

Health Regulation Administration

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 05/01/2009
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1131 45TH PLACE SE WASHINGTON, DC 20002		
(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
	1000 INITIAL COMMENTS A licensure survey was conducted on April 30, 2009 through May 1, 2009. A random sample of two residents was selected from a resident population of four males with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	1000	<p><i>Revised 5/26/09</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
1063	3502.21 MEAL SERVICE / DINING AREAS Hot and cold water, soap, and towels shall be provided in or adjacent to food preparation areas for hand washing This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that towels for drying hands were available in food preparation areas for one of the two residents (Resident #2) included in the sample. The finding includes: On May 1, 2009 at 8:15 AM Resident #2 was observed standing in the kitchen and appeared to be looking for something. Shortly after, a direct care staff was observed to go in the kitchen and asked the resident what he was looking for? The resident said he wanted a paper towel. The staff was observed to go downstairs to the facility's basement, but was not observed to offer the resident a paper towel or anything to wipe his hands. At the time of the survey, the facility failed to provide a paper towels or an alternative for Resident #2 to dry his hands.	1063		A paper towel holder was purchased and installed in the kitchen area in 5/21/09 in facility. In addition, paper towel holders will be installed in all bathrooms in the facility. Staff will ensure that paper towels are always maintained in the papertowel dispenser for the gentlemen to use in the home whenever there is a need.

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LABORATORY DIRECTOR'S OFFICE SUPERVISOR REPRESENTATIVE'S SIGNATURE

STATE FORM

[Handwritten Signature]

TITLE
[Handwritten Signature]

DATE
5/26/09

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1090 3504.1 HOUSEKEEPING

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 GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner

The finding includes:

During the environmental inspection of the GHMRP's environment on May 1, 2009, at approximately 3:00 PM, the air-conditioner ledge was not in good repair. The carpet on the fourth step leading to the second floor was loose and had the potential to become a trip hazard. The second floor bathroom windows needed cleaning. The front storm door did not close tight.

The Qualified Mental Retardation Professional (QMRP) was present at the time of the environmental inspection and acknowledged the problems.

1206 3509.6 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.

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<p>1. The maintenance workers have repaired the air-conditioner ledge. 5/15/09 The carpet was remounted to the step. The staff, along with the individuals in the home has cleaned the bathroom window sills. The front storm door has been repaired and is now able to close tightly. In the future the house manager will ensure that all needed repairs are reported and repaired in a timely manner to ensure each individual's safety.</p>

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This Statute is not met as evidenced by:
Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties for five of the ten records reviewed.

The findings include

Interview with the Qualified Mental Retardation Professional (QMRP) on May 1, 2009, at 3:49 PM and review of the personnel records revealed that the GHMRP failed to provide evidence that current health certificates were on file for five consultants.

This is a repeat deficiency from the survey conducted on February 15, 2008.

1229 3510.5(f) STAFF TRAINING

Each training program shall include, but not be limited to, the following:

(f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies

This Statute is not met as evidenced by:
Based on interview and record review, the facility failed to ensure new staff were trained on Human Sexuality and Dental Hygiene for one of the

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5/2/09

Attached is a copy of all the consultants health certificates. The health certificates were copied from their personal records and was on file. In the future the QMRP will ensure that all certificates are presented to the surveyor prior to their departure.

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eleven personnel records reviewed. The facility failed to train staff on signs and symptoms of Osteopenia for eleven of the eleven personnel records reviewed

The findings include:

1. Interview with the Qualified Mental Retardation Professional (QMRP) on May 1, 2009, at approximately 3:49 PM revealed the facility had one new staff that was hired on February 9, 2009. Review of the personnel records on the aforementioned date revealed that the facility failed to train the new direct care staff on Human Sexuality and Dental hygiene.
2. The facility failed to ensure that all the direct care staff were trained to identify and monitor the signs and symptoms for Resident #1's Osteopenia. Interview with the facility's Licensed Practical Nurse (LPN) and record review on May 1, 2009 at 5:09 PM revealed Resident #1 had a bone scan on January 6, 2009. Review of the results of the scan revealed that the resident was diagnosed with Osteopenia of the hip with increased fracture risk. Continued interview with the LPN was conducted to ascertain if the facility's direct care staff had been trained on signs and symptoms for Osteopenia. According to the LPN, the QMRP may have done the training and to check the Health Care Management Plan (HCMP). Review of the HCMP on May 1, 2009, revealed that the resident's diagnosis for Osteopenia had not been addressed, nor was there evidence of any training.

At the time of the survey, the facility failed to provide evidence that the staff had been trained on the signs and symptoms for Osteopenia.

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1. Staff in the home were trained on 5/20/09 Human Sexuality and Dental Hygiene on 5/20/09. The the future the QMRP will ensure that all new staff or staff who were unable to attend any training are given a 1:1 training to ensure compliance.
2. The RN for the home has updated client #1's Health Care Management 5/4/09 Plan and has inserviced the staff on the revised plan on 5/4/09 and 5/7/09. At the time of the training the nurse also trained the staff on signs and symptoms for Osteopenia. In the future the RN will ensure that all recommendations from a doctor as well as investigations are addressed in a timely manner. HCMP will be updated whenever the need arises.

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1500 3523.1 RESIDENT'S RIGHTS

Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.

This Statute is not met as evidenced by:
Based on interview and record review, the facility's specially-constituted committee failed to ensure that restrictive programs were used only after written consents had been obtained, for one of the two clients (Resident #1) included in the sample.

The finding includes

The facility failed to ensure that written informed consent was obtained from Resident #1 or legal guardian prior to the administration of sedation.

Interview with the Qualified Mental Retardation Professional (QMRP) on April 30, 2009, during the entrance conference (via telephone) revealed Resident #1 had a Behavior Support Plan however, medication was not used in conjunction with the BSP to manage his behaviors.

Review of the client's medical record on May 1, 2009, at approximately 9:00 AM revealed revealed a physician's order dated December 22, 2008. According to the aforementioned order, the resident was prescribed Xanax 0.5 to be administered before his chest x-ray would be conducted. Interview with the LPN on May 1, 2009, and further review of the record verified that the resident did receive the Xanax before the chest x-ray was administered.

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The QMRP has updated all consent 5/20/09 forms and has forwarded the forms to client #1 surrogate. Once received by the Surrogate, a meeting will be held with the individual and Surrogate to officially review the documents for signature. In the future, the QMRP will ensure that all consents and request for sedation is forwarded to the surrogate for approval prior to the use of sedation. In addition, the QMRP will ensure that any of the gentlemen in the home family member, guardian, or surrogates are informed prior to the use of any restrictive measures.

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The QMRP and review of the habilitation record verified that Resident #1 was not capable of giving informed consent for the use of medications and habilitation services. The QMRP further revealed the resident had a medical surrogate to assist him in decision making, but he did not have family involvement. At the time of the survey, there was no evidence that the facility's specially constituted committee ensured that written informed consent had been obtained from Resident #1's medical surrogate prior to the use of sedation.

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