

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

PRINTED: 04/22/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHOLISTIC 03</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017</b>	
(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 April 2, 2008 through April 4, 2008. The survey was initiated using the full survey process. A random sample of three clients was selected from a population of four female and two male clients with various levels of mental retardation and disabilities.  The findings of the survey was 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.	W 000	<p><i>Received on 5/5/08</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 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL  Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.  This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the Qualified Mental Retardation Professional (QMRP) failed to coordinate and monitor the services recommended and provided to  The finding includes:  1. The QMRP failed to address the clients' needs for advocacy to ensure protection of civil and human rights for one of the three clients included in the sample. (Client #2)  A review of Client #2's medical record was conducted on April 3, 2008 at approximately 3:30 PM. An Ophthalmology consultation sheet dated	W 159		1. The facility will reschedule Client #2's ophthalmology appointment and ensure that both family member(s) and _____ (PCP) are made aware of this evaluation and the recommendation for sedation prior to the scheduled date. In addition, the facility's Human Rights Committee will need to approve the need for sedation prior to it's administration.

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

*Marta Thomas*

TITLE

*Vice President*

(X6) DATE

*5/5/08*

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 159	Continued From page 1 February 1, 2008 documented that the consultant could not give an impression on the state of the clients vision. The consultant recommended that an exam be conducted while the client was sedated. Further review of the medical record failed to show evidence that the Primary Care Physician was made aware of the recommendation for sedation.  Interview with the Qualified Mental retardation Professional (QMRP) on April 4, 2008 revealed that Client #2 had family involvement; however, there was no evidence that the family was made aware of the recommendation. At the time of the survey, the client had not received an evaluation of his sight by the ophthalmologist as recommended.	W 159		
W 249	2. The QMRP failed to ensure clients medical needs are met. [See W331] 483.440(d)(1) PROGRAM IMPLEMENTATION  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.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to provide continuous active treatment for two of the three clients included in the sample. (Clients #1 and #2)	W 249	QMRP will ensure all goals are implemented in a timely manner (3 days after an ISP or 2nd Quarter Review)  QMRP and H0use Manager will in-service staff on Client #1's goal. QMRP will also observe evening activity to ensure that the goal is implemented hourly. (In-service scheduled for 05/08/08)  Staff will receive an in-service on Client #1's behavior support plan.	05/08/08

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W 249	<p>Continued From page 2</p> <p>The findings include:</p> <p>1. The facility failed to implement Client #2's recreation program as evidenced below:</p> <p>Review of Client #2's Individual Support Plan (ISP) dated November 14, 2007, on April 8, 2008, at 12:30 PM revealed a recreation goal to improve his independent recreational and leisure skills. The objective read "Given hand over hand assistance [the client] will place five pegs into a same shape sorter board on three out of three trials a week as recorded per month for three consecutive months, by November 2008."</p> <p>Review of the consultants first quarter review dated February 11, 2008 reflected that the program was not implemented until January 2008 ( 2 months later). In an interview with the Qualified Mental Retardation Professional (QMRP) on April 4, 2008, he acknowledged that the program did not start until January 2008.</p> <p>2. The facility failed to implement Client #1's physical therapy program.</p> <p>On April 2, 2008, during evening observations from 4:10 PM until 8:30 PM, Client #1 participated in table top activities from 4:20 PM until 6:00 PM. At 6:00 PM, the client had dinner. The client was observed going to the basement level two times during the evening observations. Interview with the direct care staff indicated that the client has a program to go up and down the stairs. Review of the client's IPP dated January 23, 2008 revealed a program objective which stated, "[the client] will go up and down a flight of stairs one of one trial every hour (4 pm - 8 pm) at 100% of the trials five</p>	W 249			

