

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0029	HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., 8TH FLOOR A. WING WASHINGTON, D.C. 20002	(X3) DATE SURVEY COMPLETED 03/18/2010
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NAME OF PROVIDER OR SUPPLIER ULTRA HOME HEALTH AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 439 ONEIDA PLACE, NW 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	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted at your agency from March 17, 2010, through March 18, 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 (70) patients, ten (10) personnel files based on a census of seventy (70) 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.</p>	H 000	<p>Ultra has reviewed the outcome of the annual survey held on March 18, 2010. The Agency had a meeting with the administrative staff on 03/26/2010.</p> <p>The Supervising Registered Nurse (SRN) for each patient will assess and interview the patient to determine whether any of them suffered any harm due to the practices cited, and will institute the corrective measures as appropriate.</p> <p>The Administrator is responsible for revising and/or constructing policies to correct the deficient practices. The Director and /or designee will be responsible for enforcing the policies and ensuring that those practices do not recur.</p> <p>The Quality Assurance Team (QAT) will monitor the Agency's compliance on a quarterly basis.</p>	03/25/2010 04/04/2010 and ongoing 04/04/2010 and ongoing 04/15/2010 and ongoing
H 054	<p>3903.2(c)(2) GOVERNING BODY</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>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.</p> <p>This Statute is not met as evidenced by: Based on interview, the governing body failed to 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.</p>	H 054	<p>Ultra has in place, a policy governing the operation of the agency. The policy covers services that promote patient care that is appropriate, adequate, effective and efficient. The policy is located at the Agency's corporate office at 439 Oneida Place, NW, Washington, DC 20011 will be reviewed by the governing body at an emergency meeting of the Board of Directors on 4/15/2010.</p> <p>Beginning immediately, the Director and/or her designee will receive and record all complaints pertaining to patient care and services. These complaints along with the agency's response will be reviewed by the Quality Management Team on a quarterly basis, and the governing body on an annual basis.</p>	04/15/2010 04/04/2010 and ongoing

Health Regulation Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Administrato	(X6) DATE 04/20/2010
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H 054 Continued From page 1
The finding includes:

During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:20 a.m., it was acknowledged the annual report including 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 were kept at the office of the Home Health Agency (HCA) in which they had a contractual agreement with to supervise their HHAs.

There was no documented evidence the governing body reviewed and evaluated, 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.

H 054

The Administrator of Ultra will obtain a new contractual agreement that specifies the location where services will be provided. A copy of the contract will be filed in each patient's clinical record.

04/15/2010 and ongoing

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".

H 121

The Administrator of Ultra will obtain a new contractual agreement that specifies the location where services will be provided. A copy of the contract will be filed in each patient's clinical record.

04/15/2010 and ongoing

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H 121	<p>Continued From page 2</p> <p>The findings include:</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:55 a.m., it was revealed Ultra provides PCA/HHA (personal care aides/home health aide) services on behalf of another HCA.</p> <p>Review of a document entitled "Cooperative Agreement" on March 17, 2010, at approximately 11:38 a.m., identified Ultra as a PCA assignment agency and confirmed that the agency had an agreement to provide PCA/HHA services for another HCA. Further review of the "Cooperative Agreement" revealed the contract did not disclose the location in which the services were to be provided.</p> <p>There was no documented evidence of the location where the services will be provided in the "Cooperative Agreement".</p>	H 121		
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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</p>	H 122	<p>The Administrator of Ultra will obtain a new contractual agreement that specifies the manner in which the services will be controlled, coordinated and evaluated by the primary agency. A copy of the contract will be filed in each patient's clinical record.</p>	04/15/2010 and ongoing
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H 122 Continued From page 3

manner in which services will be controlled, coordinated and evaluated by the primary home care agency.

The finding includes:

During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:55 a.m., it was revealed that Ultra provides PCA/HHA (personal care aides/home health aide) services on behalf of another HCA. It was also acknowledged the manner in which services will be controlled, coordinated and evaluated by the primary home care agency was not in the "Cooperative Agreement".

Review of a document entitled "Cooperative Agreement" on March 17, 2010, at approximately 11:38 a.m., identified Ultra as a PCA assignment agency and confirmed that the agency had an agreement to provide PCA/HHA services for another HCA. Although the "Cooperative Agreement" reflected that the PCA/HHA would be supervised by the primary HCA's Registered Nurse (RN), there was no evidence how the services would be controlled, coordinated and evaluated.

There was no documented evidence of the manner in which services will be controlled, coordinated and evaluated by the primary home care agency.

H 122

The Administrator of Ultra will obtain a new contractual agreement that includes the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other reports pertaining to patient care and services. A copy of the contract will be filed in each patient's clinical record.

04/15/2010

H 123 3906.1(d) 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

H 123

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H 123 Continued From page 4

services shall be in writing and shall include, at a minimum, the following:

(d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports;

This Statute is not met as evidenced by:
Based on record review of three (3) contracts and interview, it was determined that the agency failed to include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports in contractor agreements for one (1) of one (1) contracts reviewed.

The finding includes:

During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:55 a.m., it was revealed Ultra provides PCA/HHA (personal care aides/home health aide) services on behalf of another HCA. It was also acknowledged Ultra has a "Cooperative Agreement" with another Home Health Agency (HCA) to perform initial assessments, care plans and to supervise their HHAs.

Further interview revealed clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports in the agency's "Cooperative Agreement" were maintained by the primary HCA.

