

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2010
NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted at your agency on December 1, 2010 through December 7, 2010, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of twenty-three (23) active clinical records based on a census of four hundred-three (403) patients, two (2) discharge clinical record, twenty-five (25) personnel files based on a census of four hundred-fifteen (415) employees, three (3) home visits, review of one primary nurse staffing agency (P-HCA) contract and review of three (3) nurse staffing agency contracts (NSA # 1, NSA # 2, NSA # 3). The deficiencies cited during this survey were based on interviews conducted with agency staff and review of clinical and administrative records and observations.</p>	H 000	<p style="text-align: center;"><i>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</i></p> <p style="text-align: center;"><i>1-21-11</i></p> <p>H053</p> <p>Feedback from clients were solicited in the form of Satisfaction surveys that were conducted in the past by Global Healthcare, Inc. However, such results were never included in the minutes of the Governing Body for review. Going forward, the Governing Body meeting minutes shall include a review of feedback from clients regarding care that is or is not appropriate, adequate, effective and efficient. All recommendations following this review shall be implemented. All actions and recommendations from such review shall be documented in the meeting minutes for future reference.</p> <p>The Administrator and clinical Director shall be responsible to ensure that this deficiency does not recur.</p> <p>The completion date for this action shall be 2/9/11.</p>
H 053	<p>3903.2(c)(1) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(1) The evaluation shall include feedback from a representative sample consisting of either ten percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients.</p> <p>This Statute is not met as evidenced by:</p>	H 053	

Health Regulation Administration

TITLE

(X6) DATE

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

If continuation sheet 2 of 60		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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GLOBAL HEALTHCARE, INC		1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
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H 053	Continued From page 1 Based on record review and interview, it was determined that the agency failed to include feed back from a representative sample consisting of either ten percent (10%) of the District of Columbia patients or forty (40) District of Columbia patients, which ever is less, regarding services provided to those patients in its annual review and evaluation. The findings include: On December 1, 2010, a record review at approximately 9:30 a.m. of the agency annual review and evaluation which was dated January 8, 2010 revealed there was no documented evidence that the agency had conducted a feed back survey regarding services provided to any of their patients. During a face to face interview with the Director on December 1, 2010 at approximately 10:00 a.m., the finding was acknowledged.	H 053		
H 121	3906.1(b) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (b) The location where services are to be provided; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the location where services are to be provided in its	H 121	H121 Post survey review of the contractor agreements between Global Healthcare and its Nurse Staffing Agencies (contractors) revealed the absence of a statement regarding the location where the services were to be provided. An addendum to the NSA contractors' agreements shall be drafted to include the location where the services are to be provided. This addendum to the NSA contractors' agreement shall be attached to the client's Plan of Care and shall be placed in each client's record for future review by the Licensing Authorities The Administrator shall be responsible to ensure that this deficiency does not recur. The completion date for this corrective action is 1/17/11. (See attachment)	

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H 121	Continued From page 3 agreements with the three (3) aforementioned agencies to provide personal care aide services on an "as needed basis" and acknowledged the location where services are to be provided was not in the aforementioned documents.	H 121	
H 125	<p>3906.1(f) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(f) The procedures used for managing and monitoring the work of personnel employed on a contractual basis;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the procedure used for managing and monitoring the work of personnel employed on a contractual basis in it's "Contractual Agreement" for three (3) of three (3) contracts. (NSA #1, NSA #2 and NSA #3)</p> <p>The finding includes:</p> <p>A record review of the agency's administrative records revealed the HCA is contracted with three nurse staffing agency's which are NSA # 1, NSA # 2 and NSA # 3.</p> <p>Further review of the aforementioned agency's contracts revealed there were no documented evidence of how the HCA will manage and monitor the NSA personnel. The contracts reflect</p>	H 125	<p>H125</p> <p>Post survey review of the contractor agreements between Global Healthcare and its Nurse Staffing Agencies (contractors) revealed the absence of a statement regarding the "procedures used for managing and monitoring the work of personnel employed on a contractual basis".</p> <p>An addendum to the NSA contractors' agreements shall be drafted to include "procedures used for managing and monitoring the work of personnel employed on a contractual basis". This addendum to the NSA contractors' agreement shall be attached to the client's Plan of Care and shall be placed in each client's record for future review by the Licensing Authorities.</p> <p>The Administrator shall be responsible to ensure that this deficiency does not recur.</p> <p>The completion date for this corrective action is 1/17/11. (See attachment)</p>

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H 127	Continued From page 5 contracts revealed there was no documented evidence of the assurance that contract personnel will meet the qualifications and fulfill the responsibilities of agency employees as set out in these rules. There was no mention in the contract that the NSA's personnel must follow the policies and procedures of the HCA. On the contrary, the contracts reflect that the NSA will monitor the PCA performance and supervision consistent with the NSA policies and procedures.	H 127	
H 1281	<p>3906.2(h)(2) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor,</p> <ul style="list-style-type: none"> • agreements between the home care agency and the contractor for the provision of home care ; services shall be in writing and shall include, at a minimum, the following: <p>(h) Assurance that the contractor will comply with:</p> <p>(2) Insurance and bonding requirements as set out in section 3901 of these regulations; and ...</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the</p> <p>Assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of these regulations in its contractor agreement for three (3) of three (3) contracts.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Record review of a "Cooperative Agreement" , signed and dated December 7, 2009 between the , HCA and Nurse Staffing Agency (NSA) # 1 on 	H 128	<p>H 128</p> <p>Post survey review of the contractor agreements between Global Healthcare and its Nurse Staffing Agencies (contractors) revealed the absence of a statement regarding the “assurance that contractor shall comply with the requirements for Insurance and Bonding as is required in the regulation 3901”.</p> <p>An addendum to the NSA contractors’ agreements shall be drafted to include the “assurance that the contractor shall comply with the requirements for Insurance and Bonding as is required in the regulation 3901”.</p> <p>This addendum to the NSA contractors’ agreement shall be attached to the client’s Plan of Care and shall be placed in each client’s record for future review by the Licensing Authorities.</p> <p>The Administrator and Director of Nursing shall be responsible to ensure that this deficiency does not recur.</p> <p>The completion date for this corrective action is 1/17/11. (See attachment)</p>

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H 128	<p>Continued From page 6</p> <p>December 7, 2010 at approximately 1:35 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence to include the assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of these regulations in its contractor agreement.</p> <p>2. Record review of a "Cooperative Agreement" signed and undated between the HCA and NSA # 2 on December 7, 2010 at approximately 1:40 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence to include the assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of these regulations in its contractor agreement.</p> <p>3. Record review of a "Cooperative Agreement" signed and dated October 5, 2009 between the Home Care Agency (HCA) NSA # 3 on December 7, 2010 at approximately 1:30 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence to include the assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of these regulations in its contractor agreement.</p> <p>During a face to face interview with the Director on December 5, 2010 at approximately 1:50 p.m.,</p>	H 128	

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H 128	Continued From page 7 It was revealed the HCA had cooperative agreements with the three (3) aforementioned agencies and that the documents did not include the assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of these regulations in its contractor agreement.	H 128	
H 129	<p>396.2(h)(3) Contractor agreements If a home care agency offers a service that is provided by a third party or contractor. Agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at minimum, the following: (h) Assurance that the contractor will comply with: (3) All applicable federal and District laws and regulations</p> <p>This Statute is not met as evidenced by: Based on a record review, it was determined that the agency failed to include the assurance that the contractor will comply with all applicable federal and District laws and regulations in its contractor agreement for three (3) of three (3) contracts.</p> <p>The findings include: 1. Record review of a "cooperative Agreement" signed and dated December 7, 2009 between the HCA and NSA #1 on December 7, 2010 at was for "Personal Care Aide Program</p>	H 129	<p>H 129</p> <p>Post survey review of the contractor agreements between Global Healthcare and its Nurse Staffing Agencies (contractors) revealed the absence of a statement regarding the "assurance that contractor shall comply with all applicable Federal and District Laws and Regulations".</p> <p>An addendum to the NSA contractors' agreements shall be drafted to include the "assurance that the contractor shall comply with all applicable Federal and District Laws and Regulations".</p> <p>This addendum to the NSA contractors' agreement shall be attached to the client's Plan of Care and shall be placed in each client's record for future review by the Licensing Authorities.</p> <p>The Administrator and Director of Nursing shall ensure that this deficiency does not recur.</p> <p>The completion date for this corrective action is 1/17/11. (See attachment)</p>

