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

PRINTED: 12/12/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	09G177		R-C 12/04/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
R C M OF WASHINGTON	249 11TH STREET, 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) COMPLETION DATE
W 000	INITIAL COMMENTS A second follow-up investigation was conducted on 12/4/2007 to verify compliance with deficiencies cited on 10/18/07. The findings of the follow-up investigation were based on interviews and record verification. Based on the findings, a determination was made by the state agency that the provider implemented the necessary measures required to abate the deficiencies cited in the areas of Governing Body and Management, and Health Care Services. It should be noted that the facility continued to have standard level deficiences.	W 000		
{W 192}	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee had been provided with adequate training that enables the employees to perform his or her duties effectively, efficiently and competently. The finding includes: The facility failed to ensure that the designated Qualified Mental Retardation Professional had been trained as evidenced below: The facility's plan of correction submitted November 26, 2007 indicated that each staff had been trained in the areas of medical emergency protocol, signs and symptoms of illness, medical	{W 192}	The staff (QMRP) was trained on the signs and symptoms of illness, medical emergency notification, infection control, and incident management policy. 12-09-07 In the future the agency will ensure that all new house employees receive the training that will ensure the health and well-being of the the residents. Refer to attachment #1	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marie-Angele Glamba
TITLE: Program Director
(X6) DATE: 12-20-07

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 192}	Continued From page 1 notification requirements and amendments to the agency's policy and procedures. Interview with the Qualified Mental Retardation Professional (QMRP) on December 4, 2007 at approximately 9:55 AM, revealed that he was newly hired to the facility and had not been trained in the aforementioned. Review of the in-service training manual verified that the QMRP had not been trained.	{W 192}	Refer to W 192 P.1	12-09-07
{W 331}	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to provide nursing services in accordance with the needs of the clients residing in this facility. (Client #2) The findings include: [Cross reference W365] The facility's nursing staff failed to maintain the medication administration records in accordance with nursing policy.	{W 331}	Refer to W 365 P. 3	12-04-07
W 365	483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. This STANDARD is not met as evidenced by: Based on observation, interview and record reviews, the facility failed to establish and maintain a systems that ensures that an individuals medication records were maintained	W 365		

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W 365	Continued From page 2 for one of the client's residing in the facility. (Client #2) The finding includes: The facility failed to ensure an effective system for documenting Client medication administration as evidence by the following: Observation of the medication closet revealed that on December 4, 2007 at approximately 9:45 AM Client #2 had a bubble pack in a storage bin and had a zip lock bag that contained additional bubble packs of the client's medications. Further observation of the bubble pack revealed its contents to be the client noon dosage of Buspirone 10 mg prescribed for anxiety. Interview with the designated nurse revealed that Client #2 was recently discharged from his day program for exhibiting maladaptive behavior of a violent nature. Further interview with the nurse revealed that the client was administered his noon time dosage of medication at the facility since his discharge. Review of the bubble pack revealed that the dosages for November 28th, 29th and 30th remained in the bubble packs unused. Review of Client #2's Medication Administration Record (MAR) revealed that the designated nurse had signed the MAR on those days that the medication as being administered to the client.	W 365	The Designed nurse was trained by the Director Of Nursing. The training was to ensure that the individual's medication records correspond with the administration of the medication ordered. Further more the designated nurse will be required to submit a weekly audit of the medications and MAR to the DON. Additionally, the DON will monitor the MARS and medications monthly to prevent the reoccurence of the medication errors. Refer to Attachment # 2 In the future the nursing department will ensure that the nurses document the medications as spelled on the physician orders.	12-04-07

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I 000	INITIAL COMMENTS A second follow-up investigation was conducted on 12/4/2007 to verify compliance with deficiencies cited on 10/18/07. The findings of the follow-up investigation were based on interviews and record verification. Based on the findings, a determination was made by the state agency that the provider implemented the necessary measures required to abate the deficiencies cited in the local licensure deficiencies.	I 000	2007 DEC 21 P 3:44 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION	
I 220	3510.1 STAFF TRAINING Each employee who has no previous experience working with individuals with mental retardation shall be required to successfully complete orientation training appropriate to the needs of the residents in the GHMRP. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that new staff received training to ensure the health and well-being of its residents. The finding includes: See Federal Deficiency W192	I 220	The staff (QMRP) was trained on the signs and symptoms of illness, medical emergency notification, infection control, and incident management policy. In the future the agency will ensure that all new house employees receive the training that will ensure the health and well-being of the the residents. Refer to attachment #1	12-09-07
I 474	3522.5 MEDICATIONS Each GHMRP shall maintain an individual medication administration record for each resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP's nursing staff failed to	I 474		

