

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>
---	---

(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted at your agency from March 11, 2010, through March 12, 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 fifteen (15) clinical records based on a census of two hundred-eleven (211) patients, fifteen (15) personnel files based on a census of one hundred-fifty-seven (157) employees and five (5) 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.</p>	H 000	<p><i>Reviewed 4/21/10</i></p> <p><b>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</b></p>	
H 055	<p><b>3902.2(c)(3) GOVERNING BODY</b></p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(3) A written report of the results of the evaluation shall be prepared and shall include recommendations for modifications of the agency's overall policies or practices, if appropriate.</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to review and evaluate on annual basis the policies governing the operation of the agency.</p>	H 055	<p>Agencies Policy &amp; Procedures are reviewed on an annual basis. Premier Health Services' ("PHS") previous protocol for reviewing policies and procedures was to have the DON review the procedures and policies governing the Agency. It was not part of the policy to have the DON sign off that the policies and procedures had been reviewed. To address this deficiency, going forward, all policies and procedures will be reviewed by the directors of the individual departments. The directors of each department must then submit a written report by June 30<sup>th</sup> of the current year with suggested changes and the rationales therefor to the Assistant Administrator. The Assistant Administrator will review the respective reports, approve any changes and sign off that the policies and procedures have been reviewed and approved by July 30<sup>th</sup> of the current year.</p>	7/30/10

Health Regulation Administration

TITLE

(X8) DATE

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

STATE FORM

6899

SICW11

If continuation sheet 1 of 15

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 055	Continued From page 1  The finding includes:  A record review on March 11, 2010, at approximately 9:52 a.m., revealed a document entitled "Annual Agency Evaluation." Continued review of the document revealed a section designated "approved" which was observed to be blank. There was no documented evidence that the agency's Policies and Procedures had been reviewed and evaluated annually.  During a face to face interview with the Assistant Administration on March 11, 2010, beginning at approximately 4:57 p.m., revealed that the Director of Nursing was the responsible party to ensure the review and evaluation of the Health Care Agency's Policies governing the agency.	H 055	The agreement entitled "Contract for Home Care Services" is an agreement that PHS no longer uses to contract with Staffing Agencies. As of January 2009, all agreements PHS entered into with Staffing Agencies was entered into using the Cooperative Agreement.  The Cooperative Agreement that PHS uses was given to the Agency in or around September 2008 by Mr. Crosby, Chief, Office of Disability & Aging as the suggested contract to use for Staffing Agencies. PHS used the contract "as is" without changing it. PHS only contracts with Staffing Agencies to provide services in Washington, DC. To address the deficiency, an addendum to the executed Cooperative Agreements has been drafted stating that services are to be provided in Washington DC. Furthermore, a new section has been added to the Cooperative Agreement which specifically states that services are to be provided in Washington DC. This will ensure that any future agreements entered into will have the necessary language.	4/30/10
H 121	3906.1(b) CONTRACTOR AGREEMENTS  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (b) The location where services are to be provided;  This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the location where services are to be provided in it's "Contractual Agreement".  The findings include:	H 121	The Cooperative Agreement between PHS and Staffing Agencies states that the agreement is a contract for PCA staffing between PHS and the Staffing Agency and furthermore that the Staffing Agency will provide the PCA/HHA to patient. Section I of the contract demarcates the	