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W 249	Continued From page 3 times a week for six months." There was no evidence that the facility implemented Client #1's physical therapy program as indicated.  3. The facility failed to implement Client #1's Behavior Support Plan (BSP) as written.  On April 2, 2008 at 5:58 PM, 6:17 PM and 6:20 PM, Client #1 was observed spitting at Client #4 while sitting at the dining room table. The direct care staff was observed asking the client to stop the behavior of spitting. Interview with the direct care staff indicated that the client has a BSP to address her maladaptive behavior of spitting. Review of Client #1's BSP dated May 13, 2007 confirmed the targeted behavior of "spitting at people". According to the intervention strategies to address the spitting behavior, the direct care staff, should move other clients away from Client #1. There was no observations that Resident #4 was moved while Client #1 displayed her maladaptive behaviors of spitting.	W 249		
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 Ophthalmology evaluations were completed for one of the three clients in the sample. (Client #2)  The finding includes:  A review of Client #2's medical record was conducted on April 3, 2008 at approximately 3:30	W 322	Please see W 159.	

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W 322	Continued From page 4 PM. An Ophthalmology consultation sheet dated February 1, 2008 documented that the consultant could not give an impression on the state of the client's vision. The consulted recommended that an exam be conducted while the client was sedated. The medical record failed to show evidence that the Primary care physician was made aware of the recommendation for sedation.  Interview with the Qualified Mental Retardation Professional on April 4, 2008 revealed that Client #2 had family involvement; however, there was no evidence that the family was made aware of the recommendation. At the time of the survey Client #2's vision had not been thoroughly evaluated as recommended.	W 322		
W 331	483.460(c) NURSING SERVICES  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure its nurses forwarded recommendations from specialist to the Primary Care Physician (PCP) for one of the three clients in the sample (Client #3) and failed to ensure consultation forms reflected accurate client information for three of the three clients included in the sample. (Clients #1, #2 and #3)  The findings include:  1. The facility failed to ensure the PCP was made aware of recommendations from consultants as evidenced by the following:  a. Review of Client #3's record on April 3, 2008	W 331	1. The facility's nurse will ensure that the PCP is made aware of all specialty visits and recommendations, as evidenced by his signature and/or comments made on the actual consultation documentation or a separate physicians note.  2. The facility's nurse will ensure that all relevant documents will have the most updated medication regimen itemized. However; all appointments and medical visits are accompanied with the most recent POS, which is the most accurate document that all physicians utilize to obtain most current medical diagnoses and treatment regimens.	04/17/08  04/30/08

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W 331	<p>Continued From page 5</p> <p>at revealed that she had a diagnosis of thrombocytopenia and seizure disorder. She was being followed by the hematologist and a neurologist. A hematology consultation form dated July 13, 2007 reflected a recommendation to discontinue Keppra, a medication prescribed to control the client's seizures. Further review of the client's record failed to show evidence that the PCP was made aware of this recommendation.</p> <p>Review of a neurology consultation form dated July 19, 2007 on the same day revealed a recommendation that read "Discontinue Keppra NOW. I recommended this on June 18, 2007 and was told the [facility] would consult the family." Further review of the medical record failed to show evidence that the PCP was made aware of this recommendation.</p> <p>Further review of the medical record revealed that the hematologist made a recommendation to discontinue this medication on May 18, 2007. There was no evidence that this recommendation was reported to the PCP.</p> <p>Interview with the Licensed Practical Nurse (LPN) on the same day revealed that she was sure that the Registered Nurse (RN) brought the recommendation to the attention of the PCP. Interview with the Registered Nurse (RN) on the same day revealed that she made the PCP aware of the recommendation, however, the client already had a neurology appointment and she wanted the Neurologist to review and discontinue the medication since it was prescribed for seizures. The RN acknowledged that there was no documented evidence in the record that the PCP was made aware of any of the recommendations to discontinue the medication.</p>	W 331	<p>3. Staff will an in-service on the importance of elevation of lower limbs to assist in the reduction of edema and all other related health issues outlined on the HMCP. (In-service scheduled for 05/08/08)</p>	

