

PRINTED: 11/20/2009  
FORM APPROVED  
CMS NO. 0928-0301

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  090181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/01/2009
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC DS	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 FRANKLIN STREET, 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	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was conducted from September 26, 2009 through October 1, 2009. The survey was initiated using the fundamental survey process. A random sample of two clients was selected from a population of four female clients with various levels of mental retardation and disabilities.</p> <p>The findings of the survey were based on observations at the group home and one day program, interviews with clients and staff, and the review of clinical and administrative records including incident reports.</p>	W 000	<p><i>Received 11/30/09</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
W 249	<p><b>483.440(d)(1) PROGRAM IMPLEMENTATION</b></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 verification, the facility failed to ensure continuous active treatment, for one of the two clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>1. The facility's failed to implement Client # 1's BSP.</p>	W 249	<p>Staff re-trained on Client#1's BSP.</p>	11/2/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>M. J. Jones</i>	TITLE <i>Vice President</i>	DATE <i>11/23/09</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 dischargeable 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 dischargeable 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  090151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/01/2009
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN STREET, NE WASHINGTON, DC 20017
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W 249	<p>Continued From page 1</p> <p>On September 29, 2009, at 4:10 p.m., Client #1 was observed entering the facility and mumbling. Once inside, the client was pacing steadily throughout the dining and kitchen areas. At 4:12 p.m., Client #1 was observed walking into the dining area and slapping the surveyor across his back (using both hands landing on his shoulders). The client immediately moved into the living room. A direct care staff offered the client a trip outside.</p> <p>At 4:42 p.m., the House Manager was observed taking Client #1 outside and getting on the van. The qualified mental retardation professional (QMRP), house manager (HM) and direct care staff were observed in the dining room when the client exhibited the physical aggressive behavior.</p> <p>During the entrance conference on September 29, 2009, at 9:00 a.m., the QMRP indicated that Client #1 had a BSP to address physical aggression, SIB and non-compliance.</p> <p>Review of the Client #1's clinical record on September 30, 2009 at 9:15 am., revealed a BSP dated August 1, 2009. The BSP had targeted behaviors to include physical aggression, self-injurious behaviors, non-compliance and sticking hands into pants. The BSP revealed the following procedures to address the behavior of physical aggression:</p> <ul style="list-style-type: none"> <li>- When the behavior of physical aggression occurs, the staff should tell [the client] to stop and tell her what to do;</li> <li>- The staff should move targeted clients out of the client's reach, and give them necessary treatment of injuries as well as attention and</li> </ul>	W 249		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  D9G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/01/2008
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08	STREET ADDRESS, CITY, STATE, ZIP CODE 1908 FRANKLIN STREET, NE WASHINGTON, DC 20017
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W 249	<p>Continued From page 2 soothing verbal reassurance;</p> <ul style="list-style-type: none"> <li>- If the client indicates she does not want to participate in the current activity and wants to go to her room to relax, staff should allow her to do so; and</li> <li>- Staff should visually monitor the client for at least 30 minutes after an aggressive attempt to make sure she has calmed down.</li> </ul> <p>There was no evidence that the facility implemented Client #1's BSP as instructed.</p> <p>2. The facility staff failed to implement Client #1's physical therapy (PT) Individual Program Plan (IPP).</p> <p>Review of Client #1's IPP dated February 6, 2009, on September 29, 2009 at approximately 9:20 a.m., revealed a program goal that stated, "[the client] will improve her fitness level." The client was to participate in large muscle toning activities, by going up and down a flight of stairs three out of three trials, five times a week.</p> <p>Review of the data collection record on September 30, 2009, at 8:22 a.m., reflected no program data sheets. In an interview with the QMRP on September 30, 2009, at 9:30 a.m., she acknowledged that the program has not been implemented.</p> <p>Further review of Client #1's record on September 30, 2009 at 10:00 a.m., revealed PT Quarterly review dated May 7, 2009. The PT review indicated that the client should continue current treatment/training.</p>	W 249	<p>Client #1's PT program is currently being implemented. Staff have been trained on program accordingly.</p>	11/2/09
W 262	489.440(f)(3)(i) PROGRAM MONITORING &	W 262		

