manner.			
	interior, which appeared to be soap scum. Interview with direct support staff (DSP #9) on June 7, 2013 at 4:08 p.m., revealed the pans were used when it was necessary to give the residents bed baths. Interview with the resident director acknowledged that the pans were soile and that they should be cleaned after each use		n.		2. All of the plastic oblong			
					pans were cleaned, and placed			
į			the					
!			e soiled		1999/00	AND SECTION OF SECTION		
į			ch use to			The state of the s		
		italieu ili a sanitally						
1 270	2540 40 FM FDOFN	NEO.	1			1		
1379	35 19. IU EMERGENO	SIE2		, , , ,				
1	In addition to the repo	orting requirement in	3519.5,	1				
	Health, Health Faciliti	es Division of any of	her		bed bath are maintained			
	unusual incident or evi	vent which substanti	ally	59	sanitary condition.			
1	arrangement, well bei	ing or in any other wa	av			nt will ensure that lity is clean, attractive in a manner. It the plastic oblong to cleaned, and placed the bathroom cabinet on 6-7-13 twere inserviced on the che hygiene kits on 6-11-13 attachment #2. It will ensure that all iners used for potential are maintained in a		
	places the resident at	risk. Such notification	on shall					
- 1	followed up by written	notification within	-					
1	wenty-four (24) hours	s or the next work da	ay.					
1	This Statute is not me	et as evidenced by:						
E	Based on interview an	nd review of resident	Witer paperson	1				
. 1	nvestigations, the gro	up home for persons	s with					
	ion & Licensing Administra							

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Health F	Health Regulation & Licensing Administration							
	NT OF DEFICIENCIES I OF CORRECTION			Contract Con	LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	Υ	
		HFD-03-028		B. WING		06/07/201	3	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	33,57,241	10.00	
			TREET, SE GTON, DC	20020				
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1 379	Continued From pa	ge 2		1379	Is it RCM's Policy tha	at all		
	intellectual disabilitie	The provided within 24 hours to the Department of Dentification of an emergency room of the dents in the sample. (Resident #3) Finding includes: June 7, 2013 at 11:32 p.m., the review nary care physician's progress note dated at the emergency room of March 21, 2013 was included. At roximately 12:30 p.m., the facility's quallectual disabilities professional (QIDP) ided a copy of an incident report, dated included a copy of an incident report, dated incident report incident r	ensure		incidents are reported	i, and		
					submitted to the appro		(X5) APLETE ATE	
1					parties. Individual #3			
	Administration (DOI			incident that occurred	3			
and the same of th	residents in the sam	nple. (Resident#3)			on March 21, 2013 was	1	5) 1/1ETE TTE	
The finding includes:			to the appropriate par					
i	On June 7, 2013 at	11:32 n.m. the revie	ew of a	including DOH, but the QIDP	QIDP			
	primary care physici	an's progress note d	ated		failed to submit the i	ncident		
					report to this entity.	1		
					The QIDP was inservice	¥.	(X5) COMPLETE DATE	
74.7	program. The review	w of facility's incident	s		the Incident Managemen	200 BEST 187 B		
1			ncident		Policy and Incident Re			
1	approximately 12:30	opproximately 12:30 p.m., the facility's qualified			Protocol by the Incide	_	XS) PLETE ATE	
ĺ	intellectual disabilitie	s professional (QIDF	P) .		Management Coordinator		(X5) COMPLETE DATE	
	March 21, 2013.	n incident report, dat	ed		Refer to attachment #3	terminal (SE) as a series		
1		į		The discipline action				
					implemented as well.	was	(X5) OMPLETE DATE	
	Resident #3 was eva	luated at the emerge	ency		Refer to attachment #4	1		
					In the future, the fac	1		
	indicated that he noti	fied the DOH incider	nt		QIDP will ensure that	-	ļ	
11	management coordir	nator by telephone or	the day		incidents are reported		- [
	of the moracht,			İ	timely submitted to th		- 1	
P	QIDP provided docur Resident #3's fall fror verbally reported to th March 21, 2013. Rev	mentation to confirm in her wheelchair wa ne DOH by telephone view of the written inc to provide evidence	s e on cident		appropriate parties.			
	At the time of the sur		to					
alth Regulati	on & Licensing Administra	ation		LII SIII WAARAA AA				

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU	ER/CLIA JMBER:		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED	
		HFD-03-028		B. WING		06/07/2013		
POM OF WASHINGTON 2420 T.				REET ADDRESS, CITY, STATE, ZIP CODE 20 T STREET, SE ASHINGTON, DC 20020				
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMP			
ensure a written incident report to document Resident #3's fall from her wheelchair at her da program was provided to the DOH/HRLA within 24 hours as required,		t her day	1379					
The state of the s	on & Licensing Administra							