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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G112	A. BUILDING _____ B. WING _____	06/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLISTIC 02	1226 LAWRENCE 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	INITIAL COMMENTS A recertification survey was conducted from June 26, 2007 through June 28, 2007. The survey was initiated using the fundamental survey process; however, it was determined that an extended process be implemented under the condition level of participation of Health Care Services. A random sample of four clients was selected from a population of seven males with various disabilities. The findings of this survey were based on observations at the group home, one day program, interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports. From the results of this survey, it was determined that the facility was in compliance with Health Care Services.	W 000		
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure each clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of three clients (Client #1) included in the sample. The finding includes:	W 126		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Clinical Director
TITLE: Mirtha Thomas
(X6) DATE: 7/20/07

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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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 02		STREET ADDRESS, CITY, STATE, ZIP CODE 1226 LAWRENCE STREET, NE WASHINGTON, DC 20017	

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W 126	Continued From page 1 Interview with the House Manger (HM) and record verification on June 27, 2007 at 9:04 AM revealed Client #1 did not have a money management objective. A money management assessment was requested from the Qualified Mental Retardation Professional (QMRP), however, at the time of the survey there was no documented evidence that Client #1 had received a comprehensive money management assessment that outlined his current skills and specific needs in this area. There was no evidence that Client #1 was taught to manage his finances to the extent of his capability. Continued interview and review of Client #1's Individual Support Plan (ISP) dated August 26, 2006 ISP revealed the client received a personal allowance (Social Security Income) of $70.00 a month, which was managed by the facility. The "Financial Security and Stability" section of the ISP documented that Client #1 has a bank account and indicated that the client was able to spend his money on leisure activities and on items of interest. At the time of the survey, the client's financial capabilities could not be determined.	W 126	W126 QMRP will ensure that a money management assessment is done for client #1 as well as a program addressing his area of needs. Programs will be approved by team, staff trained and implemented by the 26th of July	7/26/07
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure client's privacy after using the restroom for one of the three clients in the	W 130		

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W 130	Continued From page 2 sample. (Client #3) The finding includes: On June 26, 2007 at 5:21 PM, Client #3 was observed coming from the bathroom with his pants unzipped. The client entered the dining area where one of the direct care staff was observed to zip the client's pants in front of his peers and the surveyor. At the time of the survey, the facility failed to ensure the client's privacy after he used the restroom.	W 130	W130 QMRP will schedule an in-service on client privacy. Training shall occur by 7/26	7/26/07
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on the review of incident reports, interview with the Qualified Mental Retardation Professional (QMRP), and review of the facility's policy, the facility failed to implement policies that ensured the continuous protection of clients in the facility. The finding includes: The facility failed to implement its policies and procedures for reporting incidents as evidenced below: Review of the facility's incident reports on June 26, 2007 revealed Client #7 had a seizure on	W 149		

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W 149	Continued From page 3 June 12, 2007. The client was transported to to a local emergency room for further monitoring. Interview with the facility's Registered Nurse (RN) on June 26, 2007 at 10:48 AM revealed that seizures were not part of the Client #7's diagnosis and the staff were informed that the client should be transported to the hospital. Further review of the incident report failed to evidence that this office had been notified. Review of the facility's "Incident Handling and Reporting Procedures for Consumers Served by Department of Disability Servides" (DDS) on June 26, 2007at 10:53 AM revealed the facility's Incident Coordinator was responsible for contacting the "Health Regulation Administration (HRA) within twenty four hours." The facility failed to provide evidence that their policy for reporting incidents had been implemented.	W 149	W149 Facility will ensure that in the future health Regulation Administration is notified of all serious reportable incidents.	7/19/07
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to adequately monitor, integrate and coordinate each client's active treatment. The findings include: 1. The QMRP failed to ensure Client #1s' right to	W 159		

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NAME OF PROVIDER OR SUPPLIER WHOLISTIC 02		STREET ADDRESS, CITY, STATE, ZIP CODE 1226 LAWRENCE STREET, NE WASHINGTON, DC 20017	

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W 159	Continued From page 4 be taught to manage his financial affairs to the extent of his capability. [See W126]	W 159	See W126	
	2. 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. [See W189]		See W189	
	3. The QMRP failed to provide evidence of a comprehensive psychiatric assessment that identified the specific needs for Clients #1and #3. [See W212]		See W 212	
	4. The QMRP failed to ensure that as soon as the Interdisciplinary Team (IDT) formulated each client's Individual Program Plan (IPP), clients received continuous active treatment, consisting of needed interventions and services. [See W249]		See 249	
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: 1. Interview with the Qualified Mental Retardation	W 189		