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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC DS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FRANKLIN STREET, NE WASHINGTON, DC 20017
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W 262	<p>Continued From page 3 <b>CHANGE</b></p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure that restrictive measures had been approved by the Human Rights Committee (HRC), for one of two clients included in the sample. (Client #1)</p> <p>The finding includes:</p> <p>The facility failed to ensure that Client #1's Behavior Support Plan (BP) was reviewed, and approved by the HRC.</p> <p>a. During the Entrance conference with the qualified mental retardation professional (QMRP) and house manager (HM) on September 28, 2009 at 9:00 a.m., revealed that Client #1 had a Behavior Support Plan and received psychotropic medications.</p> <p>Medication observations on September 28, 2009 at 6:50 p.m., revealed that Client #1 received Klonopin and Neurontin. Interview with the trained medication employee during the medication pass indicated that the client received the aforementioned medications for her maladaptive behaviors. Review of the client's physician orders dated September 2009, on September 29, 2009, at approximately 10:00 a.m. verified that the client received Klonopin</p>	W 262	<p>BSP has since been approved by HRC. This was an oversight. Currently, we are working with PrecisionCare Medical Management Software and anticipate that electronic reminders will be generated to resolve this matter moving forward.</p>	11/2/09
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08			STREET ADDRESS, CITY, STATE, ZIP CODE 1988 FRANKLIN STREET, NE WASHINGTON, DC 20017	
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W 262	Continued From page 4 and Neurontin.	W 262		
W 322	<p>Further interview with the QMRP and HM on September 30, 2009, at approximately 10:20 a.m., indicated HRC meetings were held monthly. Review of the HRC minutes on September 30, 2009 at 11:33 a.m., revealed no evidence that the HRC reviewed or approved Client #1's BSP.</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure general and preventative care services, for one of the two clients in the sample. (Client #2)</p> <p>The findings include:</p> <p>1. The facility failed to ensure that Client #2 received medication timely to treat her assessed hyperparathyroidism, as follows:</p> <p>On September 29, 2009 beginning at 1:25 p.m., review of Client #2's physician's orders (POs) revealed that on April 1, 2009, the primary care physician (PCP) ordered Sensipar 30 mg by mouth, once daily. The May 2009 POs had a line drawn through the Sensipar, as did her June and July 2009 POs. There was a July 29, 2009 telephone order for Sensipar 30 mg daily.</p> <p>Beginning at approximately 2:10 p.m., further review of Client #2's medical records revealed</p>	W 322	<p>Wholistic has amended its policies to reflect that none of the persons it supports will go without medication due to insurance coverage issues. Either the individual will pay from personal funds or provider shall pay moving forward, once all alternatives have been explored and with consent of the individual, guardian or surrogate decision maker. ( has a limited medical guardian and significant family involvement).</p>	11/2/09

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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC OS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FRANKLIN STREET, NE WASHINGTON, DC 20017
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W 322	<p>Continued From page 5</p> <p>that a nephrologist recommended the Sensipar on April 1, 2009 to treat hyperparathyroidism, a secondary condition due to her chronic kidney disease. The nephrologist then wrote an April 29, 2009 addendum that included the following: "due to medication not being covered under her insurance I instructed nurse to just disregard suggestion because there is no other medication that can be used." Review of the client's April 2009 Medication Administration Record (MAR) confirmed that she was not administered Sensipar from April 1-29, 2009 as ordered. The client returned to the nephrologist three months later, on July 29, 2009, at which time he repeated the recommendation that she take Sensipar 30 mg daily to treat hyperparathyroidism. He gave her samples of Sensipar to take home with her. The PCP signed the order and her MARs documented the daily administration of Sensipar 30 mg begun on July 30, 2009.</p> <p>The Registered Nurse was interviewed in the facility on September 30, 2009 beginning at 11:51 a.m. She confirmed that the original order for Sensipar had never been filled. The client's Medicaid insurance reportedly had denied the order; therefore, the nephrologist and PCP discontinued the order 4 weeks later. According to the RN, after Client #2 received the free samples of Sensipar on July 30, 2009, and the provider paid to have the prescription refilled since then. At 3:15 p.m., further interview (and simultaneous review of the facility's policies and procedures manual) revealed that to date, the agency had not established a formal policy to address situations in/when a client's insurance denied coverage for a prescribed medication.</p> <p>It should be noted that on September 30, 2009 at</p>	W 322		
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 FRANKLIN STREET, NE WASHINGTON, DC 20017
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W 322	<p>Continued From page 6</p> <p>1:40 p.m., review of Client #2's lab reports revealed elevated serum parathyroid hormones levels 330.0 PG/ML on March 23, 2009 (reference range 9.0 - 78.0 PG/ML) and continued high levels 307.0 on August 15, 2009.</p> <p>2. Cross-refer to W356. The facility failed to ensure effective daily oral care for Client #2, to prevent periodontitis, tooth decay and the need for tooth extractions.</p>	W 322	See W356	
W 331	<p>483.480(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility's nursing staff failed to ensure nursing services in accordance with clients needs, for two of the two clients included in the sample. (Clients #1 and #2)</p> <p>The findings include:</p> <p>1. The registered nurse (RN) failed to ensure that each client's health status was reviewed by a Registered Nurse (RN) on a quarterly or more frequent basis.</p> <p>Review of Client #1's medical record on September 28, 2009 at 3:00 p.m., revealed an annual nursing assessment dated February 5, 2009. Further review of the client's record revealed two nursing quarterly assessments dated May 7, 2009 and August 7, 2009, with no signatures. Further interview with the licensed practical nurse (LPN) on September 29, 2009, at 3:25 p.m., indicated that she completed the</p>	W 331	<p>Wholistic disputes these finding-moving forward all Quarterly shall be signed by RN. All Quarterly must be completed by RN. Our electronic medical management system, PrecisionCare, begins in December. This new system allows editing access to be limited to RN's. This will effectively prohibit any editing or entry by anyone other than the RN's. We are certain that implementation of this software will eliminate this problem.</p>	12/30/09

