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

PRINTED: 09/10/2007
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
	09G178		08/23/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
R C M OF WASHINGTON	1307 45TH PLACE, SE WASHINGTON, DC 20019

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W 000	INITIAL COMMENTS A recertification survey was conducted from August 22, 2007 through August 23, 2007. A random sample of two clients was selected from a client population of four male clients with varying degrees of disabilities. The survey was completed using the fundamental survey process. The findings of this survey were based on observations at the group home and two day program, interview with day program staff and residential direct care staff and management, and a review of the habilitation and administrative records to include the review of unusual incident reporting system.	W 000		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure of each client, parent, or legally authorized party of the client's medical conditions, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment for two of the two clients in the sample. (Client #2) The finding includes:	W 124		

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

Amy R Brooks — CEO — 9-20-07

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 124	Continued From page 1 The facility failed to ensure Clients #2 was informed of the risks and benefits of his/her psychotropic medications and behavior management plans as evidenced below: Observations of the evening medication pass on 8/22/07 at 5:35 PM revealed that Client #2 received Rozerem 8 mg and Zyprexa 2.5 mg. Interview with the Licensed Practical Nurse (LPN), Qualified Mental Retardation Professional (QMRP) and the review of the client's Physician's orders dated 7/31/07 at approximately 6:15 PM revealed the aforementioned medication were used in conjunction with the Behavior Management Plan (BMP) to manage the client's maladaptive behaviors. Additional interview conducted with the QMRP on 8/23/07 at 11:00 AM failed to evidence that written consent for the use of the prescribed psychotropic medications had not been obtained. The review of the psychological assessment dated 6/28/07 revealed that Client #1 is not able to give informed consent and/or make independent decisions on her on behalf regarding her habilitation planning, placements, treatment, financial and medical matters. At the time of the survey, there was no evidence that the Client had been informed of his rights to refuse medications and to be informed of the risk and benefits of behavioral treatment, which includes the behavior support plan and the used of psychotropic medications had been explained.	W 124	The consent form was sent to client # 2's mother on 4-16-07, and 6-28-07; however, the mail was returned due to the wrong address. All forms were resent on 8-30-07, after the mother called, and gave the correct address. Refer to attachment #1 In the future, the facility will ensure that witten consent is obtained prior to the use of the restrictive measures (Psychotropic medications) The agency has the consent form for the use of the psychotropic medications. The content of the form was explained to client #1 including the treatments, benefits and potential side effects associated with the medications and the rights to refuse treatment; furthermore, the consent form was obtained, and completed during the ISP meeting on 5-11-o7 Refer to attachment #2	8-30-07
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS	W 130		

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W 130	Continued From page 2 The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility's direct care staff failed to ensure two of the four clients's which reside at the facility. The finding includes: On August 22, 2007 at approximately 7:45 AM the morning direct care staff were observed assisting Client #3 to the bathroom and left the bathroom without out closing the door. At 3:31 PM on the same day, direct care staff was observed to assist Client #2 to the bathroom and remained standing in the bathroom with the client without closing the bathroom door. Although the direct care staff was in both instances was aware that the door was open neither staff closed the door to allow the client privacy. Interview with the house manager on August 23, 2007 at 3:00 PM revealed that the direct care had received training in the area of privacy, especially during the client personal care needs. There was no evidence that the training was effective. Review of the training log indicated that on August 24, 2006 was the last documented training on privacy provided to the group home direct care staff. Review of the agency policy and procedures manual revealed a privacy protocol that indicated the following: "When clients are in their bedrooms and/or the	W 130	All staf were trained on privacy on 4-27-07; apparently the training was not effective. All staff were re-trained on 8-25-07. Refer to attachment #3 In the furure the facility will ensure that the staff implement the privacy protocol as spelled on the Agency Policy. All staf were trained on privacy on 4-27-07; apparently the training was not effective. All staff were re-trained on 8-25-07. Refer to attachment #3 In the furure the facility will ensure that the staff implement the privacy protocol as spelled on the Agency Policy.	8-25-07 8-25-07

