Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/23/2011
NAME OF PROVIDER OR SUPPLIER PREMIER HEALTH SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012		

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H 000	INITIAL COMMENTS	H 000	Received 4/11/11 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
	An annual survey was conducted at your agency from March 22, 2011, through March 23, 2011, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a review of patient and administrative records, a random sample of fifteen (15) clinical records, fifteen (15) personnel files, three (3) home visits, interviews with agency staff and patient interviews as well as observations in the home.			
H 148	3907.2(d) PERSONNEL	H 148	The Provider acknowledges and accepts this Tag with the following plan for improvement :	
	Each home care agency shall maintain accurate personnel records, which shall include the following information:		• The Human Resource department will conduct a 100% audit on all personnel records currently on hand to validate presence of current CPR card within the next week and update the computer system.	4/8/11
	(d) Documentation of current CPR certification, if required;		• Contact all staff without a current CPR certification to remove them from the service line until a current CPR card is available.	4/8/11
	This Statute is not met as evidenced by: Based on record review and interview, the agency failed to maintain accurate personnel records, to include current CPR certification, for three (3) out of fifteen (15) employees in the sample. (Employee #10, #12, and #13)		• The Quality Assurance department will conduct a final audit on this department of 25% of their records to confirm 100% compliance.	4/8/11
	The findings include:		• The department will audit all new application for employment for the presence of a current CPR certificate.	4/4/11
	On March 22, 2011, beginning at 10:54 a.m., review of the agency's personnel records revealed no evidence of current CPR certifications in Employee #10, #12 and #13's records.		• The management team will run monthly reports to verify and manage compliance.	4/30/11
	During a face to face interview with the agency's Human Resource personnel on the same day at approximately 2:30 p.m., it was acknowledged			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 4/11/11

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H 148	Continued From page 1	H 148		
	that Employee #10, #12, and #13 did not have current CPR certifications in their records.		The Provider acknowledges and accepts this Tag with the following plan for improvement :	
H 149	3907.2(e) PERSONNEL	H 149		4/11/11 Ongoing
	Each home care agency shall maintain accurate personnel records, which shall include the following information:		• The Human Resource Department will conduct a 100% audit of all personnel records to ensure presences of health certificate for each employee.	4/11/11 Ongoing
	(e) Health certification as required by section 3907.6;		• The Quality Assurance team will conduct monthly audit of 25% of the records against this tag.	
	This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to ensure one of fifteen employees in the sample had a health certificate in the record. (Employee #1)		• The Director of nursing will review all personnel records for compliance prior to conducting orientation.	
	The finding includes:		The Provider acknowledges and accepts this Tag with the following plan for improvement :	
	On March 22, 2011, at 10:54 a.m., review of Employee #1's personnel record revealed no evidence of a health certificate. Face to face interview with the Human Resource personnel on the same day at approximately 2:32 p.m., acknowledged that Employee #1's personnel record did not include a health certificate.		• The Human Resource Department will conduct a 100% audit of all personnel records to ensure presences of two references for each employee.	4/9/11
H 151	3907.2(g) PERSONNEL	H 151	• The Quality Assurance team will conduct monthly audit of 25% of the records against this tag.	4/11/11 Ongoing
	Each home care agency shall maintain accurate personnel records, which shall include the following information:		• The Director of nursing will review all personnel records for compliance prior to conducting orientation.	4/11/11 Ongoing
	(g) Documentation of reference checks;			
	This Statute is not met as evidenced by:			

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H 151	Continued From page 2 Based on a record review and interview, the agency failed to maintain accurate personnel records, which included reference checks for two of fifteen employees in the sample. (Employees #11 and #12) The findings include: On March 22, 2011, beginning at 10:54 a.m., review of the agency's personnel records revealed no evidence of reference checks in Employee #11 and #12's record. During a face to face interview with the agency's Human Resource personnel on the same day at approximately 2:36 p.m., it was acknowledged that Employee #11 and #12 did not have reference checks in their records.	H 151		
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on record review and interview, the agency failed to ensure that five (5) out of fifteen (15) employees had copies of completed annual evaluations in their personnel records. (Employees #5, #8, #12, #14, and #15) The findings include: On March 22, 2011, beginning at 10:54 a.m., review of the agency's personnel records	H 152	The Provider acknowledges and accepts this Tag with the following plan for improvement: • The Clinical Management team will establish an annual evaluation period to ensure that all staff receive an annual evaluation • The Human resource department will audit 100% of the records at the end of this evaluation period to ensure that each employee has an evaluation	4/30/11 5/30/11 ongoing