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  03/12/2010
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 121	<p>Continued From page 2</p> <p>A record review on March 11, 2010, at approximately 11:11 a.m. revealed a form entitled "Cooperative Agreement" and a second entitled "Contract for Home Health Care Services Agreement". The document entitled "Cooperative Agreement" failed to indicate that Home Health Aide services were being provided through a third party. Both documents however failed to disclose the location in which the services were to be provided for two (2) of two (2) contracts reviewed.</p> <p>During a face to face interview on March 11, 2010, beginning at 4:57 p.m., the Assistant Administrator acknowledged the findings.</p>	H 121	<p>responsibility of PHS under the contract and Section II of the contract demarcates the responsibilities of the Staffing Agency when providing the PCA/HHA to the patient. The Cooperative Agreement also has an addendum stating the minimum the Staffing Agencies must pay their PCAs/HHAs per hour. PHS believed that the agreement explained that the Staffing Agency was the 3<sup>rd</sup> party providing the PCA/HHA Services. However, to address the deficiency, going forward PHS will add a section to the Cooperative Agreement stating that the Staffing Agency providing PCA/HHA services is a 3<sup>rd</sup> party. This will ensure that any future contracts entered into will have the required language.</p>	
H 122	<p>3906.1(c) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(c) The manner in which services will be controlled, coordinated and evaluated by the primary home care agency;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the manner in which services will be controlled, coordinated and evaluated by the primary home care agency.</p> <p>The finding includes:</p> <p>A record review on March 12, 2010 at approximately 11:11 a.m., revealed a form</p>	H 122	<p>The Agency acknowledges that the Independent Contractor Agreement does not have the necessary language. Addendums to the Independent Contractor Agreement have been drafted which include the manner in which services will be controlled, coordinated and evaluated; and will be sent to the counter parties of these agreements to execute. Furthermore, any new agreements entered into by PHS will be entered into using the amended Independent Contractor Agreement which has been modified to have language stating the manner in which services will be controlled, coordinated and evaluated by the primary home care agency.</p>	4/30/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 122	Continued From page 3  entitled "Independent Contractor Agreement". There was no documented evidence of the manner in which services will be controlled, coordinated and evaluated by the primary home care agency in the contractor agreement.  During a face to face interview with the Director on March 12, 2010, beginning at 4:57 p.m., she acknowledged the finding.	H 122		
H 147	3907.2(c) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records as there were no resumes on file for three (3) of fifteen(15) employees included in the sample. (Staff #4, #5, and #6 )  The findings include:  Review of Staff #4, #5, and #6's personnel records on March 12, 2010, beginning at approximately 11:46 a.m., revealed that their files did not contain the required resumes.  During a face to face interview with Assistant Administrator on March 12, 2010, beginning at approximately 4:57 p.m., it was acknowledged	H 147	Prior to the survey on March 12, 2010, PHS personnel policy did not require resumes from our staff; we did however require the staff fill out our employment application which has sections to document educational experience; certificates, licenses workshops/ seminars; and previous employment. To address this deficiency, going forward, a resume will be required for all staff. A letter was drafted and sent to all PHS staff on May 13 <sup>th</sup> , 2010 requesting resumes. Going forward, all potential hires will be required to provide a resume when completing the employment application. Furthermore, PHS has contracted with the HR Source, a Human Resources staffing company to acquire a HR director to review our personnel files to ensure that PHS are compliant with all the sections regarding personnel.	<u>5/30/10</u>

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 147	Continued From page 4 Staff #4, #5, and #6's personnel files did not contain their resumes.	H 147		
H 148	3907.2(d) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (d) Documentation of current CPR certification, if required;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of current CPR certification for one (1) of fifteen (15) employees in the sample. (Occupational Therapist, OT #3)  The finding includes:  Review of the OT #3's personnel file on March 12, 2010, at approximately 11:18 a.m., revealed no documentation of current CPR certification in the personnel record.  During a face to face interview with the Quality Assurance Coordinator on March 12, 2010, beginning at approximately 4:57 p.m., it was acknowledged the OT, #3 did not have documentation of current CPR certification in the personnel record.	H 148	CPR is required for any and all personnel who provide direct care to any patient. During the face-to-face interview, the surveyor stated that the OT #3 file did not have a CPR certificate. However, the Assistant Administrator and the DON pointed out that employee #3's CPR was in her personnel file, at which point the surveyor stated that the deficiency would be removed. I have included a copy of the CPR certificate for your review.	<u>4/16/10</u>
H 150	3907.2(f) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the	H 150		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 150	Continued From page 5 following information:  (f) Verification of previous employment;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of verification of previous employment for two (2) of fifteen (15) employees included in the sample. (Staff #3 and #13)  The findings include:  A record review on March 11, 2010, beginning at approximately 11:20 a.m. revealed that there was no documentation of verification of previous employment in Staff #3 and #13's personnel records.  During a face to face interview with the Assistant Administrator on March 11, 2010, beginning at approximately 4:57 p.m., it was acknowledged Staff #3 and #13 did not have documentation of verification of previous employment in their personnel records.	H 150	PHS acknowledges that we have not been stringent on the verification of previous employment. We have contracted with the HR Source, a Human Resources staffing company to acquire a HR director to help address our deficiencies surrounding personnel. To that end, a new policy for employee "on boarding" is being created which includes that all previous employment for a potential hire must verified and documented as verified prior to hire. Effective immediately a candidate's previous employment must be verified before an offer of hire is made to a candidate. Documentation of such verification must be placed in the employees' file. The HR director will review each new hire's personnel file to ensure that all required documents have been placed in the file.	<u>4/30/10</u>
H 151	3907.2(g) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (g) Documentation of reference checks;  This Statute is not met as evidenced by: Based on record review and interview, it was	H 151	PHS acknowledges that we have not been stringent on the documentation of reference checks. We have contracted with the HR Source, a Human Resources staffing company to acquire a HR director to help address our deficiencies surrounding personnel. To that end, a new policy for employee "on boarding" is being created which includes that all potential hires must provide at least two professional references and two personal references, and that HR personnel must document that all four references were checked/verified prior to hire. Effective immediately a candidate's references must be checked and documented, and placed in the candidates file before an offer of hire is made. The HR director will review each new hire's personnel file to ensure that all required documents have been placed in the file.	<u>4/30/10</u>

