

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2010
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 04	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 PERRY STREET, NE WASHINGTON, DC 20017
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from February 16, 2010, through February 19, 2010. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a client population of two males and three females with various disabilities.</p> <p>The findings of the survey were based on observations in the home and one day program, interviews with staff in the home and day program, as well as a review of the clinical, administrative, and habilitative records; including a review of the unusual incident/investigation reports.</p>	W 000	<p><i>3/10/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the qualified mental retardation professional (QMRP) coordinated, integrated and monitored services, for three of three clients in the sample. (Clients #1, #2, and #3)</p> <p>The findings include:</p> <p>1. Cross-refer to W189. The facility QMRP failed to ensure that nutritional training had been effective for one of one staff (Staff #1) who prepared specialized diets (pureed) for Clients #1 and #3.</p>	W 159	<p><i>Staff shall be re-trained on 3/16/10. Nutritionist and QMRP shall facilitate training on preparation of specialized diets</i></p>	<i>3/16/10</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Miatta Thomas</i>	TITLE <i>Vice President</i>	(X6) DATE <i>3/8/10</i>
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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 159	Continued From page 1			W 159	QMRP shall keep supporting documentation of communication with family members in the ISP process.		3/1/10
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that nutritional training had been effective for one of one staff (Staff #1) who prepared specialized diets (pureed) for two of three clients included in the sample. (Clients #1 and #3) The findings include: On February 16, 2010, at 5:45 p.m., Staff #1 was observed in the kitchen preparing pasta with spaghetti sauce, Brussels sprouts, and fresh fruit for dinner. At 5:47 p.m., Staff #1 measured Client #1 and #3's pasta and placed the pasta on separated plates. Shortly afterwards, Staff #1 combined Client #1 and #3's pasta together into a blender along with portion sized Brussels sprouts. After the food finished blending, Staff #1 placed the pureed food onto the clients' plate. At 6:10 p.m., Client #3 fed himself independently with close supervision while Client #1 required total assistance for feeding. Interview with Staff #1 on the same day at approximately 6:30 p.m., revealed that she			W 189			

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W 189	Continued From page 2 always blends Client #1 and #3's food variety (i.e. pasta, Brussels sprouts, etc.) together. Further interview with Staff #1 revealed that she had received training on food preparation. Interview with the Qualified Mental Retardation Professional (QMRP), who was present during the dinner meal on February 16, 2010, agreed that Client #1 and #3's food should have been separated for tasting purposes. Review of the facility's in-service training records on February 18, 2010, at approximately 10:40 a.m., revealed that all staff had received nutritional training on November 17, 2009. There was no evidence that training had been effective.	W 189		
W 209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. This STANDARD is not met as evidenced by: Based on interview and record review, it could not be determined that clients family members participated in their annual Individual Support Plan (ISP) meeting, for three of three clients included in the sample. (Clients #1, #2, and #3) The findings include: 1. During the entrance conference on February 16, 2010, at approximately 5:30 p.m., the Qualified Mental Retardation Professional (QMRP) indicated that Client #2's sister was involved in her habilitation and care. On February 18, 2010, at 11:26 a.m., review of Client #2's ISP signature attendance sheet dated September 21,	W 209	See W 159	

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W 209	<p>Continued From page 3</p> <p>2009, revealed several members of the client's interdisciplinary team were present. However, there was no evidence that the client's sister was present at the meeting.</p> <p>Interview with the House Manager (HM) and QMRP on February 18, 2010, at approximately 10:50 a.m., revealed that the facility had mailed out a correspondence letter to the sister, but could not produce any evidence of the letter when asked by the surveyor.</p> <p>2. During the entrance conference on February 16, 2010, at approximately 5:30 p.m., the Qualified Mental Retardation Professional (QMRP) indicated that Client #3's sister was involved in his habilitation and care. On February 18, 2010, at 11:54 a.m., review of Client #3's ISP signature attendance sheet dated February 24, 2009, revealed several members of the client's interdisciplinary team were present. However, there was no evidence that the client's sister was present at the meeting.</p> <p>Interview with the House Manager (HM) and QMRP on February 18, 2010, at approximately 10:52 a.m., revealed that the facility had mailed out a correspondence letter to the sister, but could not produce any evidence of the letter when asked by the surveyor.</p> <p>3. During the entrance conference on February 16, 2010, at approximately 5:30 p.m., the Qualified Mental Retardation Professional (QMRP) indicated that Client #1's nephew was involved in his habilitation and care. On February 18, 2010, at 12:20 a.m., review of Client #1's ISP signature attendance sheet dated October 11, 2009, revealed several members of the client's</p>	W 209		
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W 209	Continued From page 4 interdisciplinary team were present. However, there was no evidence that the client's nephew was present at the meeting.	W 209		
W 331	Interview with the House Manager (HM) and QMRP on February 18, 2010, at approximately 10:53 a.m., revealed that the facility had mailed out a correspondence letter to the nephew, but could not produce any evidence of the letter when asked by the surveyor. 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure nursing services in accordance with each client's needs, for two of three clients included residing in the facility. (Clients #3 and #4) The finding includes: Cross Refer to W381. The facility's nursing staff failed to store drugs under proper conditions of security for Clients #3 and #4 during the medication administration.	W 331	See W381	
W 381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to store drugs under proper conditions of	W 381		

