

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/26/2011
NAME OF PROVIDER OR SUPPLIER ALERE WOMEN'S AND CHILDREN'S HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 601 PENNSYLVANIA AVENUE, NW, SOUTH BLDG SUITE 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 An annual licensure survey was conducted from October 24, 2011, through October 26, 2011, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of ten (10) clinical records based on a census of twenty two (22) patients, nine (9) personnel files based on a census of nine employees and two (2) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	H 000	<p><i>Resend 11/10/11</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 999 North Capitol St., N.E. Washington, D.C. 20002</p>	
H 357	3914.3(f) PATIENT PLAN OF CARE The plan of care shall include the following: (f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services; This Statute is not met as evidenced by: Based on record review and interviews, it was determined that the agency failed to ensure the Plan of Cares (POC) for nine of ten patients; included provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services for nine of ten patients. (Patient #1, #2, #3, #4, #5, #6, #7, #8 and #9) The findings include: A record review of the aforementioned records starting on October 24, 2011 at approximately 10:45 a.m. through October 25, 2011 until 2:30 p.m. respectfully, revealed there was no	H 357	<p>What corrective action(s) will be accomplished to address the identified practice?</p> <p>The referral team will be re educated on required information for the DC PPOT's.</p> <p>PPOT templates will be made for all of Alere's services and they will include provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services.</p>	11/9/11

Health Regulation & Licensing Administration
Robin Stanley-Edmondson
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE RN - HCD

(X6) DATE
11-10-11

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H 357	Continued From page 1 documented evidence that provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services was included on Plan of Care's for Patient #1, #2, #3, #4, #5, #6, #7, #8 and #9. During a face to face interview with the Home Care Director on October 26, 2011 at approximately 2:30 p.m., she indicated none of the Plan of Care's reviewed during this survey included provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services.	H 357	What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? The director will check each signed PPOT and return any that are missing provisions relating to the re-evaluation of services, discharge planning or the referral of services and continuation or renewal of services to the referral team for correcting. 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? 11/9/11
H 363	3914.3(I) PATIENT PLAN OF CARE The plan of care shall include the following: (I) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the plan of care (POC) included identification of employees in charge of managing emergency situations for five of ten patient's in the sample. (Patient #1, #2, #6, #7 and #8) The finding includes: Record review of the aforementioned records starting on October 24, 2011 at approximately 10:45 a.m. through October 25, 2011 until approximately 2:30 p.m., revealed no documented evidence that the identification of employees in charge of managing emergency situations was included on the POC's for Patient	H 363	We will implement a Quality Assurance Initiative in January 2012, to track all PPOTs and 60 Day Summaries. We will track 100% of PPOTs and 100% of 60 Day Summaries. They will be tracked on a monthly basis with the target goal being 100%. The items that will be tracked are the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services. What corrective actions(s) will be accomplished to address the identified deficient practice. The referral team will be re-educated on required information for DC PPOT's. PPOT templates will be made for all of Alere's services and they will include the identification of employees in charge of managing emergency situations. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? 11/9/11

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H 363	Continued From page 2 #1, #2, #6, #7 and #8. During a face to face interview with the Home Care Director on October 26, 2011 at approximately 2:30 p.m., she indicated none of the Plan of Care's reviewed during this survey included identification of employees in charge of managing emergency situations for at the time of this survey.	H 363	The director will check all signed PPOT's for the identification of employees incharge of managing emergency situations. If information is not included it will be returned to referral team for correcting. 11/9/11 What corrective action(s) will be accomplished to address the identified deficient practice?
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the plan of care (POC) included emergency protocols for five (5) of ten (10) patient's in the sample. (Patient #1, #2, #6, #7 and #8) The finding include: A review of the aforementioned records starting on October 24, 2011 at approximately 10:45 a.m. through October 25, 2011 until approximately 2:30 p.m., revealed there was no documented evidence that the emergency protocol was included on POC's for Patient #1, #2, #6, #7 and #8. During a face to face interview with the Home Care Director on October 26, 2011 at approximately 2:30 p.m., she indicated none of the POC's reviewed during this survey included identification of employees in charge of managing	H 364	The referral team will be re-educated on mandatory information for DC PPOT's. PPOT's templates will be made for all of Alere's services and they will include emergency protocols. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur. The director will check and return each signed PPOT that does not contain the emergency protocol to the referral team for correcting. 11/9/11 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?

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H 430	<p>Continued From page 4</p> <p>During a face to face interview with the Home Care Director on October 24, 2011 at approximately 12:25 p.m., she acknowledged the findings.</p> <p>2. On October 25, 2011, a record review of patient #10' s record at approximately 1:40 p.m. revealed a POC for the period of July 13, 2011 through December 6, 2011 in which the physician ordered weekly skilled nursing visits for medication administration and preterm labor/ high risk pregnancy assessment.</p> <p>Further review of the record revealed a document entitled "60 Day Summary" dated September 29, 2011 in which there was no documented evidence the skilled services provided had been evaluated by the agency. Additionally, there was no evidence the summary had been sent to the patient's physician.</p> <p>During a face to face interview with the Home Care Director on October 25, 2011 at approximately 2:00 p.m., she acknowledged the findings.</p>	H 430	<p>We will implement a Quality Assurance Initiative in January 2012, to track all PPOTs and 60 Day Summaries. We will track 100% of PPOTs and 100% of 60 Day Summaries. They will be tracked on a monthly basis with the target goal being 100%. The items that will be tracked are the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services.</p> <p style="text-align: right;">11/9/11</p>