

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/26/2017
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NAME OF PROVIDER OR SUPPLIER  QUALITY ONE CARE HOME HEALTH, INC, SUI	STREET ADDRESS, CITY, STATE, ZIP CODE 143 KENNEDY STREET, NW WASHINGTON, DC 20011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 000 INITIAL COMMENTS

H 000

An initial survey was conducted from September 20, 2017, to September 26, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to five (5) patients and employs eight (8) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records, and eight (8) employee records. The findings were also based on three (3) home visits, one (1) patient telephone interview and interviews with patients/family and staff.

Please note, listed below are abbreviations used throughout the body of this report.

- ADHD -- attention deficit hyperactivity disorder
- DMII -- diabetes mellitus type II
- fx -- fracture
- g-tube -- gastrostomy tube
- LPN -- licensed practical nurse
- MAR -- medication administration record
- POC -- plan of care
- PCP -- primary care physician
- SN -- skilled nurse
- S/P MVA -- status-post motor vehicle accident
- TAR -- treatment administration record
- TBI -- traumatic brain injury
- DON -- Director of Nursing
- LPN -- Licensed Practical Nurse
- RN -- Registered Nurse
- SOC -- Start of Care
- HCA -- Home Care Agency
- MD -- Doctor of Medicine

H 157 3907.2(m) PERSONNEL

H 157

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

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Personnel report*

TITLE  
*Director* (X5) DATE  
10/27/17

Health Regulation & Licensing Administration

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NAME OF PROVIDER OR SUPPLIER  QUALITY ONE CARE HOME HEALTH, INC. SU1		STREET ADDRESS, CITY, STATE, ZIP CODE 143 KENNEDY STREET, NW WASHINGTON, DC 20011		
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H 157	Continued From page 1 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, the agency failed to ensure that all personnel records included documentation of acceptance or declination of the Hepatitis B vaccine for five (5) of eight (8) employees in the sample (DON, RN #2, LPN #1, LPN #2, and LPN #3).  The finding includes  On September 21, 2017, starting at 2:00 p.m., review of personnel records for the DON, RN #2, LPN #1, LPN #2, and LPN #3 revealed no documented evidence of employee acceptance or declination of the Hepatitis B vaccine.  On September 21, 2017, at 2:45 p.m., interview with the DON revealed that all personnel would be offered the Hepatitis B vaccine, and the acceptance or declination form would be inserted into personnel records.  At the time of the survey, the HCA failed to ensure all personnel records included the employees' acceptance or declination of the Hepatitis B vaccine.	H 157	H 157  The Hepatitis B vaccine acceptance or declination form for employees DON, RN#2, LPN #1, LPN#2 and LPN# 3 has been completed by the agency and filed in the respective employees' records. See Exhibit #1A, 1B, 1C, 1D and 1E.  The following Measures/Systemic changes have been put in place to ensure the alleged deficient practice does not reoccur:  Effective on the 10/15/17, this agency has revised its employment application checklists to include Hepatitis B acceptance or declination form. See Exhibit # 2.  HR staff were in -served on 10/16 2017 by DON regarding on employee Health screening policy, updated employment checklist and the Hepatitis B acceptance and declination form and its execution. The DON/DESIGNEE will conduct monthly random audits of 10 employees files, any Negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise  The Quality Assurance team will randomly audit 10% of employee's files quarterly, to ensure that all new hired employees have required documentations on their files.	
H 358	3914 3(g) PATIENT PLAN OF CARE  The plan of care shall include the following:  (g) Physical assessment, including all pertinent diagnoses.	H 358		

