

AB/MW
Received 11/2/08

PRINTED: 12/20/2007
FORM APPROVED

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 12/14/2007
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 05		STREET ADDRESS, CITY, STATE, ZIP CODE 8627 1ST STREET, NW WASHINGTON, DC 20012		
(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
1 000	INITIAL COMMENTS. A licensure survey was conducted from December 12, 2007 thru December 14, 2007. The survey was initiated using the full survey process. A random sample of three clients was selected from a client population of six males with various disabilities. The findings of the survey were based on observations, interviews with staff in the home and one day program, as well as a review of client and administrative records, including incident reports.	1 000		
1 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record verification, the GHMRP failed to hold evacuation drills under varied conditions. The finding includes: Review of the facility's fire drill records on December 13, 2007 at approximately 9:00 AM revealed that the fire drills were conducted via the front/back, basement, and side door. During the environmental walk thru on December 14, 2007 at approximately 12:15 PM revealed an exit from Residents #1, #2, and #3's bedroom. Interview with the House Manager and Qualified Mental Retardation Professional (QMRP) at approximately 12:20 PM acknowledged that fire drills had not been conducted using the exit in Residents #1, #2, and #3's bedroom. There was no evidence that evacuation drills were held under varied conditions.	1 135	I 135 The fire drill form has been revised to include the exit in clients #1, #2 and #3's bedroom. Staff have been in-serviced/trained (please find evidence herewith) to use the above-stated bedroom exit during drills, and to conduct drills under varied conditions. The House Manager will, on a monthly basis review the fire drill records to ensure that drills are conducted during varied conditions and all exits are utilized during drills.	12/31/07

Health Regulation Administration

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

TITLE

Via Product

(X6) DATE

11/2/08

STATE FORM

EQCE11

If continuation sheet 1 of 8

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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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1379	<p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 3519.6, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to report incidents that pose a risk to client health or safety to governmental agencies, as required by DC regulation (22 DCMR Chapter 35 Section 3519.10).</p> <p>The finding include:</p> <p>Review of an unusual incident dated October 11, 2007 on December 12, 2007 at approximately 10:00 AM revealed that Client #1 was taken to Providence Hospital from the day program for further evaluation of tremors. Interview with the Qualified Mental Retardation Professional (QMRP) on December 14, 2007 at approximately 11:50 AM acknowledged that the incident was not forwarded to the Department of Health (DOH).</p>	1379	<p>I 379</p> <p>Staff have been in-serviced/trained on incident management and reporting (please find evidence herewith) Staff training will be done semi-annually or as needed. In the future, The Qualified Mental Retardation Professional (QMRP) will ensure that unusual incidents are reported to the necessary authorities.</p>	12/31/07
1401	<p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment</p>	1401		

