

Received 7/2/10

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Health Regulation Administration **FORM APPROVED**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	HEALTH REGULATION ADMINISTRATION 1225 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 A BUILDING B WING	(X3) DATE SURVEY CDMPLETED 0510612010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 000	INITIAL COMMENTS An annual survey was conducted from May 5, 2010, through May 6, 2010, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a sample of ten (10) clinical records from a census of forty-one (41) patients, ten (10) personnel files from a census of forty-four (44) employees and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	H 000	3907.1(c) PERSONNEL The personnel policy has been revised to incorporate provisions pertaining to probationary periods. (Attachment #1(a) (b)) . This policy shall be available to each staff member.	06/06/10
H 142	3907.1(c) PERSONNEL Each home care agency shall have written personnel policies that shall be available to each staff member and shall include the following: (C) Provisions pertaining to probationary periods, promotions, disciplinary actions, termination and grievance procedures; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure their personnel policies included a provision pertaining to probationary periods. The finding includes: Review of the HCA's personnel policies on May 5, 2010 at 11:20 a.m., revealed there was no documented evidence that the agency's personnel policy included a provision to address probationary periods. During a face to face interview with the	H 142	The Clinical Manager/Director of Nursing will review the policy with staff at the time of orientation and on an ongoing basis. The policy will also be reviewed on an annual basis and documented as such to ensure incorporation of any new regulations or policy changes. The Clinical Manager/Director of Nursing will track the inservice roster at the orientation review to ensure that all staff are inserviced on this policy. Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients/staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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H 142 Continued From page 1
Administrator and Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged that the agency's personnel policy did not include a provision to address probationary periods.

There was no documented evidence the HCA ensured the personnel policy included a provision to address probationary periods.

H 147 3907.2(c) PERSONNEL
Each home care agency shall maintain accurate personnel records, which shall include the following information:

(c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;

This Statute is not met as evidenced by:
Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of orientation for six (6) of ten (10) employees in the sample. (Staff #2, #3, #5, #7, #8, and #9)

The findings include:

Review of the HCA personnel records on May 5, 2010, beginning at approximately 1:19 p.m. revealed no documentation of participation in an orientation for Staff #2, #3, #5, #7, #8, *and 9 in their personnel records.

During a face to face interview with the Administrator and Director of Nursing (DON) on

H 142 3907.2(c) PERSONNEL

All staff were contacted regarding the identified deficiencies. All staff will be oriented by the Clinical Manager/Director of Nursing prior to assignment on any cases.
Attachment #1 (a)(c)

06/06/10

H 147 The Clinical Manager/Director of Nursing will review all personnel files of all staff to ensure that staff has been oriented and the completed orientation checklist is incorporated into the staff's personnel file. Staff will be notified of the findings and if deficient, will be requested to correct/submit the deficient documents. Staff who fail to correct the deficiency will be suspended until the required documents are submitted.

Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE A - BUILDING B - WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/06/2010
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H 147
Continued From page 2
May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged that Staff #2, #3, #5, #7, #8, #and 9 did not have documentation of participation in an orientation in their personnel records.

At the time of the survey, there was no documented evidence of participation in orientation in the aforementioned employee's personnel records.

H 150
3907.2(f) PERSONNEL

Each home care agency shall maintain accurate personnel records, which shall include the following information:

(f) Verification of previous employment;

This Statute is not met as evidenced by:
Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of verification of previous employment for two (2) of the ten (10) employees in the sample.(Staff #5 and #10)

The findings include:

Review of the HCA personnel records on May 5, 2010, beginning at approximately 2:40 p.m. revealed no documentation of verification of previous employment for Staff #5 and #10 in their personnel records.

During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged Staff #5 and #10 did

H 147
3907.2(f) PERSONNEL

All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have all credentials and other employment documents maintained current at all times. Verification of previous employment and references will be completed as outlined in **Attachment #1(a)** and the documentation will be incorporated into the staff's personnel file.

The Clinical Manager/Director of Nursing will review all personnel files of staff on a quarterly basis and maintain a roster of the expiration dates of credentials and other documents required of staff and ensure that previous employment was verified and reference checks were completed and incorporated into the staff's personnel file. Staff will be notified of the findings and requested to correct/submit the deficient documents.

Staff who fail to correct the deficiency will be suspended until the required documents are submitted.

Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may

H 150
06/06/10

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H 150	Continued From page 3 not have documentation of verification of previous employment in their personnel records. At the time of the survey, there was no documented evidence of verification of previous employment in the aforementioned employee personnel records.	H 150	3907.2(f) PERSONNEL (continued) potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	
H 151	<p>3907.2(g) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(g) Documentation of reference checks;</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 reference checks for two (2) of the ten (10) employees in the sample. (Staff #5 and #10)</p> <p>The findings include:</p> <p>Review of the HCA personnel records on May 5, 2010, beginning at approximately 2:40 p.m. revealed no documentation of reference checks for Staff #5 and #10 in their personnel records. During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged Staff #5 and #10 did not have documentation of reference checks in their personnel records.</p> <p>At the time of the survey, there was no</p>	H 151	<p>3907.2(g) PERSONNEL Cross reference 3907.2(f) PERSONNEL</p> <p>3907.2(h) PERSONNEL</p> <p>All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have completed annual evaluations. Attachment #1(a)(b)</p> <p>The Clinical Manager/Director of Nursing or designee will review all personnel files of staff on a quarterly basis and maintain a roster of the expiration dates of credentials and other documents required of staff and ensure that annual performance evaluations are completed and documented and incorporated into the employee/contractor's personnel file. Staff will be notified of the findings and scheduled for performance of evaluations.</p>	<p>06/06/10</p> <p>06/06/10</p>

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H151	Continued From page 4 documented evidence of verification of reference checks in the aforementioned employee personnel records.	H 151	3907.2(h) PERSONNEL (Continued)	
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, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of copies of completed annual evaluations for one (1) of ten (10) employees in the sample. (Staff #2)</p> <p>The finding includes:</p> <p>Review of the HCA personnel records on May 5, 2010, beginning at approximately 1:19 p.m. revealed no documentation of copies of completed annual evaluations for Staff #2 in her personnel record.</p> <p>During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged Staff #2 did not have documentation of copies of completed annual evaluations in her personnel record.</p> <p>At the time of the survey, there was no documented evidence of copies of completed annual evaluations in the aforementioned employee personnel record.</p>	H 152	<p>Staff who fail to comply will be suspended until the evaluations are completed and signed and dated by the staff who is being evaluated.</p> <p>Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients/staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p> <p>3907.2(1) PERSONNEL</p> <p>All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have a valid job description and results of competency testing. (Attachment #1(a)(c))</p> <p>The Clinical Manager/Director of Nursing will review all personnel files of staff on a quarterly basis and ensure that all staff's personnel file contain a valid position description which is signed and dated by the staff and the results of competency testing. Staff will be notified of the findings</p>	06/06/10