Review of a document entitled "Cooperative Agreement" on March 17, 2010 at approximately 11:38 a.m., revealed that there was no

H 123

Beginning immediately, the Director will obtain from the supervising agency, a copy of each report pertaining to patient care and services including initial assessments, care plans and home health aide supervisory notes, and ensure that they are filed in each patient's chart in a timely manner.

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H 123	Continued From page 5 documented evidence of the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports in the agency's "Cooperative Agreement"	H 123		
H 124	<p>3906.1(e) 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>(e) The procedure for payment for services and payment terms for services furnished;</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 include the procedure for payment for services and payment terms for services furnished in its "Cooperative Agreement".</p> <p>The findings include:</p> <p>Review of the "Cooperative Agreement" on March 17, 2010, at approximately 11:38 a.m. revealed there was evidence of the procedure for payment for services and payment terms for services furnished in the agency's "Cooperative Agreement".</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:56 a.m., it was acknowledged the procedure for payment for services and payment terms for services</p>	H 124	The Administrator of Ultra will obtain a new contractual agreement that includes the procedure for payment for services, and payment terms for services furnished. A copy of the contract will be filed in each patient's clinical record.	04/15/2010

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H 124	Continued From page 6 furnished was not in the agency's "Cooperative Agreement". There was no documented evidence of the procedure for payment for services and payment terms for services furnished in the "Cooperative Agreement".	H 124		
H 125	3906.1(f) 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: (f) The procedures used for managing and monitoring the work of personnel employed on a contractual basis: This Statute is not met as evidenced by: Based on record review and interview it was determined that the agency failed to include the procedures used for managing and monitoring the work of personnel employed on a contractual basis in its contractor agreements. The finding includes: Review of the "Cooperative Agreement" on March 17, 2010, at approximately 11:39 a.m., revealed the contract did not include the procedures used for managing and monitoring the work of personnel employed on a contractual basis in its	H 125	The Administrator of Ultra will obtain a new contractual agreement that includes the procedure for managing and monitoring the work of personnel employed on a contractual basis. The contract will state in part that the supervising agency will continue to manage and monitor the work of personnel employed on a contractual basis. A copy of the contract will be filed in each patient's clinical record.	04/15/2010

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H 125	<p>Continued From page 7</p> <p>contractor agreements.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:56 a.m., it was acknowledged contract did not include the procedures used for managing and monitoring the work of personnel employed on a contractual basis in the "Cooperative Agreement".</p> <p>There was no documented evidence of the procedures used for managing and monitoring the work of personnel employed on a contractual basis in the "Cooperative Agreement".</p>	H 125		
H 147	<p>3907.2(c) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</p> <p>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 shall include evidence of attendance at orientation for two (2) of ten (10) HHAs included in the sample (HHA #1 and #2)</p> <p>The findings include:</p> <p>Review of Home Health Aides (HHAs) #1 and #2's personnel records on March 17, 2010, approximately between 10:00 a.m., and 2:50</p>	H 147	<p>The Administrator of Ultra held a meeting with the employees on 04/14/2010. They were informed about the result of the March 18, 2010 Licensing survey and the Agency's plan to correct the deficiencies. Ultra has addressed, or will address concerns and Citations related to personnel issues in the following manner:</p> <p>The Administrator has reviewed the Agency's personnel policy and has determined that the policy is in compliance with the Home Health Licensing regulations.</p> <p>The Administrator has reviewed the tool which Human Resources uses to track items required, and items requiring renewal/update including evidence of attendance at orientation. The Administrator has determined that the tool is adequate and will be effective in correcting and/or preventing the above referenced deficiency.</p> <p>The Administrator has employed a new individual who will be responsible for addressing the above mentioned deficiency.</p> <p>Human Resources will conduct 100% review of personnel files and will schedule Orientation for those employees who have no evidence of having received orientation.</p>	<p>04/14/2010</p> <p>04/15/2010</p> <p>04/15/2010 and ongoing</p> <p>04/15/2010 and ongoing</p>

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H 147	<p>Continued From page 8</p> <p>p.m., revealed that their files did not contain evidence of attendance at orientation.</p> <p>During a face to face interview with Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:00 p.m., it was acknowledged HHA #1, and #2's personnel files did not contain evidence of attendance at orientation.</p> <p>At the time of survey, there was no documented evidence of attendance at orientation in the aforementioned HHA's personnel records.</p>	H 147	<p>Beginning immediately, Human Resources will ensure that new employees will not receive assignments without evidence of orientation in their files.</p> <p>The Administrator will evaluate the process and make changes as needed to facilitate effectiveness and ensure compliance with the applicable regulations.</p>	03/25/2010 and ongoing
H 150	<p>3907.2(f) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(f) Verification of previous employment;</p> <p>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 eight (8) of ten (10) Home Health Aides (HHAs) included in the sample. (HHA #2, # 3, #4, #5, #7, #8, # 9 and #10)</p> <p>The findings include:</p> <p>Review of Home Health Aides (HHAs) #2, # 3, #4, #5, #7, #8, # 9 and #10's personnel records on March 17, 2010, approximately between 10:00 a.m., and 2:50 p.m., revealed that their files did</p>	H 150	<p>The Administrator has reviewed the Agency's personnel policy as it relates to the verification of previous employment and has determined that the policy is in compliance with the Home Health Licensing regulations.</p> <p>The Administrator has evaluated the process of verifying previous employment and has developed a tool which will be used to facilitate effectiveness, and ensure compliance with the applicable regulations.</p> <p>The Administrator will ensure that 100% of personnel files are reviewed and Human Resources will ensure that previous employment for employees will be verified.</p> <p>Beginning immediately, Human Resources will ensure that new employees will not receive assignments without evidence of previous employment verification in their files.</p> <p>In order to remain in compliance with the Agency's personnel policy and Home Health Licensing regulations, Human Resources will generate and disseminate a list with employees whose files are missing required documents, such as their verification of employment, and those who have expiring documents.</p>	<p>04/04 2010 and ongoing</p> <p>04/14/2010 and ongoing</p> <p>04/15/2010 and ongoing</p> <p>04/15/2010 and ongoing</p>