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W 381	<p>Continued From page 5</p> <p>security for two of five clients in the facility. (Clients #3 and #4)</p> <p>The finding includes:</p> <p>On February 16, 2010, at 4:44 p.m., the surveyor placed his coat and bag in the Qualified Mental Retardation Professional's (QMRP) office located in the basement. While inside the office, medications were observed in medication baskets located on the table. One basket contained Client # 3's Furosemide 20 mg, Cetirizine HCL 10 mg, Enulose, and Acetaminophen 480 mg. Client #4's medication were observed in a basket and included Ear drops 6.5%, Kepra 300 mi (oral), Metochopramide HCL 150 mg, and Acteaminophen. Interview with evening Licensed Practical Nurse (LPN) on the same day at 5:36 p.m., acknowledged that the medications were left unattended and should have been stored in the medication storage room.</p> <p>There was no evidence that all drugs were stored under proper conditions of security.</p>	W 381	<p>All medications shall be store in the medication storage room and not left unattended. RN shall conduct training with staff on 3/16/10.</p>	2/14/10
W 426	<p>483.470(d)(3) CLIENT BATHROOMS</p> <p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the temperature of the water did not exceed 110 degrees Fahrenheit for five of five clients residing in the facility. (Clients #1, #2,</p>	W 426	<p>Water Temperature log shall be reviewed every 3 days by HM and calibrated accordingly.</p>	3/16/10

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W 426	<p>Continued From page 6 #3, #4, and #5)</p> <p>The finding includes:</p> <p>On February 19, 2010, at approximately 11:00 a.m., the kitchen water temperature felt hot to touch during the environmental inspection. Readings from the facility's thermometer were 120 degrees Fahrenheit in the kitchen and 123 degrees Fahrenheit in the main bathroom used by the clients'. The Qualified Mental Retardation Professional (QMRP) was informed by the House Manager (HM) of the temperature readings. The QMRP instructed the HM to call and inform maintenance staff of the temperature readings. At approximately 11:23 a.m., the water temperature was lowered to 105 degrees Fahrenheit by another HM from another facility.</p>	W 426		
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2010
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1 000 INITIAL COMMENTS

A licensure survey was conducted from February 16, 2010, through February 19, 2010. The survey was initiated using the fundamental survey process. A random sample of three residents was selected from a resident population of two males and three females with various disabilities.

The findings of the survey were based on observations in the home and one day program, interviews with staff in the home and day program, as well as a review of the clinical, administrative, and habilitative records; including a review of the unusual incident/investigation reports.

1 000

1 056 3502.14 MEAL SERVICE / DINING AREAS

Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.

This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that nutritional training had been effective for one of one staff (Staff #1) who prepared specialized diets (pureed) for two of three residents included in the sample. Residents #1 and #3)

The findings include:

On February 16, 2010, at 5:45 p.m., Staff #1 was observed in the kitchen preparing pasta with spaghetti sauce, Brussels sprouts, and fresh fruit for dinner. At 5:47 p.m., Staff #1 measured Resident #1 and #3's pasta and placed the pasta on separated plates. Shortly afterwards, Staff #1

1 056

see W159

Health Regulation Administration <i>Mirilla Thomas</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Vice President</i>	(X6) DATE 3/8/10
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Health Regulation Administration

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1056 Continued From page 1

combined Resident #1 and #3's pasta together into a blender along with portion sized Brussels sprouts. After the food finished blending, Staff #1 placed the pureed food onto the residents plate. At 6:10 p.m., Resident #3 fed himself independently with close supervision while Resident #1 required total assistance for feeding.

Interview with Staff #1 on the same day at approximately 6:30 p.m., revealed that she always blends Resident #1 and #3's food variety (i.e. pasta, Brussels sprouts, etc.) together. Further interview with Staff #1 revealed that she had received training on food preparation. Interview with the Qualified Mental Retardation Professional (QMRP), who was present during the dinner meal on February 16, 2010, agreed that Resident #1 and #3's food should have been separated for tasting purposes.

Review of the GHMRP's in-service training records on February 18, 2010, at approximately 10:40 a.m., revealed that all staff had received nutritional training on November 17, 2009. There was no evidence that training had been effective.

1056

1091 3504.2 HOUSEKEEPING

Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be used.

This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that the temperature of the water did not exceed 110 degrees Fahrenheit for five of five residents residing in the facility. (Residents #1, #2, #3, #4, and #5)

1091

Health Regulation Administration

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1091	<p>Continued From page 2</p> <p>The finding includes:</p> <p>On February 19, 2010, at approximately 11:00 a.m., the kitchen water temperature felt to hot touch during the environmental inspection. Readings from the facility's thermometer were 120 degrees Fahrenheit in the kitchen and 123 degrees Fahrenheit in the main bathroom used by the residents'. The Qualified Mental Retardation Professional (QMRP) was informed by the House Manager (HM) of the temperature readings. The QMRP instructed the HM to call and inform maintenance staff of the temperature readings. At approximately 11:23 a.m., the water temperature was lowered to 105 degrees Fahrenheit by another HM from another facility.</p>	1091	See W 426	