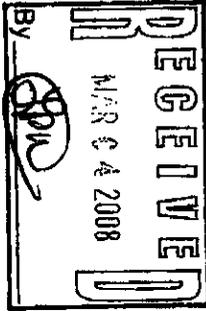


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2008
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1131 45TH PLACE SE WASHINGTON, DC 20002		
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1 000	INITIAL COMMENTS An initial licensure survey was conducted on February 15, 2008. Four males with varying degrees of disabilities reside in the facility. Two residents were selected for the survey sample. The findings of the survey were based on observations at the group home, interviews with the residents and group home staff, and the review of records including the incident reports.	1 000		
1 055	3502.16 MEAL SERVICE / DINING AREAS A review and consultation by a dietician or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that modified diets were reviewed by the dietician quarterly for one of the two residents in the sample. (Resident #1) The finding includes: Review of Resident #1 medical record on February 15, 2008 at 11:30 AM revealed that the Resident is prescribed a mechanical soft, high fiber low sodium diet. Review of the nutritional assessments, revealed that assessments were conducted on July 15, 2007, October 22, 2007, however the GHMRP's dietician failed to review the resident's modified diet in January 2007 (third quarter). In an interview with the Qualified Mental Retardation Professional on the same day at 12:46 pm, he acknowledged the lack of a third quarterly review by the nutritionist.	1 055	 Individual #1 3rd quarterly nutritional assessment was completed. Refer to attachment # 1 In the future, the facility will ensure that the nutritionist completes the assessments as scheduled.	2-15-08

Health Regulation Administration

Name - Kenneth E. Gamble
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Program Director DATE 2-3-08

STATE FORM

BLBL11

If continuation sheet 1 of 9

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I 135	<p>3505.5 FIRE SAFETY</p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure that each shift conducted a fire drill four times a year.</p> <p>The finding includes:</p> <p>Interview with the Facility Coordinator and review of the staffing pattern on February 15, 2008 at 1:30 PM revealed the following scheduled shifts of duty:</p> <p>Monday - Friday 7:00 AM - 3:00 PM; 3:00 PM - 11:00 PM; and 11:00 PM - 7:00 AM.</p> <p>Review of the fire drills log revealed that the 7:00 AM - 3:00 PM failed to hold evacuation drills quarterly per shift. The log documented (for the 7:00 AM - 3:00 PM shift) that a fire drill was held on August 20, 2007 and the next fire drills was completed on January 8, 2008. On the 3:00 PM - 11:00 PM, the last fire drill was held on October 10, 2007</p>	I 135	<p>All staff were inserviced on the fire drill on Refer to attachment #2. In the future the facility will ensure that the staff complete the drills as scheduled.</p>	2-18-08
I 185	<p>3508.5(b) ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall have an organization chart that shows the following:</p> <p>(b) The personnel in charge of the program components;</p>	I 185		

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I 185	Continued From page 2 This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have an organization chart that showed the personnel in charge of the program components. The finding includes: Review of the GHMRP's administrative records on February 15, 2008 at 1:00 PM, revealed that the organization chart failed to identify the personnel in charge of the program components.	I 185	The organizational chart has been updated, and shows the personnel in charge of the program components. Refer to attachment #3. In the future the management will ensure that the organizational chart is updated, and reflects the program components.	2-16-08
I 186	3508.5(c) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (c) The categories and numbers of supportive and direct care staff; and... This Statute is not met as evidenced by: Based on review of the policy and procedures manual and request of management staff, the GHMRP failed to provide an organizational chart depicting categories and numbers of supportive and direct care staff. The finding includes: Review of the GHMRP's administrative records on February 15, 2008 at 1:00 PM, revealed that the organization chart failed to list the categories and numbers of supportive and direct care staff.	I 186	The organizational chart has been updated, and depicts categories and number of supportive and direct care staff. Refer to attachment #3 In the future the management will ensure that the organizational chart is updated, and reflects depicts categories and number of supportive and direct care staff.	2-16-08
I 187	3508.5(d) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following:	I 187		

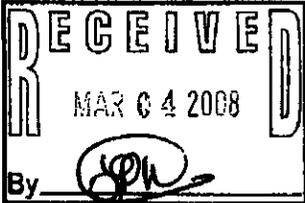
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1187	Continued From page 3 (d) The lines of authority. This Statute is not met as evidenced by: Based on review of the policy and procedures manual and request made of management staff, the GHMRP failed to provide an organizational chart depicting the lines of authority. The finding includes: Review of the GHMRP's administrative records on February 15, 2008 at 1:00 PM revealed that the organization chart failed to delineate the lines of authority.	1187	The organizational chart has been updated, and reflects the line of authority. Refer to attachment #3 In the future the management will ensure that the organizational chart is updated, and reflects the line of authority.	2-16-08
1206	3506.6 PERSONNEL POLICIES 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. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that all staff had current health certificates on file. The finding includes: Review of the personnel records on February 16, 2007 at 3:00 PM revealed that five of eleven direct care staff's files lacked evidence of an annual health inventory. (Staff # 3, #4, #6, #7 and #9)	1206	All of the personnel file will be updated In the future the facility will ensure that all of personnel records are updated, and available upon request.	3-15-08

