



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Hospital Center • Bland Bryant Building

55 Wade Avenue • Baltimore, Maryland 21228-4663

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

January 22, 2007

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

PROVIDER # 21G004
RE: Notice of Immediate Jeopardy and
Recommendation for Termination

Dear Ms. Knapp:

On January 4, 11, 16 - 18, 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. As documented in the attached form CMS 2567, this survey found that your facility was not in substantial compliance with the Conditions of Participation requirements. In fact, conditions at your facility pose an immediate jeopardy to the individuals. The deficiencies that form the basis for the finding of immediate jeopardy are attached. Standard level and State (COMAR) deficiencies are also included.

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

The facility's noncompliance with the following regulation constitutes immediate jeopardy to the health and safety of individuals:

W122, 483.420 Client Protections,
W127, 483.420(a)(5) Protection of Clients' Rights

I. RECOMMENDED REMEDIES

We are recommending to the State Medicaid Agency that your provider agreement be terminated on February 10, 2007, if the immediate jeopardy is not removed by that time.

II. ALLEGATION OF REMOVAL OF IMMEDIATE JEOPARDY

You must take immediate corrective actions to remove the serious threat(s) to the health and safety of the individuals identified in the enclosed deficiency statement. You should contact Margie Heald, Deputy Director of Federal Programs, when you allege that the immediate jeopardy has been removed, including evidence of steps taken to remove the immediate jeopardy. Your failure to allege removal will result in the termination of your provider agreement on February 10, 2007.

Representatives of the Office of Health Care Quality (OHCQ) will continue to monitor corrective actions implemented by the facility to determine their effectiveness in removing the serious and immediate threat to individuals residing at the facility.

III. PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within 10 days for the standard (non-condition) level deficiencies. 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.

IV. INFORMAL DISPUTE RESOLUTION

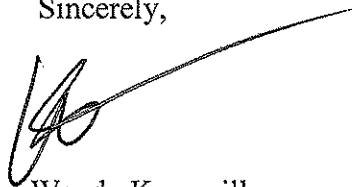
You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ies) being disputed, and an explanation of why you are disputing those deficiencies to me, at the 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 standard level 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 counterpart 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 addition, other 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.

Sincerely,



Wendy Kronmiller
Director

Enclosures: CMS 2567

cc: Paul Ballard, Esq.
Jill Spector
Sam Colgain
Tim Hock
Margie Heald
Alexis Melin, DDA Regional Office
File II