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NAME OF PROVIDER OR SUPPLIER  <b>QUALITY ONE CARE HOME HEALTH, INC, SUI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>143 KENNEDY STREET, NW WASHINGTON, DC 20011</b>		
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H 358	Continued From page 2	H 358			
	<p>This Statute is not met as evidenced by Based on record review and interview, the agency failed to ensure that POCs included a complete assessment that included pertinent diagnoses for two (2) of five (5) patients in the sample (Patients #3 and #5)</p> <p>The findings include</p> <p>1. On September 20, 2017, at 1:45 p.m., review of Patient #3's clinical record revealed a nursing note, dated August 4, 2017. The note revealed that the patient had diagnoses of cranial nerve III palsy and spastic dystonic quadriparalysis. Continued review of the record revealed a POC with a SOC of August 4, 2017, and a certification period of August 4, 2017, to October 4, 2017. The POC did not reflect the patient's diagnoses of cranial nerve III palsy and spastic dystonic quadriparalysis.</p> <p>2. On September 21, 2017, at 2:00 p.m., review of Patient #5's clinical record revealed a nursing supervisory note dated September 1, 2017. The note documented that the patient had a central line catheter (implanted long-term intravascular device) in the right chest area. Continued review of the record revealed a POC with a SOC date of August 10, 2017, and a certification period of August 10, 2017, to October 10, 2017. The POC did not reveal the use of the central line catheter.</p> <p>On September 21, 2017, at 3:00 p.m., interview with the DON revealed that all diagnoses and the central line access device would be added to the POCs for Patient #3 and Patient #5.</p> <p>At the time of the survey, the HCA failed to</p>		<p>H 358</p> <p>The pertinent diagnosis for Patient # 3 and patient # 5 and the use of the central line catheter have been added in the Plan of Care (POC). See Exhibit # 3C and 3F, and the POC have been forwarded to the patient's physician for review and signature.</p> <p>The following Measures/ Systemic changes have been put in place to ensure the alleged deficient practice does not reoccur: Effective on the 10/15/17, this agency has updated policy # QOC 20-052 Plan of care, to include: a second RN reviewing all new patients record once a clinical RN completes new admission documentation. See Exhibit #4. Admission nurses were in-serviced by the DON regarding on the 10/16/17, regarding on Plan of care policy to emphasize that all patients' diagnosis and other information's must be listed in the POC and verified by second RN.</p> <p>The DON/DESIGNEE will conduct monthly random audits of all active and discharge patients charts or 10% of patient's charts as census increases, any negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise. The Quality Assurance team will randomly audit 10% patients' chart quarterly, to ensure compliance with POC status.</p>		

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QUALITY ONE CARE HOME HEALTH, INC, SUI

STREET ADDRESS, CITY, STATE, ZIP CODE  
143 KENNEDY STREET, NW  
WASHINGTON, DC 20011

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H 358	Continued From page 3 ensure a complete assessment was included on the POC mentioned above	H 358		
H 363	3914 3(l) PATIENT PLAN OF CARE The plan of care shall include the following  (i) Identification of employees in charge of managing emergency situations;  This Statute is not met as evidenced by: Based on record review and interview, the agency failed to ensure that POCs included identification of employees in charge of managing emergency situations for five (5) of five (5) patients in the sample (Patients #1, #2, #3, #4 and #5)  The finding includes  On September 20, 2017 and September 21, 2017 starting at 11:00 a.m., review of the clinical records for Patients #1, #2, #3, #4, and #5 revealed POCs with certification periods from August 1, 2017 through October 22, 2017. The POCs, however, failed to include the employees responsible for managing emergency situations  On September 20, 2017 at 2:00 p.m., interview with the DON revealed that he would include employees responsible for emergencies on patient POCs going forward.  At the time of this survey, the HCA failed to include employees responsible for emergencies for the patients mentioned above	H 363	H 363 The name and phone number of Agency's employee in charge of managing emergency situation for Patient # 1, #2, #3, #4 and # 5 have been added in the POC. See Exhibit 3A, 3B, 3C, 3D, 3E and 3F, and the POC have been forwarded to the patient's physician for review and signature.  The following Measures/Systemic changes have been put in place to ensure the alleged deficient practice does not reoccur:  Effective on the 10/15/17, this agency has updated policy # QOC20-052 Plan of care, to include, a second RN reviewing all new patients record once a clinical RN completes new admission documentation. See Exhibit #4. Admission nurses were in-serviced by the DON on 10/16/17, regarding on the Plan of care policy to emphasize that the RN supervisor or/and agency phone number must be listed in the POC.  The DON/DESIGNEE will conduct monthly random audits of all active and discharge patients chart or 10% of patient's charts as census increases. any negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise.  The Quality Assurance team will randomly audit 10% patients' chart quarterly, to ensure compliance with POC statute.	