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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 88			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 FRANKLIN STREET, NE WASHINGTON, DC 20017		
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W 331	<p>Continued From page 7</p> <p>nursing quarterly reviews to include a systems physical examinations and the Registered Nurse signs off on it.</p> <p>Further review of the medical records revealed the LPN had documented monthly summaries. The monthly nursing notes included medical appointments, weights and blood pressure (but not a complete physical examination).</p> <p>2. Similarly, on September 29, 2009 at 3:18 p.m., review of Client #2's nursing quarterly assessments revealed no evidence of RN involvement. Her 2nd quarter assessment (not dated) for Oct.-Nov.-Dec. 2008 was not signed. Her 3rd quarter assessment dated March 9, 2009 for Jan.-Feb.-March 2009 was not signed. Her 1st quarter assessment (not dated) for July-August-Sept. 2009 also was not signed. The handwriting on the above-referenced quarterlies was identical to that observed on the client's monthly nursing summaries, which had been prepared by the LPN. As noted above, interview with the LPN at 3:25 p.m. confirmed that she had performed the quarterly physical assessments.</p> <p>According to the District of Columbia Municipal Nursing Regulations 5412.1: "the observation, assessment, and recording of physiological and behavioral signs and symptoms of health, disease and injury, including the performance of examinations and testing and their evaluation for the purpose of differentiating normal from abnormal... is the function/scope of practice for the Registered Nurse."</p>	W 331			
W 358	483.480(g)(2) COMPREHENSIVE DENTAL TREATMENT	W 358			

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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC DS			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FRANKLIN STREET, NE WASHINGTON, DC 20017	
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W 356	<p>Continued From page 8</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure preventive care to ensure the maintenance of clients' dental health, for one of the two clients in the sample. (Client #2)</p> <p>The findings include:</p> <p>Client #2's dental records were reviewed on September 30, 2009 beginning at 10:44 a.m. On February 9, 2009, the dentist diagnosed "general periodontitis" and recommended tooth brushing twice daily. When the client returned on June 22, 2009, the dentist documented "large deposits of plaque and calculus present on all remaining teeth. Some teeth (14, 27 and 28) need repair." The dentist diagnosed periodontitis and dental caries, recommended she return for follow-up visits on September 30, 2009 and October 6, 2009 for "scaling and evaluation for dentures. Repair carious teeth..." Even though the client's dentist had been documenting ongoing periodontitis and caries, there was no evidence that the facility responded accordingly, as follows:</p> <p>1. On September 30, 2009 at 11:27 a.m., review of the most recent Nurse Quarterly assessment (not dated) for the months July-August-September 2009 revealed that the nurse documented "moderate periodontitis." The report, however, failed to mention dental caries</p>	W 355	<p>RN will amend HMCP to include dental caries and tooth repair</p> <p>Client #2 is scheduled to be seen by dentist on 12/2/09.</p>	11/22/09

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W 358	<p>Continued From page 9 or teeth needing repairs.</p> <p>2. At 12:19 P.M., interview with the registered nurse (RN) and qualified mental retardation professional (QMRP) revealed that Client #2 brushed her teeth twice daily. They indicated that this was "pretty standard... routine" oral care that was done with all four of the clients. They further acknowledged that there had been no changes made to Client #2's daily dental care within the past 12-24 months.</p> <p>3. At 1:40 p.m., the employee who had driven Client #2 to the dental office earlier that day returned to the facility. Review of the consultation report revealed that she had received scaling. The dentist also wrote "next visit October 29, 2009" for "extraction #29 and possible root fragment mes #30." There was no evidence that the dentist had addressed teeth #14, #27 or #28, or the repairs/caries that were indicated 3 months earlier (June 22, 2009).</p> <p>4. The September 30, 2009 dental consultation report did not include any recommendations regarding daily tooth brushing or oral care.</p> <p>5. At 2:25 p.m., review of Client #2's Health Management Care Plan (HMCP) dated June 12, 2009 revealed that it did not address dental care or oral hygiene needs. Further review of the June 9, 2009 Nursing Annual Assessment revealed "moderate periodontitis" listed among the client's current medical diagnoses. however revealed no dental-related recommendations.</p> <p>6. At 3:55 p.m., interview with a direct support staff who stated that she had worked with Client #2 for the past 3-4 years revealed that she or</p>	W 358			

