

PRINTED: 01/24/2013  
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/17/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RCM OF WASHINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1776 VERBENA ST NW WASHINGTON, DC 20012</b>
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1 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted on from January 16, 2013 through January 17, 2013. A sample of three residents was selected from a population of two males and four females with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and at three day programs, interviews with one resident, direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1 000	<p><i>Received 1/31/13</i></p> <p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
1 422	<p><b>3521.3 HABILITATION AND TRAINING</b></p> <p>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that resident's training objective (hand washing) was implemented in accordance with their individual support plan (ISP), for one of the three residents included in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>Facility staff failed to encourage and facilitate implementation of Resident #2's hand washing training program, as follows:</p> <p>On January 16, 2013, between 3:59 p.m. and</p>	1 422	<p>All staff were inserviced by the facility's RN on the infection control on 1-7-2013 Refer to attachment #1 Each RCM's facility has a hand washing protocol. The individuals must wash their hands before and after meals, or whenever needed. Each individual has a formal hand washing goal as well. in the future, the facility management and staff will ensure that the individuals wash their hands as outlined on their programs. If the individuals are reluctant of washing their hands, then other means of sanitation such as the use of the hand sanitizer must be implemented.</p>	

Health Regulation & Licensing Administration

*Angela E. Gamba*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Program Director*  
TITLE

(X6) DATE  
**1-31-13**

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I 422	<p>Continued From page 1</p> <p>5:35 p.m., Resident #2 was observed walking back and forth from her room to the dining table with sight guidance from direct support professional #2 (DSP2). The resident was also observed seated at the dining chair engaged in conversation with the qualified intellectual disabilities professional (QIDP). At 5:38 p.m., Resident #2 assisted DSP3 with putting the tabletop games back into the storage cabinet. During dinner time at 5:58 p.m., Resident #2 was observed to place roasted pork, scalloped potatoes, glazed carrots and wheat bread onto her plate with some physical assistance from DSP2. At 6:05 p.m., Resident #2 began eating her dinner. At no time was the resident observed to wash her hands prior to eating. Interview with DSP2 and DSP3 on the same day at approximately 6:35 p.m., revealed they both acknowledged that Resident #2 did not wash her hands prior to eating dinner. Continued interview with DSP2 revealed that Resident #2 had a hand washing program that should have been implemented prior to dinner.</p> <p>On January 17, 2013, at 12:53 p.m., review of Resident #2's individual support plan (ISP) dated May 13, 2012, confirmed the resident had a formal hand washing training program. Further review revealed an objective that stated, "I [resident name] will wash my hands before and after meals with verbal assistance from staff on 95% of all recorded trials per month for 3 consecutive months by April 2012."</p>	I 422	<p>All staff were inserviced by the facility's RN on the infection control on 1-7-2013 Refer to attachment #1 Each RCM's facility has a hand washing protocol. The individuals must wash their hands before and after meals, or whenever needed. Each individual has a formal hand washing goal as well. in the future, the facility management and staff will ensure that the individuals wash their hands as outlined on their programs. If the individuals are reluctant of washing their hands, then other means of sanitation such as the use of the hand sanitizer must be implemented.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/17/2013</b>
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W 000	INITIAL COMMENTS  A recertification survey was conducted from January 16, 2013 through January 17, 2013. A sample of three clients was selected from a population of four females and two males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.  The findings of the survey were based on observations in the home and three day programs, interviews with one client, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports.  [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility staff failed to ensure each client's hand washing training program was implemented consistently, for one of the three clients in the sample. (Client #2)	W 249			

