

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

PRINTED: 03/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2012
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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 04	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 PERRY 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 INITIAL COMMENTS

A re-certification survey was conducted from March 13, 2012 to March 15, 2012. The survey was initiated utilizing the fundamental survey process.

A random sampling of three residents was selected from a population of three females and two males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at two day programs, as well as a review of the resident and administrative records, including the incident reports.

The qualified mental retardation professional (QMRP) will be referred to as the qualified intellectual disabilities professional (QIDP) in this report.

W 426 483.470(d)(3) CLIENT BATHROOMS

The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.

This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the water temperature did not exceed 110 degrees Fahrenheit (F) for five of five clients residing in the facility. (Client #1, #2, #3, #4 and #5)

The finding includes:
Observation on March 13, 2012, at approximately

W 000

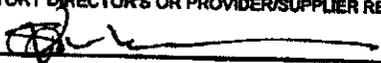
Renewal 4/10/12

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

W 426

Water temperature has been regulated and is being monitored. See documentation. Staff will notify house mgr and main office in the event that temperature exceeds 110F. HM will review documentation on a weekly basis to ensure temp does not exceed 110 F

3/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE COMPLIANCE SUPERVISOR	(X6) DATE 4/5/12
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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 426	Continued From page 1 11:56 a.m., revealed steam was rising from the running water in the bathroom sink during the environmental inspection. Further inspection of the water temperature with the maintenance manager (MM), the house manager (HM) and the qualified intellectual disabilities professional (QIDP) on March 13, 2012, at approximately 11:57 a.m., revealed the water temperature measured 120 F. The MM, HM and the QIDP confirmed the 120 degree water temperature. The MM indicated he would lower the temperature on the thermometer to get the water temperature down below 110 F. At the time of the survey, there was no evidence the facility ensured that the temperature of the water did not exceed 110 degrees Fahrenheit. On March 13, 2012, at 6:05 p.m., the surveyor and the QIDP rechecked the hot water temperature and it measured 114 degrees Fahrenheit. On the same evening at 8:15 p.m., The temperature was checked again and measured 105 degrees Fahrenheit. The lower water temperature (less than 110 degrees) Fahrenheit was verified by the QIDP.	W 426	Individual was hospitalized from 3/17-3/23/12. He was placed on jejuny 1.5 tube feeding formula while hospitalized. However this was discontinued and the new diet order specifying total of 690 ml = 1380 kcal and 57 grams of protein was implemented per the nutritionist. (See attached) Nutritionist will monitor on a quarterly basis. QMRP and RN will review all diet orders to ensure	3/23/12	
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a modified	W 460	sustenance is provided in accordance with assessed needs.		

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W 460	<p>Continued From page 2</p> <p>diet was provided in accordance with assessed needs, for one of three clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>a. On March 13, 2012, at 7:56 p.m., the evening shift licensed practical nurse (LPN) was observed to administer Client #1 a bolus feeding of 2 Cal HN enteral feeding, 100 cc via gastrostomy tube.</p> <p>Interview with the evening shift LPN on March 13, 2012, at 7:56 p.m., revealed that Client #1 was prescribed to receive bolus feedings of 2 Cal HN enteral feeding, 100 cc via gastrostomy tube at 7:00 p.m. and 4:00 a.m., and 200 cc via gastrostomy tube at 4:00 p.m. and 12:00 a.m. (totaling 1200 cc/24 hours). On March 15, 2012, at 10:20 a.m., the designated registered nurse (RN) revealed that the client was currently receiving tube feedings as recommended by the nutritionist and prescribed by the primary care physician (PCP).</p> <p>Review of the physicians' orders dated March 1, 2012, on March 13, 2012, at 7:59 p.m., confirmed Client #1's dietary order stated, "Bolus feedings of 2 Cal HN, 200 mls. at 4 p.m. 100 mls. at 7 p.m., 200 mls. at 12 a.m., 100 mls. 4 a.m. - This will provide 1400 calories and 49 gms. of protein/day."</p> <p>On March 15, 2012, at 10:25 a.m., review of the product information on the enteral feeding label revealed that 237 mls. (ccs) contained 475 calories. Based on this information, it was determined that the prescribed 600 mls. of 2 Cal HN enteral feeding only provided 1202 calories.</p>	W 460		

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W 460	<p>Continued From page 3</p> <p>Further review of the product information revealed the amount of feeding prescribed provided approximately 63% of the dietary reference intake (DRI). At the time of the survey, there was no evidence the prescribed amount of tube feeding provided 1400 calories/24 hrs. as stated in the physician's order.</p> <p>b. On March 13, 2012, at 7:54 p.m., the evening shift LPN was observed to administer Client #1 Generlac 10 gms./15 mls., 40 gms./60 mls. via gastrostomy tube.</p> <p>Further discussion with the evening shift LPN on March 13, 2012, at 7:55 p.m., revealed that Client #1 was prescribed Generlac and several other medications to prevent constipation. The LPN also revealed that the client's medications included Vitamin D, iron, and Prolia.</p> <p>Review of the physician's orders dated March 1, 2012, on March 13, 2012, at 7:59 p.m. confirmed that Client #1's was prescribed the aforementioned medications, which included Prolia 60 mg./ml., 1 ml. once every 6 months subcutaneously for osteoporosis. The drug information review revealed a recommendation to supplement the diet with calcium when taking the medication. On March 15, 2012, at 10:25 a.m., review of the enteral feeding product information for Client #1's prescribed tube feeding revealed that 600 mls. of 2 Cal HN provided approximately 63% of the DRI for calcium.</p> <p>At the time of the survey, however, there was no evidence the client's dietary regimen was reviewed/revised to determine potential nutritional risks when the tube feeding providing less than</p>	W 460			