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W 331	<p>Continued From page 6</p> <p>She further indicated that she was not aware of the May 18, 2007 recommendation for the medication to be discontinued.</p> <p>b. A review of Client #2's medical record was conducted on April 3, 2008 at approximately 3:30 PM. An ophthalmology consultation sheet dated February 1, 2008 documented that the consultant could not give an impression on the state of the client's vision. The consultant recommended that an exam be conducted while the client was sedated. Further review of the medical record failed to show evidence that the PCP was made aware of the recommendation for sedation.</p> <p>2. The facility's nurses failed to ensure information documented on consultation forms was accurate as evidenced by the following:</p> <p>a. Client #3's medical record was reviewed on April 3, 2008 at 11:30 AM. The record reflected that the client was prescribed Keppra, a medication to control her seizures. Review of Hematology consultation sheets dated June 8, 2007 and July 13, 2007, listed the clients medications however failed to reflect the medication Keppra. In an interview with the Registered Nurse on the same day, she acknowledged the omission of the medication from the list.</p> <p>b. Observations during the medication administration on April 2, 2008 at 8:00 PM, Client #1 was observed receiving Risperdal 2 mg and Tegretol 500 mg. Interview with the medication nurse indicated that the medication was being administered to control the client's maladaptive behaviors. Review of the current physician orders on April 3, 2008 at approximately 11:00</p>	W 331		

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W 331	Continued From page 7 AM revealed that the client was prescribed Risperdal 2 mg, twice a day and Tegretol 500 mg, twice a day. Record verification of the medical record on April 3, 2008 at approximately 1:00 PM revealed a psychiatric consultation forms dated back to September 2007 indicating that the client received Risperdal 3 mg, twice a day. It should be noted that the Human Rights Committee minutes dated back to September 2007. also read Risperdal 3 mg, twice a day and Tegretol 400 mg twice a day. In an interview with the Registered Nurse on April 4, 2008, she acknowledged the incorrect dosage of medications on the form.  3. The nurse' facility failed to ensure that Client #1's legs were elevated as recommended.  On April 2, 2008 at 7:40 PM, Client #1 was observed wearing ted stockings and AFO's. At 4:30 PM, the client was observed with swollen legs and ankles. Interview with the direct care staff at 5:30 PM indicated that the client wears ted stockings to prevent swollen legs. Record verification of the current physician orders revealed a diagnosis of poor lower extremity circulation. Review of the Health Management Care Plan dated January 17, 2008 revealed concern of Cardiovascular and the procedures are to elevate the client's lower limbs when sitting for prolonged periods of time. There was no observations that the direct care staff encouraged or allow Client #1 to elevate her lower limbs as recommended during the three day survey process.	W 331		
W 336	483.460(c)(3)(iii) NURSING SERVICES  Nursing services must include, for those clients certified as not needing a medical care plan, a	W 336	The facility's nurse will ensure that the individuals receive a documented head-to-toe assessment on a quarterly basis.	04/30/08

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W 336	Continued From page 8 review of their health status which must be on a quarterly or more frequent basis depending on client need.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a health status was reviewed by the nursing staff on a quarterly or more frequent basis for one of the three clients in the sample. (Client #1)  The finding includes:  Review of Client #1's medical record on April 3, 2008 at approximately 11:00 AM revealed nursing quarterly review dated May 2007 - July 2007. Further review revealed an annual nursing assessment dated January 17, 2008. There was no evidence that quarterly nursing reviews had been conducted from between August 2007 and January 2008. Interview with the Registered Nurse and the Qualified Mental Retardation confirmed that the quarterly assessment had not been completed because at the client's annual court review, the judge changed the client's annual Individual Support Plan date.	W 336		
W 368	483.460(k)(1) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that medications were given in compliance with the physician's orders for one of three clients in the sample. (Client #1)	W 368	The nursing staff will receive an in-service on the importance of administering Ativan as prescribed, when Client #1 experiences a seizure lasting 3 minutes or longer. (In-service scheduled 05/08/08)	