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H 150	<p>Continued From page 9</p> <p>not contain verification of previous employment.</p> <p>During a face to face interview with Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:00 p.m., it was acknowledged HHA #2, # 3, #4, #5, #7, #8, # 9 and #10's personnel files did not contain verification of previous employment.</p> <p>At the time of survey, there was no documented evidence of the verification of previous employment in the aforementioned HHA's personnel records.</p>	H 150	<p>Human resources and the Administrator will take necessary steps to ensure that the required documents are submitted on or before the due date</p> <p>The Administrator will be responsible for ensuring that the Agency maintains compliance with the applicable personnel policy.</p> <p>The Administrator will monitor the Agency's compliance with the Home Health Licensing regulation by performing or causing, random audits to be performed on at least five field employees' personnel files bi-weekly.</p>	
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 one (1) of ten (10) Home Health Aides (HHAs) in the sample. (HHA #10)</p> <p>The finding includes:</p> <p>Review of Home Health Aide (HHA) 10's personnel records on March 17, 2010, approximately between 10:00 a.m., and 2:50 p.m., revealed that their files did not contain a completed annual evaluation</p>	H 152	<p>Those employees whose files were reviewed during the survey and did not contain evidence of annual evaluation have had their evaluations completed by the Administrator, and signed by the employee and the Administrator, and were added to the employees' personnel files on 04/15/2010.</p> <p>A one hundred percent (100%) audit of all personnel files will be conducted by the Administrator or her designee. The Administrator will ensure that all current employees have annual evaluations done and filed in the employees' personnel files.</p> <p>In order to remain in compliance with the Agency's personnel policy and Home Health Licensing regulations, Human Resources will create, maintain and disseminate a list of employees whose files have missing required, and expiring documents. Employees whose personnel files are not complete or current will be notified immediately by Human Resources and will be given seven (7) days to bring their files current. Employees whose personnel files are not compliant within the specified time frame will be relieved of their duties until they submit the required documents, and their personnel files are deemed current and complete.</p> <p>The Administrator will monitor the Agency's compliance with the Home Health Licensing regulation and the Agency's personnel policy by performing audits biweekly on at least five field employees'</p>	<p>04/15/2010</p> <p>04/17/2010 and ongoing</p>

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H 152	<p>Continued From page 10</p> <p>During a face to face interview with Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:00 p.m., it was acknowledged HHA #10's personnel files did not contain a completed annual evaluation.</p> <p>At the time of survey, there was no documented evidence of a completed annual evaluation in the aforementioned HHA's personnel records.</p>	H 152	personnel files randomly chosen.	04/17/2010 and ongoing
H 153	<p>3907.2(i) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(i) Documentation of any required criminal background check;</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 any required criminal background check for six (6) of ten (10) Home Health Aides (HHAs) in the sample. (HHA #1, #3, #5, #7, #8 and #10)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of HHA #1's personnel file on March 17, 2010, at approximately 10:00 a.m., revealed revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #1 resided in Maryland in May, 2008, and the background check did not cover that jurisdiction. 2. Review of HHA #3's personnel file on March 	H 153	<p>The Agency will revise its Personnel Policy on Criminal Background Checks (CBCs) to reflect that all jurisdictions in which each employee resided/worked within the past seven (7) years are covered in the CBCs.</p> <p>Requests have been made for CBCs that cover all the jurisdictions in which the six HHA's cited in the survey have lived and/or worked for the past seven (7) years. All active field employees' personnel files will be reviewed by Human Resources to ensure compliance.</p> <p>The Administrator will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on field employees' personnel files bi-weekly.</p>	04/15 /2010 and ongoing

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H 153 Continued From page 11

17, 2010, at approximately 10:15 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #3 resides in Maryland and the background check did not cover that jurisdiction.

3. Review of HHA #5's personnel file on March 17, 2010, at approximately 10:30 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #5 resides in Maryland and worked in Maryland in July 2004, and the background check did not cover that jurisdiction.

4. Review of HHA #6's personnel file on March 17, 2010, at approximately 10:50 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #6 resides in Maryland and the background check did not cover that jurisdiction.

5. Review of HHA #7's personnel file on March 17, 2010, at approximately 11:00 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #7 resides in Maryland and worked in Maryland in 2005, and the background check did not cover that jurisdiction.

6. Review of HHA #8's personnel file on March 17, 2010, at approximately 11:15 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior

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H 153: Continued From page 12

to the checks. HHA #8 resides in Maryland and worked in Maryland in 2006, and the background check did not cover that jurisdiction.

7. Review of HHA #10's personnel file on March 17, 2010, at approximately 11:45 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #10 resides in Maryland and the background check did not cover that jurisdiction.

