STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HCA-0028		11/03/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIGHT AT HOME	1818 NEW YORK AVENUE, NE, SUITE 230 WASHINGTON, DC 20002

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H 000	INITIAL COMMENTS An annual survey was conducted at your agency on October 18, 2010, through November 3, 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 five (5) active clinical records based on a census of forty-eight (48) patients, one (1) discharged clinical record, thirteen (13) personnel files based on a census of ninety six (96) employees and three (3) home visits.	H 000	Results of annual survey, Statement of deficiencies reviewed, acknowledged, and accepted. GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 11.15.10	
H 013	3900.7 GENERAL PROVISIONS Each home care agency shall post its license in a conspicuous place within the District of Columbia operating office. This Statute is not met as evidenced by: Based on an observation and interview, the agency failed to post its license in a conspicuous place in its operating office. The finding includes: An observation on October 20, 2010, at approximately 2:00 p.m., revealed that the agency's license was not posted in the operating office. A face to face interview with the Employee #1 on the same day at approximately 2:01 p.m., confirmed the findings.	H 013	• The corrective action to address this identified deficiency practice will be to post the agency license in a conspicuous place in the operating office • The measure that will be put into place to prevent a reoccurance will be to keep the license posted and replace as needed • This corrective action will be monitored by having this rule written into the operating policies & procedures which are reviewed annually.	10-22-10
H 053	3903.2(c)(1) GOVERNING BODY The governing body shall do the following:	H 053	• The corrective action to address this identified deficiency practice will be to	12-31-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Melany Lamer TITLE Director (X6) DATE

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H 053	Continued From page 1 (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: (1) The evaluation shall include feedback from a representative sample consisting of either ten percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients. This Statute is not met as evidenced by: Based on interview and record review, it was determined that the Home Care Agency (HCA) failed to review and evaluate on an annual basis all policies governing the agency. Additionally, the HCA failed to include feedback from a representative sample consisting of either ten percent (10%) of the total District of Columbia's patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients in it's annual evaluation report. The findings include: On October 20, 2010 at 11:24 a.m., the surveyor requested the Home Care Agency (HCA's) annual report and the feedback of either ten percent (10%) of the total District of Columbia patients or forty (40) District of Columbia patients, whichever was less, regarding services provided to those patient's in it's annual evaluation report. Review of the report and during the face to face interview with the President of the HCA on October 20, 2010, beginning at approximately	H 053	produce a written annual evaluation report that states that policies governing the agency have been reviewed and evaluated. Also, included in the written annual evaluation report will be feedback from a representative sample of clients • The measure that will be put into place to prevent a reoccurance will be to clearly include this rule into the operating policies & procedures. • This corrective action will be monitored by scheduling an annual review date to ensure the evaluation report has been completed.	

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H 053	Continued From page 2 12:08 p.m. revealed their governing body failed to ensure an evaluation of the agency's policies and procedures was completed, in addition to any feedback of the services provides to their patients. At the time of the survey, the Home Care Agency (HCA) failed to review and evaluate on an annual basis all their policies governing the agency. Additionally, the HCA failed to include feedback from a representative sample consisting of either ten percent (10%) of the total District of Columbia's patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients in it's annual evaluation report.	H 053		
H 054	3903.2(c)(2) GOVERNING BODY The governing body shall do the following: (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: (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. This Statute is not met as evidenced by: Based on interview and record review, the governing body failed to review the complaints made or referred to the agency, including the nature of each complaint and the agency's response.	H 054	• The corrective action to address this identified deficiency practice will be to include in the written annual evaluation report a statement that the governing body has reviewed the complaint log of complaints made or referred to the agency including the nature of each complaint and the agency's response • The measure that will be put into place to prevent a reoccurance will be to clearly include this rule into the operating policies and procedures	12-31-10

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H 054	Continued From page 3 The finding includes: Interview with the HCA president on October 20, 2010, at approximately 11:24 a.m. revealed the agency kept a complaint log. Review of the complaint log revealed the nature and the response of the complaint, however, the HCA agency's governing body failed to review any of the documented complaints. During the face to face interview with the president on the same day at approximately 12:10 p.m., verified that the governing body failed to provide an evaluation report that included a review of complaints made or referred to the agency or the nature and the response of those complaints.	H 054	• This corrective action will be monitored by scheduling an annual review date to ensure the evaluation report has been completed.	
H 055	3902.2(c)(3) GOVERNING BODY The governing body shall do the following: (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: (3) A written report of the results of the evaluation shall be prepared and shall include recommendations for modifications of the agency's overall policies or practices, if appropriate. This Statute is not met as evidenced by: Based on interview and record review, it was determined that the Home Care Agency (HCA)	H 055	• The corrective action to address this identified deficiency practice will be to include in the written annual evaluation report a statement ~~that~~ the results of the evaluation of the policies and procedures including any recommendations for the modification of the overall policies or practices • The measure that will be put into place to prevent a reoccurance will be to clearly include this rule into the operating policies and procedures	12-31-10

