

Received 6/8/10

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

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FORM APPROVED

Health Regulation Administration

HEALTH REGULATION ADMINISTRATION

825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009 | (X2) DATE SURVEY COMPLETED 03/10/2010 A. BUILDING _____ B. WING _____ |
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| NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |
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| (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 |
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| H 000 | INITIAL COMMENTS An annual survey was conducted at your agency from March 9, 2010, through March 10, 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 ten (10) clinical records based on a census of seventy-five (75) patients, ten (10) personnel files based on a census of seventy-eight (78) employees and three (3) 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 | INITIAL COMMENTS Premium Select Home Care, Inc. has reviewed the licensure deficiencies noted in the survey of March 9-10, 2010. A Plan of Correction has been developed for your review and approval and to ensure that the agency maintains compliance with professional standards and licensure regulations. The Plan of Correction will also identify and present some policies and procedures that were already in place prior to the survey but the deficiencies noted did not reflect the practices as operational. | |
| H 170 | 3907.11 PERSONNEL Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient. This Statute is not met as evidenced by: Based on an observation and interview, it was determined that the Home Care Agency (HCA) failed to ensure that two (2) of the three (3) Home Health Aides (HHA's) presented valid agency identification prior to entering the home of a patient. (HHA # 11 and #12) The findings include: 1. Observations during a home visit of Patient # 7 on March 10, 2010, at approximately 9:00 a.m., revealed that the Home Health Aide(HHA) did not have valid agency identification on their person. | H 170 | H 170 3907.11 PERSONNEL Premium Select's policy entitled Provision of Services states that " All agency staff employed either directly or by contract when providing services to patients in their place of residence, shall be rapidly identifiable by a picture I.D. badge to the patient, his family, or other responsible parties". The policy has been further expanded to state that agency staff shall be issued a valid agency photo identification badge prior to initial patient assignment. In addition, this requirement has now been added as an agenda item on the Orientation Program Schedule. The Human Resources office will ensure that all newly hired staff has been issued a photo id prior to the first visit to a patient's home. Current staff compliance with this requirement will be monitored by the Director of Professional Services and/or the Quality Improvement Reviewer. This requirement has been reinforced with all staff on a 1 on 1 basis. Each staff member has been provided a valid agency photo id as of the writing of this Plan. | Completion Date: April 2, 2010 and ongoing |

Health Regulation Administration
[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
6/8/10

(X6) DATE

Health Regulation Administration

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| H 170 | Continued From page 1 During a face to face interview with HHA #11 on March 10, 2010 at approximately 9:09 a.m., revealed that she had never received an identification badge from the agency. At the time of the survey, the HCA failed to ensure HHA #11 was provided with an agency identification. 2. Observations during a home visit of Patient #9 on March 10, 2010 at approximately 10:00 a.m., revealed that the HHA did not have valid agency identification on their person. During a face to face interview with HHA #12 on March 10, 2010, at approximately 10:06 a.m., revealed that she was scheduled to receive an identification badge from the agency on Monday, March 15, 2010. At the time of the survey, the HCA failed to ensure HHA #12 was provided with an agency identification. | H 170 | See attached revised policy – Provision of Services – Attachment A Orientation Program Schedule - Attachment B | Completion Date: April 2, 2010 and ongoing |
| H 193 | 3908.1(d) ADMISSIONS Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following: (c) The amount charged for each service; This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure written policies on admissions, which included, the amount charged for each service. The findings include: | H 193 | H 193 3908.1(d) ADMISSIONS Effective June 1, 2010, this agency has revised it's Admission Signature Forms Policy to state that current maximum Medicare charges for each service discipline will be provided to the patient/family during the admissions process. Patients with private insurance and/or private pay will be provided pay rates and any co-pay or deductible information on a case by case basis. The agency's description of charges shall be presented by the admitting discipline as a component of the 'Authorization for Payment' discussion on the agency's Admission Consent document. The Director of Professional Services shall be responsible for ensuring that this requirement is met. | Completion Date: June 4, 2010 and ongoing |