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		B. WING	

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H 1561	<p>3907.2(1) PERSONNEL</p> <p>Each home care agency shall maintain accurate I personnel records, which shall include the following information:</p> <p>(1) Results of any competency testing;</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 results of any competency testing for four (4) of ten (10) employees in the sample. (Staff #2, #5, #6, and #9)</p> <p>The findings include:</p> <p>Review of the HCA personnel records on May 5, 2010, beginning at approximately 1:26 p.m. revealed no documentation of results of any competency testing for Staff #2, #5, #6, and #9 in their personnel records.</p> <p>During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged Staff #2, #5, #6, and #9 did not have documentation of results of any competency testing in their personnel records.</p> <p>At the time of the survey, there was no documented evidence of results of any competency testing in the aforementioned employee personnel records.</p>	H 156	<p>3907.2(1) PERSONNEL (Continued)</p> <p>and requested to comply with this policy. Staff who fail to correct the deficiency will be suspended until the required documents are completed and/or submitted.</p> <p>Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients/staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p> <p>3907.7 PERSONNEL 08/02/10</p> <p>All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to be screened for communicable disease annually. (Attachments #1(a)(d))</p> <p>The Clinical Manager/Director of Nursing will review all personnel files of staff on a quarterly basis and ensure that all staff's personnel file contain evidence of the results of a physical examination and TB screening to ensure that there is no evidence of communicable disease. The Tuberculosis Screening will be completed annually. Staff will be notified of the findings and requested to comply with this policy. Staff who fail to correct the deficiency will be suspended until the required documents are submitted.</p>	
H 163	<p>3907.7 PERSONNEL</p> <p>Each employee shall be screened for</p>	H 163		

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H 193	<p>Continued From page 7</p> <p>policies on admissions, which shall include, at a minimum, the following:</p> <p>(c) Policies governing fees, payment and refunds;</p> <p>This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure their admissions policy disclosed a policy or procedure for governing fees, payment and refunds.</p> <p>The finding includes:</p> <p>Review of the admissions policy on May 5, 2010, beginning at approximately 11:29 a.m., revealed the HCA did not ensure the admission policy disclosed a policy governing fees, payment and refunds.</p> <p>During a face to face interview with the Administrator and Director of Nursing (DON) President on May 5, 2010, at approximately 4:10 p.m., it was acknowledged the HCA did not ensure the admission policy disclosed a policy governing fees, payment and refunds.</p> <p>At the time of the survey, there was no documented evidence the HCA ensured the admission policy disclosed a policy governing fees, payment and refunds.</p>	H 193	<p>3908.1(d) ADMISSIONS (Continued)</p> <p>Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients/staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p> <p>3908.1(f) ADMISSIONS</p> <p>An addendum has been made to the agency's Admission Policies and Procedures (Do Not Resuscitate) and was implemented and is included as Attachment #3.</p> <p>All professional staff will be inserviced by the Clinical Manager/Director of Nursing on the policy and to ensure that this information is reviewed with the clients on admission. The Clinical Manager/Director of Nursing will ensure that all professional staff is notified of this policy and that this information is reviewed with the client on admission and throughout the course of services.</p>	06/06/10
H 195	<p>3908.1(f) ADMISSIONS</p> <ul style="list-style-type: none"> Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following: <p>(f) Do Not Resuscitate orders;</p>	H 195	<p>The DON will review the clinical records on a quarterly basis to ensure that this information is incorporated in the records of clients who were prescribed DNR orders.</p> <p>Alliance Home Health Care & Equipment Services recognizes that any identified</p>	

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H 195	<p>Continued From page 8</p> <p>This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure their admissions policies and procedures policy included a policy Do Not Resuscitate Orders.</p> <p>The finding includes:</p> <p>Review of the admission policy on May 5, 2010, beginning at approximately 11:38 a.m., revealed the HCA did not ensure their admission policy included a policy DD Not Resuscitate Orders.</p> <p>During a face to face interview with Administrator and Director of Nursing (DON) on May 5, 2010, at approximately 4:10 p.m., it was acknowledged the HCA did not ensure the admission policy included a policy for orders not to resuscitate.</p> <p>At the time of the survey, there was no documented evidence the HCA ensured their admission policy included a policy for orders not to resuscitate.</p>	H 195	<p>3908.1(f) ADMISSIONS (Continued)</p> <p>deficient practice may potentially affect other clients/staff The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p> <p>3908.1(h) ADMISSIONS</p> <p>The policy governing Interagency Sharing of Information and the Client Consent for Interagency Sharing of Information were implemented and are included as Attachments #4(a)(b).</p> <p>All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing Interagency Sharing of Information and the Client Consent for Interagency Sharing of Information. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy. The DON will review the clinical records on a quarterly basis to ensure that this information is incorporated in the client's clinical records. Staff who fail to comply will be suspended.</p>	06/06/10
H 197	<p>3908.1(h) ADMISSIONS</p> <p>Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following:</p> <p>(h) Consent for interagency sharing of information.</p> <p>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,</p>	H 197	<p>Alliance Home Health Care Agency recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p>	

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H 197	<p>Continued from page 9 Consent for inter agency sharing of information. The finding includes :</p> <p>Review of the HCA's admissions policies and procedures on May 5, 2010, at approximately 11:40 a.m., revealed the HCA failed to ensure the admissions policy included consent for interagency sharing of information.</p> <p>During a face to face interview with the administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the admissions policy failed to include the consent for inter-agency sharing of information.</p>			
H242	<p>3910.2 RECORDS RETENTION & DISPOSAL</p> <p>If the agency is dissolved and there is no identified newer owner, the clinical records shall be stored in a public warehouse within 100 (100) miles of District of Columbia or, with the approval of the patient, in the offices of the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview Home Care Agency (HCA) failed to insure the policies and procedures for records retention and disposal included in the event that the agency was dissolved the clinical records would be stored in a public warehouse within one hundred (100) miles of the District of Columbia, or with the approval of the patient's</p>			

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H 242	Continued From page 10 physician. The finding includes: Review of the HCA's policies and procedures for records retention and disposal on May 5, 2010, at approximately 12:07 p.m., revealed the HCA failed to ensure the policy included in the event that the agency was dissolved the clinical records would be stored in a public warehouse within one hundred (100) miles of the District of Columbia, or with the approval of the patient, in the offices of the patient's physician. During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged policies and procedures for records retention and disposal failed to ensure the policy included in the event that the agency was dissolved the clinical records would be stored in a public warehouse within one hundred (100) miles of the District of Columbia, or with the approval of the patient, in the offices of the patient's physician. There was no documented evidence the HCA ensured the records retention and disposal policy included in the event that the agency was dissolved the clinical records would be stored in a public warehouse within one hundred (100) miles of the District of Columbia, or with the approval of the patient, in the offices of the patient's physician.	H 242	3910.2 RECORDS RETENTION & DISPOSAL The policy governing Record Retention and Disposal was implemented and is included as Attachment #5 . All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing Records Retention and Disposal. The Clinical Manager/Director of Nursing will track the inservice roster on a monthly basis to ensure that all staff are inserviced on this policy and to provide the instructions to those whose records reflect that they have not received this instruction and documentation of such will be placed in the personnel file of the staff who are then responsible for informing the client of this policy. Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	06/06/10
H 243	3910.3 RECORDS RETENTION & DISPOSAL Each home care agency shall inform the Department of Health and each patient in writing, within thirty (30) days of dissolution of the agency,	H 243	3910.3 RECORDS RETENTION & DISPOSAL Cross reference 3910.2 RECORDS RETENTION & DISPOSAL	06/06/10