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W 356	<p>Continued From page 10</p> <p>other staff reminded the client to brush her teeth twice daily. The client reportedly brushed her teeth independently while staff watched. The staff further indicated that the client would object if staff were to attempt physical assistance while brushing.</p> <p>7. On October 1, 2009, at 9:01 a.m., review of Client #2's Individual Support Plan dated June 12, 2009 revealed that it reflected "overall dental health is good... needs to brush twice daily..." Further review of the client's June 2009 Competence Assessment revealed that the QMRP had written "brushes teeth independently... scrubs teeth independently... staff gives minimal assistance to ensure proper toothbrushing." Although Client #2's dental records reflected ongoing periodontitis, dental caries, tooth extractions and possible need for dentures, the facility failed to alter her daily oral care/ tooth brushing routine or verify the accuracy of her skills assessment.</p> <p>It should be noted that when asked, both the LPN and RN stated that Client #2 had not expressed any complaints of oral pain. It should be further noted that the client was not in the facility during the afternoon of September 30, 2009 or the following morning, therefore she was unavailable for interview before the survey ended.</p> <p>This is a repeat deficiency.</p> <p>-----</p> <p>Previously, the September 19, 2008 Federal Deficiency Report included the following: Based on interview and record review, the facility failed to ensure timely dental services, for two of two clients included in the sample. (Clients #1 and</p>	W 356	<p>QMRP and RN will verify accuracy of daily oral tooth brushing routine through skill assessment and redo program if needed Client #2 has not expressed pain.</p>	11/2/09
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  00G151	(2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(3) DATE SURVEY COMPLETED  10/01/2009
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC OS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 FRANKLIN STREET, NE WASHINGTON, DC 20017
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(4) 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)	(5) COMPLETION DATE
W 358	Continued From page 11	W 358		
W 368	<p><b>483.400(k)(1) DRUG ADMINISTRATION</b></p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that medications were administered in compliance with the physician's orders, for one of the two clients in the sample. (Client #2)</p> <p>The finding includes:</p> <p>Cross-refer to W322.1. On September 29, 2009, review of Client #2's physician's orders revealed that on April 1, 2009, the primary care physician (PCP) ordered Sensipar 30 mg by mouth, once daily. Further review revealed that her nephrologist had retracted his recommendation, effective April 29, 2009. The client's April 2009 Medication Administration Record (MAR) showed no evidence that she was administered Sensipar from April 1-29, 2009 as ordered. The Registered Nurse was interviewed in the facility the next day. She confirmed that the original order for Sensipar had never been filled, stating that this was due to a lack of funding.</p>	W 368	See W322	
W 438	<p><b>483.470(g)(2) SPACE AND EQUIPMENT</b></p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p>	W 438		

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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08	STREET ADDRESS, CITY, STATE, ZIP CODE 1880 FRANKLIN STREET, NE WASHINGTON, DC 20017
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(04) 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)	(05) COMPLETION DATE
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W 436	<p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to teach clients to use and make informed choices about the use of eye glasses, for the one (of two) sampled clients who had been prescribed eye glasses. (Client #2)</p> <p>The findings include:</p> <p>During the September 28, 2009 Entrance Conference, at approximately 8:25 a.m., the qualified mental retardation professional (QMRP) stated that Client #2 wore prescription eye glasses. She was the only client (out of four) with prescription eye glasses. The client was not observed wearing eyeglasses during the first two days of survey and staff were not observed asking her about them. The qualified mental retardation professional and the RN were interviewed on September 30, 2009, as follows:</p> <p>On September 30, 2009, the Registered Nurse was interviewed, beginning at 9:43 a.m. She stated that the client carried her glasses with her in her purse but refused to wear them. The glasses were prescribed for presbyopia. The RN further stated that the eye glasses were not included in Client #2's health management care plan (HMCP) dated June 12, 2009 "primarily because it's a rights issue ... she gets irate ... knows when she wants to wear them ... is cognitively aware enough to know " whether she wishes to wear them. At 2:23 p.m., review of the HMCP revealed that although it reflected "sensory deficit ... vision/eye disorders," it did not address her prescription eye glasses.</p>	W 436	<p>QMRP has conducted training on the care and maintenance of her glasses. The team is scheduled to convene by November 30th to address her refusal.</p>	11/22/09
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC OS			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 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 436	Continued From page 13  The OMRP was interviewed on September 30, 2009 beginning at approximately 10:00 a.m. She too stated that Client #2 often refused to wear her glasses. She affirmed the client's right to refuse to wear them. Staff were expected to make sure that the client had her glasses with her. Staff were also expected to ask her if she would like to wear them. However, when asked if the client's individual Support Plan (ISP) dated June 12, 2009 included guidelines or instructions regarding how staff should teach the client while respecting the client's choice, she looked through the ISP and stated "no." When asked if the client's interdisciplinary team had addressed her refusals to wear the bifocals, she replied "no" and acknowledged that there was no plan to address her refusals.  Client #2's ISP was reviewed on October 1, 2009 beginning at 9:00 a.m. It listed "eye glasses" as adaptive equipment. Further review, however, confirmed that there was no written plan to address her choice making. Further review revealed no evidence that her team had addressed her refusals and there was no evidence that the client had received training on the care and maintenance of her prescribed eye glasses.	W 436		
W 440	483.470(f)(1) EVACUATION DRILLS  The facility must hold evacuation drills at least quarterly for each shift of personnel.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to conduct simulated fire drills at least quarterly on each shift.	W 440		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/01/2009
NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 FRANKLIN STREET, NE WASHINGTON, DC 20017	
(X4) ID PREFIX TAG W 440	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG W 440	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 11/2/09
	<p>Continued From page 14</p> <p>The findings include:</p> <p>On September 28, 2009 beginning at 10:08 a.m., interview with the qualified mental retardation professional (QMRP) and review of the weekly staffing schedule indicated that there were primarily three designated shifts (8:00 a.m. - 4:00 p.m.; 4:00 p.m. - 12:00 a.m.; and 12:00 a.m. - 8:00 a.m.). Further review of the facility's fire drill records revealed that the most recent documented evacuation drill during the 8:00 a.m. - 4:00 p.m. shift was held on February 22, 2009 (7 months earlier).</p> <p>This is a repeat deficiency.</p> <p>*****</p> <p>Previously, the September 19, 2008 Federal Deficiency Report included the following: "Review of the fire drill log from August 2007 through August 2008 on September 18, 2008 at 11:58 AM revealed that the facility failed to hold fire evacuation drills quarterly during the first &lt;8:00 a.m. - 4:00 p.m.&gt; shift."</p> <p>On October 14, 2008, the facility submitted a Plan of Correction that included the following: "Staff will be retrained on fire drill schedule... Provider has issued reprimand to house manager for failure to implement the regulation as she has been trained multiple times. This is the last time this facility will receive this citation."</p> <p>*****</p> <p>Previously, the August 22, 2007 Federal Deficiency Report included the following:</p>		<p>This facility has a New Home Manager from last year's monitoring visit. Nonetheless, this is a repeat deficiency and provider takes full responsibility. Any punitive action taken by HRLA is warranted. Wholistic shall pay the fine and ensure that it not re-occur at this site.</p>	

