

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2011
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 02			STREET ADDRESS, CITY, STATE, ZIP CODE 1226 LAWRENCE STREET, NE WASHINGTON, DC 20017	
(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 000	INITIAL COMMENTS Surveyor: 18886 A recertification survey was conducted from August 3, 2011 through August 4, 2011, utilizing the fundamental survey process. A random sample of three clients was selected from a population of six males with various levels of intellectual and developmental disabilities. The findings of the survey were based on observations at the group home, one program, interviews clients and staff and the review of clinical and administrative records, including incident reports.	W 000	<i>Received 8/29/11</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St, N.E. Washington, D.C. 20002	
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Surveyor: 18886 Based on interview and record review, the facility failed to report the results of investigations to the administrator or designated representative within five working days of the incidents, for one of the three clients in the sample. (Client #1) The finding includes: Review of the facility's incident and investigative reports on August 3, 2011, beginning at 9:14 a.m., revealed an incident report dated October 2, 2010. The incident indicated that Client #1 was seen by his primary care physician for bilateral	W 156	<i>Investigative Staff will be re-trained to ensure that all neglect, abuse and injury of unknown cause incidents are investigated and completed within 5 days and results reported to the administrator or designated representative in accordance with state law.</i>	<i>9/1/11</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____
COMPLIANCE SUPERVISOR 8/26/11

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 156	<p>Continued From page 1</p> <p>breast abrasion (enlargement, redness and soreness of his nipples). The PCP ordered antibiotic. Interview with the qualified intellectual disabilities professional (QIDP) and registered nurse on August 4, 2011, at approximately 10:50 a.m., revealed no evidence of how the client received the abrasion.</p> <p>Review of the corresponding investigative report revealed that the investigation was completed and signed by the administrator on October 26, 2010.</p> <p>In an interview with the QIDP on August 4, 2011, at approximately 11:30 a.m., it was acknowledged the administrator was not notified within five working days of the incident.</p> <p>At the time of the survey, the facility failed to provide evidence that the administrator was notified within five working days of the incident.</p>	W 156		
W 268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 19076 Based on observation, interview and record review, the facility staff failed to implement procedures that promote the growth, development and independence, for one of six clients in the facility. (Client #6)</p> <p>The finding includes:</p>	W 268	<p>The rule referenced says promote, the finding based on interpretation says implement. As such we contend that though a deficient practice has been noted, it is not congruent or consistent with a citation for the rule referenced.</p>	

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W 268	Continued From page 2 During breakfast observation on August 4, 2011, at approximately 7:15 a.m., Staff #1 was observed to place a white plastic bib around the neck of Client #6. The end of the bib was draped over a cloth placement and then a divided plate was placed on top of the bib. Further observation revealed Staff #1 feeding Client #6 hand over hand with a long handled coated spoon pureed cheerios, banana and turkey sausage from the divided plate. During a face to face interview with Staff #1 on August 4, 2011, at approximately 7:16 a.m., it was acknowledged that the bib was used to prevent soiling the client's clothing. Further interview with the the House Manager (HM) on August 4, 2011, at approximately 7:17 a.m., acknowledged that by using the bib in the aforementioned manner the staff failed to promote the growth, development and independence of Client #6. Review of Client #6's mealtime protocol dated June 2011, on August 4, 2011, at approximately 10:30 a.m., revealed the client's adaptive equipment included a divided plate, long handled coated spoon and sippy cup. There was no evidence the facility staff implemented all procedures that promoted the growth, development and independence for all clients.	W 268		
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by:	W 336	<i>Please note, all reports printed will show the date they were printed from the system even though completed prior to the printed date. RN will review all</i>	