Health Regulation Administration **FORM APPROVED**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEP	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 243	<p>Continued From page 11</p> <p>of the location of the clinical records and how each patient may obtain his or her clinical records.</p> <p>This Statute is not met as evidenced by: Based on record review and interview Home Care Agency (HCA) failed to ensure the policies and procedures for records retention and disposal included to notify the Department of Health and each patient in writing, within thirty (30) days of dissolution of the agency, of the location of the clinical records and how each patient may obtain his or her clinical records.</p> <p>The finding includes:</p> <p>Review of the HCA's policies and procedures for records retention and disposal on May 5, 2010, at approximately 12:09 p.m., revealed the HCA failed to ensure the policy included to notify the Department of Health and each patient in writing, within thirty (30) days of dissolution of the agency, of the location of the clinical records and how each patient may obtain his or her clinical records.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged policies and procedures for records retention and disposal failed to ensure the policy included to notify the Department of Health and each patient in writing, within thirty (30) days of dissolution of the agency, of the location of the clinical records and how each patient may obtain his or her clinical records. There was no documented evidence the HCA</p>	H 243		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPME?	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 243	Continued From page 12 ensured the records retention and disposal policy included to notify the Department of Health and each patient in writing, within thirty (30) days of dissolution of the agency, of the location of the clinical records and how each patient may obtain his or her clinical records.	H 243	3910.4 RECORDS RETENTION & DISPOSAL	06/06/10
H 244	<p>3910.4 RECORDS RETENTION & DISPOSAL</p> <p>A home care agency shall maintain the clinical records of a patient for at least five (5) years after the date of discharge of the patient.</p> <p>This Statute is not met as evidenced by: Based on record review and interview Home Care Agency (HCA) failed to ensure the policies and procedures for records retention and disposal disclosed a policy to maintain the clinical records of a patient for at least five (5) years after the date of discharge of the patient.</p> <p>The finding includes:</p> <p>Review of the HCA's policies and procedures for records retention and disposal on May 5, 2010, at approximately 12:13 p.m., revealed the HCA failed to ensure the policies and procedures for records retention and disposal disclosed a policy to maintain the clinical records of a patient for at least five (5) years after the date of discharge of the patient.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the policies and procedures for records retention and disposal</p>	H 244	Cross reference 3910.2 RECORDS RETENTION & DISPOSAL	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED
	HCA0021		0510012010

NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEI4	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 244	Continued From page 13 failed to disclose a policy to maintain the clinical records of a patient for at least five (5) years after the date of discharge of the patient. There was no documented evidence the HCA ensured the records retention and disposal Policy disclosed a policy to maintain the clinical records of a patient for at least five (5) years after the date of discharge of the patient.	H 244	3911.2(b) CLINICAL RECORDS All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to ensure that all sources of referral including the date of discharge if from a hospital or extended care facility are documented in the clinical record. The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with the conditions of participation for home care. Staff will be notified of the findings and requested to correct/submit the deficient documents. Staff who fail to correct the deficiency will be suspended until the required documents are submitted. Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients/staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	06/06/10
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 facility's clinical record failed ensure include the source of referral for one (1) of ten (10) patients 1 in the sample. (Patient #4,) The finding includes: Review of Patient #4' s medical record on May 5, 2010, approximately 1:15 p.m., revealed the source of referral was not in the medical record. During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, at approximately 4:10 p.m., it was acknowledged the source of referral was not in Patient #4's medical record. There was no documented evidence the source of referral was documented in the medical record	H 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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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H279	Continued From page 14	H 279	3911.2(s) CLINICAL RECORDS	06/06/10
H279	<p>3911.2(s) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(s) Documentation of training and education given to the patient and the patient's caregivers.</p> <p>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 three (3) of ten (10) patients in the sample. (Patient #7, #8 and #11)</p> <p>The findings include:</p> <p>1. Review of Patient # 7's POC dated April 16, 2010, through June 14, 2010, on May 5, 2010, at approximately 2:10 p.m., revealed the patient had diagnoses that included open wound of the right leg, Diabetes Mellitus Type Two and hypertension. Further review revealed the skilled nurse was to instruct Patient # 7/caregiver to cleanse right leg with Normal Saline (NSS), pat the area dry, apply Xeroform dressing on entire wound and cover wound with a 4x4 (four by four) gauze and wrap with Kerlix.</p> <p>Review of Patient # 7's Nursing Clinical Notes dated April 23 and April 30, 2010, on May 5, 2010, at approximately 2:10 p.m., revealed no evidence the skilled nurse documented training and education given to Patient #17 on cleansing the open wound of her right leg with NSS, patting the area dry, applying Xeroform dressing on the entire wound and covering wound with a 4x4 (four</p>	H 279	<p>All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to ensure documentation of the specific training and education given to the patient and the patient's caregiver and the evaluation of the client/caregiver's specific understanding of the interventions taught such as on:</p> <ol style="list-style-type: none"> 1. wound care management 2. medication management 3. disease processes 4. dietary regime/management 5. maintaining adequate hydration 6. maintaining client's hygiene 7. coordination of care 8. community resources 9. safety in the home 10. compliance with physician's orders as prescribed 11. Diabetes care and Management <p>The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with policies governing training and education given to clients and caregivers. Staff will be notified of the findings and requested to correct/submit the deficient documents.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0021	<input checked="" type="checkbox"/> COMPLETE A BUILDING _____ B WING _____	05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIANCE HOME HEALTH CARE & EQUIPMENT	7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012