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W 368	Continued From page 9  The finding includes:  During the entrance conference on April 2, 2008 at 9:00 AM, the Qualified Mental Retardation Professional (QMRP) indicated that Client #1 had a diagnosis of seizure disorder. Review of the client's nursing note dated February 7, 2008 indicated that the client had a seizure lasting for three minutes. Further review of the client's current physician order revealed a order for Ativan IM, 2 ml for seizure activity lasting three minutes or three minutes of repeated seizures within one hour. Interview with the day nurse confirmed that the client had a seizure that lasted for three minutes as well as the written physician order. Review of the medication administration record (MAR) on April 3, 2008 at approximately 11:00 AM revealed no evidence that Ativan had been administered on February 7, 2008 as ordered.	W 368			
W 381	<b>483.460(l)(1) DRUG STORAGE AND RECORDKEEPING</b>  The facility must store drugs under proper conditions of security.  This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medications identified as controlled substances were secured under double lock for two of the three clients included in the sample. (Clients #2 and #3)  The findings include:  1. During the entrance conference on April 2, 2008 at 9:00 AM, the Qualified Mental	W 381	1. The facility will ensure that the Ativan is secured and stored under a double lock.  2. The facility will ensure that the Diastat Acudial 2 pack 5 mg/1 ml is secured and stored under a double lock.	05/01/08  05/01/08	

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W 381	Continued From page 10 Retardation Professional (QMRP) indicated that Client #1 had a diagnosis of seizure disorder. Review of the client's current physician order revealed a order for Ativan IM, 2 ml for seizure activity lasting three minutes or three minutes of repeated seizures within one hour. Inspection of the medication (Ativan) located in the refrigerator on April 4, 2008 at 8:30 AM revealed that the medication was stored under one lock. Interview with the day nurse indicated that only the nurse's had the combination number to the lock and therefore did not need to be double locked.  2. Review of Client #3's medical record on April 3, 2008 revealed a current physician order of Diastat Acudial 2 pack 5 mg/1 ml, insert rectally for seizures lasting longer that three minutes then send the client to the emergency room. Inspection of the medication cabinet on April 4, 2008 at approximately 8:40 AM revealed that the medication was stored under one lock. Interview with the day nurse indicated that only the nurse's had the combination number to the lock and therefore did not need to be double locked.	W 381		
W 436	483.470(g)(2) SPACE AND EQUIPMENT  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.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to maintain adaptive equipment for one of the three clients included in	W 436	Client #2's brace to the right leg was removed on 04/21/08. Additionally, she has a new shoe for her left leg and she's no longer wearing the shoe on her heel.	

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W 436	Continued From page 11 the sample. (Client #1)  The finding includes:  On April 2, 2008 at 7:30 AM, Client #1 was observed wearing leg braces attached to orthopedic shoes, bilaterally. During observations at the client's day program on April 2, 2008 at approximately 11:45 AM, the client was observed getting up from her seat and tripped over her shoe. The client's left shoe was observed being worn on the heel (clog style). Interview with the day program staff indicated that the client had been wearing her left shoes on the heel for a long time. The day program Case Manager had made inquiry to the residential Qualified Mental Retardation Professional (QMRP) regarding the shoes.  NOTE: Interview with the Registered Nurse (RN) and Qualified Mental Retardation Professional (QMRP) on April 4, 2008 at approximately 11:30 AM indicated that Client #1 received ankle foot orthoses (AFO) "approximately" October 2007. Review of the Client's clinical record revealed a Physical Therapy note dated November 5, 2007. At that time the client's shoes was assessed and the Pedorthist made a dorsi flex assist on the right shoes which was incorrect. The wear of the brace on the right leg will not affect her functionally but she does not need the apparatus on the right call. At that time, the Physical Therapist placed a call to the AFO Provider to correct the mistake.	W 436			
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.	W 455	Nursing staff received additional training on infection control and reviewed the facility's protocol on how to appropriately administer medication. (In-service		

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

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W 455	Continued From page 12  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a sanitary environment during medication administration for one of the three clients residing in the sample. (Client #1)  The finding includes:  During the medication administration observation on April 2, 2008 at 8:00 PM, the medication nurse was observed administering Client #1's medications. The nurse dropped a Depakote capsule on the tabletop, picking up the capsule and administering the medication to the client.  There was no evidence that proper infection control procedures were implemented during the medication administration.	W 455	scheduled for 05/08/08.		

