PRINTED: 06/19/2009
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER: WHOLISTIC HOME & COMMUNITY BASED SE	STREET ADDRESS, CITY, STATE, ZIP CODE: 1449 ROXANNA ROAD NW WASHINGTON, DC 20012		

(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 000	INITIAL COMMENTS A licensure survey was conducted from June 4, 2009 through June 5, 2009. A random sample of two residents was selected from a resident population of three males with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	I 000	Received 6/30/09 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
I 022	3501.5 ENVIRONMENTAL REQ / USE OF SPACE Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the window located in the first floor bathroom was supplied with curtains, shades or blinds for three of three residents (Residents #1, #2, and #3) residing in the facility. The finding includes: On June 5, 2009, at approximately 3:00 PM, an environmental walk-through of the interior of the GHRMP revealed the window located in the first floor bathroom was observed without blinds, shades, and/or curtains. The GHMRP's House Manager (HM) accompanied the surveyor and acknowledged that the bathroom window was without a cover, to ensure the residents' privacy.	I 022	I 022 Window curtain has been placed in the first floor bathroom. An external audit person will conduct monthly environmental audits to ensure compliance.	
I 095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in	I 095		06/05/09

Health Regulation Administration

Miatta Thomas — LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Vice President — TITLE

6/28/09 — (X6) DATE

STATE FORM — 0VB811 — If continuation sheet 1 of 9

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I 095	Continued From page 1 a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that cleaning agents were stored in a locked cabinet and out of direct reach of each resident. The finding includes: Observation and interview with the House Manager during the environmental walk through on June 5, 2009, revealed the following: Soft Scrub Lysol, Comet Cleanser, Quick Shine, and Lysol All Purpose Cleaner was observed beneath the kitchen sink.	I 095	I 095 All cleaning products and caustic agents have been locked up in the basement of the facility. The facility shall continue to remind staff to ensure that the above-mentioned chemicals and/or reagents are consistently kept out of the reach of the residents.	06/30/09
I 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Based on observation, interview, and verification, the GHMRP failed to ensure continuous, ongoing in-service training programs were conducted for all personnel. The findings include: Observation on June 4, 2009, at 3:22 PM revealed Resident #2 entered the facility with staff's assistance. The resident was observed in a wheelchair. Review of Resident #2's habilitation record on June 5, 2009, at 12:35 PM revealed an	I 222		

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I 222	Continued From page 2 Occupational Therapy Assessment dated September 13, 2007. The Occupational Therapist recommended a shower chair with removable armrest for safe transfers. Interview with the House Manager (HM) was conducted to verify if the resident had the recommended shower chair. Observation on June 5, 2009, at 12:57 PM revealed that Resident #2 had a shower chair, however, the armrest was not removable. It should be noted that the HM attempted to remove the armrest, but was unable to. At approximately 4:30 PM, the GHMRP's Qualified Mental Retardation Professional (QMRP) verified that Resident #2's shower chair did have a removable armrest and proceeded to demonstrate to the surveyor that the armrest was removable. At the time of the survey, the facility failed to ensure the GHMRP's HM was effectively trained on the adaptive equipment (shower chair with removable armrest) for Resident #2.	I 222	I 222 **The Qualified Mental Retardation Professional (QMRP) has trained the House Manager (HM) on how to effectively operate the removable component of the shower chair.** **The QMRP shall on a quarterly basis ensure that all staff are trained on how to operate adaptive/assistive devices. During such training, staff shall demonstrate competence in the operation of an assistive/adaptive device**	06/30/09
I 291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure entries in each resident's record were current (physicians orders), for one of the two residents in the sample. (Resident #1) The finding includes: 1. On June 4, 2009, at 5:00 PM, interview with	I 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/08/2009
NAME OF PROVIDER OR SUPPLIER: WHOLISTIC HOME & COMMUNITY BASED SE	STREET ADDRESS, CITY, STATE, ZIP CODE: 1449 ROXANNA ROAD NW WASHINGTON, DC 20012		