During a face to face interview with the Administrator and Director of Nursing on March 17, 2010, at approximately 5:35 p.m., it was acknowledged HHA #1, #3, #5, #7, #8 and #10 did not have criminal background checks to reflect all jurisdictions within which the HHA's had worked or resided within the seven (7) years prior to the checks.

There was no documented evidence of all required criminal background checks in the personnel record.

H 153

Ultra has in place, a policy that requires employees to receive information about their position description and a copy to be filed in their personnel files.

The four (4) HHA's whose files were found to be deficient during the survey have received and signed their position descriptions which have been added to their personnel records.

All active field employees' personnel files will be reviewed by Human Resources to ensure that employees have position descriptions in their files.

The Administrator will ensure that all employees will have position description on their personnel files and will monitor the Agency's compliance with the policy

04/04/2010 and ongoing

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 Home Care Agency (HCA) failed to maintain a position description in the personnel records of

H 155

Ultra has in place, a policy that requires employees to receive information about their position description and a copy to be filed in their personnel files.

The four (4) HHA's whose files were found to be deficient during the survey have received and signed their position descriptions which have been added to their personnel records.

All active field employees' personnel files will be reviewed by Human Resources to ensure that employees have position descriptions in their files.

The Administrator will ensure that all employees will have position description on their personnel files and will monitor the Agency's compliance with the policy

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H 155	<p>Continued From page 13</p> <p>four (4) of ten (10) Home Health Aides (HHAs) included in the sample. (HHA #1, #2, # 3 and #9)</p> <p>The findings include:</p> <p>Review of Home Health Aides (HHAs) #1, #2, # 3 and #9's personnel records on March 17, 2010, approximately between 10:00 a.m., and 2:50 p.m., revealed no evidence of position descriptions in their personnel files.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:00 p.m., it was acknowledged the aforementioned HHA's did not have position descriptions on file.</p>	H 155	<p>by performing/causing random audits on field employees' personnel files bi-weekly.</p>	
H 157	<p>3907.2(m) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(m) Documentation of acceptance or declination of the Hepatitis Vaccine; and...</p> <p>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 a acceptance or declination of the Hepatitis Vaccine for two (2) of ten (10) Home Health Aides (HHAs) in the sample. (HHA #1 and #3)</p> <p>The findings include:</p> <p>Review of Home Health Aides (HHAs) #1 and #3's personnel records on March 17, 2010,</p>	H 157	<p>Ultra has in place Personnel policy which requires employees to have evidence of receiving or declining Hepatitis Vaccine.</p> <p>Human Resources will conduct 100% review of personnel files to ascertain that all employees have either evidence that they have received Hepatitis vaccine, or Hepatitis Declination Statements are in their personnel files.</p> <p>The Administrator will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on field employees' personnel files bi-weekly.</p> <p>The Administrator will evaluate the process and make changes as needed to facilitate effectiveness and ensure compliance with the applicable regulations</p>	04/04/2010 and ongoing

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H 157	<p>Continued From page 14</p> <p>approximately between 10:00 a.m., and 2:50 p.m., revealed no documentation of acceptance or declination of the Hepatitis Vaccine.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:10 p.m., it was acknowledged the aforementioned HHA's did not have documentation of acceptance or declination of the Hepatitis Vaccine.</p> <p>At the time of survey, there was no documented evidence of an acceptance or declination of the Hepatitis Vaccine for all HHA's in the personnel records.</p>	H 157		
H 170	<p>3907.11 PERSONNEL</p> <p>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.</p> <p>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 three (3) of three (3) Home Health Aides (HHA's) presented valid agency identification prior to entering the home of a patient. (HHA #6, #7 and #8)</p> <p>The findings include:</p> <p>1. Observations during a home visit of Patient #2 on March 18, 2010, at approximately 10:10 a.m., revealed the Home Health Aide (HHA) did not have valid agency identification on their person</p>	H 170	<p>The Administrator of Ultra purchased a piece of equipment that the Agency will use to make identification badges for all Ultra's employees.</p> <p>Human Resources will ensure that all existing employees are provided with identification badges. All new employees will be issued identification badges upon hire.</p> <p>All Employees will be required to have their badges displayed prominently on their person while on duty. The SN will check for the badges with each supervisory visit.</p>	04/17/2010 and ongoing

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H 170	<p>Continued From page 15</p> <p>as evidenced below:</p> <p>During an observation at the home of Patient #2 it was revealed that the PCA # failed to display the agency's identification badge.</p> <p>During a face to face interview with HHA #8 and on March 18, 2010, at approximately 10:12 a.m., revealed the HHA had never received an identification badge from the agency.</p> <p>There was no visible evidence the HCA ensured the HHA was provided with an agency identification.</p> <p>2. Observations during a home visit of Patient #4 on March 18, 2010, at approximately 11:05 a.m., revealed the HHA did not have valid agency identification on their person as evidenced below:</p> <p>During an observation at the home of Patient #4 it was revealed HHA #6 failed to display the agency's identification badge.</p> <p>During a face to face interview with HHA #6 on March 18, 2010, at approximately 11:36 a.m., revealed the HHA had never received an identification badge from the agency.</p> <p>There was no visible evidence the HCA ensured the HHA was provided with an agency identification.</p> <p>3. Observations during a home visit of Patient #3 on March 18, 2010, at approximately 12:35 p.m., revealed the HHA did not have valid agency identification on their person as evidenced below:</p> <p>During an observation at the home of Patient #3 it was revealed HHA #7 failed to display the</p>	H 170		