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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC DS	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN STREET, 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)	CIS COMPLETION DATE
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W 440	Continued From page 15 "Review of the fire drill log for August 2006 through October 2006 revealed that the facility failed to hold fire evacuation drills for the third <12:00 a.m. - 6:00 a.m.> shift. Further review of the fire drills logs for November 2006 through January 2007 revealed the facility failed to hold fire evacuation drills for the second <4:00 p.m. - 12:00 a.m.> shift."	W 440		
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/01/2009
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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN STREET, NE WASHINGTON, DC 20017
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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from September 28, 2009 through October 1, 2009. A random sample of two residents was selected from a population of four female residents with various levels of mental retardation and disabilities.</p> <p>The findings of the survey were based on observations at the group home and one day program, interviews with residents and staff, and the review of clinical and administrative records including incident reports.</p>	I 000		
I 135	<p><b>3505.5 FIRE SAFETY</b></p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to conduct simulated fire drills at least quarterly on each shift.</p> <p>The findings include:</p> <p>On September 28, 2009 beginning at 10:08 a.m., interview with the qualified mental retardation professional and review of the weekly staffing schedule indicated that there were primarily three designated shifts: 8:00 a.m. - 4:00 p.m.; 4:00 p.m. - 12:00 a.m.; and, 12:00 a.m. - 8:00 a.m.</p> <p>Further review of the facility's fire drill records revealed that the most recent documented evacuation drill during the 8:00 a.m. - 4:00 p.m.</p>	I 135	See W440	

Health Regulation Administration <i>Marta Jones</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Vice President</i>	(X6) DATE 11/27/09
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHOLISTIC 08</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 FRANKLIN STREET, NE WASHINGTON, DC 20017</b>
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I 135 Continued From page 1

shift was held on February 22, 2008 (7 months earlier).

This is a repeat deficiency.

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Previously, the September 19, 2008 Federal Deficiency Report included the following:  
"Review of the fire drill log from August 2007 through August 2008 on September 18, 2008 at 11:58 AM revealed that the facility failed to hold fire evacuation drills quarterly during the first <8:00 a.m. - 4:00 p.m.> shift."

On October 14, 2008, the facility submitted a Plan of Correction that included the following: "Staff will be retrained on fire drill schedule... Provider has issued reprimand to house manager for failure to implement the regulation as she has been trained multiple times. This is the last time this facility will receive this citation."

\*\*\*\*\*

Previously, the August 22, 2007 Federal Deficiency Report included the following:  
"Review of the fire drill log for August 2006 through October 2006 revealed that the facility failed to hold fire evacuation drills for the third <12:00 a.m. - 8:00 a.m.> shift. Further review of the fire drills logs for November 2006 through January 2007 revealed the facility failed to hold fire evacuation drills for the second <4:00 p.m. - 12:00 a.m.> shift."