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W 460 W9999	Continued From page 4 the DRI for vitamins and minerals. FINAL OBSERVATIONS The following observation was made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate action to prevent a potential non-compliant practice: On March 13, 2012, at 5:35 p.m., Client #5 appeared to be overweight for her height. On the same day, at approximately 5:47 p.m., the qualified intellectual disabilities revealed the client was prescribed a low calorie diet to help her lose weight. On March 14, 2012, at 3:35 p.m., record review confirmed a physician's order dated January 1, 2012, that prescribed for Client #5 to "discontinue Carbohydrate Controlled, High Fiber, Low Cholesterol Diet with Bite Sized food (1300 - 1500 calories). Begin providing Carbohydrate Controlled, High Fiber, Low Cholesterol, Bite size (1200 calories), single portions at all meals." On March 14, 2012 at 3:39 p.m., the record review revealed Client #5's weight had increased by 15% (24 pounds) from April 2011(135 pounds) to March 2012 (158 pounds). On March 15, 2012 at 12:55 p.m., review of Client #5's annual nutritional assessment, dated August 15, 2011, revealed the client's healthy weight range was 104 to 135 pounds for her height of 62 inches. Continued record review revealed the client had exceeded her maximum "ideal body weight of 135 pound" by 24 pounds and was still gaining weight.	W 460 W9999	Individual had an endocrinology consult 3/14/12 on 3/14/12. Included in the instruction was * Encourage exercise * continue to follow up with PCP for health maintenance Endocrinologist is aware of and monitoring her weight (see attachment) as vital signs and weight were taken at appt. PCP also addressed her weight during his 3/16/12 visit.	

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A random sampling of three residents was selected from a population of three females and two males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at two day programs, as well as a review of the resident and administrative records, including the incident reports.

The qualified mental retardation professional (QMRP) will be referred to as the qualified intellectual disabilities professional (QIDP) in this report.

W 000

Renewed 4/6/12

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

W 426 483.470(d)(3) CLIENT BATHROOMS

The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.

This STANDARD is not met as evidenced by:
Based on observation and staff interview, the facility failed to ensure the water temperature did not exceed 110 degrees Fahrenheit (F) for five of five clients residing in the facility. (Client #1, #2, #3, #4 and #5)

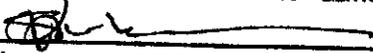
The finding includes:

Observation on March 13, 2012, at approximately

W 426

Water temperature has been regulated and is being monitored. See documentation. Staff will notify house mgr and main office in the event that temperature exceeds 110F. HH will renewed documentation on a weekly basis to ensure temp does not exceed 110 F

3/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE COMPLIANCE SUPERVISOR	(X6) DATE 4/5/12
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Health Regulation & Licensing Administration

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R 000	INITIAL COMMENTS A re-licensing survey was conducted from March 13, 2012 to March 15, 2012. A random sampling of three residents was selected from a population of three females and two males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at two day programs, as well as a review of the resident and administrative records, including the incident reports. The qualified mental retardation professional (QMRP) will be referred to as the qualified intellectual disabilities professional (QIDP) in this report.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure all criminal background checks covered where a staff lived or worked during the seven year period prior to their employment, for two of nine employee records reviewed. (Staff #1 and #7) The finding includes: The facility failed to ensure a full pre-employment screening that included a staff's seven year	R 125	The provider has developed a system, ^{in which} a pre-employment criminal background check is completed. Upon successful completion of the hiring process a criminal background screening is completed on the prospected employee. All documents that substantiate the full and comprehensive screening shall be filed and managed accordingly. The monitoring agent conducting a review shall be given the relevant information upon request and in a timely fashion. Please find attached	4-15-12

Health Regulation & Licensing Administration

TITLE

(X6) DATE

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

Nickie N. Thomas Vice President 5/3/12

STATE FORM

6889

990411

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 04		STREET ADDRESS, CITY, STATE, ZIP CODE 1314 PERRY 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) COMPLETE DATE
R 125	Continued From page 1 history as outlined below: 1. Staff #1 worked in the District of Columbia (DC) and lived in Maryland (MD) prior to hire. There was no evidence presented or on file to reflect that a DC background check was completed. Interview with qualified intellectual disabilities professional (QIDP) on March 15, 2012, at 12:28 p.m., confirmed that the DC background check was not on record. 2. Staff #7 worked in the DC and lived in MD prior to hire. There was no evidence presented or on file to reflect that a DC background check was completed. Interview with QIDP on March 15, 2012, at 12:32 p.m., confirmed that the DC background check was not on record.	R 125	the complete background information for the staff specified in the deficiency report.	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2012
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Health Regulation & Licensing Administration

TITLE

(X5) DATE

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

Nicholas N. Thomas

Vice President

5/3/12

STATE FORM

6889

880411

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2012
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