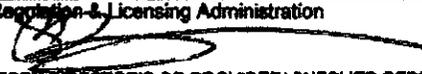


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/15/2011
NAME OF PROVIDER OR SUPPLIER  WHOLISTIC HOME & COMMUNITY BASED SE		STREET ADDRESS, CITY, STATE, ZIP CODE 1448 ROXANNA ROAD NW WASHINGTON, DC 20012		
(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) COMPLETE DATE
I 000	INITIAL COMMENTS  A licensure survey was conducted June 15, 2011. A random sample of two residents was selected from a resident population of four men.  The survey findings was based on observations in the home, interviews with administrative, nursing and direct care staff, as well as a review of resident and administrative records, including incident reports.	I 000	<p><i>Received 7/29/11</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>	
I 379	3519.10 EMERGENCIES  In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially i interferes with a resident' s health, welfare, living arrangement well- being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within; twenty-four (24) hours or the next work day.  This Statute is not met as evidenced by: Based on interview and record review the Group Home for Persons with Individual Disabilities (GHPID) failed to ensure unusual incidents that interfered substantially with the resident's health was reported immediately to the Department of Health, Health Regulations Licensing Administration (DOH/HRLA), in accordance with district law (22 DCMR, Chapter 35, Section 3519.10), for one of the two residents included in the sample. (Residents #1 and #4)  The findings include:	I 379		

Health Regulation & Licensing Administration



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

COMPLIANCE SUPERVISOR 6/29/11

TITLE

(X6) DATE

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/15/2011
NAME OF PROVIDER OR SUPPLIER  WHOLISTIC HOME & COMMUNITY BASED SE		SREET ADDRESS, CITY, STATE, ZIP CODE 1448 ROXANNA ROAD NW WASHINGTON, DC 20012		
(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) COMPLETE DATE
I 379	<p>Continued From page 1</p> <p>1. A review of the facility's incident reports on June 15, 2011, beginning at approximately 11:07 a.m. revealed Resident #1 was involved in an incident dated September 16, 2010. According i to the report, the resident had just been ' discharged from the hospital on September 16, ' 2010. Interview with the GHPID's Registered Nurse (RN) on June 16, 2011 beginning at approximately 2:10 p.m., revealed Resident#1's: vital signs were taken when he returned home from the hospital and revealed the resident had a temperature of 101.6. as a result the resident was transported to another local emergency room for further evaluation. Resident #1 was admitted to the hospital on September 17, 2010 with a diagnosis of Pneumonia.</p> <p>3519.10 EMERGENCIES</p> <p>At the time of the survey, the GHPID failed to ensure the Department of Health, Health Regulations and Licensing Administration Division (DOH/HRLA ) was notified of this incident within twenty-four hours.</p> <p>2. A review of the facility's incident reports on June 15, 2011, beginning at approximately 11:07 a.m. revealed Resident #4 was involved in an incident dated April 19, 2011. According to the report, the resident had three seizures, one at 9:10 am., 9:15 a.m. and 10:21 am. Further review of the incident report revealed the resident was transported to the emergency room.</p> <p>Review of the incident report indicated it had been reported to DOH/HRLA, however, there was no evidence of the incident being reported in the DOH's incident tracking system.</p>	I 379	<p><b>I 379: 1 &amp; 2</b></p> <ul style="list-style-type: none"> <li>- The facility's Incident Management Coordinator (IMC) will re-train staff on incident reporting, with emphasis on all agencies to be notified.</li> <li>- The facility will put together a telephone checklist and fax numbers of all agencies and governing entities to be notified of an incident.</li> <li>- Staff will be trained semi-annually or as needed on incident management policies and procedures</li> <li>- The facility's House Manager (HM) and Qualified Developmental Disability Professional (QDDP) will on a monthly basis conduct internal audits of all incident reports to ensure compliance with state and federal guidelines</li> </ul>	<p>06/28/11</p> <p>06/28/11</p> <p>07/14/11</p> <p>07/14/11</p>

Health Regulation & Licensing Administration

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

*COMPLIANCE SUPERVISOR*

TITLE

*6/21/11*  
(X6) DATE