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W 130	Continued From page 3 bathroom the door should be closed or slightly ajar allowing for privacy".	W 130		
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to provide evidence of prompt notification of parents or guardians of a significant incident which was potentially harmful for each client residing in the facility. The findings include: The facility failed to ensure that each client's family had been notified of the following unusual incidents: 1. Client #1 on April 2, 2007 exhibited a behavioral outburst in which he punched a whole in the wall with his support helmet. 2. Client #1 on April 17, 2007 was attempting to be seated on the couch hit his head. 3. On February 15, 2007, Client #1 was transported to Providence hospital and admitted for emergency treatment. 4. On June 22, 2007, Client #2 was observed with a swollen mouth and the etiology was unknown.	W 148	The Qmrp and house manager were inserviced on the incident reporting by the new Incident Management Coordinator. Refer to atttachment # 4 In the future the facility will ensure that all incidents are immediately reported to all the entities including the family members. Refer to W 148 (1) P. 4 Refer to W 148 (1) P. 4 The Qmrp and house manager were inserviced on the incident reporting by the new Incident Management Coordinator Refer to atttachment # 4 In the future the facility will ensure that all incidents of unknown origin are immediately reported to al	8-30-07 8-30-07 8-30-07 8-30-07

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W 148	Continued From page 4	W 148		
	5. On August 16, 2007, Client #2 was observed to have a laceration/bruise on his forehead.		Refer to W 148 (1) P. 4	8-30-07
	6. Client #3 on December 9, 2006 hit his head on the bathroom sink and received an injury.		Refer to W 148 (1) P. 4	8-30-07
	Review of the unusual incident reports, provided to the surveyors, revealed that none of the clients family/guardians were notified of these incidents as reflected on the UIR in the notification section.			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS	W 153		
	The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.			
	This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all injuries of unknown origin and serious unusual incidents were reported immediately to the governmental agencies as required by DC regulation (22 DCMR Chapter 35 Section 3519.10)			
	The finding includes:			
	The review of the facility's unusual incident reports and interview with the Qualified Mental Retardation Professional (QMRP) on August 22, 2007 at 9:45 AM, revealed the facility failed to report the following incident(s) to the administrator or to the governmental agency.			

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W 153	Continued From page 5 a. An unusual incident report, dated June 22, 2007, revealed Client #2 right side of his mouth was observed swollen. There was no further information available to determine the origin of this injury. b. Review of a nursing progress note on August 16, 2007 revealed that staff reported that Client #2 hit his head on the dresser and received an injury that was noted a laceration/bruise on his forehead. Interview with the the house manager failed to reveal an unusal incident was available for review. c. On August 24, 2007 at 2:40 PM review of the nursing noted revealed a hospital discharge summary sheet dated 4/4/07 for Client #1 which indicated the primary treament was provided for a contusion to the scalp. Review of the unusual incident reporting system failed to reflect a incident report had been completed for this injury and emergency room visit.	W 153	The Qmrp reported to the day program on Monday, June 25 , 2007. According to the day program nurse client #2 was displaying a maladaptive behavior, and injured himself; Refer to attachment # 5.1 In the future the incident managment coordinator will ensure that all of the day program incidents are fully investigated. This mentioned incident was completed on August 16, and was on file at the office Refer to attachment # 5.2 In the future the facility will ensure that all incidents are immediatetly faxed to the department of health, filed in the facility, and available upon request. This mentioned incident is on file, and was reported to all of the entities on 4-04-07. The Qmrp reported to the day program for follow-up. Refer to Attachment # 5.3 In the future the facility will ensure that all of the incidents are thouroughly investigated.	
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure all unusual incidences of injuries of unknown origin were thoroughly investigated. The finding includes: Review of the facility's Unusual Incident Reports log book on August 22, 2007 at 9:45 PM revealed the following incidents and/or injuries of unknown	W 154		

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W 154	Continued From page 6 origin were not been investigated: a. An unusual incident report, dated June 22, 2007, revealed Client #2 right side of his mouth was observed swollen. There was no further information available to determine the origin of this injury. b. On August 24, 2007 at 2:40 PM review of the nursing noted revealed a hospital discharge summary sheet dated 4/4/07 for Client #1 which indicated the primary treament was provided for a contusion to the scalp. Review of the unusual incident reporting system failed to reflect an investigation had been completed to determine the cause of this injury and emergency room visit.	W 154	The Qmrp reported to the day program on Monday, June 25 , 2007. According to the day program nurse client #2 was displaying a maladaptive behavior, and injured himself; Refer to attachment # 5.1 In the future the incident managment coordinator will ensure that all of the day program incidents are fully investigated. This mentinoned incident is on file, and was reported to all of the entities on 4-04-07. The Qmrp reported to the day program for follow-up. Refer to Attachment # 5.2 In the future the facility will ensure that all day program incidents are thouroughly investigated.	
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 observation, staff interview and record review, the facility Qualified Mental Retardation Professional (QMRP), failed to adequately monitor, integrate and coordinate each client's health and safety. The findings include: 1. On August 24, 2007 at 1:00 PM Client #2's was observed to return home with the direct care staff from the day program van run. Interview with the House Manager, Client #2 had been refusing to attend his day program and a team meeting was scheduled to discussed this issue.	W 159		

