DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0070	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLISTIC 03	**1814 BUNKER HILL ROAD, NE, WASHINGTON, District of Columbia, 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
I0000	Initial Comments An annual relicensure survey was conducted at this facility from June 8, 2026, through June 10, 2026. A sample of two persons was selected from a census of three. The findings of the survey were based on observations, interviews, and record reviews.	I0000	Please start typing your responses here:	
I9190	MEDICATIONS CFR(s): 3521.9 3521.9 The CRFPID shall maintain an accurate medication administration record for each person, including a daily log of all medications administered or refused by the person, and medication not administered due to lack of availability. The log shall identify who administered the medication. Each record shall be kept current and updated as necessary. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews and record reviews, the facility failed to ensure the Medication Administration Record (MAR) accurately reflected the individual who administered medications, for one (1) of the two (2) sampled clients (Client #1). Findings included: A review of Person #1's Physician Order Sheet (POS) revealed a physician order for Neurontin 300 mg, to be administered three (3) times daily, including a scheduled 2:00 p.m. dose. On 06/10/2026 at 1:02 p.m., the review of Person #1's Medication Administration Record (MAR) revealed that the 2:00 p.m. dose had been documented as administered and was initialed by the House Manager (HM), who is also a Trained Medication Employee (TME). The House Manager (HM) during an interview at 2:39 p.m., confirmed that the initials on the MAR were hers and initially stated that she had administered	I9190		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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I9190	Continued from page 1 the medication. When reminded that she had been assisting the surveyor at the time the medication was documented as administered, and that Person #1 had not yet returned from the day program, the HM stated that Direct Support Professional (DSP) #1, who is also a TME, administered the medication while transporting the person from the day program. The House Manager acknowledged that she signed the MAR because the documentation needed to be completed. During an interview at 2:52 p.m., the Registered Nurse (RN) confirmed that the individual who administers a medication is responsible for documenting its administration on the MAR. The RN acknowledged the inaccurate documentation and stated that the TMEs would be retrained on proper medication administration documentation.	I9190		