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H 152	Continued From page 3 revealed there was no evidence of current annual evaluations in Employee #5, #8, #12,#14, and #15's records. During a face to face interview with the agency's Human Resource personnel on the same day at approximately 2:35 p.m., it was acknowledged that Employee #5, #8, #12, #14, and #15's record did not have annual evaluations in their records.	H 152		
H 155	3907.2(k) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (k) A position description; This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to maintain a position description in the personnel record of five (5) of fifteen (15) employees in the sample. (Employee #1, #3, #8, #9, and #15) The findings include: On March 22, 2011, beginning at 10:54 a.m., review of the agency's personnel records revealed there was no evidence of position descriptions in Employee #1, #3, #8, #9, and #15's records. During a face to face interview with the agency's Human Resource personnel on the same day at approximately 2:40 p.m., it was acknowledged that Employee #5, #8, #12, #14, and #15's records did not have position descriptions in their	H 155	The Provider acknowledges and accepts this Tag with the following plan for improvement: • The Human Resource Department will conduct a 100% audit on all personnel records to ensure that all records have an appropriate job description. • The Clinical management team will contact all employee who do not have a current signed job description to come in to complete one • The Quality Assurance department will conduct a monthly audit of 25% audit against this tag. • The Director of nursing will review all personnel records for compliance prior to conducting orientation	4/4/11 4/30/11 4/30/11 Ongoing 4/30/11 ongoing

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H 155	Continued From page 4 records.	H 155		
H 157	3907.2(m) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (m) Documentation of acceptance or declination of the Hepatitis Vaccine; and... This Statute is not met as evidenced by: Based on record review and interview, the agency failed to maintain personnel records, which included documentation of acceptance or declination of the Hepatitis Vaccine for one of fifteen employees in the sample. (Employee #15) The finding includes: On March 22, 2011, beginning at 10:54 a.m., review of the agency personnel records revealed no documented evidence of acceptance or declination of the Hepatitis Vaccine for Employee #15. During a face to face interview with the agency's Human Resource personnel on the same day at approximately 2:44 p.m., it was acknowledged that there was no documentation of an acceptance or declination of the Hepatitis Vaccine on file for Employee #1.	H 157	The Provider acknowledges and accepts this Tag with the following plan for improvement: • Create a screening /administration form for Hepatitis B. • Conduct an Hepatitis B campaign for all staff. • Educate the staff on the importance of taking the Hepatitis B as a means of protection. • Administer Hepatitis B vaccine to all staff that consent to having the vaccine. • Add this form to our orientation documentation • Quality Assurance Department will audit 25% of the personnel chart monthly	4/8/11 4/8/11 4/9/11 Ongoing Monthly 4/9/11 Ongoing Monthly 4/9/11 Ongoing Monthly
H 162	3907.6 PERSONNEL At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately	H 162		

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H 162	Continued From page 5 preceding the date of hire, has been screened for and is free of communicable disease. This Statute is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one of fifteen employees in the sample had been screened for communicable diseases. (Employees #1) The finding includes: On March 22, 2011, at 10:54 a.m., review of Employee #1's personnel record revealed no evidence that the employee had been screened for communicable diseases. During a face to face interview with the Human Resource personnel on the same day at approximately 2:45 p.m., it was acknowledged that Employee #1's record failed to provide evidence that she had been screened for any communicable diseases.	H 162	The Provider acknowledges and accepts this Tag with the following plan for improvement: • Create a Communicable Disease Screening form • Conduct a mandatory Communicable Disaase screening at the next pay day for all staff • Human Resource Department will conduct a 100% audit of the personnel record to ensure each record is complete. • The Communicable Disease screening tool will be added to the new staff orientation packet. • Quality Assurance Department will audit 25% of the personnel chart monthly	4/8/11 4/30/11 5/15/11 4/8/11 4/30/11 ongoing
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to provide evidence that documentation of training and education had been given to the one (1) of the fifteen (15) patients in the sample. (Patient # 6)	H 279	The Provider acknowledges and accepts this Tag with the following plan for improvement:	

