

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

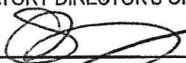
PRINTED: 03/07/2014
FORM APPROVED
OMB NO. 0938-0391

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 02/25/2014
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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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(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
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W 000	INITIAL COMMENTS A recertification survey was conducted from February 24, 2014 through February 25, 2014. A sample of three clients was selected from a population of two males and three females with varying degrees of intellectual disabilities. This survey was conducted utilizing the fundamental survey process. The findings of the survey were based on observations, interviews, and review of client and administrative records. Note: The below are abbreviations that may appear throughout the body of this report. Behavior Support Plan - BSP Cubic Centimeter - cc Day Program Staff - DPS Gastrostomy Tube - G-Tube Group Home for Individuals with Intellectual Disabilities - GHIID House Manager - HM Human Rights Committee - HRC Individual Program Plan - IPP Individual Support Plan - ISP Medication Administration Record - MAR Milligram - mg Milliliter - ml Operations Manager - OM Physician's Orders - POS Program Director - PD Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Residential Coordinator - RC Tablet - tab	W 000		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION	W 252		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE COMPLIANCE SUPERVISOR	(X6) DATE 2/19/14
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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 252	Continued From page 1 Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to consistently document progress toward an IPP objective (wiping mouth) at the frequency required for one of three clients in the sample. (Client #1) The finding includes: On February 24, 2014, at 5:08 p.m., Client #1 was observed sitting in her wheelchair drooling. Staff #5 then stated to Client #1, "Let's wipe your mouth." Staff #5 presented a napkin to the client and provided hand over hand assistance to the client to wipe her mouth. On February 25, 2014, at 9:25 a.m., review of Client #1's program data revealed a goal to improve self help skills. According to the objective, "Given hand over hand assistance, the client will wipe her mouth when she drools on 75% of the trials recorded per month for twelve consecutive months." Review of the data collection revealed that the client's level of participation in the training was not documented on February 24, 2014. Additionally, there was no data available to verify if the client participated in the training on February 17, 18, 19, 22, and 23, 2014. Interview with the HM on February 25, 2014, at	W 252	Staff have been addressed on 2/25/14 Program goals and documentation House manager will review documentation on a weekly basis & QIP will review monthly.	

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W 252	Continued From page 2 3:39 p.m., revealed that Client #1 drools daily, and should be provided hand over hand assistance and encouragement by staff to help wipe her own mouth. Further discussion with the HM revealed that staff should document the client's level of participation in the training daily. The HM confirmed however, that the staff failed to document the client's participation in the IPP objective on the aforementioned dates as required.	W 252		
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that each client's enteral feeding was administered in the amount prescribed by the physician's order for one of three clients in the sample. (Client #1) The finding includes: On February 24, 2014, at 7:03 p.m., LPN #2 was observed to administer Client #1's Compleat tube feeding formula. The nurse administered the entire container (250 ml). Interview with LPN #2 on February 24, 2014, at	W 460	Staff (LPN) has been trained to administer Compleat tube feeding formula as prescribed on POS (200mls) RN will continue to conduct regular review and oversight to ensure LPN is administering as prescribed in POS.	2/25/14

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W 460	<p>Continued From page 3</p> <p>8:05 p.m., revealed that Client #1 usually tolerates the entire container of Compleat (250 mls). LPN #2 further revealed that if Client #1 does not tolerate the entire container of Compleat, the remaining amount is discarded. When asked if the client should be administered Compleat 200 mls as prescribed by the physician, LPN #2 replied, "Yes."</p> <p>On February 24, 2014, at 7:45 p.m., review of Client #1's physician's order dated February 1, 2014, revealed the following order for tube feedings: "Compleat 200 mls four times daily to provide 848 calories and 38 grams of protein."</p> <p>Review of Client #1's MAR on February 24, 2014, at 7:59 p.m., revealed that Client #1's feeding was scheduled to be administered at 7 a.m., 11 a.m., 3 p.m., and 7 p.m. Review of the MAR after the 7 p.m. feeding was administered on February 24, 2014, revealed LPN #2's initials on the MAR, indicating she administered Compleat 200 mls to the client as prescribed.</p> <p>At the time of survey, the facility failed to ensure that Client #1 was administered Compleat 200 mls as enteral feeding in accordance with the physician's order.</p>	W 460		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFID03-0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2014
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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from February 24, 2014 through February 25, 2014. A sample of three residents was selected from a population of two males and three females with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews, and review of resident and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Behavior Support Plan - BSP Cubic Centimeter - cc Day Program Staff - DPS Group Home for Individuals with Intellectual Disabilities - GHIID House Manager - HM Human Rights Committee - HRC Individual Program Plan - IPP Individual Support Plan - ISP Medication Administration Record - MAR Milligram - mg Operations Manager - OM Physician's Orders - POS Program Director - PD Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Residential Coordinator - RC Tablet - tab</p>	1 000		
1 090	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable</p>	1 090		