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I 401	<p>Continued From page 2</p> <p>services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the that all of the psychotropic medications was included on the Behavioral Support Plan (BSP) for one of three residents in the sample (Resident #3); and to update the Health Management Care Plan (HMCP) for one of three residents in the sample (Resident #3).</p> <p>The findings include:</p> <p>1. Observation of the medication pass on December 12, 2007 at approximately 7:20 PM revealed that Resident #3 was administered Seroquel 200 mg by mouth. Interview with the Trained Medication Employee (TME) on December 12, 2007 at approximately 7:25 PM at revealed that the medication was used for behavior management. Review of Resident #3's physician's order sheet (POS) dated November 28, 2007 on December 13, 2007 at approximately 1:40 PM revealed that the client was prescribed Seroquel 200 mg by mouth twice a day for behavioral management. Review of the Human Rights Committee (HRC) minutes dated June 13, 2007 on December 13, 2007 at approximately 1:45PM revealed that Resident #3 was approved to receive Seroquel 200 mg PO by mouth twice a day for behavioral management. Review of Resident #3's Behavioral Support Plan (BSP) dated June 4, 2007 on December 13, 2007 at approximately 1:55 PM revealed that the BSP had not been updated to include Seroquel 200 mg by mouth twice a day. In an Interview with the Qualified Mental Retardation Professional</p>	I 401	<div style="border: 1px solid black; padding: 5px;"> <p>I 401, 1 The psychologist has revised client #3's Behavior Support Plan (BSP) to include all psychotropic medications. The QMRP will, on a monthly basis compare the BSP with the Physician's Order Sheets to ensure that psychotropic medications are consistently specified on both documents.</p> </div>	12/31/07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 090158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2007
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 05		STREET ADDRESS, CITY, STATE, ZIP CODE 6627 16T STREET, NW WASHINGTON, DC 20012		
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I 401	Continued From page 3 (QMRP) on December 13, 2007 at approximately 2:25 PM, it was acknowledged that Seroquel, 200 mg by mouth twice a day was not included on the BSP. There was no documented evidence that the psychologist revised the BSP to incorporate all of the residents' psychotropic medications. 2. The facility's nursing staff failed to updated Client #3's HMCP as evidenced by: a. Review of Resident #3's Health Management Care Plan (HMCP) on December 13, 2007 at approximately 2:50 PM revealed that the HMCP had not been updated to include the resident's diagnosis of Chronic Tic Disorder. In an interview with the Registered Nurse (RN) on December 13, 2007 at approximately 3:00 PM it was acknowledged that the HMCP had not been updated to include the client's diagnosis of Chronic Tic Disorder. In an interview with the RN on December 13, 2007 at approximately 3:00 PM it was acknowledged that the HMCP had not been updated to include the resident's diagnosis of Chronic Tic Disorder. There was no documented evidence that the HMCP had been updated after August 21, 2007 to include the diagnosis of Chronic Tic Disorder. b. Review of Resident #3's Health Management Care Plan (HMCP) on December 13, 2007 at approximately 2:52 PM revealed that the HMCP had not been updated to ensure that the client was to receive one can of Ensure once a day to meet his nutritional needs. In an interview with the RN on December 13, 2007 at approximately 3:10 PM it was acknowledged that the HMCP had not been updated to ensure that Resident #3 was to receive one can of Ensure once a day to meet his nutritional needs. There was no documented	I 401	I 401, 2a Client #3's Health Management Care Plan (HMCP) has been updated to include the diagnosis of Chronic Tic Disorder. The facility's Registered Nurse (RN) will, on a quarterly basis or as needed review/revise the HMCP to ensure that all diagnoses are reflected on the HMCP. I 401, 2b Cross Reference W 441	12/31/07

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I 401	Continued From page 4 evidence that the HMCP had been updated after August 21, 2007 to to ensure that the client received one can of Ensure once a day.	I 401		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to ensure that one of two residents were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs). (Resident #1 and Resident #3) The finding includes: 1. Cross-refer to W159.1 and W159. The QMRP failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. 2. The QMRP failed to coordinate services with the psychologist to ensure that the psychologist revised the Behavior Support Plan (BSP) to incorporate all of Resident # 3's psychotropic medications as evidenced by: Observation of the medication pass on December 12, 2007 at approximately 7:20 PM revealed that Resident #3 was administered Seroquel 200 mg by mouth. Interview with the Trained Medication Employee (TME) on December 12, 2007 at approximately 7:25 PM revealed that the medication was used for behavior management. Review of Resident #3's physician's order sheet	I 422	I 422, 1 Cross Reference W 189 I 422, 2 Cross Reference W 159, 2	

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1422	Continued From page 5 (POS) dated November 28, 2007 on December 13, 2007 at approximately 1:40 PM revealed that the client was prescribed Seroquel 200 mg by mouth twice a day for behavioral management. Review of the Human Rights Committee (HRC) minutes dated June 13, 2007 on December 13, 2007 at approximately 1:45 PM revealed that Resident #3 was approved to receive Seroquel 200 mg PO by mouth twice a day for behavioral management. Review of Resident #3's Behavioral Support Plan (BSP) dated June 4, 2007 on December 13, 2007 at approximately 1:55 PM revealed that the BSP had not been updated to include Seroquel 200 mg by mouth twice a day. In an Interview with the Qualified Mental Retardation Professional (QMRP) on December 13, 2007 at approximately 2:25 PM, it was acknowledged that Seroquel 200 mg by mouth twice a day was not included on the BSP. There was no documented evidence that the QMRP coordinated services with the psychologist to revise the BSP to incorporate all of the clients' psychotropic medications.	1422			

