



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

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

October 17, 2006

Ms. Alexis Melin  
Acting Facility Director  
200 Rosewood Center  
Rosewood Lane  
Owings Mills, Maryland 21117

**PROVIDER # 21G004**  
**RE: NOTICE OF CURRENT DEFICIENCIES AND**  
**POSSIBLE IMPOSITION OF REMEDIES**

Dear Ms. Melin:

On September 18 through 29, 2006, 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.

By letter dated September 26, 2006, you were notified of the finding of immediate jeopardy to the health and safety of individuals residing at Rosewood Center (CMS 2567 dated September 25, 2006). You have alleged the removal of immediate jeopardy as of October 16, 2006. A revisit by representatives of this Office will be made prior to October 18, 2006, to determine if the immediate jeopardy has been removed. If, during the revisit, it is determined that immediate jeopardy to the health and safety of individuals at your facility still exists, your Medicaid provider agreement will be terminated.

The enclosed CMS 2567 includes the additional deficiencies identified during your survey that are not immediate jeopardy. These include standard level deficiencies and reiterate the condition level findings which resulted in the September 25 findings of immediate jeopardy. 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.



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.

## II. IMPOSITION OF REMEDIES

The following remedies may be imposed if your facility has failed to achieve compliance with the CoPs by November 28, 2006. These remedies are independent of the findings and possible remedy for the September 25 findings of immediate jeopardy. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions on November 28, 2006. A change in the seriousness of the noncompliance on November 28, 2006, 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 November 28, 2006, 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 October 28, 2007, your provider agreement will be terminated.

## III. ALLEGATION OF COMPLIANCE

If you believe the deficiencies identified in CMS form 2567 have been corrected, you may contact me 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 November 28, 2006 and continue those remedies 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

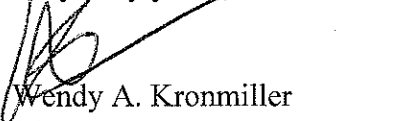
You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ies) being disputed, and an explanation of why you are disputing those deficiencies, to Ms. Margie Heald, Deputy Director - Federal Programs, 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. In the event a revisit determines that compliance has not been achieved, appropriate administrative action may be taken against your State license.

If you have any questions concerning the instructions contained in this letter, please contact me at (410) 402-8002 or fax (410) 402-8211.

Very truly yours,

  
Wendy A. Kronmiller  
Director

Enclosures: CMS 2567  
State Form

cc: Gwen Winston, DDA  
Maryland Disabilities Law Center  
Carolyn Bell  
Margie Heald  
Tim Hock