(X4) D 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 279	<p>Continued From page 15</p> <p>by four) gauze and wrap with Kerlix.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, at approximately 4:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not documented training and education given to Patient #7 or the caregiver on wound care management.</p> <p>There was no documented evidence of training and education given to the patient and the patient's caregivers on wound care management.</p> <p>2. Review of Patient # 8's POC dated April 17, 2010, through June 15, 2010, on May 5, 2010, at approximately 2:20 p.m., revealed the patient had diagnoses that included open wound of the neck and hypertension. Further review revealed the skilled nurse was to instruct Patient # 8, to cleanse open wound of neck with NSS, pat the area dry, apply Bacitracin on entire wound and with a 2x2 (two by two) gauze and secure with tape.</p> <p>Review of Patient # 8's Nursing Clinical Notes dated April 23 and April 30, 2010, on May 5, 2010, at approximately 2:20 p.m., revealed no evidence the skilled nurse documented training and education given to Patient #17 on cleansing the open wound of his neck with NSS, patting the area dry, applying Bacitracin on the entire wound and covering the wound with a 2x2 gauze and securing it with tape.</p> <p>During a face to face interview with the Administrator and the DON on May 5, 2010, at approximately 4:10 p.m., the surveyor informed the provider of the above and it was</p>	H 279	<p>3911.2(s) CLINICAL RECORDS (Continued)</p> <p>Staff who fail to correct the deficiency will be suspended until the required documents are submitted</p> <p>Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients/staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEI	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 279	<p>Continued From page 16</p> <p>acknowledged the skilled nurse had not documented training and education given to Patient #8 on wound care management.</p> <p>There was no documented evidence of training and education given to the patient and the patient's caregivers on wound care management.</p> <p>3. Review of Patient # 11's POC dated January 22, 2010, through July 22, 2010, on May 5, 2010, at approximately 3:35 p.m., revealed the patient had diagnoses that included CVA (cerebrovascular accident), hypertension, unilateral amputation of above the knee, peripheral vascular disease and hypertension. Further review revealed the skilled nurse was to instruct Patient # 11 on diet, safety and hydration.</p> <p>Review of Patient # 11's Nursing Clinical Notes dated February 11, March 10 and April 13, 2010, on May 5, 2010, at approximately 3:36 p.m., revealed no evidence the skilled nurse documented training and education given to Patient #11 on diet, safety and hydration.</p> <p>During a face to face interview with Patient # 11 in his home on May 6, 2010, at approximately 11:10 a.m., it was acknowledged the skilled nurse had trained and educated the patient on his low sodium diet.</p> <p>During a face to face interview with the Administrator and the DON on May 5, 2010, at approximately 4:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not documented training and education given to Patient #11 on diet, safety or hydration.</p> <p>There was no documented evidence of training</p>	H 279		
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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<p>H 279</p> <p>H 291</p>	<p>Continued From page 17</p> <p>and education given to the patient according to the POC.</p> <p>3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(a) To be treated with courtesy, dignity, and respect;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to include the patient has the right to be treated with courtesy, dignity, and respect.</p> <p>The finding includes:</p> <p>Review of the Agency's policy and procedures on May 5, 2010, at approximately 1:03 p.m., revealed the HCA failed to include in their Patient Rights and Responsibilities policy, the patient has the right to be treated with courtesy, dignity, and respect.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's policy for Patient Rights and Responsibilities failed to include the patient has the right to be treated with courtesy, dignity, and respect.</p> <p>There was no documented evidence the HCA ensured the policy for Patient Rights and Responsibilities included the patient has the right</p>	<p>H 279</p> <p>H 291</p>	<p>3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>The policy governing Client Rights and Responsibilities was revised and implemented and is included as Attachment #6.</p> <p>All staff will be inservice by the Clinical Manager/DON on the policies and procedures governing the client's rights and responsibilities. The Clinical Manager/Director of Nursing will track the inservice roster monthly to ensure that all professional staff are inservice on this policy. Staff will be responsible for reviewing this information with the client on admission and throughout the course of care and ensuring that the client's rights are protected.</p> <p>Staff who fail to comply with this inservice education will be suspended until they have received the inservice on this policy. Staff who fail to comply with reviewing this information with the clients will be disciplined. Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients/staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p>	<p>06/06/10</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEP	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 291	Continued From page 18 to to be treated with courtesy, dignity, and respect.	H 291		
H 292	<p>3912.2(b) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(b) To control his or her own household and life style;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to include the patient has the right to control his or her own household and life style in it's Patient Rights and Responsibilities Policy.</p> <p>The finding includes:</p> <p>Review of the Agency's policies and procedures on May 5, 2010, at approximately 1:03 p.m., revealed the HCA failed to include in their Patient Rights and Responsibilities policy, the patient has the right to control his or her own household and life style.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged 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.</p> <p>There was no documented evidence the HCA</p>	H 292	<p>3912.2(b) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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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-0021		05/06/2010

NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEI	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 292	Continued From page 19 ensured the policy for Patient Rights and Responsibilities included the patient has the right to control his or her own household and life style.	H 292		
H 293	<p>3912.2(c)(1) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(c) To be informed orally and in writing of the following:</p> <p>(1) Services to be provided by the agency, including any limits on service availability;</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 include each patient has the right to be informed orally and in writing the services to be provided by the agency, including any limits on services available in it's Patient Rights and Responsibilities Policy.</p> <p>The finding includes:</p> <p>Review of the Agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to disclose a policy or procedure to address each patient has the right to be informed orally and in writing of the services to be provided by the agency, including any limits on services availability.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10</p>	H 293	<p>3912.2(c)(1) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 0510612010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 293	Continued From page 20 p.m., it was acknowledged the agency's policy for Patient Rights and Responsibilities failed to disclose a policy or procedure to address each patient has the right to be informed orally and in writing of the services to be provided by the agency, including any limits on services availability. There was no documented evidence the HCA ensured the policy for Patient Rights and Responsibilities disclosed a policy or procedure to address that patient's have the right to be informed orally and in writing of the services to be provided by the agency, including any limits on services availability.	H 293		
H 294	3912.2(c)(2) 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: (2) Whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to include the patient has the right to be informed orally and in writing whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the	H 294	3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES	06/06/10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7335 SIEMER BLVD WASHINGTON DC 20002
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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 COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE
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H 294	<p>Continued From page 21</p> <p>patient may be liable in its Patient Rights and Responsibilities.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to disclose a policy or procedure to address that patients have the right to be informed orally and in writing of whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's policy for Patient Rights and Responsibilities failed to disclose a policy or procedure to address that patients have the right to be informed orally and in writing of whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable.</p> <p>There was no documented evidence the HCA ensured the policy for Patient Rights and Responsibilities disclosed a policy or procedure to address that patients have the right to be informed orally and in writing of whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable.</p>	H 294	<p>3912.2(c)(3) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>06/06/10</p>
H 295	3912.2(c)(3) PATIENT RIGHTS & RESPONSIBILITIES	H 295	