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H 279	Continued From page 6	H 279		
	The finding includes:			
	Review of Patient # 6's Nursing Monthly Visit Note dated December 21 , 2010 on March 22, 2011, at approximately 1:00 p.m., revealed the Registered Nurse (RN) documented "pt. (patient) was admitted in ER (emergency room) on January 19, 2011, for heart attack and asthmatic attack; audible inspiratory wheezes heard". Further review revealed no evidence of training and education given to the patient related to their disease processes.		• Revise the current nursing documentation tool to include a specific section for training and evaluation • Retrain 100% percent of the nurses on the nurses doing monthly supervisory visits on the revised form. • Quality Assurance manager will audit 100% of the incoming • Documentation and conduct re-training as needed. • The Director of Nursing will conduct spot checks weekly	4/8/11 4/8/11 4/9/11 Ongoing 4/9/11 ongoing
	During a face to face interview with the Human Resource Personnel (HRP) on March 22, 2011, at approximately 1:55 p.m., it was acknowledged that Patient #6's nursing visit note dated December 21 , 2010, did not document evidence of training and education given to the patient related to their diease processes.			
H 350	3914.1 PATIENT PLAN OF CARE	H 350		
	Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.			
	This Statute is not met as evidenced by: Based on a record review and interview, the home care agency (HCA) failed to develop a written plan of care for two (2) of fifteen (15) patients included in the sample. (Patient #7 and #8)		The Provider acknowledges and accepts this Tag with the following plan for improvement:	
	The finding includes:		• The Quality Assurance department will conduct a 100% chart audit to ensure all charts have a Plan of Care	4/9/11
	1. Review of Patient #7's clinical record on March			

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H 350	Continued From page 7 22, 2011, at approximately 1:20 p.m., revealed no evidence of a written plan of care (POC) in the patient's clinical record. 2. Review of Patient #8's clinical record on March 22, 2011 at approximately 1:30 p.m., revealed no evidence of a written plan of care (POC) in the patient's clinical record. During a face to face interview with the Human Resources Personnel (HRP) on March 22, 2011 at approximately 2:30 p.m., it was acknowledged Patient #7 and #8 did not have current POCs in the clinical records.	H 350	• The scheduling department will ensure all patients are scheduled in the computer to track the completion of the certification periods. • The Quality Assurance department will distribute the upcoming re-certification report by the third week each month to all nurses to facilitate timely completion of the recertification assessments and creation of the Plan of Care. • Time sheets will only be paid based on completing of recertification • Nurses who fail to complete their recertification timely will have their cases removed and be disciplined by the Director of Nursing	4/11/11 Ongoing 4/15/11 Ongoing 4/4/11 4/4/11
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 seven (7) of fifteen (15) patient's in the sample. (Patient #3, #5, #6, #10, #12, #14 and #15) The finding includes: Review of Patient #3, #5, #6,#10, #12, #14 and #15's Plan of Care (POC) on March 22, 2011, between 12:45 p.m. to 2:35 p.m. revealed no evidence that employees in charge of managing emergency situations were identified.	H 363	The Provider acknowledges and accepts this Tag with the following plan for improvement: • Modification of the paper work tool for 485 documentation to include addressing the identification of the employees in charge of managing the emergency protocol. • Modification of the computer application for 485 documentation to include addressing the identification of the employees in charge of managing the emergency protocol. •	4/4/11 4/4/11

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H 363	Continued From page 8	H 363		
	During a face to face visit with the Director of Human Resources (DHR) and Director of Nursing (DON) on March 22, 2011 at approximately 3:00 p.m., it was acknowledged that Patient #3, #5, #6,#10, #12, #14 and #15's POC did not identify employees in charge of managing emergency situations.		• Education of all nursing and physical therapy staff of the requirement to include addressing the identification of the employees in charge of managing the emergency protocol • The Quality Assurance team will conduct a 100% audit of all Plan of Care to include addressing the identification of the employees in charge of managing the emergency protocol.	4/30/11 ongoing 4/11/11 ongoing
H 364	3914.3(m) PATIENT PLAN OF CARE	H 364		
	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 the emergency protocol for seven (7) of fifteen (15) patient's in the sample. (Patient #3, #5, #6,#10, #12, #14 and #15)		The Provider acknowledges and accepts this Tag with the following plan for improvement: • Modification of the paper work tool for 485 documentation to include addressing the emergency protocol. • Modification of the computer application for 485 documentation to include addressing the emergency protocol. • Education of all nursing and physical therapy staff of the requirement to add the emergency protocol to each plan of care • The Quality Assurance team will conduct a 100% audit of all Plan of Care to ensure that the emergency protocol is addressed.	4/4/11 4/4/11 4/30/11 ongoing 4/11/11 ongoing
	The finding includes: Review of Patient #3, #5, #6,#10, #12, #14 and #15's Plan of Care (POC) on March 22, 2011 between 12:45p.m. to 2:35 p.m. revealed no evidence of an emergency protocol. During a face to face visit with the Director of Human Resources (DHR) and Director of Nursing (DON) on March 22, 2011 at approximately 3:00 p.m., it was acknowledged that Patient #3, #5, #6,#10, #12, #14 and #15's POC did not include an emergency protocol.			

