

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/18/2013
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 05	STREET ADDRESS, CITY, STATE, ZIP CODE 6627 1ST STREET, NW WASHINGTON, DC 20012
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1 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from April 17, 2013 through April 18, 2013. A sample of three residents was selected from a population of five males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and at three day programs, interviews with direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1 000	<p><i>Received 4/25/13</i></p> <p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
1 090	<p><b>3504.1 HOUSEKEEPING</b></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 odors.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHIID) failed to maintain the environment in accordance with the needs of five of five residents in the facility. (Residents #1, #2, #3, #4 and #5)</p> <p>The findings include:</p> <p>Observations of the environment were conducted on April 18, 2013, beginning 10 50 a.m. The house manager (HM), qualified intellectual</p>	1 090	<p>A. Cracked panes repaired by operations manager. House mgr's operations mgr will continue to conduct quarterly environmental checks to ensure sites are maintained pursuant to regulations</p> <p>B. Cracked floor tiles were replaced</p>	<p>4/26/13</p> <p>4/26/13</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE COMPLIANCE SUPERVISOR (X8) DATE 4/25/13



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I 090	Continued From page 2 servicing by a contractor. The QIDP further revealed that Client #1 had recently been admitted to the home on April 11, 2013, and indicated that the lift had not been recently serviced due to the fact that the remaining residents ambulatory status. On April 18, 2013, the QIDP indicated that he made calls to providers to schedule a service visit, but was awaiting a return call. He further stated that when his telephone call was not promptly returned by the contractor, he requested the administrative office to assist him in scheduling a servicing appointment for the lift. Record review on April 18, 2013, at 12:37 p.m., revealed that no service invoices were presented for monitoring and/or inspection of the facility's wheelchair lift. At the time of the survey, there was no evidence the wheelchair lift was serviced to ensure that it was maintained in good repair.	I 090	audits to ensure homes are maintained pursuant to regulations  F. Lift has been serviced. 4/23/13 Please see attached. HM will ensure that lift is monitored and inspected as specified by manufacturer or as needed to ensure it is in good working order.	
I 226	3510.5(c) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (c) Infection control for staff and residents;  This Statute is not met as evidenced by: Based on observation and interview, the group for individuals with intellectual disabilities (GHIID) failed to ensure recreational materials (i.e. drum, small massager and an electronic beats device) were maintained in a sanitary manner to avoid sources and transmission of infection, for one of three residents in the sample. (Resident #2)  The finding includes:  On April 17, 2013, at 4:52 p.m. Resident #2 was	I 226		

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I 226	Continued From page 3 observed drooling on an electronic drum machine. Direct Care Staff #2 (DCS2), who was observed standing beside the client, provided no intervention. Approximately one (1) minute later, Client #4 was observed playing with the same drum machine. At 5:00 p.m., Resident #2 was observed drooling on a regular drum. Again, DCS2 provided no intervention by wiping off the drum. At 5:07 p.m., the resident placed his mouth on a small massager before staff intervened by taking the massager and placing the massager back on the table. At 5:12 p.m., Resident #2 was observed with his mouth on the drum. DCS3 provided no redirection. At 5:28 p.m., DCS2 placed all of the recreational games back into the closet without sanitizing the games.  Interview with DCS2 on April 17, 2013, at approximately 6:20 p.m., revealed that all recreational materials should be sanitized daily after use. Further interview revealed that he did not wipe down the recreational games after Resident #2 had drooled on them. Interview with the qualified intellectual disabilities professional #1 (QIDP1) on the same day at approximately 6:50 p.m., revealed that all staff including DCS2 had received training on infection control procedures.  Review of the in-service training records on April 18, 2013, beginning at 11:09 a.m., revealed that all staff including direct support professional (DSP2) received training on infection control procedures on September 21, 2012. Observations on April 17, 2013, however, revealed the training had not been effective.	I 226	Staff has been re-trained on infection control. HM & QIDP will monitor to ensure that staff implements infection control protocol at all times and re-train as necessary. see attached	4/22/13
I 999	FINAL OBSERVATIONS	I 999		

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I 999	Continued From page 4  The following observations were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate actions to prevent potential non-compliant practices:  On April 18, 2013, at 11:05 a.m., observation of the front steps leading to the facility revealed the steps were slightly slanted downward. Interview with the operations manager revealed that the steps would be evaluated to determine any necessary interventions.	I 999	Stairs have been assessed and will be repaired. Facilities mgr will continue quarterly environmental audits to ensure facility adheres to regulations.	4/29/13	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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W 000	INITIAL COMMENTS  A recertification survey was conducted from April 17, 2013 through April 18, 2013. A sample of three clients was selected from a population of five males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.  The findings of the survey were based on observations in the home and two day programs, interviews with, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports.	W 000		
W 189	[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.] 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 staff were effectively trained to manage the provisions outlined in each client's ambulation protocol, for one of the three clients in the sample. (Client #2)  The finding includes:  On April 17, 2013, at 11:25 a.m., Client #2 was observed in the park playing toss with direct support professional (DSP) #1, while seated in a	W 189		