Health Regulation Administration FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 295	<p>Continued From page 22</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(c) To be informed orally and in writing of the following:</p> <p>(3) The amount charged for each service, and procedures for billing;</p> <p>This Statute is not met as evidenced by: Based on a 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 the amount charged for each service, and procedures for billing.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to be informed orally and in writing of the amount charged for each service, and procedures for billing.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to be informed orally and in writing of the amount charged for each service, and procedures for billing.</p> <p>There was no documented evidence the HCA developed a policy to ensure each patient has the</p>	H 295		
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Health Regulation Administration FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 295	Continued From page 23 right to be informed orally and in writing of the amount charged for each service, and procedures for billing.	H 295		
H 296	<p>3912.2(c)(4) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(c) To be informed orally and in writing of the following:</p> <p>(4) Prompt notification of acceptance, denial or reduction of services;</p> <p>This Statute is not met as evidenced by: Based on a 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.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. 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.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the</p>	H 296	<p>3912.2(c)(4) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEP	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 296	Continued From page 24 right to be informed orally and in writing of prompt notification of acceptance, denial or reduction of services. 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		
H 297	3912.2(c)(5) 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: (5) Complaint and referral procedures; This Statute is not met as evidenced by: Based on a 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 the agency's complaint and referral procedures. The finding includes: Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to be informed orally and in writing of the agency's complaint and referral procedures. During a face to face interview with the	H 297	3912.2(c)(5) PATIENT RIGHTS & RESPONSIBILITIES Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES	06/06/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 297	Continued From page 25 Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to be informed orally and in writing of the agency's complaint and referral procedures. 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 the agency's complaint and referral procedures.	H 297		
H 298	3912.2(c)(6) 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: (6) The name, business address, and telephone number of the agency supervising the patient's care; and... This Statute is not met as evidenced by: Based on a 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 the name, business address, and telephone number of the agency supervising the patient's care. The finding includes: Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03	H 298	3912.2(c)(6) PATIENT RIGHTS & RESPONSIBILITIES Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES	06/06/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED 0510612010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEP	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 298	<p>Continued From page 26</p> <p>p.m. failed to develop policies to ensure each patient has the right to be informed orally and in writing of the name, business address, and telephone number of the agency supervising the patient's care.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to be informed orally and in writing of the name, business address, and telephone number of the agency supervising the patient's care.</p> <p>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 the name, business address, and telephone number of the agency supervising the patient's care.</p>	H 298		
H 299	<p>3912.2(c)(7) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(c) To be informed orally and in writing of the following:</p> <p>(7) The telephone number of the Home Health Hotline maintained by the Department of Health;</p> <p>This Statute is not met as evidenced by: Based on a 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</p>	H 299	<p>3912.2(c)(7) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEP	STREET ADDRESS, CITY, STATE, ZIP CODE 7325 SIEMENSBUILDING WASHINGTON DC 20012
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H 299 Continued From page 27

the telephone number of the Home Health Hotline maintained by the Department of health.

The finding includes:

Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 1 p.m. failed to develop policies to ensure each patient has the right to be informed orally and in writing of the telephone number of the Home Health Hotline maintained by the Department of health.

During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to be informed orally and in writing of the telephone number of the Home Health Hotline maintained by the Department of health.

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 the telephone number of the Home Health Hotline maintained by the Department of health.

H 299

H 300

3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES

Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:

(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patients plan of care;

H 300

3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES

06/06/10

Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES

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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 300	<p>Continued From page 28</p> <p>This Statute is not met as evidenced by: Based on a 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 receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m.. failed to develop policies to ensure each patient has the right to receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care.</p> <p>There was no documented evidence the HCA developed a policy to ensure each patient has the right to receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care.</p>	H 300		
H 301	<p>3912.2(e) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(e) To participate in the planning and</p>	H 301	<p>3912.2(e) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEP	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 301	<p>Continued From page 29</p> <p>implementation of his or her home care services;</p> <p>This Statute is not met as evidenced by: Based on a 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 participate in the planning and implementation of his or her home care services.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to participate in the planning and implementation of his or her home care services.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to participate in the planning and implementation of his or her home care services.</p> <p>There was no documented evidence the HCA developed a policy to ensure each patient has the right to participate in the planning and implementation of his or her home care services.</p>	H 301	<p>3912.2(f) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10
H 302	<p>3912.2(f) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(f) To receive services by competent personnel</p>	H 302	<p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 302	<p>Continued From page 30</p> <p>who can communicate with the patient;</p> <p>This Statute is not met as evidenced by: Based on a 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 receive services by competent personnel who can communicate with the patient.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to receive services by competent personnel who can communicate with the patient.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to receive services by competent personnel who can communicate with the patient.</p> <p>There was no documented evidence the HCA developed a policy to ensure each patient has the right to receive services by competent personnel who can communicate with the patient.</p>	H 302		
H 303	<p>3912.2(g) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(g) To be informed of his or her condition by the</p>	H 303	<p>3912.2(g) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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H 303	<p>Continued From page 31</p> <p>health care provider in accordance with generally accepted professional standards;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was I determined that the Home Health Care Agency (HCA) failed to develop policies to ensure each patient has the right to be informed of his or her condition by the health care provider in accordance with generally accepted professional standards.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to be informed of his or her condition by the health care provider in accordance with generally accepted professional standards.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to be informed of his or her condition by the health care provider in accordance with generally accepted professional standards.</p> <p>There was no documented evidence the HCA developed a policy to ensure each patient has the right to be informed of his or her condition by the health care provider in accordance with generally accepted professional standards.</p>	H 303		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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H 304 H 304	Continued From page 32 3912.2(h) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (h) To refuse all or part of any treatment, care, or service, and to be informed of the consequences of refusal; This Statute is not met as evidenced by: Based on a 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 refuse all or part of any treatment, care, or service, and to be informed of the consequences of refusal. The finding includes: Review of the agency's policies and procedure on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to refuse all or part of any treatment, care, or service, and to be informed of the consequences of refusal. During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to refuse all or part of any treatment, care, or service, and to be informed of the consequences of refusal. There was no documented evidence the HCA developed a policy to ensure each patient has the	H 304 H 304	3912.2(h) PATIENT RIGHTS & RESPONSIBILITIES Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES	06/06/10
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED
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H 304	Continued From page 33 right to refuse all or part of any treatment, care, or service, and to be informed of the consequences of refusal.	H 304		
H 305	<p>3912.2(i) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(i) To be free from mental and physical abuse, neglect, and exploitation by agency employees or contract personnel;</p> <p>This Statute is not met as evidenced by: Based on a 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 free from mental and physical abuse, neglect and exploitation by agency employees or contract personnel.</p> <p>The finding includes:</p> <p>Review of the Agency's Policies and Procedure on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to be free from mental and physical abuse, neglect and exploitation by agency employees or contract personnel.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to be free from mental and physical abuse, neglect and exploitation by agency employees or</p>	H 305	<p>3912.2(i) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMD	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 305	Continued From page 34 contract personnel. There was no documented evidence the HCA developed a policy to ensure each patient has the 1 right to be free from mental and physical abuse, neglect and exploitation by agency employees or contract personnel.	H 305		
H 306	<p>3912.2(j) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(j) To be assured confidential handling of clinical records as provided by law;</p> <p>This Statute is not met as evidenced by: Based on a 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 assured confidential handling of clinical records as provided by law.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to be assured confidential handling of clinical records as provided by law.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to be assured confidential handling of clinical</p>	H 306	<p>3912.2(j) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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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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<p>H 306</p> <p>H 307</p>	<p>Continued From page 35 records as provided by law.</p> <p>There was no documented evidence the HCA developed a policy to ensure each patient has the right to be assured confidential handling of clinical records as provided by law.</p> <p>3912.2(k) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(k) To be educated about and trained in matters related to the services to be provided;</p> <p>This Statute is not met as evidenced by: Based on a 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 educated about and trained in matters related to the services to be provided.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to be educated about and trained in matters related to the services to be provided.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the</p>	<p>H 306</p> <p>H 307</p>	<p>3912.2(k) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	<p>06/06/10</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/06/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEP	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	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 307	Continued From page 36 right to be educated about and trained in matters related to the services to be provided.	H 307		
H 308	<p>There was no documented evidence the HCA developed a policy to ensure each patient has the right to be educated about and trained in matters related to the services to be provided.</p> <p>3912.2(I) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(I) To voice a complaint or other feedback in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint as provided in these rules; and...</p> <p>This Statute is not met as evidenced by: Based on a 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 voice a complaint or other feedback in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint as provided in these rules.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each</p>	H 308	<p>3912.2(I) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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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 308	Continued From page 37 patient has the right to voice a complaint or other feedback in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint as provided in these rules. During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to voice a complaint or other feedback in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint as provided in these rules. There was no documented evidence the HCA developed a policy to ensure each patient has the right to voice a complaint or other feedback in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint as provided in these rules. 3912.2(m) PATIENT RIGHTS & RESPONSIBILITIES	H 308		
H 309	Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (m) To have access to his or her own clinical records.	H 309	3912.2(m) PATIENT RIGHTS & RESPONSIBILITIES Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES	06/06/10