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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 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.</p> <p>The finding includes:</p> <p>Review of the personnel files on April 3, 2008 revealed that the GHMRP failed to provide evidence of criminal background checks for three of the nine staff (Staff #5, #7 and #9).</p>	R 125	The facility has a current back-ground check for staff #5, #7 and #9.	

Health Regulation Administration

*Miatto Thomas*

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

TITLE  
*Vice President*

(X6) DATE

*5/5/08*

STATE FORM

6899

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If continuation sheet 1 of 1

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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A re-licensure survey was conducted from April 2, 2008 through April 4, 2008. A random sample of three residents was selected from a population of four female and two male residents with various levels of mental retardation and disabilities.</p> <p>The findings of the survey was 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>	I 000		
I 185	<p><b>3508.5(b) ADMINISTRATIVE SUPPORT</b></p> <p>Each GHMRP shall have an organization chart that shows the following:</p> <p>(b) The personnel in charge of the program components;</p> <p>This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have an organization chart the showed the personnel in charge of the program components.</p> <p>The finding includes:</p> <p>There was no organization chart that listed the personnel in charge of the program components.</p>	I 185	<p><del>_____</del></p> <p>Organizational Chart reflects personnel in charge of program components.</p>	4/30/08
I 186	<p><b>3508.5(c) ADMINISTRATIVE SUPPORT</b></p> <p>Each GHMRP shall have an organization chart that shows the following:</p> <p>(c) The categories and numbers of supportive and direct care staff; and...</p>	I 186	<p><del>_____</del></p> <p>Organizational Chart reflects supportive staff. Wholistic has only one staffing category.</p>	4/30/08

Health Regulation Administration  
*M. Thomas*  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*Vice President*

(X6) DATE  
*5/5/08*

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I 186	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on review of the policy and procedures manual and request of management staff, the GHMRP failed to provide an organizational chart depicting categories and numbers of supportive and direct care staff.</p> <p>The finding includes:</p> <p>Review of the GHMRP's administrative records on April 4, 2008 at 1:00 PM, revealed that the organization chart failed to list the categories and numbers of supportive and direct care staff.</p>	I 186		
I 206	<p><b>3509.6 PERSONNEL POLICIES</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties.</p> <p>The finding includes:</p> <p>On April 3, 2008 at approximately 2:00 PM, the personnel files were reviewed. Four out of nine</p>	I 206	<p>The health certificates for staff #5, #6 and #7, the physical therapist and LPN's #2, #3 and #5 are now updated in the facility's personnel files. QMRP will also develop a form that will track staff personal records (CPR, First Aid, Physical and etc.)</p>	04/30/08

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I 206	Continued From page 2  files failed to provide evidence that an annual health inventory was conducted. (Staff # 5, #6, #7 and #9), the physical therapist, and three of five Licensed Practical Nurses (LPN #2, #3, and #5).	I 206		
I 390	<p><b>3520.1 PROFESSION SERVICES: GENERAL PROVISIONS</b></p> <p>Each resident of a GHMRP, regardless of his or her age or degree of disability, shall receive the professional services required to meet his or her needs as identified in his or her individual habilitation plan in accordance with the current " Outcome Performance Measures " from the " Council on Quality and Leadership in Support for People With Disabilities " (Council) and to the extent of funds appropriated for purposes of D.C. Law 2-137, as amended.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure ophthalmology evaluations were completed for one of the three residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>A review of Resident #2's medical record was conducted on April 3, 2008 at approximately 3:30 PM. An ophthalmology consultation sheet dated February 1, 2008 documented that the consultant could not give an impression on the state of the residents sight. The consulted recommended that an exam be conducted while the resident was sedated. The medical record failed to show evidence that the Primary Care Physician was made aware of the recommendation for sedation.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on April 4, 2008 revealed</p>	I 390	See W 159	

