

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2012
NAME OF PROVIDER OR SUPPLIER HOME CARE PARTNERS		STREET ADDRESS, CITY, STATE, ZIP CODE 1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005		
(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 survey was conducted at your agency on September 27, 2012 to September 28, 2012, to determine compliance with Title 22 DCMR, Chapter 39 Home Care Agencies Regulations. The following deficiencies were based on record reviews, staff interviews, and a patient interviews. The sample sizes were fifteen (15) patients based on a census of three hundred (300), fifteen (15) employees based on a census of one hundred eleven (111) employees and two (2) home visits.	H 000	<p style="text-align: center;"> <i>Renewed 10/12/12</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 </p>	
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure personal care aides (PCA's) recorded on the patient's physical condition, behavior or appearance for six (6) of fifteen (15) patients in the sample. (Patient #1,#2, #3, #10, #11, and #12) The findings include: On September 27, 2012, a record review of patient's records #1, #2, #3, #10, #11 and #12 records starting at approximately 10:39 a.m. and ending at approximately 1:30 p.m., revealed the Personal Care Aides (PCAs)	H 399		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *M. Linda Zahat* TITLE *Executive Director* (X8) DATE *10/12/12*

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H 399	Continued From page 1 had not recorded the patient's physical condition, behavior, or appearance in the medical record. During a face to face interview with the Administrator on September 27, 2012, at approximately 3:00 p.m., she was made aware of the findings and indicated a new time sheet has been developed which includes the patient's physical condition, behavior and appearance.	H 399	Home Care Partners' new combined Verification/reporting form was fully implemented on October 1, 2012. (See attached sample). The form will be checked twice: by the scheduler and case manager to ensure that both the client condition reporting section and the task and time verification section are thoroughly completed.		