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H 309	Continued From page 38 This Statute is not met as evidenced by: Based on a 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 have access to his or her own clinical records. The finding includes: Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to have access to his or her own clinical records. During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to have access to his or her own clinical records. There was no documented evidence the HCA developed a policy to ensure each patient has the right to have access to his or her own clinical records.	H 309		
H 310	3912.3 PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall inform all patients that they have the right to make complaints and/or to provide feedback concerning the services rendered by the agency to the Department of Health, in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an inperson conference if desired.	H 310	3912.3 PATIENT RIGHTS & RESPONSIBILITIES Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES	06/06/10

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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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<p>H 310</p>	<p>Continued From page 39</p> <p>This Statute is not met as evidenced by: Based on record review and interview the Home Care Agency (HCA) failed to develop policies to ensure each patient has the right to make complaints and /or to provide feedback concerning the services rendered by the agency to the Department of Health, in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired in it's Patient Rights and Responsibilities Policy.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop policies to ensure each patient has the right to make complaints and /or to provide feedback concerning the services rendered by the agency to the Department of Health, in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency's failed to develop policies to ensure each patient has the right to make complaints and /or to provide feedback concerning the services rendered by the agency to the Department of Health, in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in-person conference if desired.</p> <p>There was no documented evidence the HCA developed a policy to ensure each patient has the</p>	<p>H 310</p>		
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H 311	Continued From page 41	H 311		
H 312	<p>There was no documented evidence the HCA developed a policy to ensure each patient has the right to treating agency personnel with respect and dignity.</p> <p>3912.4(b) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop a statement of patient responsibilities regarding the following:</p> <p>(b) Providing accurate information when requested;</p> <p>This Statute is not met as evidenced by: Based on record review and interview the Home Care Agency (HCA) failed to develop a statement of patient responsibilities regarding providing accurate information when requested.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010 beginning at approximately 1:03 p.m. failed to develop a statement of patient responsibilities regarding providing accurate information when requested.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged the agency failed to develop a statement of patient responsibilities regarding providing accurate information when requested.</p> <p>There was no documented evidence the HCA</p>	H 312	<p>3912.4(b) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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H 312	Continued From page 42 developed a statement of patient responsibilities regarding providing accurate information when requested.	H 312		
H 313	<p>3912.4(c) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop a statement of patient responsibilities regarding the following:</p> <p>(C) Informing the agency when instructions are not understood or cannot be followed; and...</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop a statement of patient responsibilities to inform the agency when instructions are not understood or cannot be followed.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010, beginning at approximately 1:03 p.m., revealed the HCA failed to develop a statement of patient responsibilities to inform the agency when instructions are not understood or cannot be followed.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged they failed to develop a statement of patient responsibilities to inform the agency when instructions are not understood or cannot be followed.</p>	H 313	<p>3912.4(c) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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H 313	Continued From page 43	H 313		
H 314	<p>There was no documented evidence the HCA developed a statement of patient responsibilities to inform the agency when instructions are not understood or cannot be followed.</p> <p>3912.4(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop a statement of patient responsibilities regarding the following:</p> <p>(d) Cooperating in making a safe environment for care within the home.</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop a statement of patient responsibilities to cooperate in making a safe environment for care within the home.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010, beginning at approximately 1:03 p.m., revealed the HCA failed to develop a statement to include the patient had the responsibility to cooperate in making a safe environment for care within the home.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged they failed to develop a statement of patient responsibilities to cooperate in making a safe environment for care within the home.</p>	H 314	<p>3912.4(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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H 314	Continued From page 44	H 314		
H 315	<p>There was no documented evidence the HCA developed a statement of patient responsibilities to include the patient had the responsibility to cooperate in making a safe environment for care within the home.</p> <p>3912.5 PATIENT RIGHTS & RESPONSIBILITIES Written policies on patient rights and responsibilities shall be made available to the general public.</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop written policies on patient rights and responsibilities to be available to the general public.</p> <p>The finding includes:</p> <p>Review of the agency's policies and procedures on May 5, 2010, beginning at approximately 1:03 p.m., revealed the HCA failed to develop written policies on patient rights and responsibilities to be available to the general public.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, beginning at approximately 4:10 p.m., it was acknowledged they failed to develop written policies on patient rights and responsibilities to be available to the general public.</p> <p>There was no documented evidence the HCA developed written policies on patient rights and responsibilities to be available to the general</p>	H 315	<p>3912.5 PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Cross reference 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES</p>	06/06/10

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H 315	Continued From page 45 Public.	H 315	3913.5 COMPLAINT PROCESS The policy governing the Complaint Process was amended and implemented and is included as Attachment #7 . All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing the Complaint Process The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy and in turn will review this information with the client throughout the course of care. The client's clinical records will be reviewed quarterly by the DON or designee to ensure the staff's compliance with the policy. Staff who fail to comply will be suspended until they have received the inservice on this policy and complied therewith. Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	06/06/10
H 335	3913.5 COMPLAINT PROCESS The home care agency shall respond to the complaint within fourteen (14) calendar days of its 1 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 Compliant/Grievance Process Policy on May 5, 2010, at approximately 12:56 p.m., revealed the HCA complaint policy failed to include that their policy to respond to a complaint would be within fourteen (14) calendar days of its receipt, and document the response. During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, at approximately 4:10 p.m., it was acknowledged the HCA failed to include that their policy to respond to a complaint would be within fourteen (14) calendar days of its receipt, and document the response. There was no documented evidence the HCA complaint policy included that the agency would respond to a complaint within fourteen (14) calendar days of its receipt, and document the response.	H 335		

