

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

PRINTED: 09/29/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2008
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC SERVICES, I	STREET ADDRESS, CITY, STATE, ZIP CODE 5310 C STREET, SE WASHINGTON, DC 20019
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W 000	INITIAL COMMENTS An initial certification survey was conducted from September 15, 2008 through September 16, 2008 utilizing the full survey process. A random sample of three clients was selected from a population of six females with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home and three day programs, interviews with clients and staff, and the review of clinical and administrative records including incident reports.	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES 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 the needs of one of the two clients included in the sample. (Client #1) The finding includes: On September 15, 2008 at 11:30 AM, Client #1 was observed at her day program having lunch. The lunch consisted of chopped meat loaf, and string beans, peas, whole wheat bread, applesauce, apple juice and milk. The other clients in the classroom lunch consisted of meat loaf, string beans, and rice, etc. Interview with the direct care staff indicated that the client's diet was "no starch and finely chopped meats". Further interview with the lead kitchen staff indicated that the client received a 1200 reducing	W 120	Received 10/16/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 See W159	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mirita Thomas</i>	TITLE <i>Vice President</i>	(X6) DATE <i>10/14/08</i>
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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 120	Continued From page 1 no added salt, low fat, low cholesterol bite size, finely chopped meat, diet. Interview with the Qualified Mental Retardation Professional (QMRP) and Registered Nurse (RN) on September 16, 2008 at approximately 4:00 PM revealed that the client's diet was changed on August 3, 2008 to low fat, low cholesterol, high fiber chopped diet. Review of the client's current physician orders concurred with QMRP and RN.	W 120	
W 148	There was no evidence that the day program staff implemented Client #1's diet as ordered. 483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to notify parents or guardians of significant incidents for one of the three clients included in the sample. (Client #3) The finding includes: Review of the facility's unusual incident reports and investigative reports on September 15, 2008 at 9:00 AM, revealed that the facility failed to notify Client #3's guardian immediately of the following incident: On September 12, 2008, staff discovered a bruise on Client #3's right arm.	W 148	The facility will ensure that all incidents are reported to appropriate people. Staff will will be retrained on this matter. Where applicable fax confirmation sheets will be maintained to support our efforts. Training Schedule for 10/21. 10/21/08

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W 153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all unusual incidents including injuries of unknown origin were reported immediately to the administrator and other officials according to district law (22 DCMR, Chapter 35, Section 3519.10) one of the four clients residing in the facility. (Client #4)</p> <p>The finding includes:</p> <p>Interview with the facility's Qualified Mental Retardation Professional (QMRP) and review of the facility's incidents reports, including available corresponding investigative reports, on September 15, 2008 at 9:00 AM revealed the following:</p> <p>On January 8, 2008, staff discovered a bruise on Client #3's right arm. Continued review of the facility's incidents failed to provide evidence that the incident was reported immediately to other officials in accordance with State law.</p>	W 153	<p>In January 08, another provider operated this facility. Wholistic took over operations June 27th 2008. We shall inform and train staff to implement this regulation accordingly.</p>	10/14/08
W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>	W 159		

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W 159	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP).</p> <p>The findings include:</p> <ol style="list-style-type: none"> The QMRP failed to ensure that day program was provided with current dietary order. [See W120] The QMRP failed to ensure that clients received continuous active treatment to support achievement of individual program plan (IPP) objectives identified by the interdisciplinary team. [See W249] 	W 159	<p>Client # 1's DAY PROGRAM is provided with a copy of the POS on a monthly basis. They also sign a delivery sheet to acknowledge that the POS was received. In addition, QMRP & HM shall conduct monthly visits to ensure adherence to client #1's POS.</p> <p>See W249</p>	10/14/08
W 194	<p>453.430(e)(4) STAFF TRAINING PROGRAM</p> <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to demonstrate competency in implementing clients diets for two of the three clients in the sample (Clients #1 and #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> The facility failed to ensure staff displayed competency in implementing Client #1's diet 	W 194	<p>Nutritional In-service has been scheduled for 10/21/08. Staff will be re-trained accordingly.</p>	10/21/08