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1291	Continued From page 5 2. Review of Resident #1's record on February 15, 2008, at 1:20 PM revealed that he received routine medication including HCTZ 25mg daily for hypertension. Review of the resident's health passport, however, failed to document the medication as a part of his regimen. Interview with the nurse on the same day revealed that the health passport was the document that went with the resident on all medical appointments and should include all current medications. The nurse acknowledged the omission.	1291	The Health passport was updated by the residential Charge Nurse on refer to attachment # 5 In the future the nursing department will ensure that the individuals' health passports are updated, and reflect all of the current information.	2-15-08
1422	3521.3 HABILITATION AND TRAINING 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 interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to residents in accordance with their Individual Habilitation Plan (IHP), for one of the two residents included in the sample. (Resident #2) The finding includes: The facility failed to implement Client #2's IPP. Interview with the Qualified Mental Retardation Professional (QMRP) and record review on February 15, 2008 revealed that Client #2 had an Individual Habilitation Plan (IHP) meeting on September 28, 2007. Review of the Social Work assessment dated September 20, 2007 revealed an objective, which stated, "Once per month, [the client] will ride the bus with a staff member to purchase a personal item from the store with verbal assistance for six consecutive months by	1422	The staff social work goal will be implemented Refer to attachment 4 (b) In the future the Qmrp will ensure that the goals and objectives are implemented as written.	3-03-08

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1422	Continued From page 8 March 2008". Review of the program book revealed no documentation for the program. Interview with the QMRP revealed that the client's Individual Program Plan (IPP) objective had not been implemented.	1422		
1423	3621.4 HABILITATION AND TRAINING Each GHMRP shall monitor and review each resident's Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure each resident's Individual Habilitation Plan had been monitored to make certain each resident participated and the plans were revised as needed. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on February 15, 2008 at approximately 9:30 AM revealed that Resident #1 was admitted to the facility in August 2007. The QMRP further indicated that the resident received psychotropic medications and had a Behavior Support Plan (BSP). Review of the BSP dated July 2007 indicated a objective which stated, "[the resident] will decrease incidents of deliberately targeting and provoking housemate [redacted]. Interview with the QMRP revealed that the aforementioned housemate was from Resident #1's former home and the resident had not had any incidents of deliberately targeting and	1423	Individual # 1 Behavior Support Plan was revised by the Psychologist Refer to attachment #6 It will be implemented following the HRC meeting scheduled for 3-17-08. In the future the management will ensure that the Individual BSP is modified appropriately.	2-25-08

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1423	Continued From page 7 provoking his new housemates. At the time of the survey, the GHMRP failed to ensure Resident #1's BSP had been modified appropriately.	1423		
1424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to make modifications to the resident's program at least every six months when the resident had successfully completed an objective identified in the Individual Program Plan for one of the two residents in the sample. (Resident #2) The findings include: a. Review of Resident #2's individual program plan (IPP), on February 15, 2008 at 2:00 PM revealed a program objective that indicated, "[the resident] will wash his hands with verbal prompts at 100% accuracy per month for three consecutive months". Review of the Qualified Mental Retardation Professional (QMRP) monthly notes and data sheets from October 2007 through January 2008 revealed that the client achieved the established criteria. b. On February 16, 2008 at approximately 11:00 AM, in reviewing Resident #2's IPP dated September 28, 2007, the resident had a program objective which stated, "[the resident] will	1424	Individual # 2 objective was revised In the future the Qmrp will ensure that the objectives are revised once the individual meets the established criteria. Individual # 2 objective was revised In the future the Qmrp will ensure that the objectives are revised once the individual meets the established criteria.	2-20-08 2-20-08

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1424	Continued From page 6 thoroughly shower himself with at least 50% independence per month for three consecutive months". Record verification of the data sheets from October 2007 through January 2008, on February 15, 2008 indicated that the resident achieved the established criteria. c. On February 15, 2008 at approximately 11:00 AM, in review of Resident #2's IPP dated September 28, 2007, revealed the resident had a program objective that documented, "[the client] will accurately exhibit his knowledge of emergency procedures with 100% verbal prompts for three consecutive months". Review of the data sheets from October 2007 through January 2008 revealed that the resident achieved the established criteria. The aforementioned deficient practice was discussed with the QMRP at the exit on the same day at 4:00 PM.	1424	Individual # 2 objective was revised In the future the Qmrp will ensure that the objectives are revised once the individual meets the established criteria.	2-20-08	

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R 000	INITIAL COMMENTS An initial licensure survey was conducted on February 15, 2008. Four males with varying degrees of disabilities reside in the facility. All two residents were selected for the survey sample. The findings of the survey were based on observations at the group home, interviews with the residents and GHMRP'S staff, and the review of records including the incident reports.	R 000			
R 124	4701.4 BACKGROUND CHECK REQUIREMENT The facility shall obtain a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. This Statute is not met as evidenced by: Based on interview and review of the records the GHMRP failed to ensure all direct care staff had obtained a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency. The finding includes: Review of the personnel records on February 16, 2008, at 3:00 PM failed to evidence a criminal background check for three of eleven staff. (Staff #4, #8 and #9)	R 124		All personnel files will be updated on In the future the facility will ensure that all of personnel files are up to date, and available upon request.	3-15-08
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.	R 125			

Health Regulation Administration
Name: Angela R. [Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE: Program Director
DATE: 3-3-08
BCL11
If continuation sheet 1 of 2

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R 125	Continued From page 1 This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided. The finding includes: See Licensure regulation 4701.A.	R 125	All personnel files will be updated on In the future the facility will ensure that all of personnel files are up to date, and available upon request.	3-15-08	