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I 291	Continued From page 3 the facility's Registered Nurse (RN) and License Practical Nurse (LPN) revealed that Resident #1 had a wrist splint that is to be worn only at night. Review of the resident's medical record on the aforementioned date revealed a physician's order dated May 21, 2009. Continued review of the physician's order, however, failed to evidence an order for a wrist splint. An interview with the nursing personnel and the Qualified Mental Retardation Professional (QMRP) was conducted to ascertain information regarding whom and when was the wrist splint recommended. The interview and review of the resident's habilitation record revealed an Occupational Therapy (OT) Assessment dated May 15, 2008 which included the recommendation for the left wrist splint for Resident #1. The interview continued with the administrative staff to verify if Resident #1 had an order for the wrist splint. It should be noted that on June 4, 2009, a physician's order for the wrist splint was presented to the surveyor dated June 4, 2009. At the time of the survey, the administrative staff verified that Resident #1 did not have a physician's order for a wrist splint until the day of the inspection (one year later). 2. Interview with the Qualified Mental Retardation Professional (QMRP) and review of Resident #1's record on June 5, 2009 at 11:27 AM revealed the resident had an Individual Support Plan (ISP) meeting on May 27, 2008. When the surveyor asked if the resident had a current ISP, the QMRP stated that the resident's ISP was held on May 18, 2009, but a copy of the ISP was not available for review. Further interview with the QMRP revealed that the ISP was at Resident #1's case manager's office. It should be noted a fax of the resident's goals and action plans was	I 291	**I 291, 1** **The facility's Registered Nurse (RN) will, on a quarterly basis review the medical records with the Licensed Practical Nurses (LPNs) to ensure that physician orders are written for all adaptive equipments.** **I 291, 2** **In the future, the QMRP shall ensure that a draft of the ISP is fled in the resident's record prior to DDS's approval.**	06/30/09 06/30/09

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-5078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/05/2009
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I 291	Continued From page 4 faxed to the Department of Health (DOH) on June 8, 2009. At the time of the survey, the GHMRP failed to ensure Resident #1's ISP was current.	I 291		
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Mentally Retarded Persons' (GHMRP) Physical Therapist failed to provide evidence of a written quarterly report for one of the two residents (Resident #2) included in the sample. The finding includes: Observation on June 4, 2009, at 3:22 PM revealed Resident #2 entered the facility with staff's assistance. The resident was observed in a wheelchair. Interview with the QMRP and review of Resident #2's habilitation record on June 5, 2009 revealed that the resident was evaluated by a Physical Therapist on October 5, 2007. Review of the assessment revealed the therapist recommended in order to prevent loss of motion in his upper and lower extremities to tolerate 5/5 trials of Range of Motion (ROM) exercises. Continued review of the record revealed the therapist conducted a quarterly review on January 28, 2008 and a second quarterly on April 7, 2008.	I 407	I 407 The QMRP and the Services Coordinator at the Department on Disability Services (DDS) shall conduct quarterly reviews of all prior authorizations to ensure that all approved waiver services are provided as specified. The QMRP will follow-up in writing to the DDS Services Coordinator requesting the provision of approved services. Such request shall be copied to the administration of Wholistic Services and the Services Coordinator's Branch Chief.	06/30/09

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NAME OF PROVIDER OR SUPPLIER: WHOLISTIC HOME & COMMUNITY BASED SE	STREET ADDRESS, CITY, STATE, ZIP CODE: 1449 ROXANNA ROAD NW WASHINGTON, DC 20012		

