

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

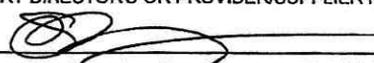
PRINTED: 05/13/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2013
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 07	STREET ADDRESS, CITY, STATE, ZIP CODE 78 53RD PLACE, SE WASHINGTON, DC 20019
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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	INITIAL COMMENTS A recertification survey was conducted from May 1, 2013 through May 2, 2013. A sample of three clients was selected from a population of five males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations in the home and two day programs, interviews with direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000		
W 382	483.460(I)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to keep all drugs locked securely when not being prepared for administration, for five of the five clients residing in the facility. (Clients #1, #2, #3, #4 and #5) The finding includes: On May 1, 2013, upon arrival to the facility at 7:45 a.m., all clients were preparing for departure to the day program. At 8:05 a.m., direct support	W 382	<p>Recieved DOH 5/24/13</p> <p>DSP was suspended for failure to comply with policies regarding medication storage. 5/3/13</p> <p>DSP retained on medication administration and storage by RN. 5/30/13 See attached RN will continue to monitor medication administration on a regular basis to ensure all policies and procedures are being followed</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE COMPLIANCE SUPERVISOR	(X6) DATE 5/24/13
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 382	<p>Continued From page 1</p> <p>professional #1 (DSP1) was observed sitting at the dining table looking through the medication administration record (MAR). DSP1 stated that he had just completed the morning medication administration and that he was the trained medication employee (TME). At 8:31 a.m., while walking downstairs to the basement, the surveyor looked over at the medication cabinet and discovered that the combination lock was not secured. Further observations revealed there were two (2) medication bubble packs (HydraAlazine HCL 50 mg) lying on the desk, which belonged to Client #5.</p> <p>At 8:35 a.m., the surveyor had to bring to DSP1's attention that he did not secure the clients' medications after he had completed the medication pass. A few moments later at approximately 8:37 a.m., interview with DSP1 revealed that when this surveyor arrived to the facility, there was a lot going on. Further interview with DSP1 revealed that he forgot to secure the medication cabinet and Client #5's medications. DSP1 stated that he would remember next time to secure the medication cabinet after the completion of the morning medication pass.</p> <p>At the time of the survey, there was no evidence that each medication had been secured.</p>	W 382		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2013
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 07	STREET ADDRESS, CITY, STATE, ZIP CODE 78 53RD PLACE, SE WASHINGTON, DC 20019
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I 000	INITIAL COMMENTS A licensure survey was conducted from May 1, 2013 through May 2, 2013. A sample of three residents was selected from a population of five males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and at two day programs, interviews with direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	I 000		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHIID) failed to maintain the interior of the facility, for five of five residents in the facility. (Residents #1, #2, #3, #4, and #5) The finding includes: Observation during the inspection of the environment on May 1, 2013, beginning at 12:30 p.m., revealed the plastic covers on six of the dining room chairs were torn.	I 090	The covering on all chairs has been replaced. HM and Facilities Manager	5/2/13

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **COMPLIANCE SUPERVISOR** (X6) DATE **5/2/13**

Health Regulation & Licensing Administration

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I 090	Continued From page 1 The house manager (HM #1), who was present during the environmental inspection, confirmed the above findings. HM #1 also stated findings would be addressed with maintenance.	I 090	will continue to conduct scheduled environmental audits to ensure facility interior and exterior is maintained as mandated.	