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| H 193 | Continued From page 2 Review of the Admission Policy on March 9, 2010, at approximately 11:54 a.m., revealed the HCA did not ensure the admission policy included the amount charged for each service. During a face to face interview with the Director of Nursing (DON) on March 9, 2009, at approximately 11:57 a.m., it was acknowledged the HCA did not ensure the admission policy included the amount charged for each service. There was no documented evidence the HCA ensured the admission policy included the amount charged for each service. | H 193 | See attached revised Admission Signature Forms Policy and attachments, including 'Maximum Rates for Services' addendum – Attachment C. | Completion Date: June 4, 2010 and ongoing |
| H 196 | 3908.1(g) ADMISSIONS Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following: (g) Consent for services; and... This Statute is not met as evidenced by: Based on interview and record verification, the Home Care Agency (HCA) failed to ensure written policies on admissions which included consent for services. The finding includes: Review of the Admission Policy on March 9, 2010, at approximately 11:52 a.m., revealed the HCA did not ensure the admission policy included the consent for services. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at | H 196 | H 196 3908.1 (g) ADMISSIONS Premium Select's policy on Admission Signature Forms has required, since it's inception, that the patient provide written consent for treatment and services during the admission visit and prior to any treatment being rendered. The Admission Consent Form is included in the Patient Orientation for Home Health Care booklet. The policy has been revised to include reference to the booklet, however, the consent for treatment and services and the explanation of the requirement has not changed. Ongoing compliance with this requirement will be monitored by the Director of Professional Services during Admission Audits and within the Quality Improvement Review Program during annual policy review. See attached revised Admission Signature Forms policy – Attachment C. | Completion Date: March 11, 2010 and ongoing |

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| H 196 | Continued From page 3 approximately 11:57 a.m., it was acknowledged the HCA did not ensure the admission policy included consent for services. There was no documented evidence the HCA ensured the admission policy included the consent for services. | H 196 | | |
| H 197 | 3908.1(h) ADMISSIONS Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following: (h) Consent for interagency sharing of information. This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure written policies on admissions, which included, consent for interagency sharing of information. The finding includes: Review of the Admission Policy on March 9, 2010, at approximately 10:49 a.m., revealed the HCA did not ensure the admission policy included consent for interagency sharing of information. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 11:56 a.m., it was acknowledged the HCA did not ensure the admission policy included consent for interagency sharing of information. There was no documented evidence the HCA ensured the admission policy included consent | H 197 | H 197 3908.1(h) ADMISSIONS Consent for interagency sharing of information is incorporated by Premium Select in its policy on Admission Signature Forms / Release of Information. The release of information is one of the consents included in the Admission Consent document for which the patient's signature is required. Please see the attached document entitled 'Authorizations and Consents' for a description of the content of this specific consent requirement. Ongoing compliance with this requirement will be monitored by the Director of Professional Services during Admission Audits and within the Quality Improvement Review Program during annual policy review. See attached revised Admission Signature Forms policy - Attachment C. See enclosed 'Patient Orientation for Home Health Care' booklet, pages 11-16 for further info regarding this agency's Notice of Privacy Practices | Completion Date: March 11, 2010 and ongoing |

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| H 197 | Continued From page 4 for interagency sharing of information. | H 197 | | |
| H 203 | 3908.4 ADMISSIONS The home care agency shall notify each entity referring a potential patient to the agency, and each individual requesting services from the agency, of the availability or unavailability of service, and the reason(s) therefor, within 48 hours after the referral or request for services. This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure the admission policy included that the agency would notify each entity referring a potential patient to the agency, and each individual requesting services from the agency, of the availability or unavailability of service, and the reason(s) therefor, within 48 hours after the referral or request for services. The findings include: Review of the Admission Policy on March 9, 2010, at approximately 11:50 a.m., revealed the HCA's admission policy did not include that they would notify each entity referring a potential patient to the agency, and each individual requesting services from the agency, of the availability or unavailability of service, and the reason(s) therefor, within 48 hours after the referral or request for services. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 11:55 a.m., it was acknowledged the HCA's admission policy did not include that they would notify each entity referring a potential | H 203 | H 203 3908.4 ADMISSIONS The agency revised its' Referral and Acceptance of Patients' Policy to reflect that the referral source and the patient's physician will be notified within 48 hours of the availability or unavailability of services or if the patient is not accepted for services. See revised policy - Attachment D | Completion Date: March 11, 2010 and ongoing |