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

*[Signature]* Compliance Supervisor *4/25/13*

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 189	<p>Continued From page 1</p> <p>standard wheelchair. DSP1 (assigned to Client #2) indicated that the wheelchair was used for long distances and on outings. DSP1 then stated that Client #2 needed physical assistance from staff to ambulate due to his severe unsteady gait. At 4:10 p.m., Client #2 arrived home from the day program. The client was observed to walk with an unsteady gait and required physical assistance from staff. DSP1 was then observed to support Client #2 by standing behind him holding both shoulders while the client walked from the front door to the dining room table. At 6:20 p.m., after dinner, DSP2 was observed to assist Client #2 with ambulating by holding the client from behind underneath his arm pits. On April 18, 2013, at approximately 4:00 p.m., DSP5 assisted Client #2 up the front of steps by holding his right hand and his right arm (bicep).</p> <p>On April 18, 2013, at 10:44 a.m., review of Client #2's ambulation protocol dated January 30, 2013, revealed the following:</p> <ul style="list-style-type: none"> <li>- Keep one hand at his pelvis and your other hand at his chest. Your body should be close to his body without interfering with his movements.</li> <li>- Do not try to guard Client #2 's outstretched arms. Avoid holding his arm. This appears to encourage his pulling away from you.</li> <li>- On uneven terrain, provide physical assistance as needed. Keep your hands on the front of his trunk and lateral area of his pelvis without interfering with his movements.</li> </ul> <p>Interview with DSP1 on April 18, 2013, at approximately 3:55 p.m., revealed that he was</p>	W 189			

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W 189	Continued From page 2 trained to stand directly beside the client while supporting the client at the hip. Interview with DSP5 on the same day at approximately 4:05 p.m. revealed that he assisted Client #2 with walking by placing his body next to the client; however, DSP5 assisted Client #2 up the front of steps by holding his right hand and his right arm (bicep).  Review of the facility's staff in-service training record on April 18, 2013, beginning at 11:09 a.m., revealed ambulation protocol training was held on January 30, 2013, and March 6, 2013. According to the trainings, all staff had received training on Client #2's ambulation protocol.  At the time of the survey, there was no evidence that the aforementioned staff had received effective training on Client #2's ambulation protocol.	W 189	QIDP has scheduled a re training on ambulation protocol with physical therapist for all staff. QIDP and house mgr will monitor staff to ensure compliance with protocol and retrain as necessary. 5/9/13
W 436	483.470(g)(2) SPACE AND EQUIPMENT  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a sippy cup recommended for one of three clients in the sample was consistently used. (Client #1)  The finding includes:	W 436	

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W 436	Continued From page 3  On April 17, 2013 at 2:15 p.m., Client #1 independently drank 4 ounces of water, four ounces of Ensure, and then four ounces of Ensure again when offered to him from a regular cup. At 4:26 p.m., Client #1 was observed drinking water independently from a spout cup when presented to him by direct support professional (DSP) #2.  Interview with DSP #1 on April 17, 2013, at 2:19 p.m. revealed that Client #1 drank well. Interview with DSP #2 revealed that the client should drink his beverages from a spout cup.  On April 18, 2013, at 3:10 p.m. review of Client #1's occupational therapy assessment dated April 15, 2013, revealed a recommendation that a sippy cup be provided to Client #3 when drinking to control the flow of liquids being consumed.  At the time of the survey, there was no evidence that Client #1 consistently used the sippy cup as recommended to consume his beverages.	W 436	Staff has been retrained on use of spout cup 4/23/13 Pursuant to OT recommendations. see attached. QIDP and HM will monitor staff to ensure compliance with all protocols and retrain as needed.	
W 454	483.470(l)(1) INFECTION CONTROL  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure recreational materials (i.e. drum, small massager and an electronic beats device) were maintained in a sanitary manner to avoid sources and transmission of infection, for one of three clients in the sample. (Client #2)	W 454		

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W 454	<p>Continued From page 4 The finding includes:</p> <p>On April 17, 2013, at 4:52 p.m. Client #2 was observed drooling on an electronic drum machine. Direct Care Staff #2 (DCS2), who was observed standing beside the client, provided no intervention. Approximately one (1) minute later, Client #4 was observed playing with the same drum machine. At 5:00 p.m., Client #2 was observed drooling on a regular drum. Again, DCS2 provided no intervention by wiping off the drum. At 5:07 p.m., the client placed his mouth on a small massager before staff intervened by taking the massager and placing the massager back on the table. At 5:12 p.m., Client #2 was observed with his mouth on the drum. DCS3 provided no redirection. At 5:28 p.m., DCS2 placed all of the recreational games back into the closet without sanitizing the games.</p> <p>Interview with DCS2 on April 17, 2013, at approximately 6:20 p.m., revealed that all recreational materials should be sanitized daily after use. Further interview revealed that he did not wipe down the recreational games after Client #2 had drooled on them. Interview with the qualified intellectual disabilities professional #1 (QIDP1) on the same day at approximately 6:50 p.m., revealed that all staff including DCS2 had received training on infection control procedures.</p> <p>Review of the in-service training records on April 18, 2013, beginning at 11:09 a.m., revealed that all staff including direct support professional (DSP2) received training on infection control procedures on September 21, 2012. Observations on April 17, 2013, however, revealed the training had not been effective.</p>	W 454	See I 226	4/22/13	

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