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H 055	Continued From page 4 failed to prepare a written report of the results of an evaluation of their policies and procedures to include recommendations for modifications of the agency's overall policies or practices, if appropriate. The finding includes: On October 20, 2010 at 11:24 a.m., the surveyor requested the Home Care Agency (HCA's) annual report. During the face to face interview with the president of the HCA on October 20, 2010, beginning at approximately 12:08 p.m. revealed their governing body failed to ensure a written report was completed to include the results of the evaluation of any recommendations for modifications of the agency's overall policies or practices. At the time of the survey, there was no documented evidence of a written report of the results of an evaluation of any recommendations for modifications of the agency's overall policies or practices.	H 055	• This corrective action will be monitored by scheduling an annual review date to ensure the evaluation report has been completed.	
H 056	3903.2(c)(4) GOVERNING BODY The governing body shall do the following: (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: (4) The evaluation report shall be presented to, and acted upon, by the governing body at least annually. The results of the action taken by the governing body shall be documented, maintained,	H 056	• The corrective action to address this identified deficiency practice will to include in the written annual evaluation report a statement that the report was presented to, acted upon by the governing body, and all is documented, maintained and available for review.	12-31-10

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H 056	Continued From page 5 and available for review by government officials. This Statute is not met as evidenced by: Based on interview and record review, the agency failed to ensure an evaluation report was presented to, acted upon, by their governing body, documented, maintained and available for review. The finding includes: On October 20, 2010 at 11:24 a.m., the surveyor requested the Home Care Agency (HCA's) annual report. During the face to face interview with the president of the HCA on October 20, 2010, beginning at approximately 12:08 p.m. it was revealed that the agency failed to ensure an evaluation report of the policies and procedures was prepared and presented to the agency's governing body. At the time of the survey, the HCA failed to ensure an annual evaluation report was presented to, and acted upon by their governing body, which included results of any action taken, documented, maintained and available for review.	H 056	•The measure that will be put into place to prevent a reoccurance will be to clearly include this rule into the operating policies and procedures •this corrective action will be monitored by scheduling an annual review date to ensure the evaluation report has been completed	
H 070	3904.1 DIRECTOR The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained.	H 070	•The corrective action to address this identified deficiency practice will be to conduct an on-site supervisory home visit to ensure the staff member is adequately and appropriately trained by	11-5-10

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H 070	Continued From page 6 This Statute is not met as evidenced by: Based on interview and record review, it was determined that the agency's director failed to ensure that one (1) of one (1) staff member was adequately and appropriately trained. (Employee #12 Home Health Aide (HHA), and Employee #13 (HHA) The findings include: 1. During a home visit at Patient #5's home on October 25, 2010 at approximately 9:45 a.m., a face to face interview was conducted with the patient's daughter. She indicated that after she fixes her mother's breakfast she will crush her mother's vitamins and put them in her food for Employee #12 (HHA) to administer. On October 18, 2010, a record review of Employee #12's record at approximately 1:40 p.m. revealed that Employee #12 was a certified Home Health Aide. There was no documented evidence that Employee #12 had been adequately and appropriately trained to administer medications. During a telephone interview with the Director on October 27, 2010 at approximately 11:00 a.m., it was revealed that the agency's HHA's are not permitted to administer any medications. The Director also indicated that she would council Employee #12 and speak with the family in reference to the Employee not being able to administer any medications. 2. During a home visit a Patient #8's home on October 22, 2010 at approximately 1:00 p.m., a face to face interview with Employee #13 was conducted. Employee #13 admitted to	H 070	educating the caregiver and family on the rules stating that HHA's are only able to assist the client with self-administration of medications. as well as review of job description. • The measure that will be put into place to prevent a reoccurance will be to continue to re-emphasize rules regarding medication administration during orientation and on-site supervisory home visits and to document this education and training • This corrective action will be monitored by conducting scheduled internal audits of clinical records to ensure documentation of education and training is included during on-site supervisory home visits	

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H 070	Continued From page 7 administering medication in the past to patient #8. Employee #13 indicated that he had given the patient morphine sulfate .25 ml by mouth about two months ago to help the patient keep calm. Employee #13 indicated that he had passed other medication and cough syrup in the past, but could not remember when was the last time he had administered those medications. The employee also indicated that he had not given the patient any medications in about two months. On November 3, 2010, a record review of Employee #13's record at approximately 12:50 p.m. revealed that Employee #13 was a certified Home Health Aide. There was no documented evidence that Employee #13 had been adequately and appropriately trained to administer medications. During a telephone interview with the Director on October 27, 2010 at approximately 11:00 a.m., it was revealed that the agency's HHA's are not permitted to administer any medications. The Director also indicated that she would visit Employee #13 in the patient's home on tomorrow October 28, 2010 when he returns to work to council him and also speak with the family at that time in reference to the Employee not being able to administer any medications.	H 070		
H 159	3907.3 PERSONNEL Each home care agency shall comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequent amendments thereto, D.C. Official Code § 44-551 et seq.	H 159	The corrective action to address this identified deficiency practice will be to process a criminal background check of staff #3 for seven (7) years prior to the date of hire on 8/13/2007	11-22-10

