



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

December 1, 2006

Ms. Joanne Knapp
Acting Facility Director
Rosewood Center
200 Rosewood Lane
Owings Mills, Maryland 21117

**Re: REVISED PLAN OF CORRECTION
PROVIDER # 21G004**

Dear Ms. Knapp:

The Office of Health Care Quality has reviewed the revised Plan of Correction (PoC) submitted on November 16, 2006 in response to the survey that concluded on September 29, 2006. While it is improved from the PoC submitted on October 27, 2006, we continue to have concerns which must be addressed or clarified before the Plan is approved. Our concerns are in the areas of apparent deficits in behavior plans, as well as protocols and timelines of intervention by the psychology department. Specifically:

Tag W127

Although the facility has taken action for the individuals identified in the Immediate Jeopardy (IJ), the facility must identify other individuals who are, or may be, a threat to other individuals and what action will be taken to prevent future abuse and to ensure a safe living environment for all individuals served. Please forward a list of all individuals identified as being a priority for behavior plan development with target dates for completion of plans.

All behavior plans must identify the specific technique that is to be used and the wording should be consistent with the wording used in the Behavioral Principles and Strategies (BPS) manual.

1. Individual #19's behavior plan states on page 9, section 5.4 and 5.7, that a Basic BPS Escort Technique is to be utilized; however, the specific technique needs to be



2. identified. Also, the plan says that the BPS "stationary" escort procedure should be employed. There is no stationary escort in BPS training.
3. The PoC states that environmental changes were made to separate individual #24 from individual #23; however, on 10/18/06, individual #24 moved to the same side of the building as individual #23. Therefore, as of that date it appears that the individuals were not separated.
4. Individual #24's behavior plan utilizes blocks only, however, this individual has a long history of requiring physical restraints and chemical intervention. These are not incorporated into the behavior plan as required by the regulations. The blocks will not help other individuals who are being physically attacked by individual #24. Consequently, the plan does not identify emergency techniques that are to be used when the individual is a danger to self or others. Furthermore, the plan does not give techniques for stopping SIB. The plan only instructs staff to contact a supervisor for instructions on caring for the injury.
5. Individual #23's behavior plan does not address physical aggression. The record documents repeated occurrences for which the facility was cited based upon physically aggressive acts.
6. Individual #3's behavior plan, page 6, states that staff will continue to implement the appropriate management strategy, i.e. physical and chemical restraint. The behavior plan must identify the specific physical restraints, beginning with the least restrictive, using language consistent with the BPS manual. The plan must clarify when the use of a chemical intervention is to be used.
7. Individual #20's behavior plan addresses inappropriate touching. However, the plan does not state what staff are to do when a verbal request is not effective in stopping the behavior.
8. Individual #21's behavior plan does not adequately address noncompliance and physical aggression. In section 5.1, the plan instructs staff to continually request individual #21 to comply every 5 minutes. How long is that to go on? What if his presence in the area is threatening to other individuals and he refuses to leave, especially another individual's bedroom? The plan states that staff are to call a behavior emergency but does not indicate what staff should do while waiting for the response team to arrive. What techniques are staff to utilize to intervene when individual #21 is assaulting another individual? What techniques will the response team implement to stop the behavior?

Tag W157

The facility's policy states that whenever a level II or III reportable incident involves a behavioral outburst, a referral will be completed. First and foremost, any individual whose

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record documents the need for a behavior treatment plan must receive behavioral services. These services do not include behavioral programming only. Furthermore, individuals who abuse another individual need to have some type of behavior services.

Additionally, this policy does not identify the responsibilities of the psychology department once a referral is made, nor are timelines given for the psychology department to respond and take action to a referral. The policy also does not indicate what steps the team members are to take when there is no action taken by the psychology department; the survey revealed several instances of this occurring (e.g. individual #s 19, 24, 3).

Tag W227

1. Refer to tag 127 for information regarding individual #23's behavioral plan.
2. Although the facility has implemented new procedures for behavioral referrals and behavioral services, the facility has not addressed how the facility will ensure that the psychology department addresses the behavioral needs of the individuals in an appropriate and timely manner.

Tag W288

Please refer to tag 127 for information regarding the behavior plan for individual #3.

Tag W295

See W288.

The policies that were submitted as part of the facility's credible evidence are currently being reviewed as is the information from the Council on Quality and Leadership.

If you have any questions, please contact me at 410-402-8201 or fax 410-402-8234.

Sincerely,



Margie Heald
Deputy Director- Federal Programs

cc: License File II
Gwen Winston, DDA
Alexis Melin, DDA Regional Office