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I 407	Continued From page 5 At the time of the survey, there was no documented evidence that the physical therapist provided any quarterly reviews after April 7, 2008 for Resident #2.	I 407		
I 412	3520.13 PROFESSION SERVICES: GENERAL PROVISIONS If a resident evidences the need for a professional service for which arrangements do not exist, the GHMRP shall have fourteen (14) days to show evidence of arrangements for provision of the professional service, except that in life threatening situations, arrangements must be made immediately. This Statute is not met as evidenced by: Based on interview and record review, the(GHMRP) failed to ensure the provision of psychiatric services, for one of the two residents (Resident #2) included in the sample. The finding includes: 1. During the entrance interview on June 4, 2009, at approximately 2:30 PM revealed that Resident #2 received medicaid waiver services. Review of the resident's medicaid waiver authorization on the aforementioned date revealed that an initial Physical Therapy assessment had been approved for September 4, 2008 through January 14, 2009 . Review of the Resident #2's habilitation record on June 5, 2009, at 12:14 PM revealed a Physical Therapy Assessment dated October 5, 2007. At the time of the survey, the GHMRP failed to make an arrangement for Resident #2 to obtain an revised physical therapy assessment.	I 412	I 412 Cross reference I 407.	06/30/09

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I 412	Continued From page 6	I 412		
	2. Review of Resident #2's habilitation record on June 5, 2009, at 12:35 PM revealed an Occupational Therapy Assessment dated September 13, 2007. The Occupational Therapist recommended for the resident to be assessed annually. Interview with the Qualified Mental Retarded Professional (QMRP) on June 4, 2009 revealed that Resident #2 received medicaid waiver services. The surveyor requested to see an authorization for any medicaid waiver services that had been approved for Resident #2. Review of the medicaid waiver authorization revealed the resident had been approved (September 4, 2008 through January 14, 2009) for an occupational therapy assessment. At the time of the survey, the GHMRP failed to make arrangement for Resident #2 to be evaluated by a Occupational Therapist as recommended.		I 412, 2 Cross reference I 407.	
I 429	3521.6 HABILITATION AND TRAINING Each GHMRP Director shall arrange for each resident to be reevaluated and to receive an Individual Habilitation Plan, which is updated appropriately at least annually. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to provide evidence that each resident had been reevaluated and received an Individual Habilitation Plan (IHP) that was updated at least annually, for one of the residents (Resident #1) included in the sample. The finding includes: Interview with the Qualified Mental Retardation	I 429		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-6678	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER: WHOLISTIC HOME & COMMUNITY BASED SE	STREET ADDRESS, CITY, STATE, ZIP CODE: 1440 ROXANNA ROAD NW WASHINGTON, DC 20012		

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I 429	Continued From page 7 Professional (QMRP) and review of Resident #1's record on June 5, 2009 at 11:27 AM revealed the resident had an Individual Support Plan (ISP) meeting on May 27, 2008. When the surveyor asked if the resident had a current ISP, the QMRP stated that the resident's ISP was held on May 18, 2009, but a copy of the ISP was not available for review. Further interview with the QMRP revealed that the ISP was at Resident #1's case manager's office. At the time of the survey, however, the GHMRP failed to provide evidence that Resident #1's received an annual ISP.	I 429	I 429 Cross reference I 291, 2.	06/30/09
I 446	3521.7(p) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (p) Problem-solving and decision-making (including opportunities to experience consequences of decisions); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure residents were trained in the area of problem-solving and decision making for one of the two residents (Resident #2) included in the sample. The finding includes: Review of Resident #2's habilitation record on June 8, 2009 revealed a document entitled "Bill of Rights." Continued review of the document revealed that it was blank. At the time of the survey, the GHMRP failed to ensure Resident #2 had been made aware of his civil and legal rights.	I 446	I 446 Resident #1 has been informed of his civil and legal rights. The process of informing residents of their civil and legal rights shall be done annually.	06/15/09

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"First in Quality, First in Caring, First in Sharing"

The Stoddard Baptist Nursing Home's mission is to deliver professional quality health care services to our residents and their families by responding to their spiritual, physical, emotional and social needs.

FACSIMILE TRANSMITTAL

Date: 6-26-09 **Time:** 8pm

To: Dept Health Attn Ms William

Company: DC Dept Health

Tel. No: (202) 442-4743 **Fax No:** (24) 442-9430

From: Stoddard Baptist Home

Transmitted From Fax Number (202) 319-7974

Number of Pages including cover sheet: 2

Message: New admission with SICK Breakdown

If you do not receive all pages, please call the telephone number below and request ext. _____

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8/02

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