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W 159	Continued From page 7 According to the House manager the previousl team meeting resulted in the team agreeing to reduce Client #2's day program attendance schedule to 3 days a week due to the client's behavior.	W 159		
	Interview with the day program staff at 10:00 AM and a review of Client #2's attendance sheet revealed that Client #2 had not attended the day program since July 2007. Interview with the QMRP at 2:00 PM confirmed that the client only attended the day program three days a week due to the client's behavior and refusal to exit the van to enter the day program. Review of Client #2's alternative individual activities schedule date July 2007 revealed that Client #2 received activities/programming in the group home on Tuesdays and Thursdays of each week only. The activity schedule did not reflect in home day activities/programming for the client on Mondays, Wednesdays and Fridays. The facility QMRP failed to ensure that an alternative programming schedule was amended to reflected activities for Client #2 and failed to communicate the reason why the client's day program had been suspended.		Client # 2 alternative schedule has been revised, and include all of the days of the week (monday through Friday). Refer to attachment # 6 In the future the Qmrp will ensure that the client's alternative schedule is amended, and will communicate the reason why the client is not attending the day program.	8-25-07
	2. The facility's QMRP failed to ensure that staff were trained in order to perform their jobs efficiently. [See W189]		Refer to W 130 P. 3	8-25-07
	3. The facility QMRP failed to ensure that hold evacuation drills at least quarterly for each shift. [See W440]		All staff will be in-serviced on the evacuation drills In the future, the facility Qmrp will ensure that all evacuation drills are conducted as scheduled.	9-23-07
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the	W 189		

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W 189	Continued From page 8 employee to perform his or her duties effectively, efficiently, and competently. 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: On August 22, 2007 at approximately 7:45 AM,direct care staff was observed to assist Client #3 to the bathroom and to leave the bathroom without out closing the door. At 3:31 PM the same day, the evening direct care staff was observed to assist Client #2 to the bathroom and stand in the bathroom with the client without closing the bathroom door. Although the direct care staff was aware that the door was open, no one closed the door to allow the client privacy. Interview with the House manager on August 23, 2007 at 3:00 PM revealed that the direct care was trained in the area of privacy, especially during the client personal care needs. There was no evidence that the training was effective.	W 189	Refer to W 130 P. 3 Attachment #3	8-25-07
W 250	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by:	W 250		

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W 250	Continued From page 9 Based on observation, staff interview and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives were incorporated in their individual activity schedules for one of the two clients in the sample. (Clients #2) The finding includes: Although, the activities schedule was available, the facility's QMRP failed to ensure that actitivites alternative schedule was changed to reflect that Client #2 was recieving day treatment programming in the group home. [See W159]	W 250	Refer to W 159 (1) P. 8	8-25-07
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure general and preventive care. The finding includes: The facility failed to ensure timely medical follow up as evidenced below: Interview with the nurse and the review of Client #2's medical records on August 23, 2007 at approximately 1:30 PM revealed that on 7/21/06 the client was seen by the ENT. The ENT recommended a follow up visit by July 2007. Further review of the consultation sheets revealed that no follow up appointment had been schedule as recommended.	W 322	Client #2 has the ENT appointment scheduled 12-21-07. This appointment was made in June after the call for the follow-up visit In the future the facility nurse will ensure that appointments are made timely, and call log is made available to show the attempts.	
W 331	483.460(c) NURSING SERVICES	W 331		

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W 331	Continued From page 10 The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide each client with nursing services in accordance with their needs. The findings include: 1. Observation of the medication pass on August 22, 2007 at 5:45 PM revealed that the nurse administered Client #2's medication regimen at approximately 5:55 PM. The client received Ducosate Sodium 100 mg, Zyprexa 2.5 mg and Rozerem 8 mg. Medication record verification in the medication administration records at 6:10 PM revealed that the physician's orders dated August 1, 2007 prescribed the medication to be administered at 8:00 PM.	W 331	The nursing inservice training was completed on Refer to attachment # 7 In the future the medication passing nurse will follow the physician order as written. The medications will be administrated as per physician's orders.	8-22-07
	Review of the agency nursing policy and procedures indicated that the medication were to be given either 1 hour before or 1 hour after the prescribed time of administration. The nurse administered Client #2 medication 2 hour and 5 minutes before the prescribed time of administration.		The nursing inservice training was completed on Refer to attachment #7 In the future the medication passing nurse will follow the physician order as written. The medications will be administrated as per physician's orders.	8-22-07
	2. The facility's nurse failed to ensure that Client #1's ENT appointment was scheduled as recommended by the ENT Consultant. [See W322]		Client #2 has the ENT appointment scheduled for This appointment was made in June after the call for the follow-up visit In the future the facility nurse will ensure that appoinments are made timely, and call log is made available to show the attempts.	12-21-07
	3. On August 24, 2007 at 2:40 PM review of the			

