

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2012
NAME OF PROVIDER OR SUPPLIER ULTRA HOME HEALTH AGENCY			STREET ADDRESS, CITY, STATE, ZIP CODE 439 ONEIDA PLACE, NW WASHINGTON, DC 20011		
(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 269	Continued From page 1 During a face to face interview with the Director of Nursing (DON) on March 6, 2012, at approximately 5:30 p.m., it was revealed that documentation regarding supervision of home care services was kept at the office of the Home Health Agency with whom they have a contractual agreement to supervise their Home Health Aides (HHAs). The DON stated she would contact the HCA and obtain copies of the documentation of supervision of home care services and place a copy in the medical records of Patient #1, #2, #3, #4, # 5, # 6, # 7, # 8, # 9, and # 10.	H 269	As per the terms of the contractual agreement, beginning immediately, copies of documentation of supervision of home care services i.e.: - all Registered Nurse (RN) Clinical Notes which include and not limited to, initial assessments, monthly supervisions, and progress notes, will be made available to UltraHHA Medical Records Staff for filing in each client's record at UltraHHA. This process will be completed by 04/05/2012 and on an ongoing basis. The Administrator or her designee will monitor compliance between the agencies by conducting random record reviews of at least ten (10) records per week.	04/05/2012 and Ongoing	
H 350	3914.1 PATIENT PLAN OF CARE Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient. This Statute is not met as evidenced by: Based on a record review and interview, the home care agency (HCA) failed to develop a written plan of care for five (5) of ten (10) patients included in the sample. (Patient #4, #5, #7, #9 and #10) The findings include: Review of Patient #4, #5, #7, #9 and #10's clinical record on March 6, 2012, between 12:26 p.m. and 3:11 p.m., revealed no evidence of a current plan of care (POC) in the patient's clinical record. During a face to face interview with the Director of Nursing (DON) on March 6, 2012 at approximately 5:05 p.m., it was acknowledged that the HCA with whom they have a contractual agreement did not forward Patient #4, #5, #7, #9 and #10's current POCs; therefore the patients	H 350	Beginning immediately, the administrator will obtain from the supervising agency copies of current Plan of Care (POC) for records #4, #6, #7, #9 & #10 and will ensure that all POC's (past and current) are filed in each patient's record in a timely manner. This process will be complete by 04/05/2012 and on an ongoing basis. The administrator or her designee will monitor the compliance by conducting random record reviews of at least ten (10) records per week.	03/22/2012 and Ongoing	

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H 360	Continued From page 3	H 360	As per an agreement made during the meeting between the administrators of UltraHHA and the Supervising HCA on 03/21/2012, the RN Case Managers for patient's #6 and #8 reviewed the records and POCs. The omission of "Prognosis and Rehabilitation Potential" and "Activities Permitted" are identified as a Data Entry error because they are included on the RN Assessments but not on the signed POC's. Verbal Orders were written for regeneration of #6 & #8 POCs for inclusion of "Prognosis and Rehabilitation Potential", "Activities Permitted" & all missing fields for Physician Signatures. Beginning immediately, all copies of the POC received by UltraHHA from the Supervising HCA will be reviewed by the Director of Nursing (DON). The administrator or designee will be responsible for monitoring the agency's compliance by conducting random record reviews of between ten (10) and fifteen (15) records weekly.	03/23/2012
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 precluded because of functional limitations for two (2) of ten (10) patients in the sample. (Patient #6 and #8) The findings include: Review of Patient #6 and 8's Home Health Certification and Plan of Care (POC) on March 6, 2012, between 1:28 p.m. and 2:20 p.m., revealed the POC did not include the activities permitted or precluded because of functional limitations. During a face to face interview with the Director of Nursing (DON) on March 6, 2012, at approximately 4:50 p.m., it was acknowledged Patient #6 and #8's POC did not include the activities permitted or precluded because of functional limitations. The DON stated she would contact the HCA with whom they have a contractual agreement and obtain copies of the current POC identifying the activities permitted or precluded because of functional limitations for the patients and place a copy in the medical records of Patient #6 and #8.	H 360		
H 361	3914.3(j) PATIENT PLAN OF CARE The plan of care shall include the following:	H 361		

