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3/22/12  
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHOLISTIC HOME &amp; COMMUNITY BASED SE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1449 ROXANNA ROAD NW WASHINGTON, DC 20012</b>
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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
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1 000 INITIAL COMMENTS 1 000

A licensure survey was conducted March 5, 2012. A sample of two residents was selected from a population of three men with various intellectual disabilities.

The findings of the survey were based on observations and interviews with staff and residents, 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.]

1 401 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS 1 401

Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.

This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure professional services that included treatment services, and services designed to prevent deterioration or further loss of functioning by the resident for one of one resident in the investigation. (Resident #2)

The finding includes:

On March 5, 2012, at approximately 7:42 a.m., Resident #2 was observed sitting in the facility's living room. The resident was observed to use a

Nutrition assessment and Pab have been submitted to SC along with a request

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

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I 401	<p>Continued From page 1</p> <p>three prong cane and he wore orthopedic shoes. One of his shoes were observed to be built up higher than the other. The resident was also observed to be slightly obese. Interview with the House Manager (HM) on March 5, 2012, at approximately 5:03 p.m. revealed that the resident participates in exercising at a local gym. According to the HM, Resident #2 sometimes uses the treadmill at the local gym wearing his orthopedic shoes.</p> <p>Record review on March 5, 2012 at approximately 5:10 p.m., revealed a physician's order for an exercise program. The order also recommended that the physical therapist assess the client to determine the appropriate exercise program. There was no evidence that the physical therapist provided an assessment or was made aware of the client's use of the treadmill wearing orthopedic shoes.</p>	I 401	<p>for service authorization for PT services. Upon receipt of authorization, provider will ensure timely acquisition of the service. See attached. 4/5/11</p> <p>QIDP will review all other individual records to ensure all assessments are in place and complied with 3/20/11</p> <p>Team will ensure that all records are reviewed on a quarterly basis to verify that assessments are in place and complied with 3/23/11</p>