



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

September 7, 2007

Dr. Robert Day, Facility Director
Rosewood Center
200 Rosewood Lane
Owings Mills, Maryland 21117

**PROVIDER # 21G004
RE: NOTICE OF CURRENT
DEFICIENCIES, IMPOSITION OF
REQUIRED PLAN OF CORRECTION
INCLUDING MONITOR AND
POSSIBLE IMPOSITION OF OTHER
REMEDIES**

Dear Dr. Day:

On August 6 through 15, 2007, a survey was conducted at your facility by the Office of Health Care Quality to determine if your facility was in compliance with Federal Conditions of Participation (CoP) requirements for Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) participating in the Medicaid program. This survey was also conducted for the purpose of State licensure. We appreciated the cooperation shown by you and your staff during the survey. On August 10, 2007, you were notified of conditions that posed immediate jeopardy to the health and safety of an individual. The facility alleged abatement of this condition on August 29, 2007. Representatives of our office confirmed abatement of the immediate jeopardy during the completion of an on-site visit on August 30, 2007. The findings of the full survey are enclosed. Because these findings are serious in nature, remedies and potential sanctions under Federal law are described in this letter.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

I. PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within 10 days after the facility receives its Form CMS 2567. Failure to submit an acceptable PoC within the above time frame may result in the imposition of remedies. The PoC must be entered on the CMS 2567.

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Your PoC must contain the following:

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice;
- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;
- Specific date when the corrective action will be completed.
- References to an individual(s) by Individual # only as noted in the attached Individual Roster. This applies to the PoC as well as any attachments to the PoC. It is unacceptable to include an individual(s) name in these documents since the documents are released to the public.

Based on the facility's survey history over the past year and the fact that your facility was found not to meet seven of the eight Federal Conditions of Participation during the current survey, we are imposing a directed plan of correction that includes the use of an independent monitor. Until the monitor is in place, representatives of OHCQ will continue to monitor the facility and will coordinate efforts with the Resident Grievance System staff.

The facility should develop all the components of the plan of correction. To be approved, the facility's plan for, *how the corrective actions will be monitored to ensure the deficient practice will not recur*, will include the use of an independent monitor. The monitor may not be an employee of the Department of Health and Mental Hygiene. The monitor will be paid directly by the facility. The monitor shall be federally certified as an ICF/MR surveyor and shall not have a conflict of interest with the facility. It is strongly suggested that the facility contract with The Council on Quality and Leadership for a monitor. The facility's proposed monitor will be reviewed and approved by the Office of Health Care Quality (OHCQ). The monitor shall be hired or under contract by October 1, 2007. OHCQ staff will meet with the monitor prior to and during their assignment at

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Rosewood. Modification of terms such as hours at the facility must be approved by OHCQ. This remedy shall be in effect at least until the facility has demonstrated sustained compliance for a period of at least 30 days with State and federal regulations.

- The monitor will be on-site for at least 25 hours a week.
- The monitor will review policies and procedures developed to effect systemic changes as per the facility's plan of correction (PoC).
- The monitor will conduct observations in residential and day programs during each on-site visit. Observations will occur in all residences and day programs at least once every two week period.
- The monitor will assess the facility's compliance with State and federal regulations.
- The monitor will make recommendations to the facility to achieve compliance with State and federal regulations.
- The monitor will issue weekly written reports to the OHCQ and facility detailing the findings of the on-site inspections, the status of the facility's implementation of it's PoC, and the status of monitor recommended actions that the facility shall complete to achieve compliance.

II. IMPOSITION OF REMEDIES

The following remedies may be imposed if your facility has failed to achieve compliance with the CoPs by October 15, 2007. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions on October 15, 2007. A change in the seriousness of the noncompliance on October 15, 2007, may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy (ies).

If your facility does not achieve compliance by October 15, 2007, denial of payment for new admissions will be imposed. (§488.417(a))

If your facility has denial of payment for new admissions imposed and fails to achieve compliance with the CoPs by July 15, 2008, your provider agreement will be terminated.

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III. ALLEGATION OF COMPLIANCE

If you believe the deficiencies identified in CMS form 2567 have been corrected, you may contact Margie Heald, at the Office of Health Care Quality, Spring Grove Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, Maryland 21228 with your written allegation of compliance and credible evidence (i.e. attached lists of attendance at provided training and/or revised statements of policies/procedures and/or staffing patterns with revisions or additions).

If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and credible evidence until substantiated by a revisit or other means. In such a case, the previously proposed remedy(ies) will not be imposed at that time.

If, upon the subsequent revisit, your facility has not achieved compliance, we may impose remedies previously mentioned in this letter beginning October 15, 2007 and continuing until compliance is achieved. Additionally, we may impose a revised remedy(ies), based on changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

IV. INFORMAL DISPUTE RESOLUTION

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ies) being disputed, and an explanation of why you are disputing those deficiencies, to me, Ms. Wendy Kronmiller, Director, Office of Health Care Quality, Bland Bryant Building, Spring Grove Center, 55 Wade Avenue, Catonsville, Maryland 21228, fax 410-402-8234. This request must be sent during the same 10 days you have for submitting a PoC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

V. LICENSURE ACTION

As you are aware, the cited Federal deficiencies have a counter part in State regulations. These deficiencies are cited on the enclosed State Form. Please provide a plan of correction for these deficiencies within 10 days of receipt of this letter. Remedies imposed under State law will be forwarded under a separate cover.

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If you have any questions concerning the instructions contained in this letter,
please contact Margie Heald at 410-402-8101 or fax 410-402-8234.

Sincerely,



Wendy Kronmiller
Director

Enclosures: CMS 2567
State Form

cc: Audrey Waters, Acting Director DDA
Gwen Winston, DDA
Alexis Melin, DDA Central RO
Carolyn Bell
Tim Hock
File II