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		B. WING	

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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 (E) 3914.3(I) PATIENT PLAN OF CARE (Continued)	(X5) COMPLETE DATE
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H 364	<p>Continued From page 47</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 eight(8) of ten (10) patients in the sample. (Patient # 1,#4, #5, #6, #7,#8, #9, *12)</p> <p>The findings include:</p> <p>Review of Patient #1,#4, #5, #7,#8, #9,#12 plan of care (POC) on May 5, 2010, between 11:45 a.m., to 4:10p.m., revealed the POC did not include emergency protocols.</p> <p>During a face to face interview with the Administrator on May 11, 2010, at approximately 4:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient # 1,#4, #5, #6, #7, #8, #9, #12 .</p> <p>There was no documented evidence the emergency protocol was on the POC.</p>	H 364	<p>AHCA recognizes that any identified deficient practice may potentially affect other clients.</p> <p>The corrective action plan to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p> <p>3914.3(m) PATIENT PLAN OF CARE Cross reference 3914.3(l) PATIENT PLAN OF CARE All aides were contacted regarding the identified deficiencies and the referenced documents were requested. All aids will be inserviced by the clinical manager/Director of Nursing on the need for observing, recording and reporting the clients physical condition, behavior or appearance to AHHC. The registered nurse and evaluate the aid's performance as per policy and the clinical manager or Director of Nursing will review all clinical records on a quarterly basis to ensure that the aids are complying with reporting the clients physical condition behavior or appearance . Staff will be requested to correct and/or submit the deficient documents. Staff who fail to comply will be suspended or terminated.</p>	06/06/10
H 399	<p>3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care aide duties may include the following:</p> <p>(0 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</p>	H 399	<p>Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered</p>	

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		A BLDG _____ B WING _____	

NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMEIA	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 399 Continued From page 48

determined that the agency failed to ensure Personal Care Aides (PCAs) recorded, and reported on the patient's physical condition, behavior or appearance for seven (7) of ten (10) patients in the sample. (Patient #1, #4, #5, #6, #9, #10 and #12,)

The findings include:

Review of Patient #1, #4, #5, #6, #9,#10 and #12's medical records on May 3, 2010, between 11:45 a.m., and 3:45 p.m., revealed the PCA's (Personal Care Aides) had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.

During a face to face interview with the Administrator and Director of Nursing (DON) on May 35, 2010, at approximately 4: 10 p.m., the surveyor informed the provider of the above and it was acknowledged the PCA's had not recorded and reported on Patient #1, #4, #5,#6, #9,#10 and #12's physical condition, behavior, or appearance to the agency.

H 450

3917.1 SKILLED NURSING SERVICES

Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care.

This Statute is not met as evidenced by:
Based on interview and record review, the Home Care Agency (HCA) failed to ensure Skilled

H 399

3917.1 SKILLED NURSING SERVICES

All nurses were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need for compliance with the policies governing compliance with the physician's Plan of Care with emphasis on:

1. Providing services in accordance with the physician's plan of care.
2. Complete physical assessment and evaluation of all systems on each visit.
3. Incorporating onto the POC all identified problems and diagnoses.
4. Communicating with the physician on any identified problems and/or changes in the client's condition.

The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure compliance with this regulation. Nurses will be notified of the findings and requested to correct/submit the deficient documents.

H 450

Nurses who fail to correct the deficiency will be suspended until the required documents are submitted.

Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other residents. The corrective action to all identified deficiencies will be applied across the board to all clients to improve the quality of services rendered

06/06/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA0021	<input checked="" type="checkbox"/> MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/06/2010
		C. BUILDING		
		D. WING		

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H 450	Continued From page 49 Nursing services were provided in accordance with the patient's plan of care (POC) for one (1) of ten (10) patients in the sample. (Patient #5) The finding includes: Review of Patient #5's POC dated January 1, 2010 to July 10, 2010, on May 5, 2010, at approximately 1:25 p.m., revealed the skilled nurse was to review and complete a skilled assessment of all systems on each visit. Review of Patient # 5's Nursing Clinical Note dated March 27, 2010 at approximately 1:28 p.m., did not reveal a skilled assessment of all systems was performed on the visit. During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, at approximately 4:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not documented the skilled assessment of all systems on Patient #5, according to the POC. There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.			
H 456	3917.2(f) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate; This Statute is not met as evidenced by:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUR IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0021		05/06/2010