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H 159	Continued From page 8 This Statute is not met as evidenced by: Based on record review and interview, the agency failed to comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequently amendments thereto, D.C. Official Code 44-551 et seq. for two (2) of twelve (13) personnel records included in the sample review. (Staff #2, Home Care Coordinator Supervisor, (HCCS) and Staff #3, Home Health Aide, (HHA). The findings include: 1. On October 18, 2010, at 11:12 a.m., review of the HCCS personnel record revealed Staff #2 was employed in Whiteville, North Carolina, October 1997 through August 2001. Further review of the personnel record revealed no evidence of a criminal background check for the state of North Carolina. During a face to face interview with the Human Resources Coordinator (HRC) on October 19, 2010 at approximately 1:31 p.m., the aforementioned finding was verified and acknowledged. At the time of the survey, the HCA failed to comply with the Health Care Facility Unlicensed Personnel Criminal Background Check Act of 1998. 2. On October 18, 2010, at 4:28 p.m., review of the HHA's personnel record revealed Staff #3 was hired on February 13, 2007. Further review of the personnel record revealed a criminal background check from April 2002 through April 2009 instead of the required seven (7) years prior to the date of hire (February 13, 2007).	H 159	As it relates to staff #2, it appears that this employee worked in NC, however after further investigation, it was found that the employer was based in NC, but the employee did not live or work in NC. If the employee did live in NC, a criminal background check for staff #2 would be conducted to include NC. • The Measure that will be put into place to prevent a reoccurance will be to ensure that all criminal background checks cover the required seven (7) years prior to date of hire where the employee lived and/or worked. • This corrective action will be monitored by conducting scheduled internal audits of personnel files to ensure that all required documents are accurate and included in the record.	

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H 159	Continued From page 9 During a face to face interview with the Human Resources Coordinator (HRC) on October 19, 2010 at approximately 1:37 p.m., the finding was verified and acknowledged. At the time of the survey, the agency failed to comply with the Health Care Facility Unlicensed Personnel Criminal Background Check Act of 1998 for Staff #2 and #3.	H 159		
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 one (1) of the thirteen (13) staff presented valid agency identification prior to entering the home of a patient. (Staff #13, Home Health Aide, (HHA). The findingincludes : Observations during a home visit with Patient #2 on October 22, 2010, at approximately 12:58 p.m., revealed that Staff #13 did not have valid agency identification on their person. During a face to face interview with Staff #13 on the aforementioned date, revealed that he had valid agency identification, but had left it home on	H 170	• The corrective action to address this identified deficiency practice will be to conduct an on-site supervisory home visit to re-educate the caregiver on presenting valid agency ID prior to entering the home of a client and to review the employee handbook with caregiver • The measure that will be put into place to prevent a reoccurrance will be to continue to re-emphasize this rule during orientation and on-site supervisory home visits and maintain documentation • this corrective action will be monitored by conducting scheduled internal audits of the documentation of the supervisory visits to ensure ongoing education,	11-22-10

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H 170	Continued From page 10 the day of the home visit.	H 170	training, and review of personnel policies in employee handbook!	
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 record review and a interview, the Home Care Agency (HCA) failed to ensure a referral source was provided in one (1) of five (5) clinical records in the sample. (Patients #3) The findings include: On October 20, 2010, a record review of patient #3's record at approximately 10:10 a.m. revealed a document entitled "Client Inquiry Record" dated 05/17/10 in which the section for referral source was blank. There was no documented evidence of a referral source in the record. During a face to face interview with the Director on October 20, 2010 at approximately 12:00 p.m., the finding was acknowledged.	H 262	•the corrective action to address this identified deficiency practice will be to ensure a referral source, including date of discharge if applicable is listed in the clinical record •The measure that will be put into place to prevent a reoccurance will be to revise policy and procedure to require a referral source be listed in clinical records •This corrective action will be monitored by conducting scheduled internal audits to review clinical records to ensure referral source, including date of discharge if applicable is listed in the clinical record	12-6-10
H 265	3911.2(e) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (e) Physician's orders; This Statute is not met as evidenced by:	H 265	•the corrective action to address this identified deficiency practice will be to attempt to obtain a physicians order for a private duty client for	12-6-10