I 136

I 203 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.

I 203

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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) COMPLETE DATE
1203	Continued From page 2  This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to have on file for review, current job descriptions for all employees, for two out of ten staff. (S4 and S7)  The finding includes:  Interview with the qualified mental retardation professional (QMRP) and review of the GHMRP's personnel files conducted on September 28, 2009 beginning at 2:15 p.m., revealed the GHMRP failed to provide evidence that the facility discussed the contents of job description with staff. It should be noted that the presented records did not include a job descriptions for S2 and S7.	1203	All staff have signed an current job description. 11/2/09
1206	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to achieve compliance with state regulations pertaining to health (22DCMR 35, section 3509.6,) for one of ten staff. (S6)  The finding includes:	1206	The one employee has had a current health certificate at this time. 11/2/09

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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) COMPLETE DATE
I 206	Continued From page 3  The State regulatory agency conducted a review of personnel records on September 28, 2009, begining at 2:15 p.m., at which time, there was no evidence of current health certificates on file for S6.  Interview with the qualified mental retardation professional (QMRP) confirmed the missing health certificates were not available.	I 206		
I 227	3510.5(d) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;  This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to have on file for review current training in CPR and first aid for all employees, for one out of ten staff.  The finding includes:  Review of the personnel and training records on September 28, 2009 begining at 2:15 p.m., revealed the GHMRP failed to evidence documentation of staff training in cardiopulmonary resuscitation (CPR) for the qualified mental retardation professional (QMRP). Subsequent interview with the QMRP later that day verified that the administrative office had not provided documentation of the aforementioned training.	I 227	QMRP has CPR and had current CPR. It wasn't at time off survey in the file but has subsequently been placed there.	11/2/09

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I 422	<p><b>3521.3 HABILITATION AND TRAINING</b></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 observation, staff interview and record verification, the Group Home for Mentally Retarded Persons (GHMRP) failed to implement habilitation and training programs in accordance with their Individual Support Plan, for one of the two residents included in the sample. (Resident #1)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> <li>Facility staff failed to implement Resident # 1's Behavior Support Plan (BSP) as written.</li> </ol> <p>On September 29, 2009, at 4:10 p.m., Resident #1 was observed entering the facility and mumbling. Once inside, the resident was pacing steadily throughout the dining and kitchen areas. At 4:12 p.m., Resident #1 was observed walking into the dining area and slapping the surveyor once with force across his shoulders (using both hands landing on his shoulders). The resident immediately moved into the living room. A direct care staff offered the resident a trip outside.</p> <p>At 4:42 p.m., the House Manager was observed taking Resident #1 outside and was observed getting on the van. The qualified mental retardation professional (QMRP), house manager (HM) and direct care staff were observed in the dining room when the resident exhibited the physical aggressive behavior.</p> <p>During the entrance conference on September</p>	I 422	See W249	

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I 422	<p>Continued From page 5</p> <p>28, 2009, at 9:00 a.m., the QMRP indicated that Resident #1 had a BSP to address physical aggression, SIB and non-compliance.</p> <p>Review of the Resident #1's clinical record on September 30, 2009, at 2009, at 9:15 am., revealed a BSP dated August 1, 2009. The BSP had targeted behaviors to include physical aggression, self-injurious behaviors, non-compliance and addressing sticking hands into pants. The BSP revealed the following procedures to address the behavior of physical aggression:</p> <ul style="list-style-type: none"> <li>- When the behavior of physical aggression occurs, the staff should tell (the resident) to stop and tell her what to do;</li> <li>- The staff should move targeted residents out of the resident's reach, and give them necessary treatment of injuries as well as attention and soothing verbal reassurance;</li> <li>- If the resident indicates she does not want to participate in the current activity and wants to go to her room to relax, staff should allow her to do so; and</li> <li>- Staff should visually monitor the resident for at least 30 minutes after an aggressive attempt to make sure she has calmed down.</li> </ul> <p>There was no evidence that the facility implemented Resident #1's BSP as instructed.</p> <p>2. The facility staff failed to implement Resident # 1's physical therapy (PT) Individual Program Plan (IPP).</p> <p>The facility staff failed to implement Resident #1's</p>	I 422		

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I 422	Continued From page 6  physical therapy (PT) Individual Program Plan (IPP).  Review of Resident #1's IPP dated February 6, 2009, on September 29, 2009 at approximately 9:20 a.m., revealed a program goal that stated, "[the resident] will improve her fitness level." The client was to participate in large muscle toning activities, by going up and down a flight of stairs three out of three trials, five times a week.  Review of the data collection record on September 30, 2009, at 9:22 a.m., reflected no program data sheets. In an interview with the QMRP on September 30, 2009, at 9:30 a.m., she acknowledged that the program has not been implemented.  Further review of Client #1's record on September 30, 2009 at 10:00 a.m., revealed PT Quarterly review dated May 7, 2009. The PT review indicated that the client should continue current treatment/training.  It should be noted that the resident was not observed participating in the aforementioned activity.  Review of the data collection record on September 30, 2009, at 9:22 a.m., reflected no	I 422		