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W 194	Continued From page 4 order. Observations during the dinner on September 15, 2008 beginning at 6:30 PM, Client #1 was observed being served barbequa chicken, brussel sprouts, and potato salad. After the client completed her meal, she asked for more potato salad. The direct care staff was observed serving the client a second helping of potato salad. Review of the client's current physician order revealed a diet order low fat, low cholesterol, high fiber chopped diet. Review of the diet procedures on September 16, 2008 at approximately 10:00 AM revealed that clients who are prescribed low fat, low cholesterol diets should only be provided seconds of fruits and vegetables. There was no evidence that the facility implement Client #1's diet as ordered.	W 194		
W 247	2. On September 15, 2008 at 6:20 PM, during dinner observation, the House Manager (HM) was observed giving Client #3 a diet soda that contained caffiene. The client consumed the diet drink along with her meal. After the client consumed her meal, she began requesting another diet soda. The client became aggressive and was displaying self-injurious behaviors. Interview with the HM indicated that the client could not receive another diet drink because she received a diet soda after she completed her walk at 4:20 PM. Review of the client current physician order revealed a diet order of low fat, high fiber, caffeine free, chopped diet. There was no evidence that the facility implement Client #1's diet as ordered.	W 247		
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN	W 247		

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W 247	<p>Continued From page 5</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to offer clients a choice of snacks for six of the six clients included in the sample. (Clients #1, #2, #3, #4, #5, and #6)</p> <p>The findings include:</p> <ol style="list-style-type: none"> On September 15, 2008 at 4:46 PM, staff was observed giving Clients #1, #2, #3, #5, and #6 a banana and a cup of water. Observation and interview with the direct care staff on September 15, 2008 indicated that the clients enjoyed the snack they received. During the inspection on September 16, 2008, there was a variety of snacks in the pantry and the refrigerator. At no time during snack time were the clients given the opportunity to select a snack from the variety of food choices. On September 15, 2008 at 4:50 PM, Client #4 was observed receiving a snack of banana and a cup of water. The client did not complete her banana. Interview with the direct care staff indicated that the client did not like bananas and preferred oranges or apples. During the inspection and review of the menu book on September 16, 2008 at 12:15 PM revealed a variety of snack items on the snack list as well as variety of snacks in the pantry and the refrigerator. At no time during snack time was Client #4 given the opportunity to select a snack or another snack from the variety of food choices. 	W 247	<p>An in-service on clients rights, choice & dignity is schedule on 10/21/08 Provider recently took over this facility and is working diligently to get staff trained on key areas including choice.</p>	10/21/08
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W 249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that clients received continuous active treatment to support achievement of individual program plan (IPP) objectives identified by the interdisciplinary team for one of three clients in the sample. (Client #1)</p> <p>The findings include:</p> <p>1. During the morning medication administration observation on September 15, 2008 at 8:04 AM, the TME was observed administering Client #1's medication. The TME punched the medications from the bubble pack, put the medication in applesauce, poured a cup of water, spoon fed the client's medications and gave the cup of water to the client. The client consumed the water with verbal prompts. The TME was observed throwing the medication cup in the trash can.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and Registered Nurse (RN) on September 16, 2008 at approximately 4:00 PM indicated that the Client #1 had a self medication program. Further interview with the QMRP and RN revealed that the program was "run in the</p>	W 249	<p>Self-medication shall be implemented informally during the mornings. In addition, QMRP will conduct an in-service on self- help programs and the staffs responsibility regarding the implementation.</p>	10/21/08