Health Regulation Administration

Marie Angela Espinola

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

TITLE Program Director

(X6) DATE 12-20-07

STATE FORM 6699 6V2113 If continuation sheet 1 of 2

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I 474	Continued From page 1 ensure medication administration records were without documentation error. The finding includes: Refer to Federal Deficiency Report W365	I 474	Refer to W 365 P. 3	12-04-07

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W 000	INITIAL COMMENTS A follow-up to the initial investigation completed on 9/9/2007 was conducted on 10/18/2007. The information presented in this report was based on staff interviews and a review and assessment of the facility ' s presented plans of correction. The resulting findings revealed the provider failed to enact the necessary measures required to abate the deficiencies cited in the areas of Governing Body and Management.	W 000	2007 NOV 27 P 12: 33 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION	
W 102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. This CONDITION is not met as evidenced by: Based on staff interview and record review the facility ' s governing body failed to create new policies and procedures to ensure the implemented changes in nursing practice. The finding includes: This lack of oversight by the governing body calls to question the effectiveness plan of correction that was presented to manage the deficient practices that were cited at the condition level in W318. [Reference W104]	W 102	The nursing policy was revised to include the disposal of the medications, and pharmacy review. The nurses were trained on this new policy, and in nursing best practices. Refer to attachment #1. In the future tha governing body will ensure that all of the revised policies are filed in the policy book in the facility, and available upon request.	11-09-07 11-13-07
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

COO 11/26/07

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W 104	Continued From page 1 This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility ' s governing body failed to enact new policies and procedures to ensure the implemented changes in nursing practice. The finding includes: The facility ' s newly assigned Director of Nursing (DoN)/Registered Nurse (RN) was interviewed on 10/18/2007 at 12:10pm. The DoN revealed that she met with the facility ' s Director and discussed the needs and services changes that should take place to ensure the proper implementation of nursing practices. The DoN further indicated that she and the Director drafted new policies and procedures to govern the systemic changes. There was no evidence presented or on record at the time of survey to substantiate that the new policies and procedures had been created. The DoN later stated that she will check with the Director to see the status of the documents. With this outstanding resolution pending, the facility continues to remain in a deficient status with regards to the creation of an effective nursing system of monitoring and ensuring client safety. This lack of oversight by the governing body calls to question the effectiveness plan of correction that was presented to manage the deficient practices that were cited at the standard level in W331.	W 104	The nursing policy was revised to include the disposal of the medications and pharmacy review The nurses were trained on this new policy, and in nursing best practices. Refer to attachment #1. In the future tha governing body will ensure that all of the revised policies are filed in the policy book in the facility, and available upon request.	11-09-07 11-13-07
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.	W 149		

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W 149	Continued From page 2 This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the creation and implementation of policies and procedures to ensure client safety. The finding includes: The facility's newly assigned Director of Nursing (DoN)/Registered Nurse (RN) was interviewed on 10/18/2007 at 1:28pm and it was revealed that the medication errors were to be addressed via the creation of new policies and procedures that governed the "monitoring" requirements for its nurses. Despite the various types of trainings that were presented at the time of the revisit, there was no evidence presented or on file at the time of survey to substantiate that the facility had created new policies and procedures to govern the "monitoring" requirements/practices of its nurses. [Reference W104]	W 149	Currently the agency has a policy that requires the designated nurses to monitor the individuals' medications and MARs on a weekly basis to ensure accountability. The Designated nurse will monitor the medication nurses monthly during the medication pass. The RN supervisor will conduct quarterly monitoring of the medication nurses to ensure accountability and tracking of the medications. The nurses were inserviced on this policy. Refer to attachment #1. In the future the agency will ensure that the Designated nurses and the DON monitor the individuals' medications, and medication pass as spelled on the nursing policy.	11-13-07
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on staff interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure the training, creation and oversight over the new policies and procedures that govern the facility's nursing practices. The finding includes:	W 159		