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H 129	<p>Continued From page 8</p> <p>Administration". Further review of the aforementioned document revealed there was no documented evidence to include the assurance that the contractor will comply with all applicable federal and District laws and regulations in its contractor agreement.</p> <p>2. Record review of a "Cooperative Agreement" signed and undated between the HCA and NSA # 2 on December 7, 2010 at approximately 1:40 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence to include the assurance that the contractor will comply with all applicable federal and District laws and regulations in its contractor agreement.</p> <p>3. Record review of a "Cooperative Agreement" signed and dated October 5, 2009 between the Home Care Agency (HCA) and NSA # 3 on December 7, 2010 at approximately 1:30 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence to include the assurance that the contractor will comply with all applicable federal and District laws and regulations in its contractor agreement.</p> <p>During a face to face interview with the Director on December 5, 2010 at approximately 1:55 p.m., it was revealed the HCA had cooperative agreements with the three (3) aforementioned agencies and the documents did not include the assurance that the contractor will comply with all applicable federal and District laws and regulations.</p>	H 129	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <small>continuation sheet 3 of 60</small>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2010	
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H 121	<p>Continued From page 2</p> <p>"Contractor Agreements" for three (3) of three (3) contracts.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Record review of a "Cooperative Agreement" signed and dated December 7, 2009 between the HCA and Nurse Staffing Agency (NSA) # 1 (PCA SA) on December 7, 2010 at approximately 1:35 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence of the location where services are to be provided. 2. Record review of a "Cooperative Agreement" signed and undated between the HCA and NSA # 2 (PCA SA) on December 7, 2010 at approximately 1:40 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence of the location where services are to be provided. 3. Record review of a "Cooperative Agreement" signed and dated October 5, 2009 between the Home Care Agency (HCA) and NSA # 3 (PCA SA) on December 7, 2010 at approximately 1:30 p.m. revealed the contract was for "Personal Care Aide Program Administration". Further review of the aforementioned document revealed there was no documented evidence of the location where services are to be provided. <p>During a face to face interview with the Director on December 5, 2010 at approximately 1:45 p.m., it was revealed the HCA had cooperative</p>	H 121	<p>Date of completion of this corrective action is 1/17/11. (See Attachment).</p>	

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H 142	Continued From page 9	H 142		
H 142	3907.1(c) PERSONNEL	H 142		
	<p>Each home care agency shall have written personnel policies that shall be available to each staff member and shall include the following:</p> <p>(c) Provisions pertaining to probationary periods, promotions, disciplinary actions, termination and grievance procedures;</p> <p>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, promotions and grievance procedures.</p> <p>The finding includes:</p> <p>Review of the HCA's personnel policies on December 12, 2010, at 11:00 a.m., revealed there was no documented evidence that the agency's personnel policy included a provision to address probationary periods, promotions and grievance procedures.</p> <p>During a face to face interview with the Director on December 12, 2010, beginning at approximately 11:20 a.m., it was acknowledged that the agency's personnel policy did not include a provision to address probationary periods, promotions and grievance procedures..</p> <p>There was no documented evidence the HCA ensured the personnel policy included a provision to address probationary periods, promotions and grievance procedures.</p>		<p>H 142</p> <p>Post Survey review revealed that the agency's personnel policy lacked information regarding probationary periods, promotions and grievance procedures.</p> <p>The Personnel Policy was amended to include probationary periods, promotions and grievance procedures. This amendment to the personnel policies shall be placed in the Governing Body's meeting minutes for approval and shall be immediately implemented thereafter.</p> <p>The completion date shall be 2/11/11 following a meeting of the Governing Body and shall be available to all staff members.</p> <p>The Administrator shall ensure that this deficiency does not recur.</p>	

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H 147 H147	<p>Continued From page 10 3907.2 © Personnel</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>© Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of resumes of education for one(1) of twenty-five(25) employees in the sample. (employee #3)</p> <p>The findings include:</p> <p>On December 3, 2010 a record review of employee #3 record at approximately 3.00p.m. revealed there was no documented evidence of resume of education in the employee's record During a face interview with the director on December 3, 2010 at approximately 3:30 p.m, the finding was acknowledged.</p>	H 147 H 147	<p>H 147</p> <p>Record review post survey confirmed the findings of the surveyors.</p> <p>Employee #3 completed and submitted a resume of education as was required.</p> <p>Going forward, the personnel clerk was instructed that no potential employee shall be assigned to any patient unless their personnel file is complete to include a resume of education.</p> <p>The Director of Nursing shall ensure that this deficiency does not recur.</p> <p>Completion date 1/12/10.</p>
H 149	<p>3907.02 (e) Personnel</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information (e) Health certification as required by section</p>	H 149	

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H 149	<p>Continued From page 11</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined the agency failed to ensure that eight, (8) of twenty-five (25) employees had a health certificate in their personnel record. (Employee i #, # 3, # 8, #10,#12, #15, #20 and #25) and the agency failed to ensure that one (1) of , twenty-five (25) employees had a current PPD in their personnel record. (Employee #11) "</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On December 3, 2010, a record review of employee #1 record at approximately 3:00 p.m. , revealed there was no documented evidence of health certificate in the employee's record. <p>During a face to face interview with the Director on December 3. 2010 at approximately 3:30 p.m., the finding was acknowledged.</p> <ol style="list-style-type: none"> 2. On December 3, 2010, a record review of employee #3 records at approximately 3:00 p.m. revealed there was no documented evidence of a health certificate in the employee's record at the time of this survey. <p>During a face to face interview with the Director on December 3. 2010 at approximately 3:30 p.m., the finding was acknowledged.</p> <ol style="list-style-type: none"> 3. On December 7, 2010, a record review of employee #8 record at approximately 2:00 p.m. , revealed there was no documented evidence of a , health certificate in the employee's record at the Time of this survey. <p>During a face to face interview with the Director</p>	H 149	<p>H 149</p> <p>Post survey review confirmed the findings of the surveyors.</p> <p>This deficiency occurred as a result of a change in personnel clerk due to the sudden resignation of the personnel clerk.</p> <p>Following the survey, employees #1, 3,8,10,12,15,20 and 25 were requested to submit current health certificate and employee #11 submitted a current PPD certificate verifying that the employee was free of tuberculosis.</p> <p>The personnel clerk was instructed that no potential personnel should be assigned to any client unless their personnel file is complete to include a health certificate and current PPD certificate deeming them fit for employment and free of communicable disease.</p> <p>The Administrator and Director of Nursing shall be responsible to ensure that this deficiency does not recur.</p> <p>Completion date 1/12/11.</p>