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

TITLE

(X6) DATE

*Angela E. Egan*

*Program Director*

*1-31-13*

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 249	<p>Continued From page 1</p> <p>The finding includes:</p> <p>Facility staff failed to encourage and facilitate implementation of Client #2's hand washing training program, as follows:</p> <p>On January 16, 2013, between 3:59 p.m. and 5:35 p.m., Client #2 was observed walking back and forth from her room to the dining table with sight guidance from direct support professional #2 (DSP2). The client was also observed seated at the dining chair engaged in conversation with the qualified intellectual disabilities professional (QIDP). At 5:38 p.m., Client #2 assisted DSP3 with putting the tabletop games back into the storage cabinet. During dinner time at 5:58 p.m., Client #2 was observed to place roasted pork, scalloped potatoes, glazed carrots and wheat bread onto her plate with some physical assistance from DSP2. At 6:05 p.m., Client #2 began eating her dinner. At no time was the client observed to wash her hands prior to eating. Interview with DSP2 and DSP3 on the same day at approximately 6:35 p.m., revealed they both acknowledged that Client #2 did not wash her hands prior to eating dinner. Continued interview with DSP2 revealed that Client #2 had a hand washing program that should have been implemented prior to dinner.</p> <p>On January 17, 2013, at 12:53 p.m., review of Client #2's individual support plan (ISP) dated May 13, 2012, confirmed the client had a formal hand washing training program. Further review revealed an objective that stated, "I [client name] will wash my hands before and after meals with verbal assistance from staff on 95% of all</p>	W 249	<p>All staff were inserviced by the facility's RN on the infection control on 1-7-2013 Refer to attachment #1 Each RCM's facility has a hand washing protocol. The individuals must wash their hands before and after meals, or whenever needed. Each individual has a formal hand washing goal as well. in the future, the facility management and staff will ensure that the individuals wash their hands as outlined on their programs. If the individuals are reluctant of washing their hands, then other means of sanitation such as the use of the hand sanitizer must be implemented.</p>	
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W 249	Continued From page 2 recorded trials per month for 3 consecutive months by April 2012."	W 249			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to document incidents of maladaptive behaviors in accordance with clients' behavior support plans (BSPs), for two of the three clients sampled with maladaptive behaviors. (Clients #2 and #3)  The findings include:  1. The facility failed to ensure data was collected as outlined in Client #2's BSP.  On January 16, 2013, at 4:36 p.m., Client #2 was observed using profanity while engaged in conversation with the qualified intellectual disabilities professional #1 (QIDP1). The QIDP1 verbally redirected the client to stop cursing. Client #2 immediately apologized for using profanity. At 4:45 p.m., Client #2 continued to use profanity while talking with QIDP1. At 5:57 p.m., Client #2 was verbally redirected by licensed practical nurse #1 (LPN1) after using profanity. At approximately 6:25 p.m., direct support professional #2 (DSP2) verbally prompted the client to stop using profanity toward Client #3.	W 252	All staff where inserviced by the Behavioral Specialist on individual's #2's ABC data collection sheet on the targeted behaviors on 1-30-13 Refer to attachment #2 In the future, the facility management and staff will ensure that the individuals' targeted behaviors are documented on the ABC data sheets as they occur; additionally, the QIDP will monitor the frequency of the data collection to ensure that the staff document the targeted behaviors as instructed by the Behavioral Specialist or Psychologist.		

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W 252	Continued From page 3  Interview with DSP2 (assigned to Client #2) on January 17, 2013, at approximately 3:15 p.m., revealed that she did not document the client's behavior of verbal aggression on the data collection sheets. When asked why, DSP2 stated that she was doing several things (cooking, active treatment, cleaning the kitchen, etc.) at the time the behavior data should have been collected and entered into the computer. On January 17, 2013, at 3:05 p.m., review of Client #2's BSP revised September 11, 2012, revealed that Client #2 had a targeted behavior of verbal physical aggression (significant use of profanity). Further review of the BSP revealed that the frequencies of each behavior concerns will be recorded as they occur by staff assigned to the client.  On January 17, 2013, at approximately 3:20 p.m., review of the behavior data collection sheets for Client #2 revealed DSP2 failed to document the behaviors of verbal aggression observed on January 16, 2013.  2. The facility failed to ensure data was collected as outlined in Client #3's BSP.  On January 16, 2013, beginning at 4:12 p.m., Client #3 was observed to spit one time and was immediately redirected by DSP3 to stop spitting. A few seconds later, Client #3 reached over and grabbed/pinched Client #6's right leg while seated at the dining table. Again, the client's behavior was redirected by DSP3. At 4:25 p.m., Client #3 reached over the dining table and grabbed/pinched Client #6's right arm. DSP2 immediately moved Client #3 from the dining	W 252	All staff where inserviced by the Behavioral Specialist on individual's #2's ABC data collection sheet on the targeted behaviors on 1-30-13 Refer to attachment #2 In the future, the facility management and staff will ensure that the targeted behaviors are documented on the ABC data sheets as they occur; additionally, the QIDP will monitor the frequency of the data collection to ensure that the staff document the targeted behaviors as instructed by the Behavioral Specialist or Psychologist.		

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W 252	Continued From page 4 table. At 4:58 p.m., Client #3 was seated back at the dining table. Again, the client was observed to spit. Two minutes later, the client reached over and attempted to grab/pinch Client #6.  Interview with DSP3 (assigned to Client #3) on January 17, 2013, at approximately 3:25 p.m., revealed Client #3 had a BSP to address maladaptive behaviors of physical aggression and spitting. Further interview revealed that she did not document the client's behavior of spitting and physical aggression on the data collection sheets. When asked why, DSP3 stated that she simply forgot to document Client #3's behaviors by the end of her shift.  On January 17, 2013, at approximately 3:30 p.m., review of Client #3's BSP dated November 2012 revealed that Client #3 had a targeted behavior that included physical aggression (grabbing, pinching and spitting). Further review of the BSP revealed that the frequencies of each behavior concerns will be recorded as they occurs by staff assigned to the client.  On January 17, 2013, at approximately 3:35 p.m., review of the facility's behavior data collection sheets for Client #3 revealed DSP3 failed to document the behaviors of grabbing, pinching and spitting observed on January 16, 2013.	W 252	All staff where inserviced by the Behavioral Specialist on individual's #3's ABC data collection sheet on the targeted behaviors on 1-30-13 Refer to attachment #3 In the future, the facility management and staff will ensure that the targeted behaviors are documented on the ABC data sheets as they occur; additionally, the QIDP will monitor the frequency of the data collection to ensure that the staff document the targeted behaviors as instructed by the Behavioral Specialist or Psychologist.		