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W 249	<p>Continued From page 7</p> <p>evening for the sake of time." Review of the clients self medication assessment dated January 30, 2008.</p> <p>Review of the Individual Program Plan (IPP) on September 18, 2008 at approximately 10:00 AM revealed the client had a self medication program with the following objective which stated, "Given physical assistance from staff, [the client] will follow the steps of drinking water from a cup during medication pass 60% of the recorded trials per month". The objective reflected the following steps:</p> <ul style="list-style-type: none"> - pour water into a cup; - drink water; and - take cup to the kitchen; <p>There was no evidence that the facility's TME allowed Client #1 to participate in self medication as opportunity allowed.</p> <p>2. After dinner observations on September 15, 2008 at 6:40 PM, direct care staff was observed wiping the dining room table, putting the client's dishes into the dishwasher and putting the food away in containers. Client #1 was sitting at the dining room table while the direct care staff was performing dinner clean up activities. Interview with the direct care staff indicated that the client can participate in dinner preparations and clean up. Review of the client's IPP dated July 28, 2008 revealed an objective which stated, "when given verbal prompts from staff, [the client] will load dishes in the dishwasher 100% of recorded trials per month."</p> <p>There was no evidence that Client #1 was given the opportunity to participate in her activities of</p>	W 249		

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W 249 W 382	Continued From page 8 daily living skills. 483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide evidence that all drugs and biologicals remained locked except when being prepared for administration. The finding includes: On September 15, 2008 at 7:35 AM, a tube of Oxistate 1% cream was located on the countertop where the TME began medication administration. It should be noted that the door was wide opened upon entry. Interview with the staff indicated that the nurse and the Qualified Mental Retardation Professional (QMRP) shared the office. Interview with the Registered Nurse on September 16, 2008 at approximately 3:50 PM revealed that the TME or nurse administers foot creams. At the time of the survey, the facility failed to ensure its biologicals remained secured and locked when not being administered.	W 249 W 382		
W 455	483.470(l)(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, the facility failed to	W 455	<p><i>RN will train TME on the storage of drugs and biologicals.</i></p> <p><i>Facility will conduct an in-service on infection control on 10/21/08</i></p>	<p><i>10/21/08</i></p> <p><i>10/21/08</i></p>

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W 455	<p>Continued From page 9</p> <p>implement infectious control procedures to prevent communicable infectious diseases for one of the three clients in the facility. (Client #2)</p> <p>The finding includes:</p> <p>The facility failed to ensure that Client #1 washed her hands prior having her afternoon snack.</p> <p>1. On September 15, 2008 at 4:00 PM, Client #1 arrived home from day program. At 4:20 PM, Client #1 began cussing and fussing with Client #3. The House Manager (HM) was observed escorting Client #1 on a community walk. At 4:40 PM, Client #1 was observed returning to the facility, sitting at the dining room table and eating a snack of bananas and water. The client was observed eating the bananas with her fingers. Interview with the client indicated that she had returned from a community walk.</p> <p>The client was not observed to wash her hands before going into the dining room to have her snack. At no time did the staff direct the client to wash her hands prior to having her snack.</p> <p>2. On September 15, 2008 at 6:05 PM, the HM was observed setting the dinner table. Client #2 was heard coughing. The client was observed with mucous coming from her mouth. The House Manager went over to the client, wiped the mucous from the client's tongue and mouth with a paper towel with no gloves on. The HM immediately went back to setting the table. The HM was not observed to wash her hand after assisting the client.</p>	W 455		

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1 000	INITIAL COMMENTS A licensure survey was conducted from September 15, 2008 through September 16, 2008 utilizing the full survey process. A random sample of three residents was selected from a population of six females with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home and three day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	1 000	<i>Received 10/16/08</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
1 047	3502.5 MEAL SERVICE / DINING AREAS Each GHMRP shall be responsible for ensuring that meals, which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to ensure that meals served away from the GHMRP suited the residents dietary needs for one of the three residents in the sample. (Resident #1) The finding includes: The facility failed to ensure staff demonstrated competency in implementing Resident #1's diet order. Observations during the dinner on September 15, 2008 beginning at 6:30 PM, Resident #1 was observed being served barbecue chicken, brussel sprouts, and potato salad. After the resident	1 047	<i>See W194</i>	