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| H 203 | Continued From page 5 patient to the agency, and each individual requesting services from the agency, of the availability or unavailability of service, and the reason(s) therefor, within 48 hours after the referral or request for services. There was no documented evidence the HCA ensured the admission policy complied with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). | H 203 | | |
| H 204 | 3908.5 ADMISSIONS A home care agency shall maintain records on each person requesting services whose request is not accepted. The records shall be maintained for at least one year from the date of non-acceptance and shall include the nature of the request for services and the reason for not accepting the patient. 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 date of non-acceptance and the nature of the request for services in it's Denial of Admission Record. The finding includes: Review of the Admission Policy on March 9, 2010, at approximately 11:54 a.m., revealed the HCA did not ensure the admission policy included the date of non-acceptance and the nature of the request for services in it's Denial of Admission Record. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at | H 204 | H 204 3908.5 ADMISSIONS A review of the Admission Policy determined that revisions were required to ensure compliance with this regulation. The Admission Policy was revised to include that patients not accepted for service shall be entered on the agency's Denial of Admission Log. The Log includes documentation of date of non-acceptance, the services requested and the reason for non-acceptance. The documentation for each patient not accepted for service will be maintained for one (1) year. Please see the attached revised Admission Policy and the Denial of Admission Log- Attachments D & E. Completion Date: May 13, 2010 and ongoing | Completion Date: May 13, 2010 and ongoing |

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| H 204 | Continued From page 6 approximately 12:15 p.m., it was acknowledged the HCA did not include the date of non-acceptance and the nature of the request for services in it's Denial of Admission Record. There was no documented evidence the HCA included the date of non-acceptance and the nature of the request for services in it's Denial of Admission Record. | H 204 | | |
| H 331 | 3913.2(a) COMPLAINT PROCESS A written summary of the complaint process shall be disseminated as follows: (a) Given to the patient or his or her representative upon acceptance or denial of services, and... This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services for ten (10) of ten (10) patients in the sample. The finding includes: Review of the Compliant Policy on March 9, 2010, at approximately 11:04 a.m., revealed the HCA did not ensure a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services. During a face to face interview with the Director | H 331 | H 331 3913.2(a) COMPLAINT PROCESS Premium Select has provided a written summary of the Complaint Process to the patient/family since approximately 2003 as a component of the admission visit. This summary and the patient's acknowledgment of receipt and explanation of the their rights and responsibilities, including the right to express concerns/complaints is included in the 'Patient Orientation for Home Health Care' booklet. This booklet has been provided to patients of the agency since 2003. Please see the following pages of the booklet: Summary of the Complaint Process /Problem Solving Procedure- page 6 Patient Rights and Responsibilities – page 7 Admission Consent document - following page 30 of the booklet. See attached Summary of the Complaint Process – Attachment F Please note that the Summary of the Complaint Process and the Complaint/Grievance Procedure has been revised to ensure compliance with other deficiencies noted during this survey. The revisions will be discussed in the appropriate section of this Plan of Correction. | Completion Date: June 18, 2010 and ongoing |

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| H 331 | Continued From page 7 of Nursing (DON) on March 9, 2010, at approximately 11:20 a.m., it was acknowledged the HCA did not ensure a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services. There was no documented evidence a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services. | H 331 | | |
| H 332 | 3913.2(b) COMPLAINT PROCESS A written summary of the complaint process shall be disseminated as follows: (b) Given to all patients receiving service from a home care agency on the effective date of these rules. This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure a written summary of the complaint process was given to all patients receiving service from a home care agency on the effective date of these rules for ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9, #10) The finding includes: Review of the Compliant/Grievance Process Policy on March 9, 2010, at approximately 11:00 a.m., revealed the HCA did not ensure a written summary of the complaint process was given to | H 332 | H 332 3913.2 (b) COMPLAINT PROCESS As referenced above, the Admission Consent document signed by each patient acknowledges receipt of the complaint/ problem solving process which is included under 'Patient Rights and Responsibilities'. This document was present in all records reviewed during the survey of March 9-10, 2010. 100% Admission Documentation Audits shall be conducted by the Director of Professional Services and during the Quality Review Process to ensure that all patients have received the written summary of the complaint process as evidenced by patient/patient representative signature on the agency's Admission Consent document. See reference attachments as in H331 3913(a) above. | Completion Date: March 10, 2010 and ongoing |