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H 170	Continued From page 16 agency's identification badge. During a face to face interview with HHA #7 on March 18, 2010, at approximately 12:36 p.m., revealed the HHA had never received an identification badge from the agency. There was no visible evidence the HCA ensured the HHA was provided with an agency identification.	H 170		
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: Cross refer to H 121: Review of the Admission Policy on March 17, 2010, at approximately 1:00 p.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 Administrator/Director of Nursing (DON) on March 17, 2009, at approximately 5:30 p.m., it was acknowledged Ultra shares information with another HCA.	H 197	Ultra has updated its Admission Policy and has incorporated a consent for Interagency Sharing of Information. The policy will be reviewed and ratified by the Board of Administrators at special board meeting which will be held on 04/15/2010. This consent will become a part of the administrative documents filed in each patient's chart. The Administrator or her designee will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on at least 10 patient's files each week.	04/15/2010 04/15/2010 and ongoing 04/15/2010 and ongoing

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H 197	Continued From page 17 There was no documented evidence the HCA ensured the admission policy included consent for interagency sharing of information.	H 197		
H 203	<p>3908.4 ADMISSIONS</p> <p>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.</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 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.</p> <p>The findings include:</p> <p>Review of the Admission Policy on March 17, 2010, at approximately 1:10 p.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.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on</p>	H 203	Ultra's has revised its Admission Policy to include a provision for the notification of referral sources, within 48 hours of receipt of the referral, of the agency's intent to accept patients for service, or reject them, and reason(s) for their rejection.	04/15/2010 and ongoing

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H 203	<p>Continued From page 18</p> <p>March 17, 2010, at approximately 5:30 p.m., it was acknowledged 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.</p> <p>There was no documented evidence the HCA ensured the admission policy complied with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations).</p>	H 203		
H 204	<p>3908.5 ADMISSIONS</p> <p>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.</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 include the date of non-acceptance and the nature of the request for services in it's Denial of Admission Record.</p> <p>The finding includes:</p> <p>Review of the Admission Policy on March 17, 2010, at approximately 1:14 p.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.</p>	H 204	<p>Beginning immediately, as per the Agency's Admission Policy, a log will be kept of all referrals for which service was not provided by Ultra. The log shall also include the date of non-acceptance, the type of service requested and the reason for non acceptance.</p> <p>The Administrator or her designee will review the log monthly to determine whether Ultra needs to make any changes to accommodate future referrals of similar nature</p>	04/15/2010 and ongoing

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H 204 Continued From page 19

During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:30 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

Beginning immediately, the referral source will be included on charts of all patients referred to Ultra. The referral information shall include the discharge date from the hospital or extended facility as applicable.

The Administrator or her designee will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on at least ten (10) patient's files each week

04/15/2010 and ongoing

H 262 3911.2(b) CLINICAL RECORDS

Each clinical record shall include the following information related to the patient:

(b) Source of referral, including date of discharge if from a hospital or extended care facility;

This Statute is not met as evidenced by: Based on interview and record review, the agency's clinical record failed to include the source of referral for one (1) of ten (10) patients in the sample. (Patient #7)

The finding includes:

Review of Patient #7's medical record on March 17, 2010, at approximately 3:55 p.m., revealed the source of referral was not in the medical record.

During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:00 p.m., it was acknowledged the source of referral was not

H 262

Beginning immediately, the referral source will be included on charts of all patients referred to Ultra. The referral information shall include the discharge date from the hospital or extended facility as applicable.

The Administrator or her designee will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on at least ten (10) patient's files each week

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H 262	Continued From page 20 in Patient #7's medical record.	H 262		
	There was no documented evidence the source of referral was documented in the medical record.			
H 263	3911.2(c) CLINICAL RECORDS	H 263	Ultra has in place, a policy which addresses initial assessment and on-going evaluation and Plan of Care. Beginning immediately, a copy of the initial assessments, on-going evaluations and Plan of Care will be filed in each patient's chart located at Oneida Place.	054/04/2010 and ongoing
	Each clinical record shall include the following information related to the patient: (c) Initial assessment and on-going evaluation;		The Administrator or her designee will monitor the staff's compliance with the policy by performing or causing random audits to be performed on at least 10 patient's files each week.	
	This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to have a initial assessment and on- going evaluations in the clinical record for ten (10) of ten (10) patients. (Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10)		The Quality Assurance team will monitor the Agency's compliance with its policy on a quarterly basis.	
	The findings include: Review of Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10 's Home Health Certification and Plan of Care (POC) on March 17, 2010, approximately between 2:55 p.m., to 4:50 p.m., revealed no copies of the initial assessment and on- going evaluations in the clinical records.			
	During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:12 a.m., it was acknowledged the initial assessment and on-going evaluations were not in Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10's medical records. Further interview revealed the copies of the initial assessment and on- going evaluations were kept at the office of the Home Health Agency (HCA) in which they had a			

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H 263	Continued From page 21 contractual agreement with to perform the initial assessments and care plan on the aforementioned patients. There was no documented evidence of copies of the initial assessment and on-going evaluations in the clinical records.	H 263		
H 267	3911.2(g) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (g) Medication sheet; This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure each clinical record included the medication sheet for for ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 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 17, 2010, approximately between 2:55 p.m. and 4:50 p.m., revealed the POC did not include a medication sheet. During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 3:10 p.m., it was acknowledged the POC did not include medication sheets for Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10. There was no documented evidence the POC	H 267	Ultra has in place, a policy that addresses the contents of the clinical record that includes the medication sheet. The Administrator will enforce this policy. Beginning immediately, a copy the medication sheet will be filed in each patient's chart located at Oneida Place. The Administrator or her designee will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on at least 10 patient's files each week.	04/04/2010 and ongoing