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H 456	Continued From page 9	H 456		
H 456	3917.2(f) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to have documented evidence of supervision delivered by home health and personal care aides for three (3) of fifteen (15) patients in the sample. (Patient #5, #10 and #12) The finding includes: 1. Review of Patient #5's Plan of Care (POC) dated September 27, 2010 to March 25, 2011 at approximately 12:15 p.m., revealed the skilled nurse was to supervise the personal care aide (PCA) every thirty (30) days. Further review revealed the last documented (30) thirty day progress note was on December 31, 2010. 2. Review of Patient #10's Plan of Care (POC) dated September 30, 2010 to March 28, 2011 at approximately 12:25 p.m., revealed the skilled nurse was to supervise the personal care aide (PCA) every thirty (30) days. Further review revealed the last documented (30) thirty day progress note was on January 3, 2011. 3. Review of Patient #12's Plan of Care (POC) dated December 28, 2010 to June 26, 2011 at approximately 1:35 p.m., revealed the skilled nurse was to supervise the personal care aide	H 456	The Provider acknowledges and accepts this Tag with the following plan for improvement: • The Quality Assurance Department will conduct a 100% audit of all charts to validate assignment of a nurse to each patient. • The staffing coordinator will update the computer tracking system to ensure a scheduled visit is present for each patient. • The Quality Assurance Department will monitor run the missed visit report at the beginning of the last	4/11/11 4/11/11 ongoing 4/11/11 ongoing

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H 456	Continued From page 10	H 456	week of each month to identify patients who have not been seen for the month and work with the Staffing Coordinator to get them seen.	4/4/11 Ongoing
	(PCA) every thirty (30) days. Further review revealed the last documented (30) thirty day progress note was on January 6, 2011.		• The Quality Assurance Department will track the nurses who fail repeatedly to see their patient s on a monthly basis and refer them to the Director of Nursing for disciplinary action.	4/4/11 Ongoing
	During a face to face Interview with the Human Resource Personnel (HRP) on March 22, 2011, at approximately 1:45 p.m., it was acknowledged that Patient #5,#10 and #12's clinical record did not have documented evidence that skilled nurse provided supervision to the personal care aides every (30) thirty days.		• The Quality Assurance Department will conduct Monthly audit of 100% of the charts to ensure ongoing compliance.	4/4/11 Ongoing
H 459	3917.2(i) SKILLED NURSING SERVICES	H 459	• Educate the Home Health Aide on the Importance of contacting the Home Health Agency if the nurse does not visit during the month.	4/4/11 Ongoing
	Duties of the nurse shall include, at a minimum, the following:		• The Director of Nursing will conduct spot checks weekly	
	(i) Patient instruction, and evalutaion of patient instruction; and			
	This Statute is not met as evidenced by: Based on Interview and record review, the facility's skilled nursing staff failed to ensure documentation of evaluation of patient instruction for two (2) of fifteen (15) patients in the sample. (Patient #2 and #6)		The Provider acknowledges and accepts this Tag with the following plan for improvement:	
	The findings include:		• Revise the current nursing documentation tool to include a specific section for training and evaluation	4/4/11
	1. Review of Patient # 2's Nursing Monthly Visit Note dated January 24 , 2011 on March 22, 2011, at approximately 12:30 p.m., revealed the Registered Nurse (RN) documented "encourage pt. (patient) to hydrate self and to take all medicine as prescribed".		• Retrain 100% percent of the nurses on the nurses doing monthly supervisory visits on the revised form.	4/30/11
	2. Review of Patient # 6's Nursing Monthly Visit Note dated December 21 , 2010 on March 22,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 03/23/2011
NAME OF PROVIDER OR SUPPLIER PREMIER HEALTH SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012		

(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 459	Continued From page 11 2011, at approximately 1:00 p.m., revealed the RN documented "teaching on not to put too much pressure on her legs and to maintain low sodium diet." During a face to face interview with the Human Resource Personnel (HRP) on March 22, 2011, at approximately 1:55 p.m., it was acknowledged that Patient #2 and #6's nursing visit note did not specifically evaluate the instructions given to the patient.	H 459	• Quality Assurance manager will audit 100% of the incoming documentation and conduct re-training as needed. • The Director of Nursing will conduct spot checks weekly	4/4/11 Ongoing 4/4/11 Ongoing