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| H 332 | Continued From page 8 all patients receiving service from the home care agency on the effective date of these rules. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 11:16 a.m., it was acknowledged the HCA did not ensure a written summary of the complaint process was given to Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9 and #10 who received services from the home care agency on the effective date of these rules. | H 332 | | |
| H 333 | 3913.3 COMPLAINT PROCESS 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. This Statute is not met as evidenced by: 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. The finding includes: During observation at the home health agency on March 9, 2010, at approximately 10:00 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. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at | H 333 | H 333 3913.3 COMPLAINT PROCESS The telephone number of the Home Health Hotline maintained by the Department of Health (DOH) is now posted in the agency's operating office in a place visible to staff and visitors. The agency staff implemented this regulation during the survey. | Completion Date: March 9, 2010 and ongoing |

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| H 333 | Continued From page 9 approximately 11:20 a.m., it was acknowledged that the telephone number of the Home Health Hotline maintained by the DOH was not posted in the operating office in a place visible to staff and visitors. There was no documented evidence the telephone number of the Home Health Hotline maintained by the DOH was posted in the operating office in a place visible to staff and visitors. | H 333 | | |
| H 334 | 3913.4 COMPLAINT PROCESS A complaint may be presented orally or in writing. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to include that a complaint may be presented orally or in writing in it's Complaint Policy. The finding includes: Review of the Compliant Policy on March 9, 2010, at approximately 11:04 a.m., revealed the HCA did not ensure include that a compliant may be presented orally or in writing. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 11:20 a.m., it was acknowledged the HCA did not ensure the complaint policy, included that a compliant may be presented orally or in writing. There was no documented evidence the complaint policy included, that a compliant may be presented orally or in writing. | H 334 | H 334 3913.4 COMPLAINT PROCESS The agency's Complaint/Grievance Procedure has been revised to state that complaints may be presented orally or in writing. All staff will be in-serviced on all revised Complaint policies prior to June 18, 2010. See attached Complaint/Grievance Procedure, which also contains revisions pertaining to H335 3913.5 Attachment G & H | Completion Date: June 18, 2010 and ongoing |

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| H 335 | Continued From page 10 | H 335 | | |
| H 335 | <p>3913.5 COMPLAINT PROCESS</p> <p>The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.</p> <p>This Statute is not met as evidenced by: Based on interview and record verification, the Home Care Agency (HCA) failed to ensure the establishment of a written policy to respond to a complaint within fourteen (14) calendar days of its receipt, and document the response.</p> <p>The finding includes:</p> <p>Review of the agency's Patient Complaint/Grievance Policy on March 9, 2010, at approximately 10:35 a.m., revealed the HCA did not establish a written policy to respond to a complaint within fourteen (14) calendar days of its receipt, and to document the response.</p> <p>During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 11:25 a.m., it was acknowledged the HCA did not establish a written policy to respond to a complaint within fourteen (14) calendar days of its receipt, and to document the response.</p> <p>There was no documented evidence the complaint policy included the HCA would respond to a complaint within fourteen (14) calendar days of its receipt, and to document the response.</p> | H 335 | <p>H 335 3913.5 COMPLAINT PROCESS</p> <p>The agency's Complaint /Grievance Procedure has been revised to change the agency's initial complaint response time from 15 calendar days to 14 calendar days and document the response as required by the regulation. See attached revised Complaint/Grievance Procedures - as above</p> | Completion Date: June 2, 2010 and ongoing |
| H 336 | <p>3913.6 COMPLAINT PROCESS</p> <p>If the patient indicates that he or she is not</p> | H 336 | <p>336 3913.6 COMPLAINT PROCESS</p> <p>see next page please</p> | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/10/2010 |
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| NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 | | |
| (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 336 | <p>Continued From page 11</p> <p>satisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. The response shall include the telephone number and address of all District government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline maintained by the Department of Health.</p> <p>This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to establish a written policy to ensure that if the patient indicates that he or she is not satisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. The response shall include the telephone number and address of all District government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline maintained by the Department of Health.</p> <p>The finding includes:</p> <p>Review of the Complaint/Grievance Process Policy on March 9, 2010, at approximately 11:10 a.m., revealed the HCA did not establish a written policy to ensure that if the patient indicates that he or she was not satisfied with the response, the agency would respond in writing within thirty (30) calendar days from the date of the agency's initial response and that the response would include the telephone number and address of all District government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline (HHH) maintained by the Department of Health (DOH).</p> | H 336 | <p>336 3913.6 COMPLAINT PROCESS</p> <p>The agency's Complaint/Grievance Procedure has been revised to reflect that if the patient is not satisfied with the initial resolution of the complaint, the agency will respond in writing within 30 days from the initial response. The written response shall include other District of Columbia agencies with whom a complaint may be filed and reiterate the Home Health Hotline number maintained by the Department of Health. All agency complaints shall be reviewed by the Quality Improvement Reviewer to ensure compliance with this regulation.</p> <p>See attached revised Complaint/Grievance Procedure - G & H as above</p> <p>See revised Complaint Documentation & Follow-up Form - Attachment I</p> | <p>Completion Date: June 18 2010</p> |