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W 336	<p>Continued From page 3 Surveyor: 18886 Based on staff interview and record review, the facility's nursing services failed to ensure quarterly reviews, for one of three clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>During the entrance conference on August 3, 2011, at 10:10 a.m., the qualified intellectual disabilities professional (QIDP) revealed that Client #1 received psychotropic medications to address his maladaptive behavior.</p> <p>On August 4, 2011, beginning at 9:15 a.m., the trained medication employee (TME) was observed administering Valproic Acid to Client #1. Interview with the TME during this medication administration revealed that the medication was prescribed for the client's behaviors.</p> <p>On August 4, 2011 at 10:00 a.m. review of Client #1's physician's orders dated July 2011, revealed the client was prescribed Valproic Acid and Haloperidol for behaviors. Continued record review revealed the client's annual nursing assessment dated September 20, 2010. The record also included a comprehensive quarterly nursing summaries dated December 20, 2010, which was completed by the RN. Further record review revealed no evidence of additional quarterly nursing reviews.</p> <p>Interview with the RN on August 4, 2011, at approximately 11:00 a.m., revealed that quarterly nursing assessments were completed for Client #1, however they needed to be printed from the computer. At 1:00 p.m., nursing quarterly reviews</p>	W 336	<p>medical books to ensure that completed quarterly are maintained in books as required.</p>	
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W 336	Continued From page 4 were placed in the client's record dated March 20, 2011 and August 3, 2011. Further observations revealed that both nursing quarterly's were printed on August 3, 2011. At the time of the record review on August 3, 2011, there was no evidence that quarterly nursing assessments had been completed, as required.	W 336		
W 455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Surveyor: 21583 Based on observation and interview, the facility failed to ensure effective infection control procedures were implemented, for one of three clients included in the sample. (Client #2) The finding includes: Observations on August 3, 2011, at 6:16 p.m., Client #2 was observed to close all blinds in the living and dining room area minutes before dinner time using the palm of his hands. At 6:20 p.m., observations of the blinds located in the dining/living room area were observed with a build up of dust. At no time did staff who was observed in the dining area redirect the client to wash his hands prior to eating his dinner at 6:19 p.m. Interview with the direct care staff on the same day at 6:40 p.m. revealed that he should have encouraged Client #2 to wash his hands after closing the blinds. Further interview	W 455	Staff will be retrained on infection control as well as implementation of client #1's activity schedule which states that his hands should be washed before all meals. QDDP and house manager will, on an ongoing basis, observe activities and train and re-train as needed.	8/30/11

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W 455	Continued From page 5 revealed Staff #1 had received training on infection control procedures. On August 4, 2011, beginning at 11:03 a.m., review of staff in-service records revealed that staff had received training on infection control on March 15, 2011. At the time of the survey, there was no evidence, however, that the training to prevent infectious diseases had been effective.	W 455			
W 474	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Surveyor: 21583 Based on observations, interviews and record review, the facility failed to serve each food in a form consistent with the prescribed texture, for one of three clients included in the sample. (Client #3) The finding includes: The facility failed to ensure that Client #3 received food in a form consistent with his prescribed dietary needs, as evidenced below: Observations conducted at the day program on August 3, 2011, at 12:37 p.m., revealed Client #3 was observed to be edentulous. At 12:42 p.m., observations of the lunch meal revealed Client #3 was served a roast beef and ham sandwich (bite size), applesauce, and sun chips, in a high sided divided plate, with milk. Later that evening on the same day at approximately 6:20 p.m., Client #3	W 474	QDOP will re-train staff on client #3's prescribed diet order and texture. QDOP will review all clients diet orders and will monitor and observe meals and will re-train staff as needed.	8/30/11	

