

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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2013
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 06	STREET ADDRESS, CITY, STATE, ZIP CODE 7129 7TH STREET, NW WASHINGTON, DC 20011
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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

W 000

A recertification survey was conducted from March 13, 2013 through March 15, 2013. A sample of three clients was selected from a population of six 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 three day programs, interviews with one client, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

Received 4/18/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

W 120 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES

W 120

The facility must assure that outside services meet the needs of each client.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that outside services met individual's need, for one of the three sampled clients with a prescribed modified diet. (Client #3)

The finding includes:

The day program failed to ensure Client #3's prescribed modified diet was implemented in accordance with the physician's orders (POs), as evidenced below:

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

Matthew Thomas

TITLE

Vice President

(X6) DATE

4/3/13

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 120 Continued From page 1

W 120

Evening observations conducted on March 13, 2013, at 4:52 p.m., revealed Client #3 appeared to be above average height (approximately 6'0") with a very slim body stature. At 5:50 p.m., Client #3 was served a double portion diet which consisted of fried chicken, peas, mash potatoes, bread and a beverage during dinner. The client consumed 100% of the chicken, approximately 80% of peas, and less than 10% of mash potatoes. The client was also observed to drink an 8 ounce can of Ensure. Direct support staff #1 (DSS #1) stated that Client #3 received double portions during meals/snacks and was an extremely picky eater. Continued evening observations revealed Client #3 was observed to walk back and forth throughout the facility until he received his medications at 6:48 p.m.

Observations conducted at the day program on March 14, 2013, beginning at 11:25 a.m., revealed Client #3 walked throughout the facility for approximately one hour. Day Program Staff #1 (DPS#1) working directly with Client #3, verbally encouraged the client to eat his lunch meal on several occasions. At 12:38 p.m., interview with DPS#1 revealed that Client #3 would not eat his lunch until the majority of clients had left the cafeteria. DPS#1 stated that the client like to eat by himself and was a very picky eater. At 12:55 p.m., the client sat down at the table in the cafeteria to eat his lunch which consisted of regular portions of meat sauce with noodles, spinach, wheat bread and a beverage. Client #3 ate all of the spinach, a small piece of wheat bread and threw the remainder of his food in the trashcan.

W 120		
- A case conference was held at Client #3's Day Program on 04/01/13 to discuss the survey findings.		04/01/13
- The Registered Nurse (RN) of the day program will re-train staff on Client #3's diet plan		04/01/13
- The facility's Qualified Intellectual Disabilities Professional (QIDP) will on a quarterly basis monitor Client#3 at the day program to ensure that all habilitation plans are implemented as specified.		04/01/13

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W 120	Continued From page 2 Review of Client #3's record on March 14, 2013, beginning at 2:40 p.m., revealed physician's orders (POs) dated March 2013. The POs revealed Client #3 was prescribed Ensure Plus, one can three times day, 2-3 grams of sodium and double portions at each meal and snacks. Interview with registered nurse #1 (RN #1) on March 14, 2013, at approximately 3:30 p.m., confirmed that Client #3 should be given double portions and ensure during every meal to help maintain his ideal body weight due to being very active and a picky eater. A telephone interview was conducted with day program staff #1(DPS #1) on March 15, 2013, at 11:40 a.m. to ascertain why Client #3 was not served double portions during lunch time on March 14, 2013. DPS #1 stated that she was not aware that Client #3 was to be served double portions during meals until she verified it on the day program's current POs.	W 120	
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 staff was effectively trained to manage the provisions outlined in each client's nutritional assessment, for one of the three clients in the sample. (Client #3) The finding includes:	W 189	

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W 189 Continued From page 3

W 189

The facility failed to ensure Client #1 was offered vegetables prior to being given low sodium V8 juices in accordance with the nutritional assessment, as evidenced below:

On March 13, 2013, beginning at 5:50 p.m., dinner observations revealed Client #1 was served fried chicken, mash potatoes, bread, low sodium V8 juice and a beverage for dinner. At no time was the client offered vegetables during dinner. At 6:10 p.m., the client consumed 100% of food and beverages. When asked approximately five minutes later, direct support staff (DSS #2) stated that when Client #2 refused his vegetables, low sodium V8 juice was used as a substitute.