Health Regulation Administration

Minnie Thomas

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

TITLE

Vice President

(X6) DATE

10/14/08

STATE FORM

6689

3ZGV11

If continuation sheet 1 of 5

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1047	Continued From page 1 completed her meal, she asked for more potato salad. The direct care staff was observed serving the resident a second helping of potato salad. Review of the resident's current physician order revealed a diet order low fat, low cholesterol, high fiber chopped diet. Review of the diet procedures on September 16, 2008 at approximately 10:00 AM revealed that residents who are prescribed low fat, low cholesterol diets should only be provided seconds of fruits and vegetables. There was no evidence that the facility implement Resident #1's diet as ordered.	1047		
1203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees. The findings include: Review of the personnel files conducted on September 15, 2008 at approximately 3:40 PM, revealed the GHMRP failed to provide evidence that the facility discussed the contents of job description with staff. It should be noted that the preset recorded did not include a job description for Staff #5, #6, #7, #8, #9, #12 and #13.	1203	Job description for all staff have been signed.	10/14/08
1374	3519.5 EMERGENCIES After medical services have been secured, each	1374		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2008	
NAME OF PROVIDER OR SUPPLIER WHOLISTIC SERVICES, I		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 C STREET, SE WASHINGTON, DC 20019		
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1374	<p>Continued From page 2</p> <p>GHMRP shall promptly notify the resident 's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident 's status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to provide evidence of the prompt notification of parents or guardians of significant incidents for one of the three residents in the sample. (Resident #3)</p> <p>The finding includes:</p> <p>Review of the facility's unusual incident reports and investigative reports on September 15, 2008 at 9:00 AM, revealed that the facility failed to notify Resident #3's guardian immediately of the following incident:</p> <p>On September 12, 2008, staff discovered a bruise on Resident #3's right arm.</p>	1374	see w148	
1422	<p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide training and assistance to residents in accordance with the their Individual Habilitation Plans for one of the three residents included in the sample. (Resident #1)</p> <p>The findings include:</p>	1422	See w249	

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I 422	<p>Continued From page 3</p> <p>1. During the morning medication administration observation on September 15, 2008 at 8:04 AM, the TME was observed administering Resident #1's medication. The TME punched the medications from the bubble pack, put the medication in applesauce, poured a cup of water, spoon fed the resident's medications and gave the cup of water to the client. The resident consumed the water with verbal prompts. The TME was observed throwing the medication cup in the trash can.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and Registered Nurse (RN) on September 16, 2008 at approximately 4:00 PM indicated that the Resident #1 had a self medication program. Further interview with the QMRP and RN revealed that the program was "run in the evening for the sake of time." Review of the residents self medication assessment dated January 30, 2008.</p> <p>Review of the Individual Program Plan (IPP) on September 16, 2008 at approximately 10:00 AM revealed the resident had a self medication program with the following objective which stated, "Given physical assistance from staff, [the resident] will follow the steps of drinking water from a cup during medication pass 60% of the recorded trials per month". The objective reflected the following steps:</p> <ul style="list-style-type: none"> - pour water into a cup; - drink water; and - take cup to the kitchen; <p>There was no evidence that the facility's TME allowed Resident#1 to participate in self medication as opportunity allowed.</p>	I 422		

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I 422	Continued From page 4 2. After dinner observations on September 15, 2008 at 6:40 PM, direct care staff was observed wiping the dining room table, putting the resident's dishes into the dishwasher and putting the food away in containers. Resident #1 was sitting at the dining room table while the direct care staff was performing dinner clean up activities. Interview with the direct care staff indicated that the resident can participate in dinner preparations and clean up. Review of the resident's IPP dated July 28, 2008 revealed an objective which stated, "when given verbal prompts from staff, [the resident] will load dishes in the dishwasher 100% of recorded trials per month." There was no evidence that Resident #1 was given the opportunity to participate in her activities of daily living skills.	I 422		

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R 000	INITIAL COMMENTS A licensure survey was conducted from September 15, 2008 through September 16, 2008 utilizing the full survey process. A random sample of three residents was selected from a population of six females with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home and three day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years; in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. The finding includes: Review of the personnel files on August 29, 2008 revealed the GHMRP failed to provide evidence of criminal background checks for six direct care staff (Staff #5, #6, #9, #12, #13, and #15).	R 125	Criminal background checks have been done for All employees.	10/14/08

Health Regulation Administration

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

Vice President
TITLE

10/14/08
(X6) DATE

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