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W 159	Continued From page 3 The facility ' s Qualified Mental Retardation Professional (QMRP) failed to manage the coordination of services that were necessary to ensure the creation of new policies and procedures for its nursing staff. These policies and procedures were to be created to ensure the implementation of an effective nursing system of monitoring and ensuring client safety. The facility ' s Qualified Mental Retardation Professional (QMRP) also failed to ensure that the nursing staff was effectively trained on the new policies and procedures as reflected in the plan of correction presented for the deficient practices that were cited at the condition level in W318 and at the standard level in W322, W331, W362, W368, W369, W381, and W382 respectively.	W 159	Currently the agency has a policy that requires the designated nurses to monitor the individuals' medications and MAR on a weekly basis to ensure accountability. The Designated nurse will monitor the medication nurses monthly during the medication pass. The RN supervisor will conduct quarterly monitoring of the medication nurses to ensure accountability and tracking of the medications. The nurses were inserviced on this policy. Refer to attachment #1. In the future the facility Qmrp will ensure that the Designated nurses and the DON monitor the the individuals' medications, and medication pass as spelled on the nursing policy.	11-13-07
W 192	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to effectively train staff to implementation its policies and procedures of notification of medical personnel for one of the clients residing in the facility. [Client #1] The finding includes: The facility was previously cited for not ensuring that its direct care staff was trained on the effective method of notifying the appropriate medical professionals of a client ' s health related problems. The facility ' s newly assigned Director	W 192	A medical emergency protocol was revised. and the protocol is posted in the facility. refer to attachment #2 The staff was retrained on signs and symptoms of illness. Refer to attachment #3 In the future the facility will ensure that the staff follow the appropriate method in notifying the appropriate medical professionals of the individuals' health related problems.	11-09-07 11-13-07

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W 192	Continued From page 4 of Nursing (DoN)/Registered Nurse (RN) was interviewed on 10/18/2007 at 1:10pm and it was revealed that the " notification " errors were to be addressed via the creation of new policies and procedures. There was no evidence on file or presented at the time of survey to substantiate that the facility enacted new policies and procedures to manage how staff are to notify the appropriate medical professional of a client ' s related health problem.	W 192	A medical emergency protocol was revised. and the protocol is posted in the facility. refer to attachment #2 The staff was retrained on signs and symptoms of illness. Refer to attachment #3 In the future the facility will ensure that the staff follow the appropriate method of notifying the appropriate medical professionals of the individuals' related health problems.	11-09-07 11-13-07
W 318	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: The facility failed to implement the necessary structure to ensure the provision of adequate Health Care Services as evidence in the deficiencies cited throughout this report. Based on interviews, and record reviewed, the facility failed to establish the necessary systems to ensure the provision of health care monitoring and identify services that would ensure nursing services were provided in accordance with clients needs [See W331]; and failed to ensure that each client's medication regimen was reviewed by the pharmacist quarterly [See W362]. The results of these systemic practices results in the programmatic failure of the facility ' s support system to ensure a consistent and effective delivery of health care services.	W 318	As per agency policy, the pharmacy review is completed on a quarterly basis. In the future, the agency will ensure that the pharmacy review is completed as scheduled.	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing	W 331		

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W 331	Continued From page 5 services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to provide nursing services in accordance with the needs of the clients residing in this facility. [Client #3] The finding includes: The facility ' s newly assigned Director of Nursing (DoN)/Registered Nurse (RN) was interviewed on 10/18/2007 at 1:28pm and it was revealed that the documentation errors were to be addressed via the creation of new policies and procedures that governed the " monitoring " requirements for its nurses. The facility was previously cited for not following a client ' s prescribed treatment regimen. There was no evidence on file or presented at the time of survey to substantiate that facility ' s nursing staff had been trained on a new policy and procedure to manage the proper documentation and follow-up of a client ' s prescribed treatment regimen.	W 331	Currently the agency has a policy that requires the designated nurses to monitor the individuals' medications and MARs on a weekly basis to ensure accountability. The Designated nurse will monitor the medication monthly during medication pass. The RN supervisor will conduct quarterly monitoring of the medication nurses to ensure accountability and tracking of the medications. The nurses were inserviced on this policy. Refer to attachment #1.	11-13-07
W 362	483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that each client's medication regimen was reviewed by the pharmacist quarterly, for one of the four clients residing in the facility. [Client #1]	W 362	The nurses were inserviced on 10-16-07 on proper documentation by the staff of Georgetown hospital. and re-inserviced by the agency director of nursing. In the future the agency will ensure that the Designated nurses and the DON monitor the individuals' medications, and medication pass as spelled on the nursing policy, and that the nurses document and follow-up on the individuals' prescribed treatment. The nursing policy was revised to include the policy on pharmacy review As per agency policy, the pharmacy review is completed on a quarterly basis. In the future, the agency will ensure that the pharmacy review is completed as scheduled.	11-13-07 11-09-07