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>
---	---

(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 151	<p>Continued From page 6</p> <p>determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of reference checks for four (2) of fifteen (15) employees included in the sample. (Staff #3, Occupational Therapist (OT), and Personal Care Aide PCA, #13).</p> <p>The findings include:</p> <p>A record review on March 11, 2010, beginning at approximately 11:20 a.m. revealed that there was no documentation of reference checks in Staff #3 and #13's personnel records.</p> <p>During a face to face interview with the Assistant Administrator on March 11, 2010, beginning at approximately 4:57 p.m., it was ecknowledged Staff #3 and #13 did not have documentation of in their personnel records.</p>	H 151		
H 152	<p>3907.2(h) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(h) Copies of completed annual evaluations;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency failed to maintain accurate personnel records, which included documentation of completed annual evaluations for two (2) of fifteen (15) employees in the sample. Licensed Social Worker (LSW), #10, and a Personal Care Aide (PCA), #15.</p> <p>The findings include:</p>	H 152	<p>PHS acknowledges that we have not consistently completed annual evaluations for our employees. We have contracted with the HR Source, a Human Resources staffing company to acquire a HR director to help address our deficiencies surrounding personnel. Currently, PHS is re-writing all job descriptions for all levels of our staff. We expect that to complete the job descriptions by April 30<sup>th</sup>, 2010. The reviews will begin immediately thereafter. We expect to be conducting annual evaluations beginning May 3<sup>rd</sup>, 2010. Our new HR director has outlined a plan to conduct 30 reviews each month in an effort to get into compliance with the regulation as soon as possible. The HR director will review the personnel record for each active PHS employee on PHS' payroll to determine whether the employee has received an annual evaluation. If an employee does not have a copy of their annual evaluation in their file, the HR director will schedule an annual evaluation. After we have completed the back log of annual evaluation, each employee will receive an annual evaluation on or about the anniversary of their hire date.</p>	8/30/10