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H 149	<p>Continued From page 12</p> <p>on December 7, 2010 at approximately 3:30 p.m., the finding was acknowledged.</p> <p>4. On December 7, 2010, a record review of employee #10 record at approximately 2:45 p.m. revealed there was no documented evidence of a health certificate in the employee's record at the time of this survey.</p> <p>During a face to face interview with the Director on December 7, 2010 at approximately 3:30 p.m., the finding was acknowledged.</p> <p>5. On December 7, 2010, a record review of employee #10 record at approximately 2:45 p.m. revealed there was no documented evidence of a health certificate in the employee's record at the time of this survey.</p> <p>During a face to face interview with the Director on December 7, 2010 at approximately 3:30 p.m., the finding was acknowledged.</p> <p>6. Review of the HCA's personnel records on December 7, 2010 at approximately 11:40 a.m., revealed HHA #12's personnel records failed to evidence a Health Certificate.</p> <p>During the face to face interview with the Director on December 7, 2010, at approximately 2:00 p.m., it was acknowledged that HHA #12's personnel records failed to evidence a Health Certificate.</p> <p>7. Review of the HCA's personnel records on December 7, 2010, at approximately 12:50 p.m., revealed HHA #20's personnel records failed to evidence a Health Certificate.</p> <p>During the face to face interview with the Director</p>	H 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION G. BUILDING _____ H. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER GLOBAL HEAL THCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002	
(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-REFERENCES TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
H 149	<p>Continued From page 12 On December 7, 2010 at approximately 3.30 p.m., the finding was acknowledged.</p> <p>4. On December 7, 2010, a record review of employee #10 records at approximately 2:45 p.m. revealed there was no documented evidence of a health certificate in the employee's record at the time of this survey.</p> <p>During a face to face interview with the Director on December 7, 2010 at approximately 3:30p.m., the finding was acknowledged.</p> <p>5 On December 7, 2010 a record review of employee #10 records at approximately 2:45 p.m. revealed there was no documented evidence of a health certificate in the employee's record at the time of this survey.</p> <p>During a face to face interview with the Director on December 7, 2010 at approximately 3:30 p.m. the finding was acknowledged.</p> <p>6 Review of the HCA's personnel records on December 7, 2010 at approximately 11:40 a.m. revealed HHA #12's personnel records failed to evidence a health Certificate.</p> <p>During the face to face interview with the Director on December 7, 2010 at approximately 2:00 p.m. it was acknowledged that HHA #12's personnel records failed to evidence a health Certificate.</p> <p>7. Review of the HCA's personnel records on December 7, 2010 at approximately 12:50 p.m. revealed HHA #20's personnel records failed to evidence a Health Certificate.</p> <p>During the face to face interview with the Director</p>	H 149	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2010
NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
(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 149	Continued From page 13 on December 7, 2010, at approximately 2:00 p.m., it was acknowledged HHA #20's personnel records failed to evidence a Health Certificate. 8. Review of the HCA's personnel records on December 7, 2010, at approximately 1:02 p.m., revealed HHA #25's personnel records failed to evidence a Health Certificate. During the face to face interview with the Director on December 7, 2010, at approximately 2:00 p.m., it was acknowledged HHA #25's personnel records failed to evidence a Health Certificate. 9. Review of the HCA's personnel records on December 7, 2010, at approximately 11:35 a.m., revealed HHA #11's personnel records failed to evidence a PPD. During the face to face interview with the Director on December 7, 2010, at approximately 2:00 p.m., it was acknowledged HHA #11's personnel records failed to evidence a PPD.	H 149		
H 151	3907.2(g) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (g) Documentation of reference checks; This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to maintain accurate personnel records, which included documentation of reference checks for two(2) of twenty-five (25) employees in the sample. (Employee #1 and #3)	H 151		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2010
NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
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H 151	Continued From page 14 The finding includes: 1. On December 3, 2010, a record review of employee #1 record at approximately 2:30 p.m. revealed employee #1 was hired March 2009. Further review of the record revealed there was no documented evidence of reference checks in the employee's record. During a face to face interview with the Director on December 3, 2010 at approximately 3:30 p.m., the finding was acknowledged. 2. On December 3, 2010, a record review of employee #3 record at approximately 3:00 p.m. revealed there was no documented evidence of reference checks in the employee's record. During a face to face interview with the Director on December 3, 2010 at approximately 3:30 p.m., the finding was acknowledged.	H 151	H 151 Post survey review confirmed the findings of the surveyors. This deficiency occurred as a result of a change in personnel clerk due to the sudden resignation of the previous personnel clerk. Following the survey all employees' personnel files were reviewed to ensure that all employees had reference checks in their personnel files and corrective action was taken. Employees' #'s 1 and 3 provided reference checks as was requested. Going forward no employee shall be assigned to a client unless their personnel files are completed. The Administrator and Director of Nursing shall ensure that this deficiency does not recur. Completion date is 1/12/11.	
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on record review and interview, it was determined the agency failed to ensure that two(1) of twenty-five (25) employees had copies of completed annual evaluations in their personnel record. (employee #1 and #19)	H 152		

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NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
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H 152	Continued From page 15 The findings include: The finding includes: 1. On December 3, 2010, a record review of employee #1 record at approximately 2:30 p.m. revealed employee #1 was hired March 2009. Further, review of the record revealed there was no documented evidence of annual evaluation for March 2010 in employee record at the time of this survey. During a face to face interview with the Director on December 3, 2010 at approximately 3:30 p.m., the finding was acknowledged. 2. On December 7, 2010, a record review of employee #19 record at approximately 2:30 p.m. revealed employee #19 was hired October 9, 2009. Further, review of the record revealed there was no documented evidence of annual evaluation for October 2010 in employee record at the time of this survey. During a face to face interview with the Director on December 7, 2010 at approximately 3:30 p.m., the finding was acknowledged	H 152	H 152 Review of the personnel records post survey confirmed the findings of the surveyors. All active personnel files were reviewed for annual evaluations and evaluations were completed as necessary. Going forward, no employee will be assigned to a client unless that employee has an annual evaluation completed on that employee and is placed in their personnel file. The Director of Nursing and personnel clerk shall be responsible to ensure that this deficiency does not recur. Completion date for this corrective action is 1/12/11.	
H 153	3907.2(i) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (i) Documentation of any required criminal background check; This Statute is not met as evidenced by:	H 153		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2010
NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
(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 153	<p>Continued From page 16</p> <p>Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of any required criminal background check for ten (10) of twenty-five (25) employees in the sample. (Employee #3, #11, #12, #13, #15, #16, #19 #20, #21 and #25)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On December 3, 2010, a record review of employee #3 record at approximately 3:00 p.m. revealed there was no documented evidence of a required criminal background check in the employee's record. 2. Review of HHA #11's personnel file on December 7, 2010, at approximately 11:35 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #11 resides in Maryland and the background check did not cover that jurisdiction. 3. Review of HHA #12's personnel file on December 7, 2010, at approximately 11:40 a.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #12 resided in Maryland and the background check did not cover that jurisdiction. 	H 153	<p>H 153</p> <p>Post survey review confirmed the findings of the surveyors. The director of personnel was instructed to conduct a criminal background check including all jurisdiction within which the employee had worked or resided within the past seven years.</p> <p>No employee with a criminal record will be hired to work with Global Healthcare services.</p> <p>The Director of Nursing and the personnel clerk shall be responsible to ensure that this deficiency doesn't reoccur.</p> <p>All active personnel files were reviewed and all corrections made by 02/12/11</p>	

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NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002	
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H 153	<p>Continued From page 17.</p> <p>4. Review of HHA #13's personnel file on December 7, 2010, at approximately 12:15 p.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #13 lives in Maryland and the background check did not cover that jurisdiction.</p> <p>5. On December 7, 2010, a record review of employee #15 personnel record at approximately 1:00 p.m. revealed an application dated October 4, 2010 in which the employee indicated that he resides in Takoma Park MD. There was no documented evidence of a criminal background check was conducted for the state of Maryland.</p> <p>6. On December 7, 2010, a record review of employee #16 personnel record at approximately 1:00 p.m. revealed an application dated August 13, 2010 in which the employee indicated that he resides in Hyattsville MD. There was no documented evidence of a criminal background check was conducted for the state of Maryland.</p> <p>7. On December 7, 2010, a record review of employee #19 personnel record at approximately 1:00 p.m. revealed an undated application in which the employee indicated that he resides in Lanham MD. There was no documented evidence of a criminal background check was conducted for the state of Maryland.</p> <p>8. Review of HHA #20's personnel file on December 7, 2010, at approximately 12:50 p.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years</p>	H 153	

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NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
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H 153	<p>Continued From page 18</p> <p>prior to the checks. HHA #20 resides in Maryland and the background check did not cover that jurisdiction.</p> <p>9. Review of HHA #21's personnel file on December 7, 2010, at approximately 1:00 p.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #21 resides in Maryland and the background check did not cover that jurisdiction.</p> <p>10. Review of HHA #25's personnel file on December 7, 2010, at approximately 1:10 p.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #21 resides in Maryland and the background check did not cover that jurisdiction.</p> <p>During a face to face interview with the Director on December 7, 2010 respectively at 2:00 p.m. and 3:30 p.m., it was acknowledged that employee #3 did not have a police clearance and employee #11, #12, #13, #15, #16, #19, #20, #21 and #25 did not have criminal background checks to reflect all jurisdictions within the employees had worked or resided within the 7 years prior to the checks.</p>	H 153		
H 155	3907.2(k) PERSONNEL	H 155		
Each home care agency shall maintain accurate personnel records, which shall include the				