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H 267	Continued From page 22 included emergency protocols. There was no documented evidence the patient's clinical record included the medication sheet.	H 267		
H 269	3911.2(i) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (i) Documentation of supervision of home care services; This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure each clinical record include documentation of supervision of home care services for ten (10) of ten (10) patients in the sample. (Patient #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) The findings include: Review of Patient #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10's medical records on March 17, 2010, approximately between 2:55 p.m., and 4:50 p.m., revealed no documentation of supervision of home care services. During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:05 a.m., it was acknowledged there were no documentation of supervision of home care services in Patient #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10's medical records. Further interview revealed the RN monthly supervisory notes were kept at the office of the Home Health Agency (HCA) in which	H 269	Ultra has in place, a policy that addresses the contents of clinical records which includes documentation of supervision of home care services. Beginning immediately, documentation of supervision of home care services will be filed in each patient's chart located at Oneida Place. The Administrator or her designee will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on at least 10 patient's files each week.	04/04/2010 and ongoing 04/15/2010 and ongoing

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H 269	Continued From page 23 they had a contractual agreement with to supervise their HHAs. There was no documented evidence of supervision of home care services.	H 269		
H 277	3911.2(q) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (q) Communications between the agency and all health care professionals involved in the patient's care; This Statute is not met as evidenced by: Based on interview and record review, the agency failed to ensure communications between the agency and all health care professionals involved in the patient's care was documented for ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 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 17, 2010, approximately between 2:55 p.m. and 4:50 p.m., revealed the POC did not include communications between the agency and all health care professionals involved in the patient's care. During a face to face interview with the Administer/Director of Nursing (DON) on March 17, 2010, at approximately 11:14 a.m., it was acknowledged the medical record did not include communications between the agency and all health care professionals involved in the patient's	H 277	Ultra's has in place, a policy that addresses the contents of clinical records which includes documentation of communications between the agency and all health care professional involved in the patient's care. Beginning immediately, documentation of communications between the agency and all health care professional involved in the patient's care will be filed in each patient's chart located at Oneida Place. The Administrator or her designee will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on at least 10 patient's files each week.	04/04/2010 and ongoing

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H 277	Continued From page 24 care for the aforementioned patients. There was no documented evidence in the medical record of communications between the agency and all health care professionals involved in the patient's care.	H277		
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 ten (10) of ten (10) patients in the sample. (Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10) The findings include: Review of Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10 's Home Health Certification and Plan of Care (POC) on March 17, 2010, approximately between 2:55 p.m. and 4:50 p.m., revealed no documentation of training and education given to the patient and the patient's caregivers During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 11:10 a.m., it was acknowledged the RN did not have documentation of training and education given to	H 279	Ultra's has in place, a policy that addresses the contents of clinical records which includes documentation of training given to the patient and the patient's caregivers Beginning immediately, documentation of training given to the patient and the patient's caregiver will be filed in each patient's chart located at Oneida Place. The Administrator or her designee will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on at least 10 patient's files each week.	04/04/2010 and ongoing 04/15/2010 and ongoing

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H 279 Continued From page 25

the patient and the patient's caregivers in Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10's medical records. Further interview revealed the RN's documentation of training and education given to the patient and the patient's caregivers were kept at the office of the Home Health Agency (HCA) in which they had a contractual agreement with to supervise their HHAs and be responsible for the skilled care of the aforementioned patients.

There was no documented evidence of training and education given to the patient and the patient's caregivers.

H 279

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. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9 and #10)

The finding includes:

Review of the Compliant Policy on March 17, 2010, at approximately 12:04 p.m., revealed the

H 331

The Administrator has reviewed the Agency's Complaint policy and has determined that the policy is in compliance with DC Health Regulation Administration requirements.

Beginning immediately, evidence of the patient or his or her representative having received a written summary of the Agency's Complaint Process will be filed in each patient's clinical record located at Oneida Place.

All complaints will be entered in a complaints log and will be filed along with the Agency's response and resolution.

The complaints will be presented to the Quality Assurance Team on a quarterly basis for review and advice on how to improve the services that are implicated in the complaints.

04/15/2010 and ongoing

04/15/2010 and ongoing

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H 332	<p>Continued From page 27</p> <p>The finding includes:</p> <p>Review of the Compliant Policy on March 17, 2010, at approximately 12:04 p.m., revealed the HCA did not ensure a written summary of the complaint process was given to all patients receiving service from the home care agency on the effective date of these rules.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:00 p.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.</p> <p>There was no documented evidence a written summary of the complaint process was given to all patients receiving service from the home care agency on the effective date of these rules.</p>	H 332	<p>The Administrator has reviewed the Agency's Complaint policy and has determined that the policy is in compliance with DC Health Regulation Administration requirements. The telephone number of the Home Health Hotline maintained by the DC Department Of Health (DOH) is now posted in Ultra's office at 439 Oneida Place, NW Washington, DC in a conspicuous place where it is visible to everyone who visits Ultra's office.</p>	04/04/2010 and ongoing
H 333	<p>3913.3 COMPLAINT PROCESS</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on an observation, it was determined that the agency failed to post the Department of Health Hotline telephone number in it's operating office in a place where it is visible to all staff.</p> <p>The finding includes:</p>	H 333		

