Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HFD03-0174		08/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLISTIC 09	7533 12TH STREET, 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 August 23, 2012 through August 24, 2012. A sampling of three residents was selected from a population of five women with varying degrees of intellectual and developmental disabilities. The findings of the survey were based on observations in the home and one day program, interviews with direct support staff, nursing and administrative staff, and one guardians, as well as a review of resident and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	I 000		
I 090	3504.1 HOUSEKEEPING 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 odors. This Statute is not met as evidenced by: Based on observation, and interview, the facility failed to ensure that the interior of the group home for persons with intellectual disabilities (GHPID) was maintained in a safe and orderly manner for five of five residents in the facility. (Residents #1, #2, #3, #4, and #5) The findings include: On August 23, 2012, beginning at 12:40 p.m., the agency maintenance manager accompanied the	I 090		

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I 090	Continued From page 1 surveyor through the facility to conduct the environmental observations. The following concerns were identified: The facility failed to maintain the exterior of the building window ledges on the upper and lower levels free of chipping and peeling paint. The maintenance manager stated he had been informed of the chipping and peeling paint on the exterior of the house and had submitted a request for the repairs to be done.	I 090	Maintenance Mgr followed up on his request and work is scheduled to occur. 9/21/12 Facilities Mgr and approval Office will ensure that requested repairs noted during environmental reviews are addressed in a timely manner.	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all employees and health care professionals had current health certificates, for two (2) of twelve (12) consultants. (C-2 and C-12) The findings include: On August 23, 2012, beginning at 12:47 p.m., review of the personnel records revealed the following:	I 206	Please find attached copies of the health certificates which were misfiled 8/27 Compliance will ensure a review of the books when they are returned from homes and before they are sent out	

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I 206	Continued From page 2 There was no evidence of a physician's health inventory/certificate for the primary care physician (C-2) and the speech and language therapist (C-12). On August 23, 2012, at approximately 1:45 p.m., the qualified intellectual disabilities professional (QIDP/Staff #7), and licensed practical nurse (LPN/Staff #9) acknowledged that the health certifications were not in the files presented for review at the time of the survey.	I 206	to confirm that all documentation is filed appropriately	

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

PRINTED: 10/16/2012
FORM APPROVED
OMB NO. 0938-0391

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	09G175		08/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 000	INITIAL COMMENTS A recertification survey was conducted from August 23, 2012 through August 24, 2012. A sampling of three clients was selected from a population of five women with varying degrees of intellectual and developmental disabilities. This survey was initiated utilizing the fundamental survey process; however, due to concerns in the areas of active treatment, the process was extended on August 24, 2012, at 12:40 p.m., to review the facility's level of compliance in the Condition of Participation (CoP) for Active Treatment Services. The findings of the survey were based on observations in the home and one day program, interviews with direct support staff, nursing and administrative staff, and one guardians, as well as a review of client and administrative records, including incident reports. No deficiencies were cited.	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.