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W 474	Continued From page 6 was served chicken cacciatore, brown rice, brussel sprouts, and lite canned fruit (ground) with his beverage. On August 4, 2011, at approximately 9:05 a.m., interview with Client #3's 1:1 staff, who fed him during lunch time on August 3, 2011, revealed that the client's roast beef and cheese sandwich was bite size. Further interview with the 1:1 staff revealed that Client #3's sandwich should be prepared in a ground texture. Review of Client #3's current Physician's orders dated June 2011 on August 4, 2011, at 9:17 a.m., revealed the client was prescribed a 1500 calorie, low fat, and low cholesterol ground diet.	W 474			
W 475	483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Surveyor: 18886 Based on observation, staff interview and record review, the facility failed to serve food with the appropriate drinking cups, for one of three clients in the sample. (Client #1) The finding includes: During day program observations on August 3, 2011, beginning at 12:50 p.m., revealed Client #1 having lunch. During the meal, the client was observed using a styrofoam cup, plate guard and regular spoon. As the client consumed his beverage the cup folded in causing spillage onto his shirt. Observation during meals in the home on August 3, 2011, at 4:50 p.m. (snack) and 6:25 p.m. (dinner) revealed Client #1 utilizing a mug	W 475	Client # 1's cup was delivered again to the day program on 8/4/11. <i>Pls see attached</i> During day programme observation, @DDP and house managers will check on availability of all adaptive equipment. <i>8/4/11</i> House mgr and day programme checked and ensured that all clients had any necessary adaptive equipment present.	8/4/11	

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W 475	<p>Continued From page 7</p> <p>type handle cup during his meals, no spillage was observed.</p> <p>Interview with the day program staff on August 3, 2011, at 1:20 p.m., revealed that the client used a mug type of cup with handles. When additional inquiry was made, the staff indicated that the client did not have the type of cup as indicated in his feeding protocol. However, the day program staff further indicated that he would contact the qualified intellectual disabilities professional (QIDP) and inform him that Client #1 did not have the required adaptive feeding equipment. Interview with the QIDP on August 4, 2011, at 9:15 a.m., revealed that Client #1's one to one support staff brought the client's cup home on Thursday (July 28, 2011) and failed to return it to the day program upon his return on Wednesday (August 3, 2011). The QIDP further revealed that he would provide the client's day program with the required adaptive feeding equipment (mug with handles) by the end of the week.</p> <p>Record review on August 4, 2011, at 9:50 a.m., revealed Client #1's feeding protocol dated August 1, 2011. It was revealed that the client is required to use a tumbler type cup with handles, plate guard and regular eating utensils. The tumbler cup with handles would allow the client to minimize spillage during drinking and become more independent in self-feeding.</p>	W 475		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2011
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1 000	INITIAL COMMENTS Surveyor: 18886 A licensure survey was conducted from August 3, 2011 through August 4, 2011. A sample of three residents was selected from a population of six men with various intellectual and developmental disabilities. The findings of the survey were based on observations, interviews with staff one day program, as well as a review of resident and administrative records, including incident reports.	1 000		
1 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Surveyor: 21583 Based on observation, interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure that modified diets were served as prescribed, for one of the three residents (Resident #2) included in the sample. The finding includes: The GHPID failed to ensure that Resident #3 received food in a form consistent with his prescribed dietary needs, as evidenced below: Observations conducted at the day program on August 3, 2011, at 12:37 p.m., revealed Resident #3 was observed to be edentulous. At 12:42 p.m., observations of the lunch meal revealed	1 042	please see W474	8/30/11

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

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STATE FORM

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If continuation sheet 1 of 5

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I 042	Continued From page 1 Resident #3 was served a roast beef and ham sandwich (bite size), applesauce, and sun chips, in a high sided divided plate with milk. Later that evening on the same day at approximately 6:20 p.m., Resident #3 was served chicken cacciatore, brown rice, Brussels sprouts, and lite canned fruit (ground) with his beverage. On August 4, 2011, at approximately 9:05 a.m., interview with Resident #3's 1:1 staff who fed him during lunch time on August 3, 2011, revealed that the resident's roast beef and cheese sandwich was bite size. In an interview with the 1:1 staff it was acknowledged Resident #3's sandwich should be prepared in a ground texture. Review of Resident #3's current Physician's orders dated June 2011 on August 4, 2011, at 9:17 a.m., revealed the resident was prescribed a 1500 calorie, low fat, and low cholesterol ground diet.	I 042		
I 052	3502.10 MEAL SERVICE / DINING AREAS Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Surveyor: 18886 Based on observations, interview and record review, Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure that residents were provided with necessary adaptive feeding equipment, for one of the three residents included in the sample. (Resident #1) The finding includes:	I 052	Please see W 475	8/4/11