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H 265	Continued From page 11 Based on record review and interview, the Home Care Agency (HCA) failed to ensure that physician order's for six (6) of six (6) patients were in the clinical records. (Patients #3, #5, #7,#8,#9 and #10) The findings include: 1. On October 20, 2010 , a record review of patient #3's record at approximately 10:10 a.m. revealed there was no documented evidence of a physician order for personal care services. Further review of the record revealed that patient #3 was receiving personal care services for four (4) hours a day monday through Friday. During a face to face interview with the Director on October 20, 2010 at approximately 12:15 p.m., the finding was acknowledged. 2. On October 20, 2010 , a record review of patient #5's record at approximately 1:50 p.m. revealed there was no documented evidence of a physician order for personal care services. Further review of the record revealed that patient #5 was receiving personal care services for four (4) times a week; four(4) hours a day. During a face to face interview with the Director on October 20, 2010 at approximately 2:15 p.m., the finding was acknowledged. 3. On October 22, 2010 , a record review of patient #7's record at approximately 8:50 a.m. revealed there was no documented evidence of a physician order for personal care services. Further review of the record revealed that patient	H 265	Services not covered by Medicare/Medicaide or other health care insurance. • The measure that will be put into place to prevent a reoccurance will be to, if possible, obtain physician's orders for all private duty, private pay clients. • This corrective action will be monitored by conducting scheduled internal audits of clinical records to ensure a physican's order was attempted to be obtained	

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H 265	Continued From page 12 #7 was receiving personal care services two (2) times a week; five (5) hours a day. During a face to face interview with the Director on October 22, 2010 at approximately 12:15 p.m., the finding was acknowledged. 4. On October 22, 2010 , a record review of patient #8's record at approximately 9:50 a.m. revealed there was no documented evidence of a physician order for personal care services. Further review of the record revealed that patient #8 was receiving personal care services three (3) times a week; ten and half (10.5) hours a day. During a face to face interview with the Director on October 22, 2010 at approximately 12:15 p.m., the finding was acknowledged. 5. On October 22, 2010 , a record review of patient #9's record at approximately 10:50 a.m. revealed there was no documented evidence of a physician order for personal care services. Further review of the record revealed that patient #9 was receiving personal care services eight (8) hours a day monday through Friday; six (6) hours a day Saturdays and Sundays. 6. On October 22, 2010 , a record review of patient #10's record at approximately 11:00 a.m. revealed there was no documented evidence of a physician order for personal care services. Further review of the record revealed that patient #10 was receiving personal care services for four (4) times a week; four(4) hours a day.	H 265		

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H 268	Continued From page 14 activity records for direct care staff were in the clinical records for one (1) of six (6) clinical records reviewed. (Patients #9) The findings include: On October 22, 2010, a record review of patient #9's record at approximately 10:50 a.m. revealed patient #9 was admitted on February 23, 2010 and was receiving personal care assistance (PCA) services eight (8) hours Monday-Friday and six (6) hours Saturday and Sunday. Further review of the record revealed there was no documented evidence of personal care activity records for February 23rd and 24th 2010. During a face to face visit with the Director on October 22,2010 at approximately 12:00 p.m., the finding was acknowledged.	H 268	•The measure that will be put into place to prevent a reoccurance will be to reinforce the mandatory requirement of documentation of any summary notes or activity records. •This corrective action will be monitored by conducting scheduled internal audits of clinical records to ensure that summary notes and activity records are documented and maintained	
H 270	3911.2(j) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (j) Documentation of discharge planning, if appropriate; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) records failed to include documentation of discharge planning for one (1) of one (1) discharge record reviewed. (Patient #7) The finding include: On October 22, 2010, a record review of patient	H 270	•The corrective action to address this identified deficiency practice will be include documentation of discharge planning, if appropriate in the clinical record. •The measure that will be put into place to prevent a reoccurance will be to revise the plan of care to include discharge planning •This corrective action will be monitored by conducting	12-6-10

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H 266	Continued From page 13	H 266		
H 266	3911.2(f) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (f) History of sensitivities and allergies; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure that the history and sensitivity and allergies were in the clinical record for one (1) of six (6) patient's in the sample. (Patient #3) The finding includes: On October 20, 2010, a record review of patient #3's record at approximately 10:10 a.m. revealed there was no documented evidence of allergies in the record. During a face to face interview with the Director on October 20, 2010 at approximately 12 :00 p.m., the finding was acknowledged.	H 266	•The corrective action to address this identified deficiency practice will be to state a history of sensitivities and allergies, if any in the clinical record •The measure that will be put into place to prevent a reccurance will be to require all clinical records include documentation of history of sensitivities and allergies, if any. •This corrective action will be monitored by conducting scheduled internal audits of clinical records to ensure that all have documentation of history of sensitivities and allergies	12-6-10
H 268	3911.2(h) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff; This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to ensure that signed and dated	H 268	•The corrective action to address this identified deficiency practice will be to maintain accessible documentation of personal care activity records	12-6-10