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W 362	Continued From page 6 The finding Includes: The facility ' s newly assigned Director of Nursing (DoN)/Registered Nurse (RN) was interviewed on 10/18/2007 at 2:40pm and it was revealed that the documentation errors were to be addressed via the creation of new policies and procedures that governed the " coordination of service " requirements for its nurses. The facility was previously cited for not coordinating pharmacological reviews for Client #1. There was no evidence on file or presented at the time of survey to substantiate that facility ' s nursing staff had been trained on a new policy and procedure to manage the proper coordination of services to ensure the implementation of a client ' s prescribed treatment regimen.	W 362	Currently the agency has a policy that requires the designated nurses to monitor the individuals' medications and MARs on a weekly basis to ensure accountability. The Designated nurse will monitor the medication nurses monthly during the medication pass. The RN supervisor will conduct quarterly monitoring of the medication nurses to ensure accountability and tracking of the medications. The nurses were inserviced on this policy. Refer to attachment #1. The nurses were inserviced on 10-16-07 on proper documentation by the staff of Georgetown hospital. and reinserviced by the agency director of nursing. In the future the agency will ensure that the Designated nurses and the DON monitor the individuals' medications, and medication pass as spelled on the nursing policy, and that the nurses document and follow-up on the individuals' prescribed treatment.	11-13-07 11-13-07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G177	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED R-C 10/18/2007
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 249 11TH STREET, 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
I 000	INITIAL COMMENTS A follow-up to the initial death investigation which was completed on 9/12/2007 was conducted on 10/18/2007 after the GHRMP submitted a Plan of Correction which alleged compliance. Observation, staff and interview and a review of the GHRMP ' s presented plans of correction revealed the provider failed to enact and enforce the necessary measures required to abate the deficiencies cited below.	I 000		
I 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute Is not met as evidenced by: Based on observations, interview and record verification, the GHMRP failed to ensure continuous, ongoing in-service training programs were conducted for all personnel. The findings include: The GHMRP's Qualified Mental Retardation Professional (QMRP) failed to manage the coordination of services that were necessary to ensure the creation of new policies and procedures for its nursing staff. These policies and procedures were to be created to ensure the implementation of an effective nursing system of monitoring and ensuring client safety. The GHMRP'S Qualified Mental Retardation Professional (QMRP) also failed to ensure that the nursing staff was effectively trained on the new policies and procedures as reflected in the plan of correction presented for the deficient practices that were cited in the Federal Deficiency Report (2567) at the condition level In W318 and	I 222	Currently the agency has a policy that requires the designated nurses to monitor the individuals' medications and MAR on a weekly basis to ensure accountability. The Designated nurse will monitor the medication nurses monthly during the medication pass. The RN supervisor will conduct quarterly monitoring of the medication nurses to ensure accountability and tracking of the medications. The nurses were inserviced on this policy. 11-13-07 Refer to attachment #1. The nurses were inserviced on 10-16-07 on proper documentation by the staff of Georgetown hospital. and reinserviced by the agency director of nursing. 11-13-07 In the future the agency will ensure that the Designated nurses and the DON monitor the individuals' medications, and medication pass as spelled on the nursing policy, and that the nurses document and follow-up on the individuals' prescribed treatment. Currently the agency has a policy that requires the designated nurses to monitor the individuals' medications and MAR on a weekly basis to ensure accountability. The Designated nurse will monitor the medication nurses monthly during the medication pass. The RN supervisor will conduct quarterly monitoring of the medication nurses to ensure accountability and tracking of the medications. The nurses were inserviced on this policy. 11-13-07 Refer to attachment #1. In the future the facility Qmrp will ensure that the Designated nurses and the DON monitor the the individuals' medications, and medication	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 11/26/07

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I 222	Continued From page 1	I 222		
	at the standard level in W322, W331, W362, W368, W369, W381, and W382 respectively.		Refer to W 331 P. 6 Refer to W 362 P.6	11-13-07 11-09-07
I 370	3519.1 EMERGENCIES	I 370		
	Each GHMRP shall maintain written policies and procedures which address emergency situations, including fire or general disaster, missing persons, serious illness or trauma, and death.		A medical emergency protocol was revised. and the protocol is posted in the facility. refer to attachment #2	11-09-07
	This Statute is not met as evidenced by: Based on observation , interview and record review the GHMRP failed to ensure that the staff and nursing personnel followed the agency policies and procedures on emergencies.		The staff was retrained on signs and symptoms of illness. Refer to attachment #3	11-13-07
	The finding include:		In the future the facility will ensure that the staff follow the appropriate method of notifying the appropriate medical professionals of the individuals' related health problems.	
	See Federal Deficiency Report Citation W104, W318		Refer to W 104 P. 2 Refer to W. 318 P.5	11-09-07 11-13-07