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W 331	Continued From page 11 nursing noted revealed a hospital discharge summary sheet for Client #1 which indicated the primary treament was provided for a contusion to the scalp. Review of the unusual incident reporting system failed to reflect a incident report and an investigation had been completed to determine the cause of this injury and emergency room visit.	W 331	This mentioned incident is on file, and was reported to all of the entities on 4-04-07. The Qmrp reported to the day program on for follow-up. Refer to Attachment # 5.3 In the future the facility will ensure that all day program incidents are thouroughly investigated	
	4. The facility nursing staff failed to ensure general and preventive care. (See W322)		Refer to W 331 (2) P. 11	12-21-07
	5. The facility's medication nurse failed to administer client medications without error. (See W369)		Refer to W 331 (1) P. 11 Attachment #7	8-22-07
	6. The facility's medication nurse failed to ensure medication were secure during the medication pass. (See W382)		The nurse inservice training was completed on Refer to attacht # 7 In the future the medication passing nurse will ensure that medications are secured during medication pass.	8-22-07
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that medication nurse administered prescribed medication with out error, for one of the two clients' in the sample. (Client #2) The finding includes:Observation of the medication pass on August 22, 2007 at 5:45 PM revealed that the nurse administered Client #2's medication regimen at approximately 5:55 PM. The client received Ducosate Sodium 100 mg, Zyprexa 2.5 mg and Rozerem 8 mg.	W 369		

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R C M OF WASHINGTON	1307 45TH PLACE, 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 369	Continued From page 12	W 369		
	Medication record verification in the medication administration records at 6:10 PM revealed that the physician's orders dated August 1, 2007 prescribed the medication to be administered at 8:00 PM.		Refert to W 331 (1) P. 11 Attachment # 7	8-22-07
	Review of the agency nursing policy and procedures indicated that the medication were to be given either 1 hour before or 1 hour after the prescribed time of administration. The nurse administered Client #2 medication 2 hour and 5 minutes before the prescribed time of administration.		Refert to W 331 (1) P. 11 Attachment # 7	8-22-07
W 382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING	W 382		
	The facility must keep all drugs and biologicals locked except when being prepared for administration.			
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to keep all drugs and biologicals locked securely when not being prepared for administration.			
	The findings include:			
	On August 22, 2007 at 5:45 PM observation of the medication pass revealed the medication nurse pouring Client #1 medication and leaving them on the counter top. The nurse also left the medication cabinet open and went into the living room where the client was seated to administered his medication regiment. While the nurse was in the living room, two direct care staff and the house manager were observed to enter the kitchen.		The nurse inservice training was completed on Refer to attacht # 7 In the future the medication passing nurse will ensure that medications are secured during medication pass.	8-22-07

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W 382	Continued From page 13 There was no evidence that the medication nurse ensured the all the client's medications were consistently and properly secured.	W 382		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of fire drill records, the facility failed to hold evacuation drills at least quarterly for each shift of personnel. The finding includes: Interview with the House Manager on August 22, 2007, at approximately 10:55 PM revealed that the staff shifts are as follows: 7:00 AM - 3:00 AM; 3:00 PM - 11:00 PM; 11:00 PM - 7:00 AM Monday through Sunday Review of the fire drill log revealed that the facility failed to hold fire evacuation drills for all shifts at least quarterly. There were no fire drills conducted were required within the follow periods: August 2006 - October 2006 on the 11:00 PM - 7:00 AM shift February 2007 - April 2007 on the 7:00 Am to 3:00 PM shift May 2007 - July 2007 on the 3:00 - 11:00 PM shift These above findings were referred to the Office of the Fire Marshall.	W 440	All staff will be in-serviced on the evacuation drills In the future, the facility Qmrp will ensure that all evacuation drills are conducted as scheduled.	9-23-07

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R 000	INITIAL COMMENTS A licensure survey was conducted from August 22, 2007 through August 23, 2007. A random sample of two clients was selected from a client population of four male clients with varying degrees of disabilities. The findings of this survey were based on observations at the group home and two day program, interview with day program staff and residential direct care staff and management, and a review of the habilitation and administrative records to include the review of unusual incident reporting system.	R 000		
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. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions who have worked or resided within the seven (7) years. The finding includes: Review of the personnel files on August 23, 2007 at approximately 1:30 PM revealed the GHMRP failed to evidence criminal background checks for one direct care staff.	R 125	The criminal background of the mentioned direct care was on file.	