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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 06	STREET ADDRESS, CITY, STATE, ZIP CODE 6677 1ST STREET, NW WASHINGTON, DC 20012
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W 000	INITIAL COMMENTS A recertification survey was conducted from December 12, 2007 thru December 14, 2007. The survey was initiated using the full survey process. A random sample of three clients was selected from a client population of six males with various disabilities. The findings of the survey were based on observations, interviews with staff in the home and one day program, as well as a review of client and administrative records, including incident reports.	W 000		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report incidents that pose a risk to client health or safety to governmental agencies, as required by DC regulation (22 DCMR Chapter 35 Section 3518.10). The finding include: Review of an unusual incident dated October 11, 2007 on December 12, 2007 at approximately 10:00 AM revealed that Client #1 was taken to Providence Hospital from the day program for further evaluation of tremors. Interview with the Qualified Mental Retardation Professional (QMRP) on December 14, 2007 at approximately 11:50 AM acknowledged that the incident was not	W 153	<div style="border: 1px solid black; padding: 5px;"> <p>W 153 Staff have been in-serviced/trained on incident management and reporting (please find evidence herewith). Training will be conducted semi-annually or as needed. In the future, The Qualified Mental Retardation Professional (QMRP) will ensure that unusual incidents are reported to the necessary authorities.</p> </div>	12/31/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mietta Thomas TITLE: Vice President (X6) DATE: 1/2/08

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 60 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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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 05	STREET ADDRESS, CITY, STATE, ZIP CODE 6827 1ST STREET, NW WASHINGTON, DC 20012
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W 153	Continued From page 1 forwarded to the Department of Health (DOH).	W 153		
W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services for one of two clients in the facility. (Client #1 and Client #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Cross refer to W189. The QMRP failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. 2. The QMRP failed to coordinate services with the psychologist to ensure that the psychologist revised the Behavior Support Plan (BSP) to incorporate all of Client # 3s' psychotropic medications as evidenced by: <p>Observation of the medication pass on December 12, 2007 at approximately 7:20 PM revealed that Client #3 was administered Seroquel 200 mg by mouth. Interview with the Trained Medication Employee (TME) on December 12, 2007 at approximately 7:25 PM revealed that the medication was used for behavior management. Review of Client #3's physician's order sheet (POS) dated November 28, 2007 on December</p>	W 159	<div data-bbox="889 997 1307 1081" style="border: 1px solid black; padding: 5px;"> <p>W 159,1 Refer to W189</p> </div> <div data-bbox="889 1150 1307 1633" style="border: 1px solid black; padding: 5px;"> <p>W 159, 2 The psychologist has revised client #3's Behavior Support Plan (BSP) to include all psychotropic medications. The QMRP will, on a monthly basis compare the BSP with the Physician's Order Sheets to ensure that psychotropic medications are consistently specified on both documents.</p> </div>	12/31/07

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W 159	Continued From page 2 13, 2007 at approximately 1:40 PM revealed that the client was prescribed Seroquel 200 mg by mouth twice a day for behavioral management. Review of the Human Rights Committee (HRC) minutes dated June 13, 2007 on December 13, 2007 at approximately 1:45 PM revealed that Client #3 was approved to receive Seroquel 200 mg PO by mouth twice a day for behavioral management. Review of Client #3's Behavioral Support Plan (BSP) dated June 4, 2007 on December 13, 2007 at approximately 1:55 PM revealed that the BSP had not been updated to include Seroquel 200 mg by mouth twice a day. In an interview with the Qualified Mental Retardation Professional (QMRP) on December 13, 2007 at approximately 2:25 PM, it was acknowledged that Seroquel 200 mg by mouth twice a day was not included on the BSP. There was no documented evidence that the QMRP coordinated services with the psychologist to revise the BSP to incorporate all of the clients' psychotropic medications.	W 159			
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The findings include:	W 189			

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W 189 Continued From page 3
The facility failed to ensure that staff had received effective training on implementing Client #1's dental program as evidence below:

Review of Client #1's Individual Support Plan (ISP) dated February 8, 2007 on December 13, 2007 at approximately 3:25 PM revealed an Individual Program Plan (IPP) objective. According to the objective, when given verbal prompts, Client #1 will brush his teeth after meals 60% of the recorded trial period. Interview with the Qualified Mental Retardation Professional (QMRP) on December 14, 2007 at approximately 12:00 PM acknowledged that staff had not received training on implementing Client #1's dental program. Reviewed of the In-service training book on December 14, 2007 at approximately 12:05 PM revealed no evidence that staff had been trained on Client #1's dental program.

W 189

W 189
Staff have been trained on the implementation of client#1's dental program (Please find evidence herewith). Staff will be in-serviced/trained semi-annually or as needed.

12/31/07

W 289 483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR

The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's Individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.