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NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002	
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H 155	<p>Continued From page 19</p> <p>following information:</p> <p>(k) A position description;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to maintain a position description in the personnel record of four (4) of twenty-five (25) personnel. (employee #1, #2, #3 and 9)</p> <p>The finding includes:</p> <p>1. During a face to face interview with employee #3 (Owner/Administrator) on December 3, 2010 at approximately 2:00 p.m. revealed employee #1 was the Director and the Director of Nursing of the agency.</p> <p>On December 3, 2010, a record review of employee #1's record at approximately 2:30 p.m. revealed a position description for Director of Nursing. However, there was no documented evidence of position description for Director.</p> <p>During a face to face interview with the Director on December 3, 2010 at approximately 3:30 p.m., the finding was acknowledged.</p> <p>2. During a face to face interview with employee #2 on December 1, 2010 at approximately 9:30 a.m., it was revealed that she was the Assistant Director of Nursing.</p> <p>On December 3, 2010, a record review of employee #2 record at approximately 3:00 p.m. revealed a position description for Registered</p>	H 155	<p>H 155</p> <p>Post survey review confirmed the findings of the surveyors.</p> <p>This deficiency occurred as a result of the absence of a personnel clerk due to the sudden resignation of the previous personnel clerk.</p> <p>All active personnel files were reviewed following the survey to ensure that position descriptions were current in all files.</p> <p>Going forward no employee shall be assigned to a case if the personnel file is incomplete and does not have a current position description.</p> <p>The Administrator, Director of Nursing and personnel clerk shall be responsible to ensure that this deficiency does not recur.</p> <p>Completion date for this corrective action is 1/12/11.</p>

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H 155 Continued From page 20

Nurse. However, there was no documented evidence of position description for Assistant Director of Nursing in the employee's file at the time of this survey.

During a face to face interview with the Director on December 3, 2010 at approximately 3:30 p.m., the finding was acknowledged.

3. During a face to face interview with employee #1 on December 3, 2010, at approximately 2:30 p.m., it was revealed employee #3 was the Owner and Administrator of the agency.

On December 3, 2010, a record review of employee #3's record at approximately 3:00 p.m. revealed there was no documented evidence of a position description in the employee's record at the time of this survey.

During a face to face interview with the Director on December 3, 2010 at approximately 3:30 p.m., the finding was acknowledged.

4. On December 7, 2010, a record review of employee #10 was conducted at approximately 3:00 p.m. There was no documented evidence of a position description in the employee's record at the time of this survey.

During a face to face interview with the Director on December 7, 2010 at approximately 3:30 p.m., the finding was acknowledged.

H 157 3907.2(m) PERSONNEL

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

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H 157 Continued From page 21 following information:

(m) Documentation of acceptance or declination of the Hepatitis Vaccine; and...

This Statute is not met as evidenced by: Based on record review and interview, it was determined the agency failed to ensure that one (1) of eight (8) employees had documentation of acceptance or declination of Hepatitis Vaccine. (Employee #1)

The finding includes:

On December 3, 2010, a record review of employee #1's record at approximately 2:30 p.m., revealed employee #1 was hired March 2009. Further, review of the record revealed there was no documented evidence of acceptance or declination of Hepatitis Vaccine.

During a face to face interview with the Director on December 3, 2010 at approximately 3:30 p.m., the finding was acknowledged.

H 157

H 157

Post survey review confirmed the finding of the surveyor.

Following the survey all employees' personnel files were reviewed for acceptance or declination of the hepatitis vaccine and were corrected as required.

Going forward, no employee shall be assigned to a case unless their personnel file is complete and accurate to include the acceptance or declination of the Hepatitis vaccine.

The Director of Nursing and personnel clerk shall ensure that this deficiency does not recur.

Completion date for this corrective action plan 1/12/11.

H 191 3908.1(b) ADMISSIONS

Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following:

(b) A description of the services provided;

This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include a description of the services provided in it's

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H 191	<p>Continued From page 22</p> <p>Admission's Policy.</p> <p>The finding includes:</p> <p>Review of the HCA's policies and procedures for admissions on December 1, 2010, at approximately 1:30 p.m., revealed the HCA failed to ensure the policy included a description of the services that would be provided.</p> <p>During a face to face interview with the Director on December 1, 2010, at approximately 1:40 p.m., it was acknowledged that the admissions policy did not include a description of the services that would be provided.</p> <p>At the time of the survey, there was no documented evidence that the agency's admissions policy included a description of the services that would be provided.</p>	H 191	<p>H191</p> <p>Post survey review confirmed the findings of the surveyors.</p> <p>The agency's policy on admissions was amended to include a description of the services to be provided.</p> <p>Such information is included in the admission packet and is given to each patient on admission.</p> <p>The amendment to the policy shall be brought to the Governing Body Meeting for approval and shall be placed in the policy manual.</p> <p>Completion date 2/11/11.</p>
H 204	<p>3908.5 ADMISSIONS</p> <p>A home care agency shall maintain records on each person requesting services whose request is not accepted. The records shall be maintained for at least one year from the date of non-acceptance and shall include the nature of the request for services and the reason for not accepting the patient.</p> <p>This Statute is not met as evidenced by: Based on interview, the agency failed to maintain records on each person requesting services whose request was not accepted. The records shall be maintained for at least one year from the date of non-acceptance and shall include the nature of the request for services and the reason for not accepting the patient.</p>	H 204	<p>H 204</p> <p>Post survey review concurs with the findings of the surveyor.</p> <p>The intake department was instructed to accurately maintain all records of patients not taken under care to include the nature of the request and the reason for not accepting the patient.</p> <p>The Administrator and Director of Nursing shall be responsible to ensure that this deficiency does not recur.</p> <p>Date of completion for this corrective action is 1/12/11.</p>

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H 204	Continued From page 23 The finding includes: During the face to face interview with the Director on December 1, 2010, at approximately 11:00 a.m., it was revealed the agency did not have a record of persons requesting services that was denied by the agency.	H 204		
H 227	3909.2 DISCHARGES TRANSFERS & REFERRALS Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of: This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to include in their Discharge Policy that each patient would receive written notice of discharge or referral no less than seven (7) days prior to the action. The finding includes: Review of the HCA's policies and procedures for discharges, transfers and referrals on December 1, 2010, at approximately 2:46 p.m., revealed the HCA failed to ensure the policy included that each patient would receive written notice of discharge or referral no less than seven (7) days prior to the action.	H 227	H227 Post survey review confirms the findings of the surveyors. The agency's policy on Discharges, Transfers and Referrals were amended to include the following statement that: "Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of: (a) A medical or social emergency; (b) A physician's order to admit the patient to an in-patient facility; (c) A determination by the home care agency that the referral or discharge is necessary to protect the health, safety or welfare of agency staff; (d) A determination, made or concurred in by a physician, that the condition that necessitated the provision of services no longer exists; or (e) The refusal of further services by the patient or the patient's representative.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2010
NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
(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 227	Continued From page 24 During a face to face interview with the Director on December 1, 2010, at approximately 2:50 a.m., it was acknowledged policies and procedures for discharges, transfers and referrals failed to ensure the policy included that each patient would receive written notice of discharge or referral no less than seven (7) days prior to the action. There was no documented evidence the HCA ensured the discharges, transfers and referrals policy included that each patient would receive written notice of discharge or referral no less than seven (7) days prior to the action.	H 227	This amendment shall be presented to the Governing Body for approval and shall be added to the agency's policy. Date of completion shall be 2/11/11 following approval of this policy after the Governing Body's meeting.	
H 242	3910.2 RECORDS RETENTION & DISPOSAL If an agency is dissolved and there is no identified new owner, the clinical records shall 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. 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 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. The finding includes: Review of the HCA's policies and procedures for records retention and disposal on December 2,	H 242	H 242 Post survey review confirms the findings of the surveyors. An amendment to the agency's policy manual for records retention and disposal shall be added to the agency's policy and shall read as follows: "If an agency is dissolved and there is no identified new owner, the clinical records shall 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." This amendment shall be presented to the Governing Body for approval and shall be added to the agency's policy. Date of completion shall be 2/11/11 following approval of this policy after the Governing Body's meeting.	