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H 270	Continued From page 15 #7's record revealed patient #7 was discharged on May 7, 2010. Further review of the record revealed there was no documented evidence of discharge planning. During a face to face interview on October 22, 2010 at approximately 12:00 p.m., the finding was acknowledged.	H 270	scheduled internal audits of clinical records to ensure discharge planning is addressed.	
H 278	3911.2(r) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (r) Documentation of consent for specialized services; and... This Statute is not met as evidenced by: Based on a record review and interview, it was revealed the agency failed to ensure that documentation of consent for specialized services was in the clinical record for one (1) of six (6) patient's. (Patient #8) The finding includes : On October 22, 2010, a record review of patient #8's record at approximately 9:30 a.m. revealed there was no documented evidence of a consent for specialized services in the patient's record. During a face to face interview with the Director on October 22, 2010 at approximately 12:15 p.m., the finding was acknowledged.	H 278	• The corrective action to address this identified deficiency practice will be to obtain documentation of consent for services. • The measure that will be put into place to prevent a reoccurance will be to include documentation of consent in all clinical records • This corrective action will be monitored by conducting scheduled internal audits of clinical records to ensure documentation of consent for services is included.	12-6-10
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following	H 279	• The corrective action to address this identified deficiency practice	12-6-10

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H 279	Continued From page 16 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 record review and interview, the Home Care Agency (HCA) records failed to include documentation of training and education given to the patient and the patient's caregivers for six (6) of six(6) patients records. (Patients #3, #5, #7,#8,#9 and #10) The findings include: On October 20th and 22nd , a record review of the aforementioned records at approximately 11:00 a.m. until 2:00 p.m. revealed there was no documented evidence of training and education given to the patient and the patient's caregiver. During a face to face interview with the Director on October 22, 2010 at approximately 12:15 p.m., the finding was acknowledged.	H 279	will be to conduct on-site supervisory home visit for the purpose of training and education of client and family caregivers •The Measure that will be put into place to prevent a reoccurance will be to require documentation of training an education be maintained in the clinical record. •This corrective action will be monitored by conducting scheduled internal audits of clinical records to ensure documentation of training and education is given to client's and family caregivers.	
H 292	3912.2(b) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (b) To control his or her own household and life style; This Statute is not met as evidenced by:	H 292	•the corrective action to address this identified deficiency practice will be to revise the Patient Rights & Reponsibilities to include 3912.2(b)	11-22-10

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H 292	Continued From page 17 Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to ensure that their Patient Rights and Responsibilities Policy included a statement that each patient that received services had the right to control his or her own household and life style. The finding includes: Review of the agency's policies and procedures on October 20, 2010, at approximately 11:00 a.m., revealed the HCA failed to include in their Patient Rights and Responsibility's policy that the patient has the right to control his or her own household and life style. During a face to face interview with the president on October 20, 2010, at approximately 12:15 p.m., the finding was verified and acknowledged that the agency's policy for Patient Rights and Responsibilities failed to include the patient has the right to control his or her own household and life style. At the time of the survey, there was no documented evidence that the HCA ensured their policy for Patient Rights and Responsibilities included the patient has the right to control his or her own household and life style.	H 292	*the measure that will be put into place to prevent a reoccurance will be to maintain the Patient Rights & Responsibilities according to 3912.2(b) *this corrective action will be monitored by conducting the annual evaluation of the policies and procedures.	
H 296	3912.2(c)(4) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (c) To be informed orally and in writing of the following:	H 296	*the corrective action to address this identified deficiency practice will be to revise the Patient Right & Responsibilities to include 3912.2(c)(4)	11-22-10

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H 296	Continued From page 18 (4) Prompt notification of acceptance, denial or reduction of services; 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 develop policies to ensure each patient has the right to be informed orally and in writing of prompt notification of acceptance, denial or reduction of services. The finding includes: Review of the agency's policies and procedures on October 20, 2010 at approximately 11:02 a.m. revealed the HCA failed to develop policies to ensure each patient has the right to be informed orally and in writing of prompt notification of acceptance, denial or reduction of services. During a face to face interview with the president on October 20, 2010, beginning at approximately 12:15 p.m., it was verified and acknowledged that the agency failed to develop policies to ensure each patient has the right to be informed orally and in writing of prompt notification of acceptance, denial or reduction of services. At the time of the survey, there was no documented evidence the HCA developed a policy to ensure each patient has the right to be informed orally and in writing of prompt notification of acceptance, denial or reduction of services.	H 296	• The measure that will be put into place to prevent a reoccurance will be to maintain the Patient Rights & Responsibilities according to 3912.2(c)(4) • This corrective action will be monitored by conducting the annual evaluation of the policies and procedures.	
H 335	3913.5 COMPLAINT PROCESS The home care agency shall respond to the complaint within fourteen (14) calendar days of its	H 335	• The corrective action to address this identified deficiency practice	11-22-10