This STANDARD is not met as evidenced by: Based on interview and record review, the psychologist failed to revise the Behavior Support Plan (BSP) to incorporate all psychotropic medications for one of three clients included in the sample. (Client #3)

The finding includes:

W 289

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W 289	Continued From page 4 Observation of the medication pass on December 12, 2007 at approximately 7:20 PM revealed that Client #3 was administered Seroquel 200 mg by mouth. Interview with the Trained Medication Employee (TME) on December 12, 2007 at approximately 7:25 PM at revealed that the medication was used for behavior management. Review of Client #3's physician's order sheet (POS) dated November 28, 2007 on December 13, 2007 at approximately 1:40 PM revealed that the client was prescribed Seroquel 200 mg by mouth twice a day for behavioral management. Review of the Human Rights Committee (HRC) minutes dated June 13, 2007 on December 13, 2007 at approximately 1:45 PM revealed that Client #3 was approved to receive Seroquel 200 mg PO by mouth twice a day for behavioral management. Review of Client #3's Behavioral Support Plan (BSP) dated June 4, 2007 on December 13, 2007 at approximately 1:55 PM revealed that the BSP had not been updated to include Seroquel 200 mg by mouth twice a day. In an interview with the Qualified Mental Retardation Professional (QMRP) on December 13, 2007 at approximately 2:25 PM, it was acknowledged that Seroquel 200 mg by mouth twice a day was not included on the BSP. There was no documented evidence that the psychologist revised the BSP to incorporate all of the clients' psychotropic medications.	W 289	W 289 Cross Reference W159, 2		
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 staff interview and record review the	W 331			

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W 331	<p>Continued From page 5</p> <p>facility failed to ensure nursing services in accordance with the needs of one of three clients in the sample. (Client #3)</p> <p>The findings include:</p> <p>The facility's nursing staff failed to updated Client #3's Health Management Care Plan (HMCP) as evidenced by:</p> <p>1. Review of Client #3's Health Management Care Plan (HMCP) on December 13, 2007 at approximately 2:50 PM revealed that the HMCP had not been updated to include the client's diagnosis of Chronic Tic Disorder. In an interview with the Registered Nurse (RN) on December 13, 2007 at approximately 3:00 PM it was acknowledged that the HMCP had not been updated to include the client's diagnosis of Chronic Tic Disorder. In an interview with the RN on December 13, 2007 at approximately 3:00 PM it was acknowledged that the HMCP had not been updated to include the client's diagnosis of Chronic Tic Disorder. There was no documented evidence that the HMCP had been updated after August 21, 2007 to include the diagnosis of Chronic Tic Disorder.</p> <p>2. Review of Client #3's Health Management Care Plan (HMCP) on December 13, 2007 at approximately 2:52 PM revealed that the HMCP had not been updated to ensure that the client was to receive one can of Ensure once a day to meet his nutritional needs. In an interview with the RN on December 13, 2007 at approximately 3:10 PM it was acknowledged that the HMCP had not been updated to ensure that Client #3 was to receive one can of Ensure once a day to meet his</p>	W 331	<p>W 331, 1 Client #3's Health Management Care Plan (HMCP) has been updated to include the diagnosis of Chronic Tic Disorder. The facility's Registered Nurse (RN) will, on a quarterly basis or as needed review/revise the HMCP to ensure that all diagnoses are reflected on the HMCP.</p> <p>W 331, 2 Client #3's Health Management Care Plan (HMCP) has been updated to include the order for one can of Ensure once a day. The facility's Registered Nurse (RN) will, on a quarterly basis or as needed review/revise the HMCP to ensure that all orders are reflected on the HMCP.</p>	<p>12/31/07</p> <p>12/31/07</p>

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

PRINTED: 12/20/2007
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 12/14/2007
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WHOLISTIC 05

0627 1ST STREET, NW

WASHINGTON, DC 20012

(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 331	Continued From page 6 nutritional needs. There was no documented evidence that the HMCP had been updated after August 21, 2007 to ensure that the client received one can of Ensure once a day.	W 331		
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility failed to hold evacuation drills under varied conditions. The finding includes: Review of the facility's fire drill records on December 13, 2007 at approximately 9:00 AM revealed that the fire drills were conducted via the front/back, basement, and side door. During the environmental walk thru on December 14, 2002 at approximately 12:16 PM revealed an exit from Clients #1, #2, and #3's bedroom. Interview with the House Manager and Qualified Mental Retardation Professional (QMRP) at approximately 12:20 PM acknowledged that fire drills had not been conducted using the exit in Clients #1, #2, and #3's bedroom. There was no evidence that evacuation drills were held under varied conditions.	W 441	W 441 The fire drill form has been revised to include the exit in clients #1, #2 and #6's bedroom. Staff have been in-serviced/trained (please find evidence herewith) to use the above-stated bedroom exit during drills. The House Manager will, on a monthly basis review the fire drill records to ensure that all exits are utilized during drills.	12/31/07