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| NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |
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| H 336 | <p>Continued From page 12</p> <p>During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 11:38 a.m., it was acknowledged the HCA had not established a written policy to ensure compliance with the aforementioned regulation.</p> <p>There was no documented evidence the HCA established a written policy to ensure compliance with the aforementioned regulation.</p> | H 336 | | |
| H 355 | <p>3914.3(d) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment, and supplies;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the plan of care (POC) described the specific Home Health Aide (HHA) services to be provided for three (3) of ten (10) patients in the sample. (Patient #1, #5 and #7)</p> <p>The findings include:</p> <p>Review of Patient #1, #5 and # 7's Home Health Certification and Plan of Care (POC) on March 9, 2010, approximately between 1:10 p.m. to 3:30 p.m., revealed only the frequency of the Home Health Aide (HHA) services to be provided. A description of the specific HHA services to be provided was not included.</p> | H 355 | <p>H 355 3914.3(d) PATIENT PLAN OF CARE</p> <p>The Home Health Certification and Plan of Care now include the tasks and description of services that are to be performed by the Home Health Aide. This deficiency was corrected during the survey.</p> <p>The requirement for listing a description of the specific tasks to be performed by the home health aide on the 485/Plan of Care has been implemented and are listed under Section 21 - Orders for Discipline and Treatment. The clinical records/Plans of Care for patients receiving Aide services will be monitored by the Director of Professional Services and as a component of the Quality Review process to ensure compliance.</p> <p>See attached Plans of Care prior to and after the survey - Attachment J</p> | <p>Completion Date: April 2, 2010 and ongoing</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/10/2010 |
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| NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 | | |
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| H 355 | Continued From page 13 During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 4:10 p.m., it was acknowledged the POC did not describe the specific HHA services to be provided for Patient #1, #5 and # 7. There was no documented evidence the POC included a specific description of the HHA services to be provided. | H 355 | | |
| H 360 | 3914.3(i) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Activities permitted or precluded because of functional limitations: 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 the activities permitted or precluded because of functional limitations for one (1) of ten (10) patients in the sample. (Patient #4) The finding includes: Review of Patient # 4's Home Health Certification and Plan of Care (POC) dated January 25, 2010, to March 25, 2010 on March 9, 2010 at approximately 2:05 p.m., revealed the POC did not include the activities permitted or precluded because of functional limitations. In an interview with the Director of Nursing (DON) on March 9, 2010, at approximately 4:00 p.m., it was acknowledged Patient #4's POC did not include the activities permitted or precluded because of functional limitations. | H 360 | H 360 3914.3(i) Patient Plan of Care The Plans of Care shall be monitored by the Director of Professional Services during the Admission Record Review Audit to ensure that Sections 18 A: 'Functional Limitations' and Section 18B: 'Activities Permitted', are documented for each patient. The quarterly Quality Review process shall also include monitoring to ensure compliance with this requirement. | Completion Date: March 10, 2010 and ongoing |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/10/2010 |
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| NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 | | |
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| H 360 | Continued From page 14 There was no documented evidence of the activities permitted or precluded because of functional limitations on the POC. | H 360 | | |
| 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 ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10) The findings include: Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10's plan of care (POC) on March 9, 2010, approximately between 1:00 p.m., to 4:00 p.m., revealed the POC did not include emergency protocols. During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 4:15 p.m., it was acknowledged the POC did not include emergency protocols for Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10. There was no documented evidence the POC included emergency protocols. | H 364 | H 364 3914.3(m) PATIENT PLAN OF CARE Premium Select Home Care, Inc. implemented emergency protocols for each patient prior to the licensure survey. The 'Patient Orientation for Home Health Care' booklet, which has been distributed to each patient during the admission process since @ 2003, includes patient --specific emergency protocols. The description of the emergency protocol on the 485/Plan of Care has been revised to ensure compliance with the regulation. The description of the emergency protocol will be monitored by the Director of Professional Services during the Admission Record Audit and as a component of the Quality Review process on a Quarterly basis. See attachment K - 485/POC samples of the prior and newly revised statement of the emergency protocol. See included 'Patient Orientation for Home Health Care' booklet, page 28. | Completion Date: March 10, 2010 and ongoing. |