On March 15, 2013, beginning at 9:15 a.m., review of Client #1's nutritional assessment dated June 14, 2012, recommended that "low sodium V8 should be substituted when he [client] refuses vegetables." At approximately 11:50 a.m., interview with house manager #1 (HM #1), who prepared the dinner meal on March 13, 2013, revealed that she did not offer Client #1 vegetables prior to giving him the V8 juice. HM #1 stated because of his known refusal to eat vegetables, without thinking, we provided the V8 juice with his meals.

On March 15, 2013, at approximately 12:10 p.m., review of the staff in-service training records revealed that all staff had received training on Client #3's nutritional needs. Observations on March 13, 2013, however, indicated that the training had not been implemented or effective.

W 249 483.440(d)(1) PROGRAM IMPLEMENTATION

W 249

W 189	- Staff have been re-trained on Client #1's diet plan, choice making, and dignity of risk.	04/01/13
	- Staff shall be trained quarterly on all diet orders to ensure efficient implementation	04/01/13
	- The facility's House Manager will on a monthly basis observe staff during mealtime to ensure compliance with all diet orders	04/01/13

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W 249	Continued From page 4 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to ensure each client's communication training program was implemented consistently, for one of the three clients in the sample. (Client #1) The finding includes: On March 13, 2013, at 4:40 p.m., the surveyor spoke to Client #1 while he sat at the dining table, but the the client did not verbally respond. Interview with direct support staff #1 (who was assigned to Client #1) revealed the client was non-verbal. Staff #1 stated that Client #1 communicated through gestures. Client #1 was observed at his day program. Again, he was observed to communicate through gestures. On March 15, 2013, beginning at 10:24 a.m., review of Client #1's individual support plan (ISP) dated July 25, 2012, revealed the client had a "Voice Output Device" used to enhance communication skills. Further review revealed the client had a formal communication training program, as follows: "Given verbal prompts,	W 249		

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W 249 Continued From page 5 W 249

[client's name] will identify pictures on his communication device (Pocket Go-Talk Device) with 80% accuracy." Client #1 however, was not observed using the communication device during the observation periods noted above.

Interview with house manager #1 (HM #1) on March 15, 2013, at approximately 12:20 p.m., revealed that Client #1's communication device was recommended to increase his functional communicational skills. Further interview revealed that the communication device was to be used as part of Client #1's habilitation (goals and objectives) at the day program and in the home. HM #1 stated that the communication device was not used during the survey process.

At the time of the survey, there was no evidence documented that staff encouraged and/or implemented Client #1's communication goal, as recommended.

<p>W 249</p> <ul style="list-style-type: none"> - A case conference was held at Client #1's day program to discuss the findings of the survey 	04/01/13
<ul style="list-style-type: none"> - The facility's QIDP will conduct quarterly visits to Client #1's day program to monitor the use of the Go-Talk device, and implementation of functional communication goals 	04/01/13

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2013
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1 000	INITIAL COMMENTS A licensure survey was conducted from March 13, 2013 through March 15, 2013. A sample of three residents was selected from a population of six males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and three day programs, interviews with one resident, direct support staff, nursing and administrative staff, 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.]	1 000	
1 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that modified diets were served as prescribed, for one of the three residents included in the sample. (Resident #3) The finding includes: The day program failed to ensure Resident #3's prescribed modified diet was implemented in accordance with the physician's orders (POs), as evidenced below:	1 042	