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H 242	<p>Continued From page 25</p> <p>2010, at approximately 11:25 a.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.</p> <p>During a face to face interview with the Director on December 2, 2010, at approximately 11:30 a.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.</p> <p>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.</p>	H 242		
H 243	<p>3910.3 RECORDS RETENTION & DISPOSAL</p> <p>Each home care agency shall inform 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>This Statute is not met as evidenced by: Based on record review and interview Home Care</p>	H 243		

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H 243	<p>Continued From page 26</p> <p>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 December 2, 2010, at approximately 11:26 a.m., revealed the HCA failed to ensure the policy included to notify the Department of Health (DOH) 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 Director on December 2, 2010, at approximately 11:31 a.m., it was acknowledged policies and procedures for records retention and disposal failed to ensure the policy included to notify the DOH 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>There was no documented evidence the HCA ensured the records retention and disposal policy included to notify the DOH 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>	H 243	<p>H 243</p> <p>Post survey review confirms the findings of the surveyors.</p> <p>An amendment to the agency's policy manual for records retention and disposal shall be added to the agency's policy and shall read as follows:</p> <p>"Global Healthcare Inc, shall inform 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>This amendment shall be presented to the Governing Body for approval and shall be added to the agency's policy.</p> <p>Date of completion shall be 2/11/11 following approval of this policy after the Governing Body's meeting.</p>
H 244	3910.4 RECORDS RETENTION & DISPOSAL	H 244	

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H 244	<p>Continued From page 27</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 December 2, 2010, at approximately 11:28 a.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 Director on December 2, 2010, at approximately 11:32 a.m., it was acknowledged the policies and procedures for records retention and disposal 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.</p> <p>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.</p>	H 244	<p>H 244</p> <p>Post survey review confirms the findings of the surveyors.</p> <p>An amendment to the agency's policy manual for records retention and disposal shall be added to the agency's policy and shall read as follows:</p> <p>"Global Healthcare Inc 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 amendment shall be presented to the Governing Body for approval and shall be added to the agency's policy.</p> <p>Date of completion shall be 2/11/11 following approval of this policy after the Governing Body's meeting.</p>	

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H 260	Continued From page 28	H 260		
H 260	<p>3911.1 CLINICAL RECORDS</p> <p>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate clinical records for four (4) of twenty-five (25) patient 's in the sample. (Patient #13 , #14, #15 and #25)</p> <p>The findings include:</p> <p>1. On December 2, 2010, a record review of patient #13's record at approximately 9:30 a.m. revealed a document entitled "Initial/Ongoing Assessment Form" signed and dated by the agency's nurse on October 23, 2010. The nurse documented the patient had no known allergies. Further review of the record revealed a Plan of Care with certification period October 23, 2010 through April 23, 2011 which indicated the patient had allergies to Septra and Bactrim.</p> <p>During a face to face interview with the Director on December 3, 2010 at approximately 11:00 a.m., the finding was acknowledged.</p> <p>2. On December 2, 2010, a record review of patient #14's record at approximately 10:00 a.m. revealed a document entitled " Global Healthcare Services Participant Assessment" signed and dated by the agency's nurse on March 23, 2010. The nurse documented the patient history of</p>	H 260	<p>H 260</p> <p>Post survey review confirmed the findings of the surveyors.</p> <p>It was determined that this error occurred as a result of a data entry error.</p> <p>The data entry department was in-serviced on the importance of accurately transferring clinical information from the admission documents to the Plan of Care during the creation of the Plan of Care. Additionally, the admitting nurse and clinical supervisor shall be responsible to ensure that all information transferred to the Plan of Care is accurate as was presented by the admitting nurse.</p> <p>A random sample of 10% of the agency's records shall be reviewed quarterly by the utilization review committee for accuracy of data and shall be presented to the Governing Body.</p> <p>The Director of Nursing, Clinical Supervisor and admitting nurse shall be responsible to ensure the accuracy of the clinical record following admission to the agency.</p> <p>Completion date for this corrective action is 1/12/11.</p>	

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H 260	<p>Continued From page 29</p> <p>Dementia, CVA with right hemiparesis, HTN and obesity.</p> <p>Further review of the record reveal a Plan of Care (POC) with certification period of March 22, 2010 through September 22, 2010 which indicated the patient only history was HTN and Dementia.</p> <p>During a face to face interview with the Director on December 3, 2010 at approximately 11:00 a.m., the finding was acknowledged.</p> <p>3. On December 3, 2010, a record review of patient #15's record at approximately 11:00 a.m. revealed a document entitled " Initial/Ongoing Assessment Form"Global Healthcare Services Participant Assessment" signed and dated by the agency's nurse on October 30, 2010. The nurse documented has allergies to steroids.</p> <p>Further review of the record reveal a Plan of Care (POC) with certification period of October 25, 2010 through April 25, 2011 which indicated the patient has no known allergies.</p> <p>During a face to face interview with the Director on December 3, 2010 at approximately 11:40 a.m., the finding was acknowledged</p> <p>4. Review of Patient #25's POC on December 6, 2010 at approximately 2:00 p.m. revealed the patient had no known allergies (NKA). Review of Patient #6's "Initial/Ongoing Assessment Form" signed and dated by the agency's nurse on November 24, 2010 revealed the patient was allergic to Lisinopril resulting in facial swelling.</p> <p>During a face to face interview in Patient #6's home on December 7, 2010 at approximately 9:10 a.m., it was confirmed the patient was</p>	H 260		

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H 260	Continued From page 30 allergic to Lisinopril. Further interview revealed the patient had to be transported to the emergency department of a local hospital a few months ago for facial swelling after consuming Lisinopril.	H 260	
H 263	3911.2(c) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (c) Initial assessment and on-going evaluation; This Statute is not met as evidenced by: Based on record review and interview, it was determined the agency failed to ensure an initial assessment for one (1) of eight (8) patients was in the record. (Patient #18) The findings include: On December 6, 2010, a record review of patient #18's record at approximately 11:30 a.m. revealed patient was admitted on October 10, 2010 and had signed admission papers on that same day. However, there was no documented evidence of an initial assessment in the record. During a face to face interview with the Director on December 6, 2010 at approximately 12:30 p.m., the finding was acknowledged.	H 263	H 263 Post survey review confirmed the finding of the surveyors. Further investigation revealed that the initial assessment for patient #18 was mis-filed. The medical records clerk was in-serviced on the importance of accurate filing of medical records. The Director of Nursing and clinical supervisor shall be responsible to ensure that this deficiency does not recur. Date of completion 1/12/11.
H 265	3911.2(e) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (e) Physician's orders;	H 265	

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H 265	<p>Continued From page 31</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure the clinical record for twenty-four (24) of twenty-five (25) patient 's had physician orders. (Patient's #1 through #12, and #14 through #25)</p> <p>The findings include:</p> <p>On December 1, 2010 through 7, 2010, a record review of the aforementioned documents from approximately 9:00 a.m. through 3:00 p.m. revealed the agency nurses were during head to toe assessments of the patient's. However, there was no documented evidence of physician's orders for the assessments.</p> <p>During a face to face interview with the Director on December 7, 2010 at approximately 2:55 p.m., the finding was acknowledged.</p>	H 265	<p>H 265</p> <p>Post survey review confirms the finding of the surveyors.</p> <p>Agency staff was not aware that a physician order was required for a head to toe assessment of a patient.</p> <p>Following the survey, agency staff was in-serviced to the fact that a physician order was required before a head to toe assessment could be conducted on a patient.</p> <p>Going forward, a physician order shall be obtained before a head to toe assessment could be conducted if a head to toe assessment is necessary prior to establishing a Plan of Care for PCA services.</p> <p>The Director of Nursing shall be responsible to ensure that this deficiency does not recur.</p> <p>Completion date 1/12/11.</p>
H 268	<p>3911.2(h) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that that agency failed to ensure that signed and dated activity records for direct care staff was in the clinical record for two (2) of twenty-five (25) patients.</p>	H 268	

