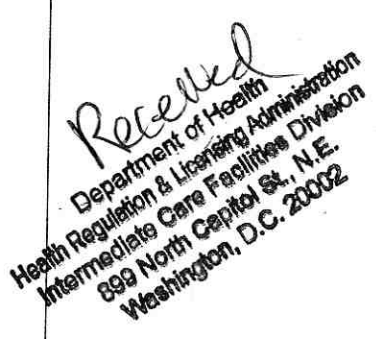


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/17/2013
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 02			STREET ADDRESS, CITY, STATE, ZIP CODE 1226 LAWRENCE 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 July 15, 2013 through July 17, 2013. A sample of three clients was selected from a population of six males with various intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations in the home and at two day programs, interviews with one guardian, 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.]	W 000			
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the timely provision of a medication prescribed to treat an infection for two of three clients in the sample. (Clients #1 and #2) The findings include: 1. During the verification of the medication administration on July 15, 2013, at 6:53 p.m., review of the medication administration record (MAR) revealed Client #1 had also received Cipro 500 mg via G-tube twice a day for ten days, which ended on July 10, 2013. The concurrent review of	W 322			

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

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(X6) DATE

COMPLIANCE SUPERVISOR

8/2/13

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 322	<p>Continued From page 1</p> <p>a physician's order dated July 1, 2013, revealed the client was prescribed the Cipro for a G-tube site infection.</p> <p>The supervisory registered nurse (RN) #1 was interviewed on July 16, 2013, at 2:05 p.m., to ascertain why Client #1 was prescribed Cipro 500 mg. According to supervisory RN #1, a licensed practical nurse reported that Client #1's G-tube site had a small amount of drainage on June 18, 2013.</p> <p>On July 16, 2013 at 2:08 p.m., review of a laboratory report confirmed that a culture was obtained on June 18, 2013. The results of the culture were reported on June 21, 2013 and revealed a bacterial growth of pseudomonas aeruginosa. It should be noted that on July 1, 2013 (nine days later), Cipro 500 mg was prescribed.</p> <p>Further interview with supervisory RN #1 on July 16, 2013, at 2:09 p.m., confirmed Client #1 did not receive medication to treat the pseudomonas aeruginosa until nine days after the results of the test were obtained by the laboratory. According to supervisory RN #1, the protocol was that the laboratory reports the results of tests directly to the primary care physician. Further discussion with supervisory RN #1, however indicated she was not informed of the actual date the laboratory results were received.</p> <p>At the time of the survey, the facility failed to provide evidence that timely measures were implemented to address Client #1's G-tube infection.</p> <p>2. On July 17, 2013, at 1:25 p.m., review of a nursing progress note dated January 14, 2013 (4:00 p.m.), revealed Client #2 returned from the day program with purulent discharge from both</p>	W 322	<p>See F 401</p>		<p>8/17/13</p>

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W 322	<p>Continued From page 2</p> <p>eyes. The primary care physician (PCP) was informed and gave a telephone order for Tobradex, 2 drops in both eyes for 7 days; the order was faxed to the pharmacy.</p> <p>On July 17, 2013, at 1:28 p.m., review of a physician's order dated January 14, 2013, confirmed that Client #2 was prescribed Tobradex Ophthalmic solution, one drop to each eye twice daily for seven days for an eye infection. The corresponding medication administration record, however revealed that the client was not administered the first dosage of Tobradex Ophthalmic solution drops until January 18, 2013 (4 days later).</p> <p>Interview with supervisory RN #1 on July 17, 2013, at 2:35 p.m., revealed Client #2 was having a problem with his medical insurance when the medication was prescribed, therefore the contract pharmacy did not provide the medication promptly. Further discussion with supervisory RN #1 confirmed that Client #2 did not receive the initial dose of the prescribed eye drops to treat the infection until January 18, 2013, four day after it was prescribed.</p> <p>At the time of the survey, the facility failed to provide evidence that timely measures were implemented to address Client #2's eye infection.</p>	W 322			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/17/2013
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1 000	INITIAL COMMENTS A licensure survey was conducted from July 15, 2013 through July 17, 2013. A sample of three residents was selected from a population of six males with various intellectual disabilities. The findings of the survey were based on observations in the home and at two day programs, interviews with one guardian, 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			
1 060	3502.18 MEAL SERVICE / DINING AREAS Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHIID) failed to ensure perishable foods were stored at the proper temperature, for six of the six residents residing in the facility. (Residents #1, #2, #3, #4, #5, and #6) The finding includes: On July 17, 2013, at 10:08 a.m., observation of the thermometer in the kitchen refrigerator revealed the temperature measured 48 degrees Fahrenheit (F.). Further observation of the	1 060	Temperature control settings adjusted and readings on 7/24/13 and 7/30/13 were 39 degrees and 38 degrees respectively. HM and QIDP will continue to monitor weekly to ensure that appropriate temperature is maintained in the refrigerator.	7/30/13	

Health Regulation & Licensing Administration

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STATE FORM

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COMPLIANCE SUPERVISOR

8/2/13

6899

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If continuation sheet 1 of 6