Health Regulation Administration

TITLE (X6) DATE

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

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FORM APPROVED

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I 135	3505.5 FIRE SAFETY 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. 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 4 times a year. The finding includes: See Federal Deficiency Report Citation W440	I 135	All staff will be in-serviced on the evacuation drills In the future, the facility Qmrp will ensure that all evacuation drills are conducted as scheduled.	9-23-07
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for	I 203		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 9-20-07

STATE FORM 6899 9HMK11 If continuation sheet 1 of 5

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I 203	Continued From page 1 all employees annually. The finding includes: Review of the personnel files conducted on August 23, 2007, revealed that GHMRP failed to provide evidence of current signed job descriptions for three(3) direct care staff.	I 203	All of the direct care staff job descriptions are on file.	8-27-07
I 206	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. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current health certificates for all employees annually. The findings include: On August 23, 2007, review of health certificates revealed failure by the GHMRP to show evidence of current health certification for the following: - two direct care staff - Occupational Therapist - Registered Nurse/Director of Nursing - Speech Therapist - Podiatrist - Primary Care Physician - Psychiatrist	I 206	The two direct care, and Occupational Therapist health certificates are currently on files. Refer to attachment # 8.1, 8.2 & 8.3 All of the consultants' health certificates will be on file by 9-30-07	8-27-07 9-30-07

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I 222	Continued From page 2	I 222		
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 finding includes: See Federal Deficiency Report Citation W189	I 222	Refer to W 130 P. 3 Attachment # 3	8-25-07
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, 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 arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on observation, interview and record review, GHMRP direct support staff and the Qualified Mental Retardation Professional (QMRP) failed to implement the facility's incident management policies as written. The findings include:	I 379		

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I 379	Continued From page 3 The review of the facility's unusual incident reports and interview with the Qualified Mental Retardation Professional (QMRP) on August 22, 2007 at 9:45 AM, revealed the facility failed to report the following incidents to the administrator or to the governmental agency. a. An unusual incident report, dated June 22, 2007, revealed Client #2 right side of his mouth was observed swollen. There was no further information available to determine the origin of this injury. b. Review of a nursing progress note on August 16, 2007 revealed that staff reported that Client #2 hit his head on the dresser and received an injury that was noted a laceration/bruise on his forehead. Interview with the the house manager failed to reveal an unusal incident was available for review. c. On August 24, 2007 at 2:40 PM review of the nursing noted revealed a hospital discharge summary sheet dated 4/4/07 for Client #1 which indicated the primary treament was provided for a contusion to the scalp. Review of the unusual incident reporting system failed to reflect a incident report had been completed for this injury and emergency room visit.	I 379	The Qmrp reported to the day program on Monday, June 25 , 2007. According to the Day program nurse client #2 was displaying a maladaptive behavior, and injured himself; Refer to attachment # 5.1 In the future the incident managment coordinator will ensure that all of the day program incidents are fully investigated. This mentioned incident was completed on August 16, and was on file at the office Refer to attachment # 5.2 In the future the facility will ensure that all incidents are immediatetly faxed to the department of health, filed in the facility, and available upon request. This mentinoned incident is on file, and was reported to all of the entities on 4-04-07. The Qmrp reported to the day program on for follow-up. Refer to Attachment #5.3 In the future the facility will ensure that all day program incidents are thouroughly investigated	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.	I 401		

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I 401	Continued From page 4	I 401		
	This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provided diagnosis, evaluation, treatment services and necessary follow up service to prevent deterioration or further loss of functioning for each resident in the facility.			
	The findings include:			
	See Federal Deficiency report Citation W322 and W331		Refer to W 331 P. 10 Refer to W 322 P. 11	12-21-07 8-22-07
I 472	3522.3 MEDICATIONS	I 472		
	The physician who identifies the self-administration of medications as a goal for a resident shall develop and monitor the plan for implementation.			
	This Statute is not met as evidenced by: The finding includes:		Refer to W 331 P. (1) P. 11 Refer to W 369 P. 12 Refer to W 331 (6) P.12	8-22-07 8-22-07 8-22-07
	See Federal Deficiency Report Citation W331, W369, and W382			