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  03/12/2010
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 152	Continued From page 7  On March 11, 2010, at 3:19 a.m., review of the LSW, #10's personnel file and the PCA, #15's personnel file revealed that there was no documented evidence of current annual evaluations completed for the LSW and the PCA.  During a face to face interview with the Assistant Administrator on March 11, 2010 beginning at approximately 4:57 p.m., it was acknowledged that Staff #10 and #15 did not have current evaluations in their personnel records.	H 152		
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 ensure documentation of training and education given to the patient and the patient's caregivers for two (2) of fifteen (15) patients in the sample. (Patient #13 and #15 )  The findings include:  1. Review of Patient # 13's Home Health Certification and Plan of Care (POC) dated September 20, 2009, to March 10, 2010, on March 11, 2010, at approximately 2:58 p.m., revealed the patient had diagnoses that included quadriplegia, hypertension and Diabetes Mellitus and was ordered a low sodium diet. Further	H 279	PHS will initiate ongoing In-Service training for all nursing staff to educate on, and emphasize the importance of documenting the training and education given to each patient, caregiver and HHA during each skilled nursing visit. PHS will also emphasis that each visit report must indicate whether that the patient, caregiver and HHA understood the training and education given, and their response to the training. The QA department will also participate in the In-Services. All visit notes submitted by the nursing staff will be reviewed by the QA department to ensure that training and education was given to the patient, caregiver and HHA and that the nurse's notes are compliant with §3911.2(s)	5/15/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 279	Continued From page 8  review revealed Patient #13 was dependant on the home health aide (HHA) for all activities of daily living.  Review of Registered Nurse (RN) Monthly Notes dated December 15, 2009, January 18, and Feburary 26, 2010, revealed no training and education given to the patient and the patient's caregivers  2. Review of Patient # 15's POC dated January 25, 2010, to July 23, 2010 on March 11, 2010, at approximately 3:30 p.m., revealed the patient had diagnoses that included Diabetes Mellitus and a decubitus ulcer and was ordered a low sodium diet.  Review of RN Monthly Notes dated Febuary 24, 2010, revealed no training and education given to the patient and the patient's caregivers.  During face to face interview with the DON on March 11, 2010, at approximately 4:15 p.m., it was acknowledged the medical records did not include any training and education given to Patient #13 and #15 and the patient's caregivers.	H 279		
H 359	3914.3(h) PATIENT PLAN OF CARE  The plan of care shall include the following:  (h) Prognosis, including rehabilitation potential;  This Statute is not met as evidenced by: Based on record review and interview, the agency's Plan of Care (POC) failed to include prognosis, including rehabilitation potential for two (2) of fifteen (15) patients in the sample. (Patient #8 and #14)	H 359	Going forward all new POCs will clearly state the patient's prognosis and rehabilitation potential. The DON will review each new POC before it is faxed to the physician for signature to ensure the POC contains the prognosis of the patient and also the rehabilitation potential of the patient.	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 359	Continued From page 9  The finding includes:  1. Review of Patient #8's Home Health Certification and Plan of Care (POC) dated February 22, 2010, thru April 20, 2010, on March 11, 2010, at approximately 11:35 a.m., revealed the POC did not include the prognosis, including rehabilitation potential for the patient.  2. Review of Patient #14's POC on March 11, 2010, at approximately 3:15 a.m., revealed the POC did not include the prognosis, including rehabilitation potential for the patient.  During a face to face interview with the Director of Nursing (DON) on March 11, 2010, at approximately 4:05 p.m., it was acknowledged Patient #8 and #14's POC did not include the prognosis.	H 359		
H 363	3914.3(l) PATIENT PLAN OF CARE  The plan of care shall include the following:  (l) Identification of employees in charge of managing emergency situations;  This Statute is not met as evidenced by: Based on a record review and interview it was determined the agency failed to include identification of employees in charge of managing emergency situations for fifteen (15) of fifteen (15) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15)  The findings include:	H 363	It was PHS policy to identify the employee in charge of managing emergency situations in the information packet that is placed at each patient's home during the initial assessment. Going forward, all new POCs will also identify the employee who is in charge of managing emergency situations. All new POCs will also include the following statement: "In case of emergency call 911; if there is a non life-threatening medical emergency contact the on-call clinical supervisor at 202-723-3060." The DON will review each new POC to ensure compliance with this section.	5/15/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 363	Continued From page 10  Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15's plan of care (POC) on March 11 and March 12, 2010, approximately between 10:00 a.m., to 4:00 p.m., revealed the POC did not include identification of employees in charge of managing emergency situations.  During a face to face interview with the Director of Nursing (DON) on March 11, 2010, at approximately 4:10 p.m., it was acknowledged the POC did not include identification of employees in charge of managing emergency situations for Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15.	H 363		
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 interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for fifteen(15) of fifteen (15) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15)  The findings include:  Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15's plan of care (POC) on February 19 and February 23, 2010, approximately between 10:00 a.m., to 4:00 p.m., revealed the POC did not include emergency protocols.	H 364	It was PHS policy to include general Emergency Protocols in the information packets that are placed at each patient's home during the initial assessment. PHS is creating an additional questionnaire to include in our SOC packets which will help the nurse create patient specific emergency protocols. The nurse will use the questionnaire to assess the following: the location of the fire extinguisher in a patient home, whether there are operable smoke detectors, obstruction free stairways, appropriate lighting of the environment, emergency exits and evacuation routes. Going forward, information from this new form will then be used to create specific emergency protocols which can be individualized and documented on the POC for each patient. The DON will review each new POC to ensure compliance with this section.	5/15/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 364	Continued From page 11  During a face to face interview with the Director of Nursing (DON) on February 23, 2010, at approximately 4:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15.	H 364		