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I 422	Continued From page 7  program data sheets. In an interview with the QMRP on September 30, 2009 at 9:30 a.m., she acknowledged that the program had not been implemented.  Further review of Resident #1's record on September 30, 2009 at 10:00 a.m., revealed PT Quarterly review dated May 7, 2009. The PT review indicated that the resident should continue current treatment/training.	I 422		
I 500	<b>3523.1 RESIDENT'S RIGHTS</b>  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on observations, interviews and record review, the GHMRP failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation, for one of the two residents included in the sample. (Resident #2)  The findings include:  The facility failed to protect residents' rights to receive prompt and adequate medical attention for any physical ailments [Title 7, Chapter 13, § 7-1305.05(g), formerly § 6-1965(g)], as follows:  1. The facility failed to ensure Resident #2's right to receive prescription medication timely to treat her assessed hyperparathyroidism, as follows:	I 500	See W322	

## Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/01/2009
NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 FRANKLIN STREET, NE WASHINGTON, DC 20017		
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I 500	Continued From page 8  On September 29, 2009 beginning at 1:25 p.m., review of Resident #2's physician's orders (POs) revealed that on April 1, 2009, the primary care physician (PCP) ordered Sensipar 30 mg by mouth, once daily. The May 2009 POs had a line drawn through the Sensipar, as did her June and July 2009 POs. There was a July 29, 2009 telephone order for Sensipar 30 mg daily.  Beginning at approximately 2:10 p.m., further review of Resident #2's medical records revealed that a nephrologist recommended the Sensipar on April 1, 2009 to treat hyperparathyroidism, a secondary condition due to her chronic kidney disease. The nephrologist then wrote an April 29, 2009 addendum that included the following: "due to medication not being covered under her insurance I instructed nurse to just disregard suggestion because there is no other medication that can be used." Review of the resident's April 2009 Medication Administration Record (MAR) confirmed that she was not administered Sensipar from April 1-29, 2009 as ordered. The resident returned to the nephrologist three months later, on July 29, 2009, at which time he repeated the recommendation that she take Sensipar 30 mg daily to treat hyperparathyroidism. He gave her samples of Sensipar to take home with her. The PCP signed the order and her MARs documented the daily administration of Sensipar 30 mg begun on July 30, 2009.  The Registered Nurse was interviewed in the facility on September 30, 2009 beginning at 11:51 a.m. She confirmed that the original order for Sensipar had never been filled. The resident's Medicaid insurance reportedly had denied the order; therefore, the nephrologist and PCP	I 500		

PRINTED: 10/22/2009  
FORM APPROVED

## Health Regulation Administration

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I 500	Continued From page 9  discontinued the order 4 weeks later. According to the RN, after Resident #2 received the free samples of Sensipar on July 30, 2009, the provider paid to have the prescription refilled since then. At 3:15 p.m., further interview (and simultaneous review of the facility's policies and procedures manual) revealed that to date, the agency had not established a formal policy to address situations if/when a resident's insurance denied coverage for a prescribed medication.  It should be noted that on September 30, 2009 at 1:40 p.m., review of Resident #2's lab reports revealed elevated serum parathyroid hormones levels 330.0 PG/ML on March 23, 2009 (reference range 9.0 - 78.0 PG/ML) and continued high levels 307.0 on August 15, 2009.  2. The facility failed to ensure Resident #2's right to receive effective daily oral care to prevent periodontitis, tooth decay and the need for tooth extractions, as follows:  Resident #2's dental records were reviewed on September 30, 2009 beginning at 10:44 a.m. On February 9, 2009, the dentist diagnosed "general periodontitis" and recommended tooth brushing twice daily. When the resident returned on June 22, 2009, the dentist documented "large deposits of plaque and calculus present on all remaining teeth. Some teeth (14, 27 and 28) need repair." The dentist diagnosed periodontitis and dental caries, recommended she return for follow-up visits on September 30, 2009 and October 6, 2009 for "scaling and evaluation for dentures. Repair carious teeth..." Even though the resident's dentist had been documenting ongoing periodontitis and caries, there was no evidence that the facility responded accordingly, as follows:	I 500		

