

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

PRINTED: 06/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2013
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 03	STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, 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 May 20, 2013 through May 23, 2013. A random sample of three clients was selected from a population of three females and two 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, interview with direct support staff, nursing and administrative staff, and a surrogate decision-maker/family member, 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.]	W 000		
W 455	483.470(I)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure infection control measures were maintained during snack time for two of the three clients in the sample. (Clients #2 and #3) The finding includes: On May 20, 2013 at 5:09 p.m., Direct Support Personnel (DSP) #7 served both Client #2 and	W 455	All staff have been trained in universal precautions as required (please see attached). Nonetheless refresher training has been scheduled by RN, QIDP, RN and HTI will continue to observe staff on a regular basis to ensure all training is being implemented as mandated	6/2/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE COMPLIANCE SUPERVISOR	(X6) DATE 6/12/13
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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 455	<p>Continued From page 1</p> <p>Client #3 a whole apple, cut into approximately twelve bite size pieces, placed on small plates. At 5:12 p.m., Client #2 was observed drooling from her mouth and eating her apple pieces with her fingers. Client #2 then raked approximately eight pieces of Client #3's bite sized apple from his plate into her plate and ate them. Client #3 was allowed to eat the remaining pieces of apple on his plate that Client #2 touched. Neither Client #2 nor Client #3 received intervention from staff.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on May 21, 2013 at approximately 10:00 a.m., revealed all staff were trained on infection control during their initial orientation. Interview with the house manager on May 22, 2013, at approximately 4:40 p.m. revealed Client #3 should have been offered a replacement of the same snack taken by Client #2 or a snack with similar nutritional value.</p> <p>At the time of the observation, the facility failed to ensure infection control measures were implemented when the Clients #2 and #3 ate their snacks.</p>	W 455		6/20/13	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2013
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 03		STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017		
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I 000	INITIAL COMMENTS A licensure survey was conducted from May 20, 2013 through May 23, 2013. A random sample of three residents was selected from a population of three females and two males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and three day programs, interview with direct support staff, nursing and administrative staff, and a surrogate decision-maker/family member, 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 group home for individuals with intellectual disabilities (GHIID) failed to maintain the environment in accordance with the needs of five of the five residents in the facility. (Residents #1, #2, #3, #4 and #5) The findings include: On May 22, 2013 at 3:37 p.m., the home manager accompanied the surveyor through the	I 090		

Health Regulation & Licensing Administration

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

TITLE COMPLIANCE SUPERVISOR

(X6) DATE

01/12/13

STATE FORM

6899

SDU411

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

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1 090	<p>Continued From page 1</p> <p>facility to conduct an inspection of the environment and acknowledged the concerns identified within this report.</p> <p>1. The footrest on the recliner located in the living room was broken. The misalignment caused the left side of the footrest to hang several inches lower than the right side when it was in the extended position.</p> <p>2. There were several holes in the drywall of the laundry room, which were located near the floor.</p>	1 090	<p>Replacement recliner has been requisitioned (see attached) and will be received by 6/23/13</p> <p>Holes in the laundry room have been repaired.</p> <p>Facilities manager will continue to conduct environmental audits to ensure facilities are maintained as mandated.</p>	<p>6/23/13</p> <p>6/10/13</p>