

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

PRINTED: 02/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2014
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 05	STREET ADDRESS, CITY, STATE, ZIP CODE 6627 1ST STREET, NW WASHINGTON, DC 20012
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from February 6, 2014 through February 7, 2014. A sample of two clients was selected from a population of four males with varying degrees of intellectual disabilities. This survey was conducted utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations, interviews, and review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Behavior Support Plan - BSP Human Rights Committee - HRC Program Director - PD Residential Coordinator - RC Day Program Staff - DPS Group Home for Individuals with Intellectual Disabilities - GHIID Physician's Orders - POS Registered Nurse -RN Individual Support Plan - ISP Medication Administration Record - MAR Milligram -mg Qualified Intellectual Disabilities Professional - QIDP Tablet - tab</p>	W 000		
W 124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental</p>	W 124		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **COMPLIANCE SUPERVISOR** (X6) DATE **2/24/14**

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 124	<p>Continued From page 1 and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights of each client and their legal guardian/surrogate decision-maker to be accurately informed of the dosage of medications prescribed as sedation prior to appointments, for two of the four clients residing in the facility. (Clients #2 and #4)</p> <p>The findings include:</p> <p>1. During the entrance conference on February 6, 2014, at 9:15 a.m., interview with the facility's QIDP revealed that Client #2's mother acts as the client's designated surrogate health care decision-maker due to the client's inability to give informed consent.</p> <p>On February 6, 2014, at 3:48 p.m., review of Client #2's psychological assessment dated January 22, 2014, revealed that the client lacks the capacity to grant, refuse, or withdraw consent for medical treatment.</p> <p>On February 7, 2014, at 3:08 p.m., review of the MAR revealed that on May 7, 2013, and September 13, 2013, Client #2 was administered Ativan 4 mg by mouth, one hour prior to ophthalmology appointments. Review of the physician's orders dated April 12, 2013, and September 10, 2013, confirmed that Client #2 was prescribed Ativan 4 mg by mouth, one hour prior to the aforementioned ophthalmology appointments.</p>	W 124		

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W 124	<p>Continued From page 2</p> <p>On February 7, 2014, at 3:43 p.m., review of the "Consent for Planned Use of Psychotropic Medications and other Restricted Controls forms revealed that Client #2 's surrogate health care decision-maker approved the administration Ativan 2 mg on May 2, 2013 and September 13, 2013.</p> <p>Interview with the facility's RN on February 7, 2014, at 3:45 p.m., confirmed that Client #2's surrogate health care decision-maker only consented to the administration of Ativan 2 mg prior to the aforementioned appointments.</p> <p>At the time of the survey, the facility failed to provide evidence that Client #2 's healthcare decision-maker consented to the administration of Ativan 4 mg.</p> <p>2. During the entrance conference on February 6, 2014, at 9:15 a.m., interview with the facility's QIDP revealed that Client #4 has a guardian due to his inability to give informed consent.</p> <p>On February 6, 2014, at 4:11 p.m., review of Client #4's psychological assessment dated October 28, 2012, revealed that the client lacks the capacity to grant, refuse, or withdraw consent for medical treatment.</p> <p>On February 7, 2014, at 3:51 p.m., review of the MAR revealed that on November 15, 2013, Client #4 was administered Ativan 4 mg by mouth, one hour prior to echocardiogram evaluation. Review of the physician's order dated October 31, 2013, confirmed that Client #4 was prescribed Ativan 4 mg by mouth one hour prior to the aforementioned echocardiogram evaluation.</p>	W 124	<p>Health care decision maker was informed of the administration of 4mg on 4/12/13 and 9/10/13</p>	2/25/14
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W 124	Continued From page 3 On February 7, 2014, at 3:58 p.m., review of the "Consent for Planned Use of Psychotropic Medications and other Restricted Controls forms revealed that Client #4 's guardian approved the administration Ativan 2 mg on November 1, 2013. Interview with the facility's RN on February 7, 2014, at 4:05 p.m., confirmed that Client #4's guardian only consented to the administration of Ativan 2 mg prior to the aforementioned appointment. At the time of the survey, the facility failed to provide evidence that Client #4 's guardian consented to the administration of Ativan 4 mg.	W 124	Guardian was informed that client #4 had 4mg of ativan administered on 11/1/13. In order to preclude this error, the following protocol will be followed. Specialist If PCP recommends sedation, review with PCP. If PCP is in agreement, dosage of said sedation will be recommended/prescribed by the PCP. QIDP will be inform guardian/health surrogate about the recommendation for sedation and invite them to participate in HRC meeting via phone or in person.	2/26/14	

