

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HCA-0832   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br>02/02/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ALERE WOMEN'S AND CHILDREN'S HEALTH I |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>801 PENNSYLVANIA AVENUE, NW, SOUTH BLDG SUITE<br>WASHINGTON, DC 20004 |  |  |
| (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                           |
| H 000   | INITIAL COMMENTS<br><br>An annual survey was conducted at your agency on January 29, 2010, through February 2, 2010, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of four(4) clinical records based on a census of five (5) patients, one (1) discharge clinical record, eight (8) personnel files based on a census of eight employees and two(2) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review administrative records.   | H 000  | <i>Received 3/2/10</i><br>GOVERNMENT OF THE DISTRICT OF COLUMBIA<br>DEPARTMENT OF HEALTH<br>HEALTH REGULATION ADMINISTRATION<br>825 NORTH CAPITOL ST., N.E., 2ND FLOOR<br>WASHINGTON, D.C. 20002   |  |
| H 153   | 3907.2(i) PERSONNEL<br><br>Each home care agency shall maintain accurate personnel records, which shall include the following information:<br><br>(i) Documentation of any required criminal background check;<br><br>This Statute is not met as evidenced by:<br>Based on a record reviews and an interview, it was determined that the agency failed to have documentation of criminal background checks for six (6) of eight (8) personnel records reviewed. (Employee's # 1, 2, 4, 6, 7, and 8)<br><br>The findings include:<br><br>A record review on January 29, 2010 from approximately 11:00 a.m. until 2:00 p.m. of the aforementioned personnel records revealed that there was no documented evidence of criminal background checks.<br><br>During a telephone on February 2, 2010 with the | H 153  | What corrective action(s) will be accomplished to address the identified deficient practice;<br><br>Criminal background checks are completed on all new employees. Historically a summary of results was provided to the DC site with the original results maintained at the corporate office. Moving forward, copies of complete results will be placed in all personnel records.<br><br>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;<br><br>Results of the Criminal Background check will be placed in the personel record in DC rather than being maintained at the corporate office.<br><i>Please see Exhibit # 1</i><br><br>Continued on next page | 2/24/2010<br><br>2/24/2010                   |

Health Regulation Administration

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

STATE FORM

6888

XSP11

DATE

*3/24/10*

If continuation sheet 1 of 4

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HCA-0032  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |  | (X3) DATE SURVEY COMPLETED<br><br>02/02/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ALERE WOMEN'S AND CHILDREN'S HEALTH I |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>601 PENNSYLVANIA AVENUE, NW, SOUTH BLDG SUITE<br>WASHINGTON, DC 20004 |  |  |
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| H 000   | INITIAL COMMENTS<br><br>An annual survey was conducted at your agency on January 29, 2010, through February 2, 2010, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of four(4)clinical records based on a census of five (5) patients, one (1)discharge clinical record, eight (8) personnel files based on a census of eight employees and two(2)home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review administrative records.   | H 000  | <p><i>Received 3/2/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA<br/>DEPARTMENT OF HEALTH<br/>HEALTH REGULATION ADMINISTRATION<br/>825 NORTH CAPITOL ST., N.E., 2ND FLOOR<br/>WASHINGTON, D.C. 20002</p>  |  |
| H 153   | 3907.2(i) PERSONNEL<br><br>Each home care agency shall maintain accurate personnel records, which shall include the following information:<br><br>(i) Documentation of any required criminal background check;<br><br>This Statute is not met as evidenced by: Based on a record reviews and an interview, it was determined that the agency failed to have documentation of criminal background checks for six (6) of eight (8) personnel records reviewed. (Employee's # 1, 2, 4, 6, 7, and 8)<br><br>The findings include:<br><br>A record review on January 29, 2010 from approximately 11:00 a.m. until 2:00 p.m. of the aforementioned personnel records revealed that there was no documented evidence of criminal background checks.<br><br>During a telephone on February 2, 2010 with the | H 153  | <p>What corrective action(s) will be accomplished to address the identified deficient practice;</p> <p>Criminal background checks are completed on all new employees. Historically a summary of results was provided to the DC site with the original results maintained at the corporate office. Moving forward, copies of complete results will be placed in all personnel records.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;</p> <p>Results of the Criminal Background check will be placed in the personel record in DC rather than being maintained at the corporate office.<br/><i>Please see Exhibit # 1</i></p> <p>Continued on next page</p> | <p>2/24/2010</p> <p>2/24/2010</p>            |