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W 189	Continued From page 5 Professional (QMRP)and review of Client #1's habilitation record on June 27, 2007 11:14 AM revealed a Physical Therapy Assessment dated August 18, 2006. According to the assessment, a recommendation was made to continue informal goals for "prone lying and stair negotiation. Encourage prone lying on a therapeutic ball or in the bed. It was also recommended to engage the client in gross motor activties to maintain his functional mobility. Further interview was conducted with the Qualified Mental Retardation Professional (QMRP) regarding the aforementioned recommendations. According to the QMRP the physical therapist trained each of the employees, however, at the time of the survey, there was no documented evidence that the staff had been trained. 2. The facility failed to ensure staff had been trained on Client #1's "Mealtime Guidelines as evidenced : During the dinner meal on June 26, 2007, at 5:54 PM Client #1 was observed eating independently. The client was also observed to eat rapidly, taking spoonfuls of his food without swallowing. At 5:56 PM one of the direct care staff instructed the client to slow down. Interview with the HM on the same evening revealed that Client #1 had a mealtime protocol. Review of the protocol on June 27, 2007 revealed "Mealtime Guidelines dated March, 2006. Further review of the guidelines revealed Client #1 had "missing dentition on both the upper and lower dental arches, which impact his proper mastication of food ....", The guidelines also	W 189	QMRP will develop a form that will be used to document client #1 informal program has bee trained on by all direct care staff	7/26/07

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W 189	Continued From page 6 documented that the client exhibits coughing behaviors during and after meals. Additionally, the guideline there would be an increase in the client's ability to safely ingest foods and liquids, insure maintenance of his overall health status and well being and decrease his risk of experiencing asspiration and aspiration related illnesses. According to the described "Techniques for Eating and Drinking" the staff was instructed to make certain that all food in the client's mouth was swallowed before placing more food or liquids in his mouth. At the time of the survey, the facility failed to ensure the direct care staff were trained to implement Client #1's "Mealtime Guidelines" as recommended.	W 189	QMRP will schedule an in-service on client #1 mealtime guide Training shall be scheduled by 7/26	7/26/07
W 212	483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to provide evidence of a comprehensive psychiatric assessment that identified the specific needs of one of three clients included in the sample. (Client #1) The finding includes: 1. Observation of the evening medication administration conducted on June 26, 2007 beginning at 8:17 AM, revealed Client #1 received Geodon 20 mg. Interview with the medication	W 212		

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W 212	Continued From page 7 nurse staff on the same day revealed that the medication was prescribed for maladaptive behaviors. Review of the client's June 2007 physicians orders at approximately 9:30 AM confirmed the use of Geodon to address the client's maladaptive behaviors. Additionally, review of the client's medical records was conducted to ascertain information regarding the client's psychiatric diagnosis. It should be noted that an additional interview with the Quality Mental Retardation Professional (QMRP) and the Registered Nurse (RN) on June 26, 2007 at approximately acknowledged that the records lacked a full comprehensive psychiatric assessment. 2. During the entrance conference on June 26, 2007 at 9:23AM, an interview with the House Manager (HM) was conducted. According to the HM Client #3 had a Behavioral Support Plan (BSP) and he was prescribed psycotropic medications for maladaptive behaviors. On June 26, 2007 at approximately 9:30 AM the client's physicians orders dated June 2007 confirmed the use of psycotropic medication Risperdal to address the client's maladaptive behaviors. Review of the client's medical records on June 28, 2007 did not include a comprehensive psychiatric assessment. It should be noted that an additional interview with the Quality Mental Retardation Professional (QMRP) and the Registered Nurse (RN) on June 26, 2007, acknowledged that the records lacked a full comprehensive psychiatric assessment.	W 212	W212 Annual Psychiatric assessment has been revised to include the following areas- Psychiatric History social history, ROS, mental status, AIMs rating, Psychiatric diagnoises, ect. Please see attached a copy of the new assessment form.	7/19/07
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active	W 249		