Health Regulation & Licensing Administration

M. White Thomas
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Vice President

(X6) DATE

4/3/13

STATE FORM

0859

K9WM11

If continuation sheet 1 of 5

Health Regulation & Licensing Administration

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I 042	Continued From page 1	I 042		
	<p>Evening observations conducted on March 13, 2013, at 4:52 p.m., revealed Resident #3 appeared to be above average height (approximately 6'0") with a very slim body stature. At 5:50 p.m., Resident #3 was served a double portion diet which consisted of fried chicken, peas, mash potatoes, bread and a beverage during dinner. The resident consumed 100% of the chicken, approximately 80% of peas, and less than 10% of mash potatoes. The resident was also observed to drink an 8 ounce can of ensure. Direct support staff #1 (DSS #1) stated that Resident #3 received double portions during meals/ snacks and was an extremely picky eater. Continued evening observations revealed Resident #3 was observed to walk back and forth throughout the GHIID until he received his medications at 6:48 p.m.</p> <p>Observations conducted at the day program on March 14, 2013, beginning at 11:25 a.m., revealed Resident #3 walked throughout the GHIID for approximately one hour. Day Program Staff #1 (DPS#1) working directly with Resident #3, verbally encouraged the resident to eat his lunch meal on several occasions. At 12:38 p.m., interview with DPS#1 revealed that Resident #3 would not eat his lunch until the majority of residents had left the cafeteria. DPS#1 stated that the resident like to eat by himself and was a very picky eater. At 12:55 p.m., the resident sat down at the table in the cafeteria to eat his lunch which consisted of regular portions of meat sauce with noodles, spinach, wheat bread and a beverage. Resident #3 ate all of the spinach, a small piece of wheat bread and threw the remainder of his food in the trashcan.</p> <p>Review of Resident #3's record on March 14,</p>			

Health Regulation & Licensing Administration

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I 042	Continued From page 2 2013, beginning at 2:40 p.m., revealed physician's orders (POs) dated March 2013. The POs revealed Resident #3 was prescribed Ensure Plus, one can three times day, 2-3 grams of sodium and double portions at each meal and snacks. Interview with registered nurse #1 (RN #1) on March 14, 2013, at approximately 3:30 p.m., confirmed that Resident #3 should be given double portions and ensure during every meal to help maintain his ideal body weight due to being very active and a picky eater. A telephone interview was conducted with day program staff #1(DPS #1) on March 15, 2013, at 11:40 a.m. to ascertain why Resident #3 was not served double portions during lunch time on March 14, 2013. DPS #1 stated that she was not aware that Resident #3 was to be served double portions during meals until she verified it on the day program's current POs.	I 042	<ul style="list-style-type: none"> - A case conference was held at Client #3's Day Program on 04/01/13 to discuss the survey findings. 04/01/13 - The Registered Nurse (RN) of the day program will re-train staff on Client #3's diet plan 04/01/13 - The facility's Qualified Intellectual Disabilities Professional (QIDP) will on a quarterly basis monitor Client#3 at the day program to ensure that all habilitation plans are implemented as specified. 04/01/13 	
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record review, the group for individuals with intellectual disabilities (GHIID) staff failed to ensure each resident's communication training program was implemented consistently, for one of the three residents in the sample. (Resident #1) The finding includes: Based on observation, interview and record review, the GHIID staff failed to ensure each resident's communication training program was	I 422		

Health Regulation & Licensing Administration

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I 422	<p>Continued From page 3</p> <p>implemented consistently, for one of the three residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>On March 13, 2013, at 4:40 p.m., the surveyor spoke to Resident #1 while he sat at the dining table, but the the resident did not verbally respond. Interview with direct support staff #1 (who was assigned to Resident #1) revealed that the resident was non-verbal. Staff #1 stated that Resident #1 communicated through gestures. On March 14, 2013, between 10:29 a.m. - 11:17 a.m., Resident #1 was observed at his day program. Again, he was observed to communicate through gestures.</p> <p>On March 15, 2013, beginning at 10:24 a.m., review of Resident #1's individual support plan (ISP) dated July 25, 2012, revealed the resident had a "Voice Output Device" used to enhance communication skills. Further review revealed the resident had a formal communication training program, as follows: "Given verbal prompts, [resident's name] will identify pictures on his communication device (Pocket Go-Talk Device) with 80% accuracy." Resident #1 however, was not observed using the communication device during the observation periods noted above.</p> <p>Interview with house manager #1 (HM #1) on March 15, 2013, at approximately 12:20 p.m., revealed that Resident #1's communication device was recommended to increase his functional communicational skills. Further interview revealed that the communication device was to be used as part of Resident #1's habilitation (goals and objectives) at the day program and in the home. HM #1 stated that the communication device was not used during the</p>	I 422		
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Health Regulation & Licensing Administration

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I 422 Continued From page 4

survey process.

At the time of the survey, there was no documented evidence that staff encouraged and/or implemented Resident #1's communication goal, as recommended.

I 422

I 422

- A case conference was held at Client #1's day program to discuss the findings of the survey
- The facility's QIDP will conduct quarterly visits to Client #1's day program to monitor the use of the Go-Talk device, and implementation of functional communication goals

04/01/13

04/01/13