



**DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
INTERMEDIATE CARE FACILITIES DIVISION**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MAR 16 2009

Name of Health Care Agency: Global Healthcare Services Inc.		Street Address, City, State, ZIP code: 1818 New York Ave. NE Ste 204 Washington DC 20002		Survey Dates: 1/22/09-1/23-09 Follow-up Dates(s):	
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Completion Date	
	<p>An initial licensure survey was conducted from January 22, 2009 through January 23, 2009. The following deficiencies were based on record reviews and staff interviews. Global Healthcare Services currently has forty seven employees and no clients. A random sampling of 10 employee's records was reviewed.</p> <p align="center">3907 Personnel</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following:</p> <p>(C) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</p> <p>Based on record review and interview, the agency failed to</p>	<p>1.1</p> <p>1.2</p> <p>A</p>	<p>Survey Finding</p> <ul style="list-style-type: none"> Out of 10 staff records 1 Staff No.2 (●) # 3(●) #4(●) #5 (●) failed to evidence of orientation and in-service training. <p>Plan of Correction</p> <p>Corrective Actions to be accomplished for clients affected by the deficiency.</p> <ul style="list-style-type: none"> Staffs No. 2 (●), #3(●), #5(●) were given orientation and in-service training on 4th march 2009 as part of the compliance to the above regulation. Staff #4(●) was terminated by the agency on 01/18/09 based on return of criminal background check which revealed misdemeanor on 07/26/08. See copy of termination letter which is also being filed in the employees chart. 		

Gayle Dugger & Karen Jeffers

Name of Inspector(s)

Date Issued

Dionne Blandi

Facility Director/Designee

3/13/09

Date



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ensure that all employees attended orientation and in service training. (Staff #2, #3, #4 and #5)

The finding includes:

Review of the agency's personnel records on January 23, 2009 revealed four out of ten staff records reviewed failed to show evidence of orientation and in-service training.

Interview with the Director Nursing on January 13, 2009 confirmed the findings of the surveyor.

3907.2(h)

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

(h) copies of completed annual evaluations;

Based on record review and interview, the agency failed to ensure that one of the ten employees received an annual evaluation. (Staff #1)

The finding includes:

Review of the agency's personnel records on January 23, 2009 revealed one of the ten employees did not have an annual evaluation.

B

Identifying other employees who might be affected by the same deficiency

- The Human Resource Officer reviewed all employee personnel files to see if there are any employees who did not receive Orientation and in-service training

- The Personnel Data Base a Global health Personnel File Checklist has a Master Checklist that allows to frequently reviewing to Orientation and In-service documentation. Annual in-service schedule will be handed to all the employees.

C

Measures to Prevent Reoccurrence

- Provide Monthly Report on all personnel Orientation and In-service training with appropriate tracking of data and reported to the Quality Improvement Director (██████████) on a monthly basis to be presented at the Quarterly Professional Advisory Board Meeting for compliance with this regulation



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Interview with the DON on January 23, 2009 confirmed the finding of the surveyor.

**3908
Admissions**

3908.1(d)

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

(d) policies governing fees, payments and refunds;

Based on record review and interview, the agency failed to secure a policy on governing fees, payments and refunds for all clients upon admission.

The finding includes:

Review of the agency's policy and procedure manual on January 23, 2009 revealed that the agency did not secure a policy on governing fees, payments and refunds for all clients upon admission.

Interview with the DON on January 23, 2009 confirmed the finding of the surveyor.

D

Monitoring measures

- Weekly Productivity Report. The Organization has mandated Weekly Productivity Report by designated personnel manager (~~XXXX~~)
- The Personnel Supervisor will report Personnel Productivity Report on a monthly basis to the Quality Improvement Director (~~XXXX~~)
- Quarterly report to Prof Adv Board. The QI Director will then compile a report to the Professional Advisory Board on a quarterly basis to be reported to Senior to the Professional Advisory Board on a quarterly basis to be reported to Senior Management Team and the Administrator and finally to the Governing Board.
- Annual end of year report will be submitted to the medical director for qualitative review

II.

Regulation Citation: 3907.2(h): Accurate Personnel Records

(e): Annual Evaluation

2.1

Survey Findings:

- One of the 10 Employee files reviewed indicated that Staff No. 1 (~~XXXX~~) failed to have Annual evaluation.

2.2

Plan of Corrections:
(See Attachment)