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I 052	<p>Continued From page 2</p> <p>During day program observations on August 3, 2011, beginning at 12:50 p.m., revealed Resident #1 having lunch. During the meal, the resident was observed using a styrofoam cup, plate guard and regular spoon. As the resident consumed his beverage the cup folded in causing spillage onto his shirt. Observation during meals in the home on August 3, 2011, at 4:50 p.m. (snack) and 6:25 p.m. (dinner) revealed Resident #1 utilizing a mug type handle cup during his meals, no spillage was observed.</p> <p>Interview with the day program staff on August 3, 2011, at 1:20 p.m., revealed that the resident used a mug type of cup with handles. When additional inquiry was made, the staff indicated that the resident did not have the type of cup as indicated in his feeding protocol. However the day program staff, further indicated that he would contact the qualified intellectual disabilities professional (QIDP) and inform him that Resident #1 did not have the required adaptive feeding equipment. Interview with the QIDP on August 4, 2011, at 9:15 a.m., revealed that Resident #1's one to one support staff brought the resident's cup home on Thursday (July 28, 2011) and failed to return it to the day program upon his return on Wednesday (August 3, 2011). The QIDP further revealed that he would provide the resident's day program with the required adaptive feeding equipment (mug with handles) by the end of the week.</p> <p>Record review on August 4, 2011, at 9:50 a.m., revealed Resident #1's feeding protocol dated August 1, 2011. It was revealed that the resident is required to use a tumbler type cup with handles, plate guard and regular eating utensils. The tumbler cup with handles would allow the resident to minimize spillage during drinking and</p>	I 052		

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1052	Continued From page 3 become more independent in self-feeding.	1052		
1399	3520.2(i) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (i) Speech and language therapy; and... This Statute is not met as evidenced by: Surveyor: 18886 Based on interview and record review, the GHPID failed to ensure that a copy of professional credentials was maintained for each individual providing professional services at the GHPID, as required by District of Columbia law, in the following disciplines or area: (i) Speech and Language Therapy. The finding is: Review of the personnel records on August 4, 2011, beginning at 11:30 a.m., revealed that a current license/professional certification was not available for the Speech Language Therapist. At approximately 12:30 p.m., the GHPID's qualified intellectual disabilities professional confirmed that the license/professional credentialing for the Speech Language Therapist was not available for	1399	Please see attached documentation. Administrative officer has reviewed all consultant contracts and implemented revised system to ensure all required licenses are current. All license expiration dates are tracked in one document and consultants contacted at least 3mths prior to expiration to ensure no lapse in licensure.	8/6/11 8/6/11

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2011
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 02			STREET ADDRESS, CITY, STATE, ZIP CODE 1226 LAWRENCE STREET, NE WASHINGTON, DC 20017		
(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) COMPLETE DATE	
I 399	Continued From page 4 review. On August 5, 2011, at 11:00 a.m., a search of professional licensing records online revealed no evidence that the consulting Speech Language Therapist was licensed to practice in the District of Columbia, in accordance with: Title 3, Chapter 12 of the District of Columbia Official Code SUBCHAPTER V. LICENSING, REGISTRATION, OR CERTIFICATION OF HEALTH PROFESSIONALS § 3-1205.01. License, registration, or certification required. (a) A license issued pursuant to this chapter is required to practice medicine, acupuncture, chiropractic, registered nursing, practical nursing, dentistry, dental hygiene, dietetics, marriage and family therapy, massage therapy, naturopathic medicine, nutrition, nursing home administration, occupational therapy, optometry, pharmaceutical detailing, pharmacy, physical therapy, podiatry, psychology, social work, professional counseling, audiology, speech-language pathology, respiratory care, advanced practice addiction counseling, or to practice as an anesthesiologist assistant, physician assistant, physical therapy assistant, polysomnographic technologist, occupational therapy assistant, or surgical assistant in the District, except as otherwise provided in this chapter. No additional information was presented before the survey ended 24 hours later.	I 399			