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H 456	<p>Continued From page 50</p> <p>Based on interview and record review, the Home Care Agency (HCA) failed to ensure the nurse supervised services delivered by the home health aide (HHA), as appropriate for three (3) of ten (10) patients in the sample receiving home health care services. (Patient #1, #4 and #5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of Patient #1's Home Health Certification and Plan of Care (POC) dated March , 25, 2010 to May 23, 2010, revealed the patient was to be provided Home Health Care services (HHA) services one (1) to three (3) times a week for nine (9) weeks. <p>Review of Patient #1's medical records on May 5, 2010, at approximately 11:45 a.m., did not reveal monthly Registered Nurse (RN) supervisory notes as appropriate.</p> <p>During a face to face interview with the Administrator and Director of Nursing (DON) on May 5, 2010, at approximately 4:10 p.m., the provider acknowledged the RN did not document monthly supervisory notes on Patient#1.</p> <p>There was no documented evidence the nurse supervised services delivered by the home health aides as appropriate .</p> <ol style="list-style-type: none"> Review of Patient #4's POC dated February 1, 2010 to August 1, 2010, on May 5, 2010, at approximately 1:15 p.m., revealed the patient was to be provided HHA services eight (8) hours a day, times three (3) times days a week. <p>Review of Patient #4's medical records on May 5, 2010, at approximately 1:18 p.m., did not reveal monthly Registered Nurse (RN)</p>	H 456	<p>3917.2(f) SKILLED NURSING SERVICES</p> <p>All RNs were contacted regarding the identified deficiencies and the referenced documents were requested. All RNs will be inserviced by the Clinical Manager/Director of Nursing on the need for compliance with the policies governing compliance with the physician's Plan of Care with emphasis on:</p> <ol style="list-style-type: none"> Supervision of the services delivered by the Home Health Aide, Personal Care Aide and the Licensed Practical Nurse and other support staff, as appropriate Documentation of the supervision on the appropriate form(s). Completion of the supervision in the timeframes, as per policy for the supervised disciplines <p>The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure compliance with this regulation. Nurses will be notified of the findings and requested to correct/submit the deficient documents.</p> <p>Registered Nurses who fail to correct the deficiency will be suspended until the required documents are submitted.</p> <p>Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other residents. The corrective action to all identified deficiencies will be applied across the board to all clients to improve the quality of services rendered</p>	06/06/10
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) WING CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED 05106/2010
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 456	<p>Continued From page 51</p> <p>supervisory notes as appropriate.</p> <p>During a face to face interview with the Administrator and DON on May 5, 2010, at approximately 1:00 p.m., the provider acknowledged the RN did not document monthly supervisory notes on Patient #4.</p> <p>There was no documented evidence the nurse supervised services delivered by the home health aides as appropriate .</p> <p>3. Review of Patient #5's POC dated January 1, 2010 to July 10, 2010, on May 5, 2010, at approximately 1:25 p.m., did not reveal monthly RN supervisory notes for HHA services.</p> <p>Review of Patient #5's medical records on May 5, 2010, on May 5, 2010, at approximately 1:25 p.m., did not reveal monthly RN supervisory notes as appropriate.</p> <p>During a face to face interview with the Administrator and DON on May 5, 2010, at approximately 4:10 p.m., the provider acknowledged the RN did not document monthly supervisory notes on Patient #5.</p> <p>There was no documented evidence the nurse supervised services delivered by the home health aides as appropriate .</p>	H 456	<p>3917.2(i) SKILLED NURSING SERVICES</p> <p>All nurses were contacted regarding the identified deficiencies and the referenced documents were requested. All nurses will be instructed by the Clinical Manager/Director of Nursing on the need for compliance with the policies governing compliance with the physician's Plan of Care with emphasis on specific documentation of teaching and training activities and specific evaluation of the client/representative's understanding of the instruction that were given to include training and evaluation on:</p> <ol style="list-style-type: none"> 1. Diet and nutrition management 2. Disease process and management 3. Medication management to include, name, dose, route, frequency, purpose and side effects, and storage of medications. 4. Environmental safety 5. Client safety 6. Equipment safety <p>Clients and their families will be provided with information necessary to make decisions and to take responsibility for self-management activities related to their needs. The education and training for patients and families will target the clients ability to improve outcomes through promotion of healthy behavior and involvement in their care, treatment and service decisions.</p>	06/06/10
H 459	<p>3917.2(i) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evaluation of patient instruction; and</p>	H 459	<p>Staff will be encouraged to use Patient Teaching Materials specific to the teaching and training as ordered in the client's plan of care to assist in providing documented instructions to the client which can also be used as a reference source for the client.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE A. BUILDING CONSTRUCTION B. WING _____	(X3) DATE SURVEY COMPLETED 05106/2010

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<p>H 4591</p>	<p>Continued From page 52</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility's skilled nursing staff failed to ensure documentation of patient instruction, and evaluation of patient instruction for three (3) of ten (10) patients in the sample. (Patients #5, #9 and #10)</p> <p>The findings include:</p> <p>1. Review of Patient # 5's POC dated January 10, 2010, through July 10, 2010, on May 5, 2010, at approximately 1:25 p.m., revealed the patient had diagnoses that included HIV-2 infection, hypertension, pneumonia organism and malaise and fatigue. Further review revealed the skilled nurse was to instruct Patient # 5 on diet, safety and medication management including dosage, route, side effects and compliance.</p> <p>Review of Patient #5's Nursing Clinical Notes dated December 1, February 13 and March 27, 2010, on May 5, 2010, at approximately 1:25 p.m., revealed no evidence the skilled nurse documented the evaluation of instructions given to Patient # 5 on diet, safety and medication management including dosage, route, side effects and compliance.</p> <p>During a face to face interview with the Administrator and the Director of Nursing (DON) on May 5, 2010, at approximately 4:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not documented the evaluation of instructions given to Patient # 5 on diet, safety and medication.</p> <p>There was no documented evidence of the</p>	<p>H 459</p>	<p>3917.2(i) SKILLED NURSING SERVICES (continued)</p> <p>A copy of the teaching material will be signed and dated by the nurse and incorporated into the client's clinical record.</p> <p>The nurses must document the client's response to the information taught to include what was understood and retained and what was not understood and/or retained.</p> <p>The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure compliance with this regulation. Nurses will be notified of the findings and requested to correct/submit the deficient documents.</p> <p>Nurses who fail to correct the deficiency will be suspended until the required documents are submitted.</p> <p>Alliance Home Health Care & Equipment Services recognizes that any identified deficient practice may potentially affect other residents. The corrective action to all identified deficiencies will be applied across the board to all clients to improve the quality of services rendered.</p> <p>For all deficiencies cited in this report, AHHC will implement quality assurance activities as noted in the policy on quality assurance identified as Attachment #9.</p>	
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MCA-0021	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/06/2010
		A. BUILDING	
		B. WING	

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H 459	<p>Continued From page 53</p> <p>evaluation of instructions given to the patient in the medical record.</p> <p>2. Review of Patient # 9's POC dated February 5, 2010, through August 5, 2010, on May 5, 2010, at approximately 2:25 p.m., revealed the patient had diagnoses that included Osteoarthritis NOS and altered mental status. Further review revealed the skilled nurse was to instruct Patient # 9 on diet, safety and medication management including dosage, route and side effects.</p> <p>Review of Patient # 9's Nursing Clinical Notes dated February 5, February 13, March 22, and April 19, 2010, on May 5, 2010, at approximately 2:25 p.m., revealed no evidence the skilled nurse documented the evaluation of instructions given to Patient # 9 on diet, safety and medication management.</p> <p>During a face to face interview with the Administrator and the DON on May 5, 2010, at approximately 4:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not documented the evaluation of instructions given to Patient # 9 on diet, safety and medication.</p> <p>There was no documented evidence of the evaluation of instructions given to the patient in the medical record.</p> <p>3. Review of Patient # 10's POC dated December 10, 2009, through June 10, 2010, on May 5, 2010, at approximately 2:35 p.m., revealed the patient had diagnoses that included congestive heart failure, hypertension and pulmonary/infarction. Further review revealed the patient's medication included Coumadin ten (10) mg daily by mouth and the skilled nurse was to</p>	H 459		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BLDG _____ B WING _____	(X3) DATE SURVEY COMPLETED 05106/2010
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H 459	<p>Continued From page 54</p> <p>review and updated medications.</p> <p>Review of Patient # 10's Nursing Clinical Notes dated March 5, and April 22, 2010, on May 5, 2010, at approximately 2:35 p.m., revealed no evidence the skilled nurse documented the evaluation of instructions given to Patient # 10 on medication management.</p> <p>During a face to face interview with the Administrator and the DON on May 5, 2010, at approximately 4:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not documented the evaluation of instructions given to Patient # 10 on medication management.</p> <p>There was no documented evidence of the evaluation of instructions given to the patient in the medical record.</p>	H 459		
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