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| STATEMENT OF DEFICIENCIES PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/10/2010 |
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| NAME OF PROVIDER OR SUPPLIER EMMIUM SELECT HOME CARE, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |
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| 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 |
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| 1411 | Continued From page 15 | H 411 | | |
| 1411 | <p>3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Home health aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</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 ensure home health aides (HHA) recorded, and reported on the patient's physical condition, behavior or appearance for seven (7) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #7, #9)</p> <p>The findings include:</p> <p>Review of Patient # 1, # 2, #3, # 4, # 5, #7 and #9's medical records on March 9, 2010, approximately between 1:00 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.</p> <p>During a face to face interview with the Director of Nursing (DON) on March 9, 2010, at approximately 4:05 p.m., it was acknowledged the home health aide had not recorded and reported Patient # 1, # 2, #3, # 4, # 5, #7 and #9's, physical condition, behavior, or appearance to the agency.</p> <p>There was no documented evidence the home health aides recorded and reported the patient's physical condition,</p> | H 411 H 411 | <p>H 411 3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>The Home Health Aide visit note has been revised to include a space for documenting concerns reported to the Primary Nurse/Therapist and/or Nursing Supervisor. The concerns are reported in the following categories: a) physical condition, b) behavior, and c) appearance.</p> <p>The Home Health Aide shall receive in-service pertaining to this requirement. The patient records will be audited to ensure compliance with this requirement as a component of the quarterly Quality Review process.</p> <p>See attachment L – Revised Home Health Aide Visit Note</p> | Completion Date: June 18, 2010 and ongoing |

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| NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |
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| H 411 | Continued From page 16 behavior, or appearance to the agency. | H 411 | | |
| H 459 | <p>3917.2(i) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evalutaion of patient instruction; and</p> <p>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 two (2) of (10) patients in the sample. (Patient #1 and #8)</p> <p>The findings include:</p> <p>1. Review of Patient # 1's Nursing Visit Note dated January 14, 2010, on March 9, 2010, at approximately 1:30 p.m., revealed the skilled nurse had instructed the caregiver and Home Health Aide (HHA) on diversional activities for Patient # 1, however there was no documented evidence of the evaluation of patient instruction.</p> <p>During a face to face interview with the Director of Nurses (DON) on March 9, 2010, at approximately 1:40 p.m., it was acknowledged the skilled nurse did not document the evaluation of patient instruction given to Patient #1's caregiver and HHA.</p> <p>There was no documented evidence the skilled nurses evaluated the patient instruction.</p> | H 459 | <p>H 459 3917.2(i) SKILLED NURSING SERVICES All staff providing skilled nursing services shall receive in-service education which reinforces the regulatory requirement to document evaluation of instruction provided to patient/family members. This requirement is also an agenda item on the Orientation Schedule included under 'scope of services' for new skilled services staff.</p> <p>Compliance with this requirement will be monitored as a component of the quarterly Quality Review process.</p> | <p>Completion Date: June 18, 2010 and ongoing</p> |

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| NAME OF PROVIDER OR SUPPLIER EMMIUM SELECT HOME CARE, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |
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| 4) 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 |
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I 459 Continued From page 17

2. Review of Patient # 8's Nursing Visit Notes dated February 16, 20, 25 and 27, 2010, on March 9, 2010, at approximately 1:45 p.m., revealed the skilled nurse had performed Patient # 8'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 DON on March 9, 2010, at approximately 2:40 p.m., it was acknowledged the skilled nurse did not document patient instruction on wound care, and evaluation of patient instruction given to Patient #1 and #8.

There was no documented evidence the skilled nurses provided patient instruction on wound care, and evaluated patient instruction.

H 459