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H 268	<p>Continued From page 32</p> <p>(Patient #14 and #15)</p> <p>The finding includes:</p> <p>1. On December 3, 2010, a record review of patient #14 's record at approximately 10:00 a.m. revealed a POC with certification period of March 22, 2010 through September 22, 2010 in which the physician ordered.....Personal Care Aide (PCA) services eight (8) hours daily , five (5) days a week for six (6) months to assist with personal care and activities of daily living....</p> <p>Further review of the record revealed there was no documented evidence of Personal Care Aide (direct care staff) activity records for May 24, 2010, July 5, 2010, July 6, 2010, July 7, 2010, July 8, 2010 and July 9, 2010.</p> <p>During a face to face interview with the Director on December 3, 2010 at approximately 11:00 a.m., the finding was acknowledged.</p> <p>2. On December 3, 2010, a record review of patient #15 's record at approximately 11:10 a.m. revealed a POC with certification period of October 25, 2010 through April 25, 2011 in which the physician ordered.....Personal Care Aide (PCA) services eight (8) hours daily , five (5) days a week for six (6) months to assist with personal care and activities of daily living....</p> <p>Further review of the record revealed there was no documented evidence of Personal Care Aide (direct care staff) activity records for October 25, 2010, October 26,2010, October 27, 2010, October 28, 2010, and October 29, 2010.</p> <p>During a face to face interview with the Director</p>	H 268	<p>H 268</p> <p>Post survey review confirmed the finding of the surveyors.</p> <p>Further investigation revealed that the signed activity records for the PCA services to the client mentioned in records #'s 14 and 15 were not filed by the medical records clerk.</p> <p>The medical records clerk was in-serviced on the importance of timely filing of the direct care staff notes in the clinical records.</p> <p>Going forward a random sample of 10% of the agency's records shall be reviewed quarterly by the utilization review committee for timely filing of direct care and clinical notes and shall be presented to the Governing Body as part of the UR study.</p> <p>The Director of Nursing and the Utilization Review Committee shall ensure that this deficiency does not recur.</p> <p>Completion date 1/12/11.</p>

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H 268	Continued From page 33 on December 3, 2010 at approximately 11:45 a.m., the finding was acknowledged.	H 268	
H 269	3911.2(i) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (i) Documentation of supervision of home care services; This Statute is not met as evidenced by: Based on record review and interview, it was determined the agency failed to ensure documentation of supervision of home care services was in the record for two(2) of twenty-five (25). (Patient #13 and #14) The findings include: 1. On December 3, 2010, a record review of patient #13 ' s record at approximately 9:30 a.m. revealed a Plan of Care (POC) with certification period of October 23, 2010 through April 23, 2011 in which the physician ordered nurse supervision: supervise Personal Care Aide (PCA) every thirty (30) days and as needed.... Further review of the record revealed the patient start of care was October 23, 2010. There was no documented evidence of PCA supervision for November 2010 in the patient's record at the time of this survey. During a face to face interview with the Director on December 3, 2010 at approximately 11:00 a.m., the finding was acknowledged. 2. On December 3, 2010, a record review of	H 269	H269 Post survey review confirmed the findings of the surveyor, Further investigation revealed that the supervision of the home health aides on patients #13 was conducted by the registered nurse who turned in the supervisory note late. As a result the note was not filed in the patients file at the time of the survey. The registered nurse assigned to patient #14 was in-serviced regarding the need for monthly supervision of the PCA providing care to the client. Going forward a random sample of 10% of clinical records shall be reviewed for supervisory visits monthly by the utilization review committee and the findings shall be reported to the DON and Administrator and at the Governing Body committee meeting. The Director of Nursing shall be responsible to ensure that this deficiency does not recur. Completion date 1/12/11.

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H 269	Continued From page 34 patient #14 ' s record at approximately 10:00 a.m. revealed a POC with certification period of March 22, 2010 through September 22, 2010 in which the physician ordered nurse supervision: supervise Personal Care Aide (PCA) every thirty (30) days and as needed.... Further review of the record revealed the patient start of care was October 23, 2010. There was no was no documented evidence of PCA supervision for June 2010, July 2010 and August 2010 in the patient's record at the time of this survey. During a face to face interview with the Director on December 3, 2010 at approximately 11:00 a.m., the finding was acknowledged.	H 269	
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on record review and interview, it was determined the agency failed to ensure documentation of training and education given the patient and the patient ' s caregiver was in the one (1) of eight (8) patient ' s clinical records. (Patient #13) The finding includes: On December 3, 2010, a record review of patient #13 ' s record at approximately 9:30 a.m.	H 279	H 279 Record review post survey confirmed the findings of the surveyor. The registered nurses were in-serviced on the goal of home care which is to teach patients and/or caregivers management of disease process, dietary modification, medication action and side effect during their visits to reduce hospitalizations and educate the patients and caregivers to manage their disease process. Going forward a random sample of 10% of clinical notes will be reviewed monthly for the next six months by the utilization review committee to evaluate the teachings given to the patients and caregivers. The findings of this review shall be reported t the Administrator and the Governing Body. The Director of Nursing shall be responsible to ensure that this deficiency does not recur. Completion date 1/12/11.

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NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002	
(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)
H 279	Continued From page 35 revealed there was no documented evidence of training and education provided to the patient and patient ' s caregiver in the patient ' s record. During a face to face interview with the Director on December 3, 2010 at approximately 11:00 a.m., the finding was acknowledged.	H 279	
H 292	3912.2(b) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (b) To control his or her own household and life style; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency 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. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. failed to include the patient has the right to control his or her own household and life style. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 292	H 292 Post survey review confirmed the findings of the surveyor. The agency's policy on patients rights did not fully specify the patients' rights as was documented in the regulations. However, the policy on patients rights were re-written (see Addendum Patients Rights) to meet the requirements of the regulation and shall be presented to the Governing Body for approval. Additionally, copies of this policy shall be distributed to all patients currently receiving care and shall be given to each new patient on admission. Completion date 2/12/11 following the Governing Body Committee meeting.

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H 293	Continued From page 36	H 293	Cross reference H 292	
H 293	3912.2(c)(1) 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: (1) Services to be provided by the agency, including any limits on service availability; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the 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. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy included the patient has the right to be informed orally and in writing the services to be provided by the agency however, the policy failed to the patient has the right to informed orally and in writing any limits on services availability. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 293		
H 295	3912.2(c)(3) PATIENT RIGHTS & RESPONSIBILITIES	H 295		

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H 295	Continued From page 37 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: (3) The amount charged for each service, and procedures for billing; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the patient has the right to be informed orally and in writing the amount charged for each service, and procedure for billing in it's Patient's Rights and Responsibilities Policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to included the patient has the right to be informed orally and in writing the amount charged for each service, and procedure for billing services. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 295	Cross reference H 292	
H 296	3912.2(c)(4) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:	H 296		

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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)
H 296	<p>Continued From page 38</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 record review and interview, it was determined that the agency failed to include the patient has the right to be informed orally and in writing the prompt notification of acceptance, denial or reduction of services in it's Patient Rights and Responsibilities Policy.</p> <p>The findings include:</p> <p>On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include the patient has the right to be informed orally and in writing the prompt notification of acceptance, denial or reduction of services.</p> <p>During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.</p>	H 296	Cross reference H 292
H 297	<p>3912.2(c)(5) 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>(5) Complaint and referral procedures;</p>	H 297	Cross reference H 292

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NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002	
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H 297	Continued From page 39 This Statute is not met as evidenced by: Based on an interview and a record review, it was determined the agency failed to include compliant and referral procedures its Patient ' s Rights and Responsibilities policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include the patient has the right to be informed orally and in writing of compliant and referral procedures. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 297	
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 patient's plan of care; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include that the patient has the right to receive treatment, care and services consist with the agency/patient agreement and with the patient's plan of care in it's Patient Right's and Responsibilities policy.	H 300	Cross reference H 292

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H 300	Continued From page 40 The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include the patient has the right to receive treatment, care and services consist with the agency/patient agreement and with the patient's plan of care . During a face to face interview on December 1, 2010 at approximately 3:45 p.m with the Director, the finding was acknowledged.	H 300		
H 301	3912.2(e) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (e) To participate in the planning and implementation of his or her home care services; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include that the patient has the right to participate in planning and implementation of his or her home care services in it's Patient Rights and Responsibilities policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy included the patient has the right to participate in planning of his or home care services. However, the policy failed to include the patient has the right to participate in	H 301	Cross reference H 292	

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H 301	Continued From page 41 the implementation of his or her home care services. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 301		
H 303	3912.2(g) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (g) To be informed of his or her condition by the health care provider in accordance with generally accepted professional standards; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include that the patient has the right to be informed of his or her condition by the health care provider in accordance with generally accepted professional standard in it's Patient Rights and Responsibilities policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include patient has the right to be informed of his or her condition by the health care provider in accordance with generally accepted professional standard. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director,	H 303	Cross reference H-292	

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H 303	Continued From page 42 the finding was acknowledged.	H 303		
H 304	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 agency failed to include that the patient has the right to refuse all or part of any treatment, care or service, and to be informed of the consequences of refusal in it's Patient Rights and Responsibilities policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include that the 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 on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 304	Cross reference H 292	
H 305	3912.2(i) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to	H 305	Cross reference H 292	