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H 335	Continued From page 19 receipt, and shall document the response. 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 was within fourteen (14) calendar days of its receipt, and document the response. The finding includes: Review of the agency's Complaint/Grievance Process Policy on October 20, 2010, at approximately 10:02 a.m., revealed the HCA's policy to respond to a complaint was within fifteen (15) days of its receipt, instead of the fourteen (14) days. During a face to face interview with the president on October 20, 2010, beginning at approximately 12:15 p.m., it was acknowledged that the HCA established a written policy to respond to a complaint within fifteen (15) days of its receipt, instead of fourteen (14) days. There was no documented evidence the HCA established a written policy to respond to a complaint within fourteen (14) calendar days of its receipt, and to document the response.	H 335	will be to revise the complaint process policy to respond to a complaint within Fourteen (14) calendar days of receipt. *The measure that will be put into place to prevent a reoccurance will be to maintain the policy relating to the complaint process with the requirement to respond within fourteen (14) calendar days and document the response. *This corrective action will be monitored by conducting the annual evaluation of the policies and procedures.	
H 351	3914.2 PATIENT PLAN OF CARE The plan of care shall be approved by the patient's physician. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure that the Plan	H 351	*The corrective action to address this identified deficiency practice will be to submit a POC to clients' physician in an attempt to request the	12-6-10

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H 351	Continued From page 20 of Care (POC) was approved by the patient's physician for six (6) of six (6) patients. (Patients #3, #5, #7,#8, #9 and #10) The findings include: On October 20th and 22nd , a record review of the aforementioned records at approximately 11:00 a.m. until 2:00 p.m. revealed that the HCA had plan of care's for all aforementioned patient's however there was no documented evidence that the reviewed POC's had been approved by the patient's physician. During a face to face interview with the Director on October 22, 2010 at approximately 12:15 p.m., it was revealed the agency did not have physicians to approve their POC's. The director indicated that because the agency was not providing skilled services she was not aware that the POC's needed to be approved by a physician. The finding was acknowledged during the face to face interview.	H 351	private duty plan of care for non-skilled home care services be approved by a physician. • The measure that will be put into place to prevent a reoccurance will be to attempt to obtain a review and approval of the POC for all private duty, non-skilled home care services by the client's physicians. • This corrective action will be monitored by conducting scheduled internal audits of clinical records/POC to ensure that agency has attempted to obtain approval of POC for all private duty homecare	
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (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; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure the Plan of Care (POC) included the frequency, amount and	H 355	• The corrective action to address this identified deficiency practice will be to review and update POC's to include a description of services to be provided. • The measure that will be put into place to prevent a reoccurance will be to	12-6-10

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H 355	Continued From page 21 expected duration of services to be provided for six (6) of six (6) POC's reviewed. (Patient's #3, #5, #7, #8, #9 and #10) The finding included: On October 20 th and 22nd 2010 ,a record review at approximately 9:00 a.m. through 2:00 p.m. of the aforementioned records revealed all contained POC's. However, the POC's failed to include the frequency, amount and expected duration of services to be provided. During a face to face interview with the Director on October 22, 2010, at approximately 12:15 p.m., the finding was acknowledged. There was no documented evidence of the frequency, amount and expected duration of services to be provided for six (6) of six (6) patient's in the sample.	H 355	ensure all POC's include a description of services to be provided. *This corrective action will be monitored by conducting a scheduled internal audit of the POC's to ensure a description of services to be provided, including: the frequency, amount, and expected duration is documented.	
H 357	3914.3(f) PATIENT PLAN OF CARE The plan of care shall include the following: (f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services; This Statute is not met as evidenced by: Based on record review and interview it was determined the Home Care Agency (HCA) failed to make provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services, for six (6) of six (6) care plans reviewed. (Patients #3, #5, #7,#8,	H 357	*The corrective action to address this identified deficiency practice will be to review and update POC's to include provisions relating to the reevaluation of services *The measure that will be put into place to prevent a reoccurance will be to ensure all POC's include provisions relating to the	12-6-10