Health Regulation Administration

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

TITLE

(X6) DATE

Health Regulation Administration

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|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HCA-0032   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br>02/02/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ALERE WOMEN'S AND CHILDREN'S HEALTH I |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>691 PENNSYLVANIA AVENUE, NW, SOUTH BLDG SUITE<br>WASHINGTON, DC 20004 |  |  |
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| H 153   | Continued From page 1<br><br>Clinical Vice President at approximately 11:30 revealed that the agency hires a company to perform criminal background checks on all employees however a copy of that report was not sent to the agency if all information is "satisfactory." The agency will receive a letter from its corporate office informing them that the employee's criminal background check is "satisfactory" and then that letter is place in the employee's personnel file.  | H 153  | How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented;<br><br>The Director will obtain a copy of the Criminal Background Check completed on all new employees. Copies of the complete reports will be maintained in the employee file in DC. This requirement has been added to the checklist completed for each new employee. Compliance will be monitored by checking 100% of personnel records quarterly. <i>Please see exhibit 2</i>  | 2/24/2010                                    |
| H 333   | 3913.3 COMPLAINT PROCESS<br><br>The telephone number of the Home Health Hotline maintained by the Department of Health shall be posted in the home care agency's operating office in a place where it is visible to all staff and visitors.<br><br>This Statute is not met as evidenced by:<br>Based on an observation and interview, it was determined that the home care agency failed to post the telephone number of the Home Health Hotline maintained by the Department of Health (DOH) in the agency's operating office in a place visible to staff and visitors.<br><br>The finding includes:<br><br>During observation at the home health agency on January 29, 2010, at approximately 10:30 a.m., it was observed that the telephone number of the Home Health Hotline maintained by the Department of Health (DOH) was not posted in the operating office in a place visible to staff and visitors.<br><br>During a face to face interview with the Administrative Assistant on January 29, 2010, at approximately 10:50 a.m., it was acknowledged | H 333  | What corrective action(s) will be accomplished to address the identified<br>Upon receiving the correct Home Health Hotline number, it was immediately posted in the DC office for all employees and visitors to see.<br><br>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;<br>The Administrative Assistant in the DC office will maintain compliancy with posting the Home Health Hotline number visible for all to see.<br><br>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented;<br>The Home Health Hotline information and number are visible in the DC office for all to see. Compliance will be maintained via quarterly center operations audit completed by the director. | 2/2/2010<br><br>2/2/2010                     |

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| H 333   | Continued From page 2<br><br>that the telephone number of the Home Health Hotline maintained by the DOH was not posted in the agency's operating office in a place visible to staff and visitors.<br><br>An observation on February 2, 2010, at approximately 11:00 a.m., revealed that the agency had posted the Home Health Hotline maintained by the Department of Health (DOH) in its operating office visible to staff and visitors.  | H 333  |  |  |
| H 366   | 3914.4 PATIENT PLAN OF CARE<br><br>Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.<br><br>This Statute is not met as evidenced by: Based on record review and interview, the facility's Plan of Care (POC) was not approved and signed by a physician within thirty (30) days of the start of care for one (1) of four (4) patients in the sample.<br>(Patient #5)<br><br>The finding includes:<br><br>A record review on January 29, 2010, at approximately 2:00 p.m., of patient #5 record, revealed a POC dated December 8, 2009, which had not been signed by a physician at the time of this survey. | H 366  | What corrective action(s) will be accomplished to address the identified<br>As of 2/24/2010, Alere will request the referring physician to sign the POC at the time of referral.<br><br>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not<br><br>At the time of referral, the referral source will be informed that Alere will fax the POC for signature. In instances where the referring physician is not able to sign the POC at the time of the referral, every attempt will be made to obtain the signature within 20 days of the referral. All orders not signed within 20 days will be hand delivered to the physician by Alere staff.<br><br>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented;<br>As of 3/1/2010, Director will implement a quality improvement initiative whereby all orders will be tracked to insure signature within 30 days of receipt of order. | 2/24/2010<br><br>2/24/2010<br><br>3/1/2010   |

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| H 366   | Continued From page 3<br><br>Further review of the record revealed a letter indicating that the physician had been contacted on numerous occasions in an attempt to get POC signed.<br><br>During a face-to-face interview with the Clinical Director on February 2, 2010, at approximately 11:30 p.m., it was acknowledged the POC was not approved and signed by a physician within thirty (30) days of the start of care.<br><br>There was no documented evidence the POC was approved and signed by a physician within thirty (30) days of the start of care. | H 366  |   |  |