03/28/2012
and
Ongoing

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H 361	Continued From page 4 (j) Psychosocial needs of the patient; This Statute is not met as evidenced by: Based on record review and interview, the agency's Plan of Care (POC) failed to include the psychosocial needs of the patient for two (2) of ten (10) patients in the sample. (Patient #1 and #6) The findings include: Review of Patient #1 and #6's Plan of Care (POC) on March 6, 2012, between 12:26 p.m. and 1:28 p.m., revealed that provisions relating to the psychosocial needs of the patient was not on the POC. During a face to face interview with the Director of Nursing (DON) on March 6, 2012, at approximately 4:10 p.m., it was acknowledged the psychosocial needs of the patient was not on the POC. The DON stated she would contact the HCA with whom they have a contractual agreement and obtain copies of the current POC identifying the psychosocial needs of the patients and place a copy in the medical records of Patient #1 and #6.	H 361	RN Supervisors from the Supervisory HCA reviewed the clinical records and POC for patients #1 & #6. Copies of Verbal Orders/Corrected POC's to include the psychosocial needs of the patients have been generated and sent to their Physicians for signatures. Beginning immediately and ongoing, copies of POCs received from the Supervising HCA will be reviewed for completeness and accuracy by the Administrator or her designee. The agency compliance will be monitored by the Administrator or her designee by random chart audit of at least ten (10) through fifteen (15) records per week.	03/23/2012 and Ongoing
H 363	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, it was	H 363	The Medical Record/POC for Patient #6 was reviewed and "Identification of employees in charge of managing emergency situations" was included in the new POC. Copy of the new POC Order is to be filed in the Patient's record. Compliance to this policy will be monitored by random weekly chart reviews to at least ten (10) records by the Administrator or her designee and Quarterly Chart Audits conducted by the Quality Assurance Team.	03/23/2012 03/28/2012 and Ongoing

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H 363	Continued From page 5 determined that the agency failed to ensure the Plan of Care (POC) included identification of employees in charge of managing emergency situations for one (1) of ten(10) patients in the sample. (Patient #6) The finding includes: Review of Patient # 6's Plan of Care (POC) on March 6, 2012, at approximately 1:28 p.m., revealed the POC did not include the identification of employees in charge of managing emergency situations. During a face to face interview with the Director of Nursing (DON) on March 6, 2012, at approximately 5:10 p.m., it was acknowledged the identification of employees in charge of managing emergency situations was not on the Plan of Care (POC). The DON stated she would contact the HCA with whom they have a contractual agreement and obtain a copy of the current POC identifying the employees in charge of managing emergency situations and place a copy in the medical record of Patient #6.	H 363		
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for one (1) of ten (10) patients in the sample. (Patient #6) The finding includes:	H 364	The Administrator of UltraHHA met with the Administrator of the Supervising HCA and the RN Supervisor on 03/23/2012 regarding missing emergency protocols on the POCs of Patient #6. A copy of the POC which includes the emergency protocols has been obtained from the Supervising HCA and forwarded to UltraHHA's Medical Records Staff for filing. The Quality Assurance Team will conduct Chart reviews to monitor the compliance of both agencies on a quarterly basis and the Administrator or her designee performing random chart reviews of at least ten (10) records per week.	03/23/2012 04/05/2012 and Ongoing

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H 364	Continued From page 6 Review of Patient #6's plan of care (POC) on March 6, 2012, at approximately 1:30 p.m., revealed the POC did not include emergency protocols. During a face to face interview with the Director of Nursing (DON) on March 6, 2012, at approximately 5:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient #6. The DON stated she would contact the HCA with whom they have a contractual agreement and obtain a copy of the current POC identifying the emergency protocol and place a copy in the medical record of Patient #6.	H 364		
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 (HHA) recorded, and reported on the patient's physical condition, behavior or appearance for ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9 and 10) The findings include: Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7,	H 411	UltraHHA's Quality Assurance Team met and revised the Daily Activity Sheet/Timesheet for the Personal Care Aides (PCAs). Different categories of patients' physical condition, behavior and appearance have been included with prompts, checkboxes, and signature sections to the PCAs Daily Activity Sheet/Timesheet. The signatures have to be obtained on a daily basis to ensure that the observations were done and documented as such. (Copy attached) The Administrator of UltraHHA met with the employees, PCAs, and Administrative Staff and discussed the result of the survey. They received instruction and training in the use of the revised Timesheet and the importance of accurate observation, documentation, and reporting daily on a patient's physical condition, behavior and appearance. Effective 04/02/2012, all UltraHHA PCA's will use the new revised daily Timesheet.	03/25/2012 03/23/2012 and Ongoing 04/02/2012 and Ongoing

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H 411	Continued From page 7 #8, #9 and 10's medical records on March 6, 2012, between 12:26 p.m. and 3:11 p.m., revealed the home health aide's (HHA's) had not recorded and reported the patient's physical condition, behavior, or appearance to the agency. During a face to face interview with the Director of Nursing (DON) on March 6, 2012, at approximately 3:45 p.m., it was acknowledged the HHAs had not recorded and reported Patient # 1, # 2, #3, # 4, # 5, #6, #7, #8, #9 and 10's, physical condition, behavior, or appearance to the agency. The DON stated she would develop a document and train the HHAs on how to use the document to record and report Patient physical condition, behavior, or appearance to the agency.	H 411	The Administrator or her designee will monitor the staff's compliance in the use of the revised form, documentation of patient's behavior and appearance daily by performing random audits of at least fifteen (15) records per week. The Quality Assurance team will monitor the agency's compliance with its Plan of Correction, and the statutes governing health care.	04/05/2012 and Ongoing