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H 357	Continued From page 22 #9 and #10) The findings include: On October 20th and 22nd 2010 ,a record review at approximately 9:00 a.m. through 2:00 p.m. of the aforementioned records revealed all contained POC's. However, the POC's failed to include relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services. During a face to face interview with the Director on October 22, 2010, at approximately 12:00 p.m., the finding was acknowledged. There was no documented evidence of provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services for six (6) of six (6) patient's care plans reviewed.	H 357	reevaluation of services • This corrective action will be monitored by conducting scheduled internal audit of the POC's to ensure provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services is included.	
H 359	3914.3(h) PATIENT PLAN OF CARE The plan of care shall include the following: (h) Prognosis, including rehabilitation potential; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) Plan of Care (POC) failed to include prognosis, including rehabilitation potential for six (6) of six (6) patients in the sample. (Patients #3, #5, #7,#8, #9 and #10) The findings include: On October 20th and 22nd 2010 ,a record review at approximately 9:00 a.m. through 2:00 p.m. of	H 359	• the corrective action to address this identified deficiency practice will be to review and update POC's to include a prognosis, including rehab potential • the measure that will be put into place to prevent a reoccurance will be to ensure that all POC's include a prognosis, including rehabilitation potential.	12-6-10

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H 359	Continued From page 23 the aforementioned records revealed all contained POC's. However, the POC's failed to include prognosis, including rehabilitation potential. During a face to face interview with the Director on October 22, 2010, at approximately 12:00 p.m., the finding was acknowledged. There was no documented evidence of prognosis, including rehabilitation potential for six (6) of six (6) for six (6) of six (6) patient's care plan's reviewed.	H 359	This corrective action will be monitored by conducting scheduled internal audit of the POC's to ~~include a~~ ensure a prognosis, including rehabilitation potential is included.	
H 363	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on a record review and interview it was determined the agency failed to include identification of employees in charge of managing emergency situations for six (6) of six patients in the sample. (Patients #3, #5, #7,#8, #9 and #10) The findings include: On October 20th and 22nd 2010, a record review at approximately 9:00 a.m. through 2:00 p.m. of the aforementioned records revealed all contained POC's. However, the POC's failed to include identification of employees in charge of managing emergency situations. During a face to face interview with the Director on October 22, 2010, at approximately 12:00	H 363	The corrective action to address this identified deficiency practice will be to review and update POC's to include the identification of the employees in charge of managing emergency situations. The measure that will be put into place to prevent a reoccurance will be to ensure that all POC's include identification of employees in charge of managing emergency situations. This corrective action will be monitored by conducting scheduled internal audits of the POC's	12-6-10

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H 363	Continued From page 24 p.m., the finding was acknowledged. There was no documented evidence of identification of employees in charge of managing emergency situations for six (6) of six patients care plan's reviewed.	H 363	to ensure the identification of employees in charge of managing emergency situations is included.	
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 six (6) of six patients in the sample. (Patients #3, #5, #7,#8, #9 and #10) The findings include: On October 20th and 22nd 2010 ,a record review at approximately 9:00 a.m. through 2:00 p.m. of the aforementioned records revealed all contained POC's. However, the POC's failed to include emergency protocols. During a face to face interview with the Director on October 22, 2010, at approximately 12:00 p.m., the finding was acknowledged. There was no documented evidence of emergency protocols for six (6) of six patients care plan's reviewed.	H 364	• The corrective action to address this identified deficiency practice will be to review and update POC's to include emergency protocols. • The measure that will be put into place to prevent a reoccurance will be to ensure all POC's include an emergency protocol. • This corrective action will be monitored by conducting scheduled internal audits of the POC's to ensure an emergency protocol is included.	12-6-10
H 366	3914.4 PATIENT PLAN OF CARE	H 366	• The corrective action to	12-6-10

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NAME OF PROVIDER OR SUPPLIER RIGHT AT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE, SUITE 230 WASHINGTON, DC 20002		

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H 366	Continued From page 25 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. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure that the Plan of Care (POC) was approved by a physician within thirty (30) days of the start of care for six (6) of six (6) patients. (Patients #3, #5, #7,#8, #9 and #10) The findings include: On October 20th and 22nd , a record review of the aforementioned records at approximately 11:00 a.m. until 2:00 p.m. revealed that the HCA had plan of care's for all aforementioned patient's however there was no documented evidence that the reviewed POC's had been approved by the patient's physician within thirty (30) days of the start of care. During a face to face interview with the Director on October 22, 2010 at approximately 12:15 p.m., it was revealed the agency did not have physicians to approve their POC's. The director indicated that because the agency was not providing skilled services she was not aware that the POC's needed to be approved by a physician. The finding was acknowledged during the face to face interview.	H 366	address this identified deficiency practice will be to submit a POC to the client's physician for approval of private duty, non-skilled homecare services not covered by Medicare/Medicaid or other health insurances within 30 days of the start of care. • the measure that will be put into place to prevent a reoccurance will be to attempt to obtain approval of ALL private duty, non-skilled homecare services within 30 days of the start of care • This corrective action will be monitored by conducting scheduled internal audit of POC's to ensure that approval was obtained by clients' physician within 30 days of the start of care	

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	HCA-0028	A. BUILDING B. WING	11/03/2010