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W 249	Continued From page 8 treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews, and record verification, the facility failed to demonstrate that one out of two clients in the sample are actively and consistently encouraged to engage in learning opportunities to maintain or enhance their skill levels. (Clients #1and #4) The findings include: 1. The facility failed to ensure Client #1's daily living skills program objectives were implemented in accordance with the IDT recommendations as evidenced below: a) Interview with House Manager on June 27, 2007 at 9:04 AM revealed that Client #1 had several program objectives. Review of the clients' habilitation record on the same day at 1:39 PM revealed an Individual Support Plan (ISP) dated August 21, 2006. Further review of the ISP revealed the following program objectives: a) Client #1 had an objective to bring his plate of food from the kitchen and return it when he finished his meal with staff assistance. Review of the Individual Program Plan (IPP) revealed that it was not implemented until October 2006 (two months later).	W 249	W249 (a) (b) & (c) QMRP will ensure that all goals are implemented in a timely manner once they are approved by the IDT team Status of the goals shall be addressed in QMRP monthlies to address timely implementation	7/26/07

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W 249	Continued From page 9 b) Client #1 also had an objective to utilize a low tech device to respond to query for personal data with 80% accuracy per session for three consecutive months. Review of the Individual Program Plan (IPP) revealed that it was not implemented until December 2006, (four months later). c) Client #1 also had an objective to take off his shirt before PM care when given physical assistance from staff 100% of recorded trials per month. Review of the Individual Program Plan (IPP) revealed that it was not implemented until November 2006, (three months later). 2. Observation of the evening medication administration on June 26, 2007 at 8:17 AM revealed Client #1 received his medication from the licensed practical nurse while sitting in the living room. Further observation of the evening medication administration pass revealed the following: Interview with House Manager (HM) on June 27, 2007 at 9:04 AM revealed that Client #1 had a self medication program to identify the medication cup before the nurse punches the pills in the cup. Review of the client's habilitation record on June 27, 2007, revealed an Individual Support Plan (ISP) dated August 21, 2006. Client #1 had a recommended objective to locate the medication cabinet 100% of recorded trials per month. At the time of the survey, the facility failed to ensure Client #1's self -medication program was implemented as recommended in his Individual Program Plan (IPP).	W 249	W249 Due to time constraint in the morning most formal goals are implemented in the evenings except on weekends. Client #1 objuective to locate medication cabinet was implemented during the evening medication administration on June 27, 2007	7 /19/07
W 370	483.460(k)(3) DRUG ADMINISTRATION	W 370		

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W 370	Continued From page 10 The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that the State law was adhered to and non licensed personnel was not permitted to administer medications. The finding includes: During the medication administration on June 26, 2007 at 8:17 AM, Client #1 refused his medications after several attempts by the medication nurse. After the Licensed Practical Nurse (LPN) was unsuccessful, the facility's House Manager indicated that he would get some ice cream for Client #1. According to the LPN and the manager, if Client #1 refused his medication it was to be administered with ice cream. The nurse administering the medication was observed to pour the client's medication in the bowl with the icecream. The House Manager was observed at 8:23 AM to administer the clients medication while the nurse stood by. Interview with the House Manager (HM) on June 26, 2007 revealed that he was not a certified Trained Medication Employee (TME). Interview with the facility's Registered Nurse (RN) on June 26, 2007 revealed that they had a medication protocol for Client #1. Review of the protocol on June 28, 2007 revealed that when the client refused his medication [client name] "staff should assume leadership and assist the LPN in ensuring his medication was taken. Further review of the protocol revealed to	W 370	w370 Medications will be given by licensed staff only.	7/26/07

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NAME OF PROVIDER OR SUPPLIER: WHOLISTIC 02		STREET ADDRESS, CITY, STATE, ZIP CODE: 1228 LAWRENCE STREET, NE WASHINGTON, DC 20017	

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W 370	Continued From page 11 encourage Client #1 to take medication by using soft treats such as ice cream, pudding, yogurt, sustacal, sherberts, sodas/juices."	W 370		

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Health Regulation Administration

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I 000	INITIAL COMMENTS A licensure survey was conducted from June 26, 2007 through June 28, 2007. A random sampling of four residents was selected from a residential population of seven males with various degrees of mental retardation and other disabilities. The findings of the survey were based on observations, interviews, and the review of resident and administrative records including incident reports.	I 000		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for persons with Mental Retardation (GHMRP) failed to ensure each employee with initial and continuing training that enables the employee to perform duties competently for one of four clients residing in the facility. (Resident #1) The finding includes: [See W189]	I 229	I 229 Please refer to W189	

Health Regulation Administration

TITLE (X6) DATE

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