HRC will review including purpose, risks, benefits of sedation and the correct dosage. If HRC agrees, QIDP will obtain written consent that states proper dosage and purpose prior to sedation.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2014
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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from February 6, 2014 through February 7, 2014. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews and review of resident and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Behavior Support Plan - BSP Human Rights Committee - HRC Program Director - PD Residential Coordinator - RC Day Program Staff - DPS Group Home for Individuals with Intellectual Disabilities - GHIID Physician's Orders - POS Registered Nurse -RN Individual Support Plan - ISP Medication Administration Record - MAR Milligram -mg Qualified Intellectual Disabilities Professional - QIDP Tablet - tab</p>	I 000		
I 500	<p>3523.1 RESIDENT'S RIGHTS</p> <p>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.</p> <p>This Statute is not met as evidenced by:</p>	I 500		

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE



COMPLIANCE SUPERVISOR

2/24/14

Health Regulation & Licensing Administration

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I 500	<p>Continued From page 1</p> <p>Based on interview and record, the GHIID failed to ensure the rights of each resident and their legal guardian/surrogate decision-maker to be accurately informed of the dosage of medications prescribed as sedation prior to appointments, for two of the four residents residing in the facility. (Residents #2 and #4)</p> <p>The findings include:</p> <p>[Refer to Federal Deficiency Report - W124].</p> <p>1. During the entrance conference on February 6, 2014, at 9:15 a.m., interview with the facility's QIDP revealed that Resident #2's mother acts as the resident's designated surrogate health care decision-maker due to the resident's inability to give informed consent.</p> <p>On February 6, 2014, at 3:48 p.m., review of Resident #2's psychological assessment dated January 22, 2014, revealed that the resident lacks the capacity to grant, refuse, or withdraw consent for medical treatment.</p> <p>On February 7, 2014, at 3:08 p.m., review of the MAR revealed that on May 7, 2013, and September 13, 2013, Resident #2 was administered Ativan 4 mg by mouth, one hour prior to ophthalmology appointments. Review of the physician's orders dated April 12, 2013, and September 10, 2013, confirmed that Resident #2 was prescribed Ativan 4 mg by mouth, one hour prior to the aforementioned ophthalmology appointments.</p> <p>On February 7, 2014, at 3:43 p.m., review of the "Consent for Planned Use of Psychotropic Medications and other Restricted Controls forms</p>	I 500	<p>Health care decision maker was informed of the administration of 4mg on 4/12/13 and 9/10/13</p>	2/25/14

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I 500	<p>Continued From page 2</p> <p>revealed that Resident #2 's surrogate health care decision-maker approved the administration Ativan 2 mg on May 2, 2013 and September 13, 2013.</p> <p>Interview with the facility's RN on February 7, 2014, at 3:45 p.m., confirmed that Resident #2's surrogate health care decision-maker only consented to the administration of Ativan 2 mg prior to the aforementioned appointments.</p> <p>At the time of the survey, the facility failed to provide evidence that Resident #2 's healthcare decision-maker consented to the administration of Ativan 4 mg.</p> <p>2. During the entrance conference on February 6, 2014, at 9:15 a.m., interview with the facility's QIDP revealed that Resident #4 has a guardian due to his inability to give informed consent.</p> <p>On February 6, 2014, at 4:11 p.m., review of Resident #4's psychological assessment dated October 28, 2012, revealed that the resident lacks the capacity to grant, refuse, or withdraw consent for medical treatment.</p> <p>On February 7, 2014, at 3:51 p.m., review of the MAR revealed that on November 15, 2013, Resident #4 was administered Ativan 4 mg by mouth, one hour prior to echocardiogram evaluation. Review of the physician's order dated October 31, 2013, confirmed that Resident #4 was prescribed Ativan 4 mg by mouth one hour prior to the aforementioned echocardiogram evaluation.</p> <p>On February 7, 2014, at 3:58 p.m., review of the "Consent for Planned Use of Psychotropic Medications and other Restricted Controls forms</p>	I 500	<p>2. Guardian was informed that client #4 had 4mg of Ativan administered on 1/1/13</p>	2/24/14

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