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H 390	3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure each aide obtained at least twelve (12) hours of continuing education or in-service training annually for one (1) out of twelve (13) Home Health Aides (HHA, #11). The finding includes: Review of the HCA's personnel records on October 18, 2010 at approximately 2:09 p.m. revealed the agency failed to ensure HHA #11 had obtained at least 12 hours of continuing education or inservice annually. Further review of the HHA's personnel record revealed she was hired on August 26, 2009. During a face to face interview with the President, at approximately 2:33 p.m., it was acknowledged HHA #11 did not have at least twelve (12) hours of continuing education or in-service training annually in her personnel record.	H 390	•The corrective action to address this identified deficiency practice will be to require HHA #11 to obtain the required 12 hours of continuing education/ in-service training. •The measure that will be put into place to prevent a reoccurance will be to continue to emphasize the required 12 hours of in-service training. •This corrective action will be monitored by conducting scheduled internal audits of personnel records to ensure that each aide has obtained the required 12 hours of continuing education or in-service training annually.	12-31-10
H 391	3915.7 HOME HEALTH & PERSONAL CARE AIDE SERVICE	H 391	•The corrective action to address this identified	12-6-10

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H 391	Continued From page 27 Each home health or personal care aide shall be supervised by a registered nurse or other health professional for performing tasks specific to that profession. On-site supervision of skilled services shall take place at least once every two (2) weeks. On-site supervision of all other services shall take place at least once every sixty-two (62) calendar days. This Statute is not met as evidenced by: Based on record review and interview the Home Care Agency (HCA) failed to ensure that on-site supervisory visits at least once every sixty-two (62) days was conducted for four (4) of six (6) patient's in the sample. (Patient's #3, #7, #8 and #10) The findings include: 1. On October 20, 2010, a record review of patient #3's record at approximately 1:00 p.m. revealed patient #3 was admitted on 05/17/10 and was receiving personal care assistance (PCA) monday through Friday; four (4) hours per visit. Further review of the record revealed there was no documented evidence of an on-site supervision of PCA services for July 2010. During a face to face visit with the Director on October 20,2010 at approximately 2:00 p.m., the finding was acknowledged. 2. On October 22,2010, a record review of patient #7's record at approximately 8:50 a.m. revealed patient #7 was admitted on June 24, 2009 and was receiving personal care assistance (PCA)	H 391	deficiency practice will be to provide documentation of on-site supervisory home visits every 62 days. •The measure that will be put into place to prevent a reoccurance will be to require documentation of on-site supervisory home visits every 62 days be maintained. •This corrective action will be monitored by conducting scheduled internal audits of clinical records and/or personnel records to ensure that documentation of on-site supervisory home visits every 62 days has been maintained.	

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H 391	Continued From page 28 services two (2) times a week; five (5) hours per visit. Further review of the record revealed there was no documented evidence of on-site supervision of PCA services since January 26, 2010. During a face to face visit with the Director on October 22,2010 at approximately 12:00 p.m., the finding was acknowledged. 3. On October 22,2010, a record review of patient #8's record at approximately 9:30 a.m. revealed patient #8 was admitted on September 29, 2008 and was receiving personal care assistance (PCA) services three (3) days a week;ten and half and hours (10 1/2) per visit. Further review of the record revealed there was no documented evidence of on-site supervision of PCA services for February 2010, April 2010 and August 2010. During a face to face visit with the Director on October 22,2010 at approximately 12:00 p.m., the finding was acknowledged. 4. On October 22,2010, a record review of patient #10's record at approximately 11:30 a.m. revealed patient #10 was admitted on May 10, 2010 and was receiving personal care assistance (PCA) services four (4) days a week; four (4) hours per visit. Further review of the record revealed there was no documented evidence of on-site supervision of PCA services for August 2010. During a face to face visit with the Director on October 22,2010 at approximately 12:00 p.m., the	H 391		

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H 391	Continued From page 29 finding was acknowledged.	H 391		
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on record reviews and interview, the agency failed to ensure the Personal care aide (PCA) duties included observing, recording, and reporting the patient's physical condition, behavior, or appearance for one (1) of six (10)patients in the sample. (Patients #8) The findings include: On October 22, 2010, a record review of patient #8's record at approximately 9:30 a.m. revealed there was no documented evidence of of the patient's physical condition, behavior or apperance in the record. During a face to face interview with the Director on October 22, 2010 at approximately 12:15 p.m., the finding was acknowledged.	H 399	•The corrective action to address this identified deficiency practice will be to require documentation of the client's physical condition, behavior, or appearance in the activity record upon each visit with a client. •The measure that will be put into place to prevent a reoccurance will be to require all HHA's and PCA's record their observations and reporting of their clients' physical condition, behavior, or appearance by documenting in the activity record upon each visit with a client •This corrective action will be monitored by conducting scheduled internal audits of activity records to ensure that documentation has been maintained for each shift completed.	12-6-10