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H 333	<p>Continued From page 28</p> <p>During an observation on March 17, 2010, at approximately 9:15 a.m., it was revealed that the agency did not have the Department of Health's Hotline number posted in the office.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010 at approximately 11:00 a.m., it was acknowledged that the telephone number of the Home Health Hotline maintained by the DOH was not posted in the agency's operating office in a place visible to staff and visitors.</p>	H 333		
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 Compliant Policy on March 17, 2010, at approximately 12:04 p.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 17, 2010, at approximately 5:15 p.m., it was acknowledged the HCA did not establish a written policy to</p>	H 335	<p>The Agency has a policy in place that addresses patients' complaints and the agency's response. The Administrator has determined that the Agency's Complaint policy is in compliance with DC Health Regulation Administration requirements.</p> <p>Beginning immediately, all patients receiving service from Ultra will upon admission receive a written summary of the Agency's Complaint Process, which will include a statement that the agency's will respond to complaint within (14) calendar days. The director will be responsible for following up on complaints. A copy of the complaint and the response will be filed in the complaint log maintained by the agency.</p> <p>The complaints log and responses will be presented to the Quality Assurance Team on a quarterly basis for review and advice on how to improve the services that are implicated in the complaints.</p>	<p>04/15/2010 and ongoing</p> <p>04/15/2010 and ongoing</p>

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H 335	Continued From page 29 respond to a compliant within fourteen (14) calendar days of its receipt, and to document the response. There was no documented evidence the complaint policy included the HCA would respond to a compliant within fourteen (14) calendar days of its receipt, and to document the response.	H 335		
H 336	3913.6 COMPLAINT PROCESS 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. 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. The finding includes: Review of the Compliant Policy on March 17, 2010, at approximately 12:04 p.m., revealed the	H 336	The Agency has a policy in place that addresses patients' complaints and the agency's response. The policy ensures that if the patient indicates that he or she is not satisfied with the response following a complaint, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. Beginning immediately, all patients receiving service from Ultra will upon admission receive a written summary of the Agency's Complaint Process, which will include a statement that if the patient indicates that he or she is not satisfied with the outcome of an investigation to a complaint, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. The patient will also be informed of his/her right to lodge his/he complaint to DCRA Hotline at (202) 442-5833. The Administrator will be responsible for following up on complaints. A copy of the complaint and the response will be filed in the complaint log maintained by the agency. The complaints log will be presented to the Quality Assurance team on a quarterly basis for review and advice on how to improve the services that are implicated in the complaints.	04/04/2010 and ongoing 04/15/2010 and ongoing

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H 336	<p>Continued From page 30</p> <p>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> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 5:15 p.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 360	<p>3914.3(i) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(i) Activities permitted or precluded because of functional limitations;</p> <p>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)</p> <p>The findings include:</p>	H 360	<p>The Administrator will ensure that the plan of care for each patient will include activities permitted or precluded because of functional limitations as per Agency policy.</p> <p>The Managing Registered Nurse (MRN) will review the plan of care for all appropriate elements prior to signing.</p> <p>The Administrator or her designee will monitor compliance by reviewing ten (10) randomly selected charts per week. The Quality Assurance Team will conduct chart review on a quarterly basis to monitor the Agency's compliance with the policy.</p>	<p>04/15/2010 and ongoing</p> <p>04/15/2010 and ongoing</p> <p>04/17/2010 and ongoing</p>

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H 360	<p>Continued From page 31</p> <p>Review of Patient # 4's Home Health Certification and Plan of Care (POC) on March 17, 2010, at approximately 2:25 p.m., revealed the POC did not include the activities permitted or precluded because of functional limitations.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 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.</p> <p>There was no documented evidence of the activities permitted or precluded because of functional limitations on the POC.</p>	H 360		
H 363	<p>3914.3(l) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(l) Identification of employees in charge of managing emergency situations;</p> <p>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 ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10)</p> <p>The findings include:</p> <p>Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, and #10's plan of care (POC) on March 17, 2010, approximately between 2:55 p.m. and 4:50 p.m., revealed the POC did not include</p>	H 363	<p>Ultra has revised its Patient Care Policy to reflect changes in the Agency's Emergency protocol. In this policy revision, Ultra has identified its personnel in charge of managing emergencies. The Administrator and the scheduling coordinator will share this responsibility.</p> <p>As a Home Health Agency, Ultra does not provide visits for emergency medical service. Patients are instructed to call 911 for such emergency situations as falls or chest pain. However, while the HHA/PCA is on duty, in the event that there is any change in a patient's condition, it is the Agency's policy and practice for the HHA/PCA to notify the supervising RN, Ultra (Administrator/ Scheduling Coordinator) and the party responsible for the patient, in the order as written.</p> <p>The HHA's/PCA's have training in CPR and First Aid and will perform such services as appropriate and activate EMS.</p>	04/04/2010 and ongoing