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

STATE FORM

6899

YHUB11

If continuation sheet 1 of 3

[Signature] COMPLIANCE SUPERVISOR 3/9/14

Health Regulation & Licensing 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 02/25/2014
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I 090	<p>Continued From page 1</p> <p>odors.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHIID failed to ensure trash was stored in closed containers and failed to ensure the range hood light bulb was protected.</p> <p>The findings include:</p> <p>On February 25, 2014, beginning at 1:08 p.m., the OM and the HM accompanied the surveyor to conduct an inspection of the environment. The following concerns were identified:</p> <p>1. Observation of the exterior environment on February 25, 2014, at 1:19 p.m., revealed the trash cans were stored underneath the back porch of the facility. Bags of trash were noted to protrude above the top of several of the cans, causing the lids to remain open. The OM acknowledged, that the trash cans were open because they contained excessive trash.</p> <p>Interview with the HM and QIDP #1 on February 15, 2014, at 5:15 p.m., revealed the facility was waiting for the trash to be collected.</p> <p>At the time of the survey, the facility failed to ensure trash was stored in a manner to prevent potential entrance of rodents and other pests.</p> <p>2. On February 25, 2014, at 1:28 p.m., observation of the range hood light fixture cover revealed the front of it was partially missing. This caused the bulb in the fixture to be exposed above the range top.</p> <p>Interview with the OM on February 25, 2014, at</p>	I 090	<p>A couple of bigger trash cans were received from the DC Dept. of Sanitation. This will help eliminate trash bags protruding above the top of trash cans causing the lids to remain open even when trash is not picked up due to bad weather. QIDP, HM and environmental mgr will conduct review to ensure all trash is suitably stored</p>	3/13/14

Health Regulation & Licensing Administration

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1090	<p>Continued From page 2</p> <p>1:30 p.m., revealed that he was not aware that the range hood light fixture cover was damaged. Further discussion with the OIM indicated that a replacement cover would need to be ordered.</p> <p>At the time of the survey, the facility failed to ensure the light fixture cover was maintained in good condition.</p>	1090	<p>Range Hood light fixture will be changed once the replacement cover is obtained. Maintenance Maintenance beam is still trying to acquire the range hood light fixture cover. Replacement has been ordered and is scheduled to be delivered for installation on 3/21/14. See attached HM - environmental manager will continue to conduct environmental review as scheduled to ensure all is in working condition.</p>	3/21/14
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W 252

140300 - P105 - 001

140300 - P140 - 001

WHOLISTIC SERVICES INC.

SIGN-IN SHEET

Date: 2/28/14

Start Time: _____

End Time: _____

Location: 1314 Perry Street

Topic: IIPP goals & proper documentation

Method of Training: Handouts, Discussion, questions & answers

Trainer: K. Macauley

Title: QIDP

Name of Individual (only one individual's name can appear): LB

Summary of Training:

Staff were shown the incomplete data document about form and were trained on how to make the IIPP goals properly and consistently

Name of Staff	Signature	Title
BARLEY MARRATI		DSP
HARVEY DIALLO		DSP
JESTINA SONKON		DSP
GIWEN LEWEN		Supporting Staff
YEAMA WIL		LPN
UNISA JALLIH		DSP
BAIMBA KANDEH		LPN
Hellen Osano		LPN
Ange P. A.D.		DSP
Abu Bakarr Jalloh		Driver/DSP
Fatoumata Wajiu		AT/manager