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE  Home health 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 a record review and interview, it was determined that the agency failed to ensure home health aides (HHA) recorded, and reported on the patient's physical condition, behavior or appearance for twelve (12) of fifteen (15) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #11, #12, #14, #15)  The findings include:  Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #11, #12, #14, #15's medical records on March 11, 2010, approximately between 10:00 p.m. to 4:00 p.m., revealed the home health aide had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.  During a face to face interview with the Director of Nursing (DON) on March 11, 2010, at	H 411	PHS acknowledges that we have not previously required HHAs & PCAs to document that they observed, recorded or reported on a patient's physical condition, behavior or appearance. PHS requires the PCA/HHA to document each task/service that they provide to the patient and the amount of time that they use to perform each task/service. To address this deficiency, a new questionnaire will be created with which each PCA/HHA will document their observations about each patient's physical condition, behavior and appearance on a daily basis. To ensure that the deficient practice does not re-occur, this questionnaire must be submitted weekly along with the signed time sheet in order for the HHA/PCA to receive payment for services rendered. An In-Service will be scheduled in which the HHAs/PCAs will be informed of the new procedure and receive training regarding this new requirement.	6/1/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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 411	Continued From page 12  approximately 4:05 p.m., it was acknowledged the home health aide had not recorded and reported Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #11, #12, #14, #15's, physical condition, behavior, or appearance to the agency.	H 411			
H 459	3917.2(i) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (i) Patient instruction, and evaluation 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 patient instruction, and evaluation of patient instruction for five (5) of (10) patients in the sample. (Patient #2, #3, #4, #8, #12)  The findings include:  1. Review of Patient # 2's plan of care (POC) dated February 18, 2010, thru August 16, 2010 on March 11, 2010, at approximately 10:35 a.m., revealed the skilled nurse had performed Patient # 2's wound care as prescribed, however there was no documented evidence of patient instruction on wound care and evaluation of patient instruction.  During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 4:00 p.m., it was acknowledged the skilled nurse did not document patient instruction on wound care, and evaluation of	H 459	PHS will initiate ongoing In-Service training for all nursing staff to educate on, and emphasize the importance of documenting the training and education given to each patient, caregiver and HHA during each skilled nursing visit. PHS will also emphasize that each visit report must indicate whether that the patient, caregiver and HHA understood the training and education given, and their response to the training. The QA department will also participate in the In-Services. All visit notes submitted by the nursing staff will be reviewed by the QA department to ensure that training and education was given to the patient, caregiver and HHA and that the nurse's notes are compliant with §3917.2(i)	<u>5/15/10</u>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>		
(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	<p>Continued From page 13</p> <p>patient instruction given to Patient #2.</p> <p>2. Review of Patient # 3's Personal Care Aide/Homemaker Supervisory Visit Form dated February 12, 2010 on March 11, 2010, at approximately 10:50 a.m., revealed the skilled nurse had instructed Patient # 3 on diet and medication, however there was no documented evidence of the specific instructions on diet and medication and evaluation of patient instruction on diet and medication.</p> <p>During a face to face interview with the DON on March 11, 2010, at approximately 4:05 p.m., it was acknowledged the skilled nurse did not document the specific instructions and evaluation of patient instruction on diet and medication given to Patient #3.</p> <p>3. Review of Patient # 4's Registered Nurse (RN) Monthly Visit Note dated January 25, 2010 on March 11, 2010, at approximately 11:20 a.m., revealed the skilled nurse had instructed Patient # 4 on regarding the low sodium and low cholesterol diet, however there was no documented evidence of the evaluation of patient instruction on diet therapy.</p> <p>During a face to face interview with the DON on March 11, 2010, at approximately 4:00 p.m., it was acknowledged the skilled nurse did not document the evaluation of patient instruction given to Patient #4.</p> <p>4. Review of Patient # 8's Home Health Certification and Plan of Care (POC) dated February 22, 2010, thru April 20, 2010, on March 11, 2010, at approximately 11:35 e.m., revealed the skilled nurse had performed Patient # 8's wound care as prescribed, however there was no</p>	H 459		

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  03/12/2010
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 14  documented evidence of patient instruction on wound care and evaluation of patient instruction.  During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 4:00 p.m., it was acknowledged the skilled nurse did not document patient instruction on wound care, and evaluation of patient instruction given to Patient #8.  5. Review of Patient # 12's Registered Nurse (RN) Monthly Visit Note dated January 25, 2010 on March 11, 2010, at approximately :35 p.m., revealed the skilled nurse had instructed Patient # 12 on safety precautions, however there was no documented evidence of the specific instructions on safety precautions and evaluation of patient instruction on safety precautions .  During a face to face interview with the DON on March 11, 2010, at approximately 4:05 p.m., it was acknowledged the skilled nurse did not document the specific instructions on safety precautions and evaluation of patient instruction on safety precautions . given to Patient #12.	H 459		