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H 363	<p>Continued From page 32</p> <p>identification of employees in charge of managing emergency situations.</p> <p>During a face to face interview with the Administer/Director of Nursing (DON) on March 17, 2010, at approximately 3:10 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 and # 10 .</p> <p>There was no documented evidence on the POC of identification of employees in charge of managing emergency situations.</p>	H 363		
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>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 and # 10)</p> <p>The findings include:</p> <p>Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10's plan of care (POC) on March 17, 2010, approximately between 2:55 p.m. and 4:50 p.m., revealed the POC did not include emergency protocols.</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on</p>	H 364	<p>Ultra has revised its Patient Care Policy to reflect changes in the Agency's Emergency protocol. The Administrator or designee will monitor compliance by reviewing ten (10) randomly selected charts per week. The Quality Assurance Team will conduct chart review on a quarterly basis to monitor the Agency's compliance with the policy.</p>	04/04/2010a nd ongoing

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NAME OF PROVIDER OR SUPPLIER ULTRA HOME HEALTH AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 439 ONEIDA PLACE, NW 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
H 364	<p>Continued From page 33</p> <p>March 17, 2010, at approximately 3:10 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.</p> <p>There was no documented evidence the POC included emergency protocols.</p>	H 364		
H 366	<p>3914.4 PATIENT PLAN OF CARE</p> <p>Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility's Plan of Care (POC) was not approved and signed by a physician within thirty (30) days of the start of care for five (5) of ten (10) patients in the sample. (Patient #1, #4, #5, #6, and #10)</p> <p>The findings include:</p> <p>Review of Patient #1, 's Plan of Care (POC) on March 17, 2010, approximately between 2:50 a.m. and 4:50 p.m., revealed the POC was not approved and signed by a physician within thirty (30) days of the start of care, however skilled nursing services was being implemented according to the POC as evidenced by:</p>	H 366	<p>The Administrator conducted a meeting with the office staff and discussed the outcome of the recent survey and the plan of correction.</p> <p>Medical Records personnel have the responsibility of obtaining physician's signature on each patient's plan of care within thirty (30) days.</p> <p>The Agency has created a tool which Medical Records personnel will utilize to track and obtain signed orders within thirty (30) days.</p> <p>The Administrator or designee will monitor Medical Records' compliance by causing random audits to be performed on at least ten (10) patient's files each week.</p> <p>Quality Assurance Team will monitor the Agency's compliance on a quarterly basis.</p>	<p>04/12/2010</p> <p>04/15/2010 and ongoing</p> <p>04/15/2010 and ongoing</p> <p>04/17/2010 and ongoing</p>

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2010
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H 388	<p>Continued From page 34</p> <p>a. Patient #1's POC dated February 15, 2010; b. Patient #4's POC dated November 21, 2009; c. Patient #5's POC dated February 21, 2010; d. Patient #6's POC dated November 9, 2009 and e. Patient #10's POC dated October 5, 2009</p> <p>During a face to face interview with the Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 4:15 p.m., it was acknowledged the POC was not approved and signed by a physician within thirty (30) days of the start of care for the aforementioned patient's.</p> <p>There was no documented evidence the POC was approved and signed by a physician within thirty (30) days of the start of care.</p>	H 388		
H 411	<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 ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9 and 10)</p>	H 411	<p>The Administrator of Ultra held a meeting with the employees on 04/14/2010. They were informed about the result of the March 18, 2010 Licensing survey and the Agency's plan to correct the deficiencies. Ultra will address concerns and citations related to home health aide duties by a series of in-services to educate the staff about recording and reporting on the patients' physical condition, behavior and appearance.</p> <p>The Administrator has reviewed the aide activity sheet which the agency uses and which is provided by the Department of Health. The Administrator has determined that the tool does not support the documentation that is required to remain in compliance with the Home Health Licensing regulations. The Administrator of Ultra will consult with Department of Health**** about making changes to the HHA activity sheet so that the Agency's documentation can be in compliance with the Home Health Licensing regulations and will make changes accordingly.</p>	<p>04/14/2010</p> <p>04/16/2010 and ongoing</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2010
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H 411	<p>Continued From page 35</p> <p>The findings include:</p> <p>Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9 and 10's medical records on March 17, 2010, approximately between 2:55 p.m. and 4:50 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 Administrator/Director of Nursing (DON) on March 17, 2010, at approximately 12:45 p.m., it was acknowledged the home health aide had not recorded and reported Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9 and 10'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, behavior, or appearance to the agency.</p>	H 411	<p>The HHA's/PCA's will be required to document all patients' physical condition, behavior and appearance every visit.</p> <p>The Administrator or her designee will monitor the staff's compliance with the Home Health Licensing regulations by performing or causing random audits to be performed on at least 10 patient's files each week.</p> <p>The Quality Assurance team will monitor the Agency's compliance on a quarterly basis.</p>	<p>04/15/2010 and ongoing</p> <p>04/17/2010 and ongoing</p> <p>04/15/2010 and ongoing</p>
H 456	<p>3917.2(f) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure the nurse supervised services delivered by the home health aides (HHAs), as appropriate for ten (10) of ten (10) patients in the sample. (Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10)</p>	H 456	<p>Ultra's Clinical Services policy addresses the supervision of home health and personal care aides, and house hold support staff.</p> <p>Beginning immediately, a copy of the registered nurses' monthly supervisory visit note will be filed in each patient's clinical record at 439 Oneida Place, NW, Washington, DC.</p> <p>Medical Records personnel will be responsible for filing the documents in the patients' clinical records.</p> <p>The Administrator or her designee will monitor the staff's compliance with the Home Health Licensing regulations by performing or causing random audits to be performed on at least 10 patient's files each week.</p> <p>The Quality Assurance Team will monitor the Agency's compliance on a quarterly basis.</p>	<p>04/04/2010 and ongoing</p> <p>04/15/2010 and ongoing</p>