Health Regulation Administration

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NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 08	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 FRANKLIN STREET, NE WASHINGTON, DC 20017
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I 500	<p>Continued From page 10</p> <p>a. On September 30, 2009 at 11:27 a.m., review of the most recent Nurse Quarterly assessment (not dated) for the months July-August-September 2009 revealed that the nurse documented "moderate periodontitis." The report, however, failed to mention dental caries or teeth needing repairs.</p> <p>b. At 12:19 P.M., interview with the RN and QMRP revealed that Resident #2 brushed her teeth twice daily. They indicated that this was "pretty standard... routine" oral care that was done with all four of the residents. They further acknowledged that there had been no changes made to Resident #2's daily dental care within the past 12-24 months.</p> <p>c. At 1:49 p.m., the employee who had driven Resident #2 to the dental office earlier that day returned to the facility. Review of the consultation report revealed that she had received scaling. The dentist also wrote "next visit October 29, 2009" for "extraction #29 and possible root fragment mes #30." There was no evidence that the dentist had addressed teeth #14, #27 or #28, or the repairs/caries that were indicated 3 months earlier (June 22, 2009).</p> <p>d. The September 30, 2009 dental consultation report did not include any recommendations regarding daily tooth brushing or oral care.</p> <p>e. At 2:25 p.m., review of Resident #2's Health Management Care Plan dated June 12, 2009 revealed that it did not address dental care or oral hygiene needs. Moments later, review of the June 9, 2009 Nursing Annual Assessment revealed "moderate periodontitis" listed among the resident's current medical diagnoses. Further review of the assessment, however, revealed no</p>	I 500		
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I 500	Continued From page 11  dental-related recommendations.  f. At 3:55 p.m., interview with a direct support staff who stated that she had worked with Resident #2 for the past 3-4 years revealed that she or other staff reminded the resident to brush her teeth twice daily. The resident reportedly brushed her teeth independently while staff watched. The staff further indicated that the resident would object if staff were to attempt physical assistance while brushing.  g. On October 1, 2009, at 9:01 a.m., review of Resident #2's Individual Support Plan dated June 12, 2009 revealed that it reflected "overall dental health is good... needs to brush twice daily..." Moments later, review of the resident's June 2009 Competence Assessment revealed that the QMRP had written "brushes teeth independently... scrubs teeth independently... staff gives minimal assistance to ensure proper toothbrushing." Although Resident #2's dental records reflected ongoing periodontitis, dental caries, tooth extractions and possible need for dentures, the facility failed to alter her daily oral care/ tooth brushing routine or verify the accuracy of her skills assessment.  It should be noted that when asked, both the LPN and RN stated that Resident #2 had not expressed any complaints of oral pain. It should be further noted that the resident was not in the facility during the afternoon of September 30, 2009 or the following morning, therefore she was unavailable for interview before the survey ended.  This is a repeat deficiency.  ***** Previously, the September 19, 2008 Federal	I 500		

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I 500	Continued From page 12  Deficiency Report included the following: Based on interview and record review, the facility failed to ensure timely dental services, for two of two residents included in the sample. (Residents #1 and #2)	I 500		

Health Regulation Administration

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R 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from September 28, 2009 through October 1, 2009. The survey was initiated using the fundamental survey process. A random sample of two residents was selected from a population of four female residents with various levels of mental retardation and disabilities.</p> <p>The findings of the survey were based on observations at the group home and one day program, interviews with residents and staff, and the review of clinical and administrative records including incident reports.</p>	R 000		
R 125	<p><b>4701.5 BACKGROUND CHECK REQUIREMENT</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on the review of personnel records, the GHMRP failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the seven (7) years prior to the check, for 5 of the 10 staff employed.</p> <p>The findings include:</p> <p>On September 28, 2009 at approximately 9:30 a.m., the qualified mental retardation professional (QMRP) agreed to provide documentation needed to show evidence of criminal background checks for all staff employed in the facility. Later that day beginning at 2:15 p.m., review of the</p>	R 125		

Health Regulation Administration  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Vice President</i>	(X8) DATE <i>11/27/09</i>
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Health Regulation Administration

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R 125	Continued From page 1  materials presented revealed the following:  1. The house manager's job application from 2008 indicated that she had been employed in Fairfax, VA within the past 7 years. There was no evidence, however, that a background check had been obtained in that jurisdiction.  2. Staff person S2's personnel records indicated that she had lived in New York from 2001 - 2005. There was no evidence, however, that a background check had been obtained for that jurisdiction.  3. Staff person S3's records indicated that she had worked in Virginia from January 2007 - February 2008. There was no evidence, however, that a background check had been obtained for that jurisdiction.  4. Staff person S4's records indicated that she had worked in Virginia from January 2005 - April 2007. There was no evidence, however, that a background check had been obtained for that jurisdiction.  5. Staff person S5's personnel records indicated that she had worked in the Washington, DC from May 10, 2007 - January 5, 2009. There was no evidence, however, that a background check had been obtained for that jurisdiction.  At approximately 4:50 p.m., the QMRP said she would ask their corporate office for additional documentation. No additional information was provided before the survey ended on October 1, 2009.	R 125	Surveyor has identified gap in HR process. Our application ask for employment (doesn't specify for the past seven years). However our background consent/ authorization for does. We relied solely on authorization form to conduct background checks. We have revised our application to include time frame and shall cross-reference both forms to ensure authorization form is accurate. Background checks have been completed to reflect all jurisdiction. 11/2/09