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H 305	<p>Continued From page 43</p> <p>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 agency failed to include that the patient has the right to be free from mental and physical abuse, neglect, and exploitation by agency employees or contract personnel in it's Patients Rights and Responsibilities policy.</p> <p>The findings include:</p> <p>On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include the 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 on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.</p>	H 305	
H 307	<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>	H 307	Cross reference H 292

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H 307	Continued From page 44 This Statute is not met as evidenced by: Based on a record review an interview, it was determined that the agency failed to include that the patient has the right to be educated about and trained in matters related to the services to be provided in it's Patient's Rights and Responsibilities policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include the patient has the right to to be educated about and trained in matters related to the services to be provided. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 307	
H 308	3912.2(l) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (l) 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... This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the	H 308	Cross reference H 292

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H 308	Continued From page 45 patient has the right to voice a compliant 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 compliant as provided in these rules in it's Patient Rights and Responsibilities policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy included the patient has the right to voice a compliant or other feedback in confidence and without fear of reprisal. However, the policy failed to include the patient has the right to voice a compliant 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 compliant as provided in these rules in it's Patient Rights and Responsibilities policy. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 308		
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	Cross reference H 292	

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H 310	Continued From page 46 This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include that the agency will 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 in-person conference if desired in it's Patient Rights and Responsibilities policy. The findings include: On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include the agency will 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 in-person conference if desired . During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 310		
H 313	3912.4(c) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop a statement of patient responsibilities regarding the following:	H 313	Cross reference H 292	

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H 313	<p>Continued From page 47</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 record review and interview, it was determined that the agency failed to include the patients's has the responsibility to informing the agency when instructions are not understood or cannot be followed in it's Patient's Rights and Responsibilities policy.</p> <p>The findings include:</p> <p>On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include patients's has the responsibility to informing the agency when instructions are not understood or cannot be followed.</p> <p>During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.</p>	H 313	
H 316	<p>3912.6 PATIENT RIGHTS & RESPONSIBILITIES</p> <p>The home care agency shall take appropriate steps to ensure that all information is conveyed, pursuant to these rules, to any patient who cannot read or who otherwise needs accommodations in an alternative language or communication method. The home care agency shall document in the patient's records the steps taken to ensure that the patient has been provided with all required information.</p> <p>This Statute is not met as evidenced by: Based on a record review and interviews , it was</p>	H 316	Cross reference H 292

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NAME OF PROVIDER OR SUPPLIER GLOBAL HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
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H 316	Continued From page 48 determined that the agency failed to include in its Right's and Responsibilities policy the agency will take appropriate steps to ensure that all information is conveyed, pursuant to these rules, to any patient who cannot read or who otherwise needs accommodations in alternative language or communication method. The agency will document in the patient's records the steps taken to ensure that the patient has been provided with all required information. The findings include: 1. On December 1, 2010, a record review of the Agency's aforementioned policy at approximately 1:30 p.m. revealed the policy failed to include agency will take appropriate steps to ensure that all information is conveyed, pursuant to these rules, to any patient who cannot read or who otherwise needs accommodations in alternative language or communication method. The agency will document in the patient's records the steps taken to ensure that the patient has been provided with all required information. During a face to face interview on December 1, 2010 at approximately 3:45 p.m. with the Director, the finding was acknowledged.	H 316		
H 330	3913.1 COMPLAINT PROCESS Each home care agency shall develop and implement policies and procedures for an internal complaint process that shall allow the patient or his or her representative to present a complaint to agency staff, contract personnel, or the home care Director. This Statute is not met as evidenced by:	H 330		

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H 330	<p>Continued From page 49</p> <p>Based on interview and record verification, the Home Care Agency (HCA) failed to develop and implement policies and procedures for an internal complaint process that shall allow the patient or his or her representative to present a complaint to agency staff, contract personnel, or the home care Director.</p> <p>The finding includes:</p> <p>Review of the "Conflict of Interest Policy" on December 2, 2010, at approximately 10:15 a.m., revealed the HCA did not develop and implement policies and procedures for an internal complaint process that shall allow the patient or his or her representative to present a complaint to agency staff, contract personnel, or the home care Director.</p> <p>During a face to face interview with the President and the Director on December 2, 2010, at approximately 10:25 a.m., it was acknowledged the HCA did not develop and implement policies and procedures for an internal complaint process that shall allow the patient or his or her representative to present a complaint to agency staff, contract personnel, or the home care Director.</p> <p>There was no documented evidence the HCA developed and implemented policies and procedures for an internal complaint process that shall allow the patient or his or her representative to present a complaint to agency staff, contract personnel, or the home care Director.</p>	H 330	<p>H 330</p> <p>Post survey review confirmed the findings of the surveyors.</p> <p>Following the survey a policy for the internal handling of complaints were written to meet the requirements of the regulation (3913.1) to allow the patient or his/her representative to present a complaint to agency staff, contract personnel or the home care director. (see addendum Internal Handling of Complaints).</p> <p>This policy shall be presented to the Governing Body for approval at their next meeting.</p> <p>Completion date 2/12/11.</p>
H 357	3914.3(f) PATIENT PLAN OF CARE The plan of care shall include the following:	H 357	

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H 357	<p>Continued From page 50</p> <p>(f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure the Plan of Cares (POC) for twenty-five (25) of twenty-five(25) patient ' s included provisions relating to the reevaluation of services, discharge planning, referral of services an continuation or renewal of services. (Patient ' s #1 through #25)</p> <p>The findings include:</p> <p>On December 1, 2010 through December 7, 2010, a record review of the aforementioned documents from approximately 9:00 a.m. through 3:00 p.m. revealed there was no documented evidence of provisions relating to the reevaluation of services, discharge planning, referral of services an continuation or renewal of services on POC's reviewed during this survey.</p> <p>During a face to face interview with the Director on December 7, 2010 at approximately 2:55 p.m., the finding was acknowledged.</p>	H 357	<p>H 357</p> <p>Post survey review confirmed the findings of the surveyors.</p> <p>Following the survey, the clinical staff were in-serviced regarding the need to include in the plan of care the provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services. Additionally, the data entry personnel were instructed to return to the responsible RN any POC for completion that does not meet the requirement.</p> <p>The Director of Nursing shall be responsible to ensure that this deficiency does not recur.</p> <p>Completion date 1/12/11.</p>	
H 358	<p>3914.3(g) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(g) Physical assessment, including all pertinent diagnoses;</p>	H 358		

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H 358	Continued From page 51 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure that all pertinent diagnosis were included on the Plan of Care (POC) for one (1) of twenty-five (25) patient ' s (Patient #19) The findings include: On December 6, 2010, a record review of patient #19 ' s record at approximately 11:45 a.m. revealed a document entitled " Initial/ Ongoing Assessment Form " signed and dated by agency's nurse on October 23, 2010. The nurse documented the patient ' s daughter indicated that the patient had two myocardial infarctions in 1990. Further review of the patient ' s record revealed a POC with a certification period from October 23 , 2010 through April 23, 2010 which had no documented evidence of the patient ' s past pertinent diagnosis of myocardial infarction. During a face to face interview with the Director on December 6, 2010 at approximately 12:30 p.m., the finding was acknowledged.	H 358	H 358 Post survey review confirmed the findings of the surveyors. Following the survey all clinical staff was in-serviced on the need to include all pertinent diagnosis on the plan of care. Going forward, a random sample of 10% of clinical records shall be reviewed by the utilization review committee on a monthly basis to ensure that all pertinent diagnosis are included in the plan of care. The findings shall be included in the utilization review report presented to the Administrator quarterly and then to the Governing Body during its committee meetings. The Director of Nursing and the utilization review committee shall be responsible to ensure that this deficiency does not recur. Completion date 1/12/11.	
H 360	3914.3(i) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Activities permitted or precluded because of functional limitations; This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included the activities permitted or	H 360		

