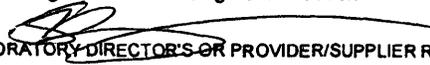


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2012
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN 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
1 000	INITIAL COMMENTS A licensure survey was conducted from October 24, 2012 to October 25, 2012. A sampling of two residents was selected from a population of four women with varying degrees of intellectual and developmental disabilities. The findings of the survey were based on observations in the home and two day program, interviews with direct support staff, nursing and administrative staff, one guardian and one family member, 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.]	1 000		
1 090	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 facility failed to ensure that the interior and the exterior of the group home for persons with intellectual disabilities (GHPID) was maintained in a safe and orderly manner for four of four residents in the facility. (Residents #1, #2, #3, and #4) The findings include: On October 25, 2012, beginning at 8:40 a.m., the operations manager (Staff #3) and the house manager (Staff #2) accompanied the surveyor	1 090		

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE COMPLIANCE SUPERVISOR (X6) DATE 11/19/12

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2012	
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN 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
I 090	<p>Continued From page 1</p> <p>through the facility's environment to conduct observations.</p> <p>The following concerns were identified:</p> <p>A. The facility failed to maintain the interior of the environment.</p> <ol style="list-style-type: none"> The oven door had clips around the recessed area, however, the gasket was missing from the door. The lack of a gasket permitted the escape of excessive heat when the oven was in use. The bathroom floor located on the first level of the facility was weak on the left side of the commode, near the front. The weakness in the floor caused the ceramic tiles to move downward when stepped upon. The grout between several of the tiles was also observed to be broken. There was a small hole in the floor of the utility room located in the basement, creating a potential entrance for pest. The handle on door of the chest freezer located in the kitchen was broken out, near the middle. The broken section was approximately 2" by 1" in size, which created a potential for injury. <p>B. The facility failed to maintain the exterior of the facility.</p> <p>The dirt was eroded around the paved patio area in the yard, exposing the rough edges at the bottom of the cement, and creating a potential trip hazard.</p> <p>Staff #3 and Staff #2 were present during the observations, acknowledged the above identified findings, and stated that the concerns would be</p>	I 090	<p>facilities manager will continue scheduled environmentally review to ensure these standards are met. House manager will conduct regular environmental audit to ensure.</p> <p>Oven gasket has been replaced 10/26/12</p> <p>Bathroom floor is being repaired. 11/19/12</p> <p>Hole in the floor is filled 11/19/12</p> <p>Handle for freezer door has been replaced 11/16/12</p> <p>Erosion has been filled 10/24/12</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2012
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN 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
I 090	Continued From page 2 addressed.	I 090	
I 206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all employees had current health certificates on file, for one of ten consultants. (Consultant #1)</p> <p>The finding includes:</p> <p>On October 25, 2012, beginning at 12:38 p.m., review of the personnel records for all employees, including licensed professional health consultants, revealed Consultant #1's (physical therapist) complete health certificate had expired on October 17, 2012. The qualified intellectual disabilities professional (Staff #1) confirmed that Consultant #1 health certificate had expired on October 17, 2012.</p>	I 206	<p>Please find attached a <i>10/26/12</i> copy of the valid health certificate for Consultant # 1. HR and Compliance will ensure that all personnel binders are updated with valid documentation prior to the expiration of previous documents.</p>

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

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2012
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN 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) COMPLETION DATE
W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from October 24, 2012 to October 25, 2012. A sampling of two clients was selected from a population of four women with varying degrees of intellectual and developmental disabilities. This survey was initiated utilizing the fundamental survey process.</p> <p>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, one guardian and one family member, as well as a review of client and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p> <p>W 124 483.420(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 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 observation, staff interview, and record review, the facility failed to establish a system that would ensure clients' guardians were informed of their medical condition, developmental and behavioral status, and the risks and benefits of clients' psychotropic medications, for one of the</p>	W 000	<p>Consent has been resubmitted to the guardian. QIDP has spoken with the guardian who will return the completed signed consent forthwith.</p> <p>W 124 Document will be in place in the home by 11/21/12</p> <p>QIDP will ensure that all properly completed consents are provided from all medications and programmes as specified/required.</p> <p>11/21/12</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE COMPLIANCE SUPERVISOR (X6) DATE 11/9/12

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.

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

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2012
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN 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) COMPLETION DATE
W 124	<p>Continued From page 1 two clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>On October 24, 2012, at 6:45 p.m., Client #1 was administered 300 mg neurontin and 0.5 mg Klonopin. Interview with the trained medication employee (Staff #2) at 6:50 p.m., revealed the client was prescribed Neurontin and Klonopin for behavior management.</p> <p>On October 25, 2012, at 10:46 a.m., review of Client #1's psychological assessment dated November 30, 2011, revealed that the client lacked the capacity to grant, refuse, or withdraw consent to any ongoing medical treatment; therefore, she had a guardian assigned by a court of law to represent her medical and treatment needs.</p> <p>On October 25, 2012, at 2:00 p.m., review of consent forms in Client #1's chart revealed no evidence that the guardian was aware of the prescribed dosage for the aforementioned medication.</p> <p>When interviewed on October 25, 2012, at 3:52 p.m., the qualified intellectual disabilities professional (Staff #1) revealed that the guardian was aware of the prescribed medication dosage, but it was not documented.</p>	W 124	
W 262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to</p>	W 262	<p>Client #1 did not receive sedation on 8/19/12 as her dental appointment was rescheduled for 9/16/12. Please see</p>

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

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/25/2012
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN 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) COMPLETION DATE
W 262	<p>Continued From page 2 client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide evidence that restrictive measures had been reviewed and/or approved by the Human Rights Committee (HRC), for one of the two clients in the sample. (Client #1)</p> <p>The findings include:</p> <p>The facility failed to provide evidence that its HRC reviewed, monitored and/or approved the use of sedation to ensure Client #1's compliance during two scheduled medical appointments as follows:</p> <p>Review of Client #1's medical chart on October 25, 2012, at 2:00 p.m., revealed a physician's order dated August 16, 2012. The order was for the client to receive Ativan 2 mg one hour prior to his dental appointment. Further review of the order revealed "may repeat if not sedated." Concurrent review of Client #1's medication administration record confirmed that the client received the Ativan sedation on August 19, 2012 and on September 16, 2012 for dental appointments.</p> <p>On October 25, 2012, at 3:45 p.m., review of the minutes for meetings held by the facility's HRC from October 2011 to October 2012, revealed no evidence that the HRC had reviewed and approved the use of sedation for Client #1's dental appointment on August 19, 2012 and September 16, 2012.</p>	W 262	<p>attached MAR for August. Please see attached HRC minutes for 9/3/12 where the committee reviewed and approved the use of sedation for client #1 prior to her 9/16/12 dental visit. QIDDPs will continue to ensure that HRC reviews, approves and monitors all programmes and changes to programmes that involves risks to client protections and rights.</p> <p>*Also attached MAR's for September which indicate Ativan was administered on 9/16/12 subsequent to HRC approval</p>	

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

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/25/2012
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 08		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 FRANKLIN 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) COMPLETION DATE
W 262	Continued From page 3 Interview with the qualified intellectual disabilities professional (QIDP) on October 25, 2012, at approximately 3:00 p.m., revealed that Client #1 received the sedation to address her non-compliance during the dental appointments. Moments later, the QIDP stated that she failed to have the HRC review Client #1's order for sedation at the August 2012 meeting.	W 262		