W 252

NAME: Ms. [REDACTED] PROGRAM DOCUMENTATION
 GOAL: Ms. [REDACTED] will improve her self help skills. RESIDENCE: 1314 Perry Street NE
 OBJECTIVE: Given hand over hand assistance Ms. Bobbitt will wipe her mouth when she drools 75% of trials recorded per month for 12 months

Month: _____

Task	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1. Wipe mouth with napkin.	NA																													
Staff initials.																														

LEVEL OF ASSISTANCE (LOA): R=REFUSED TO PARTICIPATE
 PA= PHYSICAL ASSISTANCE: Staff use speech and periodic Touch throughout Task
 M=MODEL DEMONSTRATION: Staff use speech and ACTUAL DEMONSTRATION
 VP=VERBAL PROMPTS: Staff use speech only during tasks.
 NA=NOT AVAILABLE FOR SESSION
 HOH=HAND OVER HAND staff use speech and maintain PHYSICAL CONTACT throughout
 TP=TOUCH PROMPT: Staff use speech and guidance in direction of stimulus
 I=INDEPENDENT: Absence of assistance from staff.
 ---=ATTEMPTED TASKS

Date	Comments	Date	Comments
	If she refused you have to document (Refuse) still fill in the day and initial @ the bottom. for any reason she Active throughout is not done you have to state the reason (Away, Hoop, Missing family, outing etc)		

140300-

W 460

140300-1106-001

140300-114-001

WHOLISTIC SERVICES INC.

SIGN-IN SHEET

Date: 02/25/14

Start Time:

End Time: 9^{am}

Location: Perry S

Topic: Nursing - Tube feeding protocol and administration
as per physician order (POS)

Method of Training: Verbal & Return demonstration.

Trainer: M Johnson

Title: R.N

Summary of Training:

- Emphasized the quantity of Complate to be received at each feeding (~200 ml).
- Feeding protocol reviewed.
- Reviewed POS and matched it against feeding protocol.

Name of Staff	Signature	Title
Yeama Will		LPN

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- Customer Will Return Phone When Ready
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INVOICE DATE	CUST. NO.	ORDER NO.	PAGE	INVOICE NO.
03/19/14	622	20333	1	Time in 11:23 AM

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WASHINGTON, DC 20005

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WHOLISTIC SERVICES
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WASHINGTON, DC 20005

CHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	LOCATION OF CAR
	PC	202-329-6536		Work Order

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
	FAX# 202.832.1192 202.329.6536					
806E	JU347H38 SE HOOD 02 LW 02 88	1	1		199.00	199.00
	DROP OFF ONLY					
	1214 PERRY ST NE WASH DC					
	APR 24 14					
	!!!!!! THANK YOU !!!!!					
	YOUR BUSINESS IS APPRECIATED					
	A FAMILY BUSINESS SINCE 1952 !					

NOTICE TO CUSTOMERS

- Unless otherwise specified, labor time billed is flat rate time estimated for each job in industry manuals and not actual time spent.
- All parts and labor are warranted for 90 days or 4000 miles, whichever occurs first.
- All labor performed and parts replaced were necessary to perform repairs.
- All parts are new unless otherwise specified. U = Used / R = Rebuilt.

CUSTOMER'S RIGHTS

- You are entitled to a written estimate upon request if repairs will exceed \$25.00. Do you want a written estimate? YES NO
- You may not be charged an amount more than 10% greater than an estimate without your consent.
- You are entitled to the return of any replaced parts except those that must be returned to the manufacturer under warranty agreement. If you do not want the parts, initial here: _____

4. Repairs not originally authorized by you will not be charged to you without your consent.

Customer's Signature _____

I hereby authorize the repair work listed. You and your employees may operate the above vehicle for purposes of testing, inspection or delivery.

Terms Net 10th Prox.
1% Per Month Service Charge

199.00

11.94

210.94