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H 360	<p>Continued From page 52</p> <p>precluded because of functional limitations for one (1) of twenty-five (25) patients in the sample. (Patient #6)</p> <p>The finding includes:</p> <p>Review of Patient # 6's Home Health Certification and Plan of Care (POC) on December 3, 2010, at approximately 1:20 p.m., revealed the POC did not include the activities permitted or precluded because of functional limitations.</p> <p>During a face to face interview with the Director on December 3, 2010, at approximately 2:00 p.m., it was acknowledged Patient #6's POC did not include the activities permitted or precluded because of functional limitations.</p> <p>There was no documented evidence of the activities permitted or precluded because of functional limitations on the POC.</p>	H 360	<p>H 360</p> <p>Post survey review confirmed the findings of the surveyor.</p> <p>Further investigation revealed that the admitting nurse omitted checking the activities permitted during the admission process.</p> <p>All nurses and data entry was in-serviced regarding the importance of having the "activities permitted" identified on the POC. Data entry staff was instructed to bring such missing information to the attention of the DON for immediate correction before the POC could be generated.</p> <p>A random sample of 10% of clinical records shall be reviewed monthly to ensure that such information is complete on the POC by the Utilization review committee and the report shall be forwarded to the Administrator.</p> <p>Going forward, the DON and data entry staff shall ensure that this deficiency does not recur.</p>
H 361	<p>3914.3(j) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(j) Psychosocial needs of the patient;</p> <p>This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included the psychosocial needs of the patient for one (1) of twenty-five (25) patients in the sample. (Patient #6)</p> <p>The finding includes:</p> <p>Review of Patient # 6's Home Health Certification and Plan of Care (POC) on December 3, 2010 at</p>	H 361	<p>Completion date 1/12/11</p> <p>H 361</p> <p>Cross Reference H 360</p>

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H 361	Continued From page 53 approximately 1:25 p.m., revealed the POC did not include the psychosocial needs of the patient. During a face to face interview with the Director on December 3, 2010, at approximately 2:05 p.m., it was acknowledged Patient #6's POC did not include the psychosocial needs of the patient. There was no documented evidence of the psychosocial needs of the patient on the POC.	H 361		
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to failed to ensure the Plan of Care (POC) for one (1) of twenty-five(25) patient 's was approved an signed by a physician with in thirty (30) days of the start of care. (Patient #11) The findings include: On December 2, 2010, a record review of patient #11 's record at approximately 2:00 p.m. revealed a POC with certification period of May 4, 2010 through November 4, 2010 in which the	H 366	H 366 Post survey review confirmed the findings of the surveyors. All RN's were in-serviced on the need to bring in their admission assessments to the office within 48 hours of the assessment being completed, and data entry was instructed on the need to generate the POC within 48 hours following the receipt of the admission assessment from the RN. In this manner the POC can be sent to MD for signature within a week. Additionally, the medical records department was assigned the task of tracking the POC's sent to the physician for signature and making follow-up calls for the return of the POC within one week of the POC's being sent to the physician. The DON shall be responsible to ensure that this deficiency does not recur. Completion date 1/12/11.	

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H 366	<p>Continued From page 54</p> <p>physician ordered Nurse Supervision: Supervise the Personal Care Aide (PCA) every 30 days and as needed ; PCA eight (8)hours daily, seven days for six (6) months to assist with personal care and activities of daily living.....</p> <p>Further review of the POC revealed the physician approved and signed aforementioned POC on July 7, 2010 which was sixty-two (62)days after the start of care. There was no documented evidence of a physician approval or signature within thirty (30)days of the start of care.</p> <p>During a face to face interview with the DON on December 2, 2010 at approximately 2:55 p.m., the finding was acknowledged.</p>	H 366	
H 390	<p>3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure each aide obtained at least twelve (12) hours of continuing education or in-service training annually for one (1) out of ten (10) Home Health Aides (employee #19)</p>	H 390	<p>H 390</p> <p>Post survey review confirmed the findings of the surveyors.</p> <p>Following the survey, employee #19 was brought up to date with the required 12 hours of in-service as is required in the regulation.</p> <p>Going forward, the staffing coordinator was instructed that no home health aide/PCA shall be assigned to a patient if their in-service hours are not up to date and current.</p> <p>The Staffing coordinator and DON shall ensure that this deficiency does not recur.</p> <p>Completion date 12/16/10.</p>

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H 390	Continued From page 55 The finding includes: On December 7, 2010, a record review of employee #19's record at approximately 2:45 p.m., revealed the employee was hired on October 9, 2009. Further review of the record revealed there was no documented of the twelve (12)hours of continuing education or in-services training annually. During a face to face with the Director on December 7, 2010 at approximately 3:30 p.m., the finding was acknowledged.	H 390		
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure Personal Care Aides (PCA's) recorded, and reported on the patient's physical condition, behavior or appearance for seven(7) of twenty-five (25) patients who were receiving PCA services in the sample. (Patient #11, #12, #14, #15, #16, #17, #19). On December 1, 2010 through December 7, 2010, a record review of the aforementioned from approximately 9:00 a.m. through 3:00 p.m. revealed the agency's PCA for aforementioned patient's documented about services provided for	H 399	H 399 Post survey review confirmed the findings of the surveyors. This deficiency occurred because some PCA's may have forgotten to record the patient's physical condition, behavior, or appearance. All home health aides shall be in-serviced on the need to record and report on their PCA time sheets the patient's physical condition, behavior, or appearance. This in-service shall be conducted on 1/24/11, and 1/27/11 in an effort to capture all of the PCA's in the field. Completion date 1/27/11.	

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H 399	Continued From page 56 the patient and the meals they prepared for their patient's. Further review of the records revealed there was documented evidence of the agency's PCA's recording, and reporting on the patient's physical condition, behavior or appearance. During a face to face interview with the Director on December 7, 2010 at approximately 2:55 p.m., the finding was acknowledged.	H 399	
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for thirteen (13) of twenty-five(25) patients in the sample. (Patient #1, Patient #2, Patient #3, Patient #4, Patient #5, Patient #6, Patient #7, Patient #8, Patient #9, Patient #10, Patient #23, Patient #24 and Patient #25). The findings include: Review of Patient #1, Patient #2, Patient #3, Patient #4, Patient #5, Patient #6, Patient #7, Patient #8, Patient #9, Patient #10, Patient #23, Patient #24 and Patient #25's medical record on December 6, 2010, approximately between 11:00	H 411	H 411 Cross Reference H 399

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H 411	<p>Continued From page 57</p> <p>a.m.- 2:30 p.m., revealed the home health aides documented about services provided for the patients and the meals they prepared for their patient's. Further review revealed the HHA's had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.</p> <p>During a face to face interview with the Director on December 6, 2010, at approximately 2:35 p.m., it was acknowledged the home health aide had not recorded and reported on Patient #1, Patient #2, Patient #3, Patient #4, Patient #5, Patient #6, Patient #7, Patient #8, Patient #9, Patient #10, Patient #23, Patient #24 and Patient #25's physical condition, behavior, or appearance to the agency.</p> <p>There was no documented evidence the home health aide recorded and reported the patient's physical condition, behavior, or appearance to the agency.</p> <p>had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.</p> <p>During a face to face interview with the Director on December 6, 2010, at approximately 2:35 p.m., it was acknowledged the home health aide had not recorded and reported on Patient #1, Patient #2, Patient #3, Patient #4, Patient #5, Patient #6, Patient #7, Patient #8, Patient #9, Patient #10, Patient #23, Patient #24 and Patient #25's physical condition, behavior, or appearance</p>	H 411		

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H 411	Continued From page 58 to the agency. There was no documented evidence the home health aide recorded and reported the patient's physical condition, behavior, or appearance to the agency.	H 411		
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the facility's skilled nursing staff failed to ensure evaluation of patient instruction for eight (8) of twenty-five (25) patients in the sample. (Patient #1, #2, #3, #5,#6, #7, #8 and #23) The findings include: Review of Patient #1, #2, #3, #5,#6, #7, #8 and #23's monthly nursing visit notes from December 1 through December 3, 2010, between 10:00 a.m. and 12:00 p.m., revealed no evidence the skilled nurse documented evaluation of instructions given to the patient's on their disease processes. During a face to face interview with the Director on December 3, 2010, at approximately 1:45 p.m., the surveyor informed the provider of the aforementioned monthly nursing visit notes and it was acknowledged the nurse had not specifically documented the evaluation of instructions given	H 459	H 459 Post survey review confirmed the findings of the surveyors. Following the survey, all RN's were instructed on the need to evaluate instructions given to patients following such instructions and document same in the clinical records. The DON shall be responsible to ensure that this deficiency does not recur. Completion date 1/12/11.	

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H 459	Continued From page 59 to Patient #1, #2, #3, #5, #6, #7, #8 and #23's on their disease processes. There was no documented evidence of the specific evaluation of instructions given to the patients in their medical records.	H459		