STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G151	A. BUILDING _____ B. WING _____	09/27/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLISTIC 08	1600 FRANKLIN STREET, NE WASHINGTON, DC 20017

(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
W 000	INITIAL COMMENTS A recertification survey was conducted from September 24, 2013 through September 27, 2013. A sample of three clients was selected from a population of five females 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, interviews with one client, direct support staff and nursing staff. Note: The below are abbreviations that may appear throughout the body of this report Behavior Support Plan - BSP Department of Health - DOH Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID Health Regulation and Licensing Administration - HRLA Incident Management Coordinator - IMC Individual Support Plan - ISP Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Qualified Intellectual Disabilities Professional - QIDP	W 000	Received DOH 10/27/13	
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.	W 124		

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

COMPLIANCE SUPERVISOR 10/27/13

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 124	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients' guardians were informed of the risks and benefits of clients' psychotropic medications, for one of three clients in the sample. (Client #3) The finding includes: On September 24, 2013, at 7:40 p.m., Client #3 was observed to be administered Zyprexa 15 milligram. Interview with the licensed practical nurse (LPN) #1 at 7:41 p.m., revealed the client was prescribed Zyprexa for behavior management. On September 27, 2013, at 1:12 p.m., review of Client #3's psychological assessment dated December 8, 2012, revealed that the client lacked the capacity to grant, refuse, or withdraw consent to any ongoing medical treatment; therefore, a guardian was assigned by a court of law to represent the client's medical and treatment needs. On September 27, 2013, at approximately 1:30 p.m., review of consent forms in Client #3's chart revealed no evidence that the guardian was aware of the aforementioned medication. When interviewed on September 27, 2013, at approximately 3:00 p.m., the qualified intellectual disabilities professional (QIDP) #1 revealed that the guardian was aware of the prescribed medication dosage, but it was not documented in	W 124	HM and QIDP will ensure that all consent documentation is filed in the medical books and available for review upon request. Clinical team will review medical books on at least a quarterly basis to ensure all documentation is filed appropriately Please see attached consent signed by medical guardian 9/27/13	

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W 124	Continued From page 2 the medical book.	W 124		
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's nursing staff failed to ensure client self-management during the medication administration process, for one of three clients in the sample. (Client #1) The finding includes: On September 24, 2013, beginning at 3:40 p.m., Client #1 was observed watering the garden outside. While watering the garden, Client #1 stated that she planted the flowers in the garden. At 3:52 p.m., Client #1 retrieved a book and stated she was going to sit outside on the deck to read. Interview with the qualified intellectual disabilities professional (QIDP). confirm that Client #1 knew how to read. Observation of the medication administration beginning at 6:58 p.m., revealed the licensed practical nurse (LPN #2) prepared Client #1's medications. The LPN #2 punched Client #1's medications into a medication cup. The LPN then handed the client the medications. Record review on September 27, 2013, at approximately 4:00 p.m., revealed a self medication assessment dated September 19, 2013. The assessment indicated that Client #1	W 247	Client # 1 has had a medication administration programme implemented. Client # 1 participates in monitoring of her finger stick readings with assistance from staff. Client # 1 also participates in an additional programme to apply medication. QIDP will ensure that IPP includes opportunities for choice and self management will cross reference all self medication assessments to allow clients to exercise independence in	10/1/13

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W 247	Continued From page 3 was independently able to self medicate by opening open her medication container (medication bubble pack) and remove medications. Interview with LPN #2 on September 24, 2013, at approximately 7:05 p.m., revealed that Client #1 was able to punch her own medications from the medication bubble pack. At the time of the survey, facility staff failed to allow clients to exercise independence in the administration of medication.	W 247	the administration of Medications	
W 393	483.460(n)(1) LABORATORY SERVICES If a facility chooses to provide laboratory services, the laboratory must meet the requirements specified in part 493 of this chapter. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure it met the requirements for performing glucose monitoring testing, for clients in the facility whose blood glucose was being tested by facility staff, for one of the five clients in the facility. (Client #1) The finding includes: During the medication administration on September 24, 2013, at 7:04 p.m., Client #1 was observed to received Florastor, Demeclocycline and Calcium. At 8:15 p.m., a medication verification was conducted, which revealed Client #1 received finger sticks three times a day to test her blood sugar.	W 393		

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W 393	Continued From page 4 Interview with the facility's registered nurse (RN) #1 and licensed practical nurse (LPN) #1 on September 26, 2013. at approximately 2:00 p.m., revealed that the provider did not have a certificate of waiver as required by part 493 of the Clinical Laboratory Improvement Act (CLIA) to perform glucose monitoring in the facility. Further review revealed that they will start the process to obtain a CLIA certificate immediately. The facility failed to retrieve a clinical laboratory improvement amendment (CLIA) certificate prior to conducting laboratory testing.	W 393	QIDP has completed the form requesting certificate of waiver and main office has sent in application. Compliance supervisor will ensure that all appropriate waives and certifications are will be procured to ensure regulatory compliance	9/25/13

Health Regulation & Licensing Administration

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	HFD03-0172	A. BUILDING: _____ B. WING _____	09/27/2013

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I 000	INITIAL COMMENTS A licensure survey was conducted from September 24, 2013 through September 27, 2013. A sample of three residents was selected from a population of five females with varying degrees of intellectual disabilities. The survey findings determined that the facility was in compliance with Chapter 35 Regulations. There were no deficiencies cited.	I 000		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: COMPLIANCE SUPERVISOR — (X6) DATE: 10/27/13