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/17/2013
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I 060	<p>Continued From page 1</p> <p>refrigerator revealed it contained perishable foods, including, milk, eggs, fresh fruits, and vegetables.</p> <p>On July 17, 2013, at 10:09 a.m., the operations manager (OM) #1, instructed HM #1 to purchase a new thermometer for the refrigerator to verify that the refrigerator was maintaining the proper temperature.</p> <p>On July 17, 2013, at approximately 1:30 p.m., HM #1 was observed with a new thermometer which he stated would be immediately placed in the kitchen refrigerator. When checked at 5:20 p.m., the new thermometer measured 48 degrees F. According to HM #1, the refrigerator was new, and the control on the refrigerator was set at the level recommended by the manufacturer.</p> <p>Review of the facility's policy on Infection Control, on the same day at 5:35 p.m., revealed "Refrigeration equipment shall maintain a temperature of 40 degrees [Fahrenheit] or below." Concurrent review of the District of Columbia standard for refrigeration temperatures (25 DCMR, Food and Food Service Regulations) revealed refrigerators should be maintained between 36 degrees and 41 degrees Fahrenheit.</p> <p>At the time of the survey, the facility failed to ensure the refrigerator temperature was maintained within the required range.</p>	I 060			
I 090	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be</p>	I 090			

Health Regulation & Licensing Administration

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I 090	<p>Continued From page 2</p> <p>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 six of six residents in the facility. (Residents #1, #2, #3, #4, 5 and #6)</p> <p>The findings include:</p> <p>On July 17, 2013, beginning at 9:16 a.m., the agency's operations manager (OM) #1 and home manager (HM) #1 accompanied the surveyor to conduct an inspection of the environment.</p> <p>Observation of the backyard on July 17, 2013, at 9:19 a.m., revealed one of the large trash cans in the backyard had a found hole in it near the top, which was approximately two inches in diameter. Another of the trash cans was noted to have a long horizontal crack across the front of it. The damaged areas on the trash cans created potential entrances for rodents and pests.</p> <p>Interview with OM #1 and HM #1 on July 17, 2013, at 9:21 a.m., revealed trash is collected twice a week (Wednesdays and Thursdays). OM #1 acknowledged, however, that the aforementioned trash cans were not in adequate condition to prevent potential access for rodents and pests.</p>	I 090	<p>Replacement trash cans ordered and received. Environmental audit will ensure that all trashcans are in good condition on a regular basis. Please see attached receipts.</p>	8/1/13	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS	I 401			

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I 401	<p>Continued From page 3</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure the timely provision medication prescribed to treat an infection for two of three residents in the sample. (Residents #1 and #2).</p> <p>The findings include: 1. During the verification of the medication administration on July 15, 2013, at 6:53 p.m., review of the medication administration record (MAR) revealed Resident #1 had also received Cipro 500 mg via G-tube twice a day for ten days, which ended on July 10, 2013. The concurrent review of a physician's order dated July 1, 2013, revealed the resident was prescribed the Cipro for a G-tube site infection.</p> <p>The supervisory registered nurse (RN) #1 was interviewed on July 16, 2013, at 2:05 p.m., to ascertain why Resident #1 was prescribed Cipro 500 mg. According to supervisory RN #1, a licensed practical nurse reported that Resident #1's G-tube site had a small amount of drainage on June 18, 2013.</p> <p>On July 16, 2013 at 2:08 p.m., review of a laboratory report confirmed that a culture was obtained on June 18, 2013. The results of the culture were reported on June 21, 2013 and revealed a bacterial growth of pseudomonas aeruginosa. It should be noted that on July 1, 2013 (nine days later), Cipro 500 mg was</p>	I 401			

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I 401	<p>Continued From page 4</p> <p>prescribed.</p> <p>Further interview with supervisory RN #1 on July 16, 2013, at 2:09 p.m., confirmed Resident #1 did not receive medication to treat the pseudomonas aeruginosa until nine days after the results of the test were obtained by the laboratory. According to supervisory RN #1, the protocol was that the laboratory reports the results of tests directly to the primary care physician. Further discussion with supervisory RN #1, however indicated she was not informed of the actual date the laboratory results were received.</p> <p>At the time of the survey, the facility failed to provide evidence that timely measures were implemented to address Resident #1's G-tube infection.</p> <p>2. On July 17, 2013, at 1:25 p.m., review of a nursing progress note dated January 14, 2013 (4:00 p.m.), revealed Resident #2 returned from the day program with purulent discharge from both eyes. The primary care physician (PCP) was informed and gave a telephone order for Tobradex, 2 drops in both eyes for 7 days; the order was faxed to the pharmacy.</p> <p>On July 17, 2013, at 1:28 p.m., review of a physician's order dated January 14, 2013, confirmed that Resident #2 was prescribed Tobradex Ophthalmic solution, one drop to each eye twice daily for seven days for an eye infection. The corresponding medication administration record, however revealed that the client was not administered the first dosage of Tobradex Ophthalmic solution drops until January 18, 2013 (4 days later).</p> <p>Interview with supervisory RN #1 on July 17,</p>	I 401	<p>Per lab it takes 5 days to get full results from swab culture tests. Results are reported directly to PCP. Nurses will be retrained to ensure follow up with PCP within 5 days and to document all efforts to achieve timely medication prescription.</p> <p>Nurses will be retrained to continue to document follow up with PCP to pursue timely acquisition of all necessary authorization for pharmacy medication.</p>	8/17/13	8/17/13

Health Regulation & Licensing Administration

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I 401	Continued From page 5 2013, at 2:35 p.m., revealed Resident #2 was having a problem with his medical insurance when the medication was prescribed, therefore the contract pharmacy did not provide the medication promptly. Further discussion with supervisory RN #1 confirmed that Resident #2 did not receive the initial dose of the prescribed eye drops to treat the infection until January 18, 2013, four day after it was prescribed. At the time of the survey, the facility failed to provide evidence that timely measures were implemented to address Resident #2's eye infection.	I 401			