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I 390	Continued From page 3  that Resident #2 had family involvement, however there was no evidence that the family was made aware of the recommendation. At the time of the survey Resident #2's vision had not been thoroughly evaluated as recommended.	I 390		
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 review, the GHMRP failed to ensure that as soon as the interdisciplinary team formulated Resident's Individual Program Plan (IPP), each resident received continuous active treatment services, for two of the three residents included in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <p>1. The facility failed to implement Resident #1's physical therapy program.</p> <p>On April 2, 2008, during evening observations from 4:10 PM until 8:30 PM, Resident #1 participated in table top activities from 4:20 PM until 6:00 PM. At 6:00 PM, the client had dinner. The resident was observed going to the basement level two times during the evening observations. Interview with the direct care staff indicated that the resident had a program to go up and down the stairs. Review of the resident's IPP dated January 23, 2008 revealed a program objective which stated, "[the client] will go up and down a flight of stairs one of one trial every hour (4 pm - 8 pm) at 100% of the trials five times a week for six months." There was no evidence</p>	I 422	<p>1. See W 249 2. See W 249-3 3. See W 249-3</p>	

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I 422	<p>Continued From page 4</p> <p>that the facility implemented Client #1's physical therapy program as indicated.</p> <p>2. The facility failed to implement Resident #2's recreation program as evidenced below:</p> <p>Review of Resident #2's Individual Support Plan, dated November 14, 2007, on April 8, 2008, at 12:30 PM revealed a recreation goal to improve his independent recreational and leisure skills. The objective read "Given Hand over Hand assistance [the resident] will place 5 pegs into a same shape sorter board on three out of three trials a week as recorded per month for three consecutive months, by November 2008."</p> <p>Review of the consultants first quarter review dated February 11, 2008 reflected that the program was not implemented until January 2008. In an interview with the Qualified Mental Retardation Professional (QMRP) on April 4, 2008, he acknowledged that the program did not start until January 2008.</p> <p>3. The facility failed to implement Resident #1's Behavior Support Plan (BSP) as written.</p> <p>On April 2, 2008 at 5:58 PM, 6:17 PM and 6:20 PM, Resident #1 was observed spitting at Resident #4 while sitting at the dining room table. The direct care staff was observed asking the resident to stop the behavior of spitting. Interview with the direct care staff indicated that the resident has a BSP to address her maladaptive behavior of spitting. Review of Resident #1's BSP dated May 13, 2007 confirmed the targeted behavior of "spitting at people". According to the intervention strategies to address the spitting behavior, the direct care staff, should move other residents away from Resident #1. There was no</p>	I 422		

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1422	Continued From page 5 observations that Resident #4 was moved while Resident #1 displayed her maladaptive behaviors of spitting.	1422		
1473	<p><b>3522.4 MEDICATIONS</b></p> <p>The Residence Director shall report any irregularities in the resident ' s drug regimens to the prescribing physician.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that medications were given in compliance with the physician's orders for one of three residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>During the entrance conference on April 2, 2008 at 9:00 AM, the Qualified Mental Retardation Professional (QMRP) indicated that Residents #1 had a diagnosis of seizure disorder. Review of the resident's nursing note dated February 7, 2008 indicated that the resident had a seizure lasting for three minutes. Further review of the resident's current physician order revealed a order for Ativan IM, 2 ml for seizure activity lasting three minutes or three minutes of repeated seizures within one hour. Interview with the day nurse confirmed that the resident had a seizure that lasted for three minutes as well as the written physician order. Review of the medication administration record (MAR) on April 3, 2008 at approximately 11:00 AM revealed no evidence that Ativan had been administered on February 7, 2008 as ordered.</p>	1473	See W 368	