

DC Health Regulation and Licensing Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTIONS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HFD03-0172 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                 | (X3) DATE SURVEY COMPLETED<br><br>09/11/2026 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>WHOLISTIC 08     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1600 FRANKLIN STREET, NE, WASHINGTON, District of Columbia, 20017           |                                              |  |
| (X4) ID<br>PREFIX<br>TAG                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                   |  |
| 10000                                                | Initial Comments<br><br>An annual relicensure survey was conducted at this facility from September 09, 2026, through September 11, 2026. A sample of two persons was selected from a census of four.<br><br>The findings of the survey were based on observations, interviews, and record reviews.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10000                                                                   | Please start typing your responses here:                                                                                 |                                              |  |
| 18270                                                | STAFF TRAINING<br><br>CFR(s): 3515.7<br><br>3515.7 The CRFPID shall provide on-the-job training as necessary for the performance of job assignments in accordance with the requirements of this section. Employees shall be directly supervised until the Residence Director or QIDP deems that competence in the performance of all job duties has been achieved.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, interviews, and record reviews, the facility failed to provide necessary on-the-job training to ensure that staff demonstrated competency in performing required job duties, specifically in implementing (1) each person's Behavior Support Plan (BSP) as prescribed and (2) each person's diet menu, for one person in the sample (Person #2).<br><br>1) Based on observation, interviews and record reviews, the facility failed to implement each person's Behavior Support Plan (BSP) as prescribed, for one of the two persons in the sample (Person #2).<br><br>Findings included:<br><br>The review of Person #2's BSP, effective 02/24/2026-02/24/2027, documented elopement as a target behavior and required line-of-vision supervision, staff response to door-alarm alerts, searches of preferred locations for no longer than 15 minutes, and contacting local police if the person could not be located. The BSP also documented the | 18270                                                                   |                                                                                                                          |                                              |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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DC Health Regulation and Licensing Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WHOLISTIC 08</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1600 FRANKLIN STREET, NE, WASHINGTON, District of Columbia, 20017</b> |                                                                                                                          |                                                     |                            |
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| 18270                                                        | <p>Continued from page 1<br/>need for a functioning door buzzer to alert staff of attempted elopement.</p> <p>A review of facility's staff training records revealed that on 02/12/2026, the Psychologist trained the staff on Person #2's BSP.</p> <p>Observations on 09/09/2026 at 6:12 AM showed Person #2 opened a door and walked toward the stairway, where an alarm sounded.</p> <p>At 6:15 AM, DSP #9 asked DSP #7 where Person #2's was, and when neither staff member knew the person's whereabouts, the surveyor informed DSP #9 that the person had walked through the basement-door area. DSP #9 proceeded downstairs through the same door, activating the alarm.</p> <p>In an interview on 09/09/2026 at 6:33 AM, DSP #9 stated that Person #2 had eloped and could not be located outside. DSP #9 stated that she has notified management and that management, not the DSPs were responsible for contacting emergency personnel.</p> <p>The Qualified Intellectual Disability Professional (QIDP) in an interview at 6:50 AM, indicated that, according to the BSP, staff must contact local police if the person cannot be located within 15 minutes.</p> <p>Further observations on 09/09/2026 at 7:07 AM revealed that Person #2 returned to the facility accompanied by DSP #9.</p> <p>On 09/09/2026 at 7:23 AM, DSP #9 presented a mobile-phone call log showing a call to an emergency number at 6:47 AM, 32 minutes after she became aware that Person #2 was no longer within her line of sight and stated that she did not know how the person left the home.</p> <p>2) The review of Person #2's Physician Order Sheet (POS) revealed a diet order for double portions at all meals (breakfast, lunch, and dinner). Person #2's Quarterly Nutritional Assessment dated 08/27/2026 documented a goal to achieve and maintain a healthy weight range and included a plan recommendation to provide double portions of food at all meals (breakfast, lunch, and dinner).</p> <p>A review of the facility's training records revealed that the nutritionist trained staff on Person #2's diet, including the menu, on 02/12/2026.</p> <p>Observations during dinner on 09/09/2026 starting</p> |                                                                                |  | 18270                                                                                                                 |                                                                                                                          |                                                     |                            |

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| 18270                                                | <p>Continued from page 2</p> <p>at 6:16 PM, showed Direct Support Professional (DSP #6) preparing, which consisted of 2 cups of vegetables, 15 potato fries, and 3.1 ounces of salmon cake and weighing the persons' meals. Further observations showed that Person #2 received the same meal size portion as Persons #1 and #4. Person #2 finished all the other food items, refused to eat the yogurt and asked for more food.</p> <p>DSP #6 stated that she did not have additional food available because it had to be saved for the next day's lunch. At no time was Person #2 offered any additional food before the surveyor completed the later medication-pass observations and left the facility.</p> <p>On 09/10/2026 at 12:34 PM, a review of the facility's menu revealed that the meal portions provided to Persons #1, #2, and #4 were consistent with the single-portion size listed on the Wednesday dinner menu.</p> <p>DSP #6 in an interview on 09/11/2026 at 12:57 PM, while the Qualified Intellectual Disability Professional (QIDP) was present, indicated that she was later prepared a salmon cake and fries for Client #2 after being alerted by the QIDP to do so, which was confirmed by the QIDP.</p> | 18270                                                                   |                                                                                                                          |                                              |  |
| 19460                                                | <p>BEHAVIOR SUPPORT</p> <p>CFR(s): 3522.6</p> <p>3522.6 The behavior support plan shall be developed by a health care provider licensed in psychology or psychiatry and shall be implemented as prescribed in the ISP.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, and staff interviews, the facility failed to implement each person's Behavior Support Plan (BSP) as prescribed, for one of the two persons in the sample (Person #2).</p> <p>A review of Person #2's BSP, effective 02/24/2026-02/24/2027, documented elopement as a target behavior and required line-of-vision supervision, staff response to door-alarm alerts, searches of preferred locations for no longer than 15 minutes, and contacting local police if the person could not be located. The BSP also documented the need for a functioning door buzzer to alert staff of attempted elopement.</p>                                                                                                                                                                                                                                                                                        | 19460                                                                   |                                                                                                                          |                                              |  |

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| I9460                                                        | <p>Continued from page 3</p> <p>A review of staff training records showed that the psychologist trained staff on Person #2's BSP on 02/12/2026.</p> <p>On 09/09/2026 at 6:12 AM, Person #2 was observed opening a door and walking toward the stairway, where an alarm sounded.</p> <p>On 09/09/2026 at 6:15 AM, DSP #9 asked DSP #7 about Person #2's location. When neither staff member knew the person's whereabouts, the surveyor informed DSP #9 that the person had walked through the basement-door area. DSP #9 proceeded downstairs through the same door, activating the alarm.</p> <p>On 09/09/2026 at 6:33 AM, DSP #9 stated that Person #2 had eloped and could not be located outside. DSP #9 stated that she notified management and that management, not DSPs, were responsible for contacting emergency personnel.</p> <p>On 09/09/2026 at 6:50 AM, the Qualified Intellectual Disability Professional (QIDP) stated that, according to the BSP, staff must contact local police if the person cannot be located within 15 minutes.</p> <p>On 09/09/2026 at 7:07 AM, Person #2 returned to the facility accompanied by DSP #9.</p> <p>On 09/09/2026 at 7:23 AM, DSP #9 presented a mobile-phone call log showing a call to an emergency number at 6:47 AM, 32 minutes after she became aware that Person #2 was no longer within her line of sight and stated that she did not know how the person left the home.</p> | I9460                                                                          |                                                                                                                          |                                                     |