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H 366	Continued From page 4	H 366	
H 366	3914 4 PATIENT PLAN OF CARE	H 366	H 366
	<p>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.</p> <p>This Statute is not met as evidenced by Based on record review and interview, the agency failed to ensure a POC for skilled services was approved and signed by a physician for one (1) of five (5) patients in the sample (Patient #3)</p> <p>The finding includes</p> <p>On September 20, 2017, at 2:30 p.m. review of Patient #3's clinical record revealed a POC with the certification period of August 4, 2017, through October 4, 2017. The POC indicated that the patient had diagnoses of severe TBI, S/P MVA, depressed skull fx, g-tube, tracheostomy and spastic dystonic quadriplegia. According to the POC, the SN was to provide services three (3) hours per week. Continued review of the POC revealed it was approved and signed by a nurse practitioner and not a physician, as required.</p> <p>On September 20, 2017, at 2:45 p.m. during an interview with the DON, he acknowledged the deficient practice and indicated that the POC would be presented to the patient's PCP for approval.</p>		<p>On 10/16/2017, POC for patient # 3 was submitted to the physician for review and signature. The RN supervisor has followed up with the phone call to the doctor's office of patient # 3 to inform them that all skilled care patients' POC must be signed by the PCP. SEE Exhibit 9 and 10</p> <p>The following Measures/Systemic changes have been put in place to ensure the alleged deficient practice does not reoccur: Admission nurses were in-structed by the DON on the 10/16/17 regarding on the Plan of care policy and procedure to emphasize that all POC for skilled patients are verified and signed by PCP.</p> <p>The DON/DESIGNEE will conduct random audits of all active and discharge patients chart or 10% of patient's charts as census increases monthly, any negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise.</p> <p>The Quality Assurance team will randomly audit 10% patients' chart quarterly, to ensure compliance with POC statute.</p>

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H 366	Continued From page 5  At the time of the survey the HCA failed to ensure each POC was approved and signed by a physician.	H 366	H 453  POC for Patient # 1,#2,#3,#4, and #5 have been modified and medication orders were made more specific as to who will administer them and the agency nurse role in medication administration training is also specified in the Plan of Care (POC). See Exhibit 3A,3B,3C,3D,3E and 3F, and the POC have been forwarded to the patient's physician for review and signature.	
H 453	3917 2(c) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following  (c) Ensuring that patient needs are met in accordance with the plan of care.  This Statute is not met as evidenced by Based on record review and interview, the SN failed to ensure that services were provided per the POC for five (5) of five (5) patients in the sample (Patients #1, #2, #3, #4, and #5)  The finding includes  1. On September 20, 2017, at 10:30 a.m., review of Patient #1's clinical record revealed a POC with a SOC date of August 22, 2017, and a certification period of August 22, 2017, through October 22, 2017. The patient had diagnoses of paraplegia, cerebellar ataxia, DMII, and g-tube. The POC required the SN to provide services once a month. Also, the SN was to "administer medications as per MD's orders." Continued review of Patient #1's clinical record revealed the only skilled nursing note was dated August 19, 2017, and an August MAR that lacked documented evidence the SN administered medications. However, the August TAR documented that the SN had administered medications on August 19, 2017.  During an interview with the SN, who is also the	H 453	The following Measures: Systemic changes have been put in place to ensure the alleged deficient practice does not reoccur: HCA has updated its policy for new admission to include a second RN to review all new patients' record once a clinical RN completes new admission documentation. See Exhibit #3 Admission nurses were in-serviced by the DON on 10/16/17 regarding on POC policy and procedure to emphasize that patient's orders are specific and demonstrate the role of nurses and parents in providing patient care. The DON/DESIGNEE will conduct random audits of all active and discharge patients chart or 10% of patient's charts as census increases monthly, any negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise. The Quality Assurance team will randomly audit 10% patients' chart quarterly, to ensure compliance with POC statute.	

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H 453	Continued From page 6	H 453	SEE ID PREFIX TAG # H 453	
	<p>DON, on September 20, 2017 at 2:30 p.m., he stated that he did not administer medications on August 19 and he signed the TAR in error. Continued interview with the SN revealed that the HCA's responsibility with Patient #1's medications was only to provide education.</p> <p>2. On September 20, 2017, at 12:30 p.m., review of Patient #2's clinical record revealed a POC with a SOC date of August 2, 2017, and a certification period of August 2, 2017, through October 2, 2017. The patient had diagnoses of trismus, 21, atrioventricular septal defect and cardiac repair surgery. The POC required the SN to provide services once a week. Also, the skilled nurse was to "administer medications as per MD's orders." Continued review of Patient #2's clinical record revealed nursing notes dated August 8, 2017, to September 15, 2017, and an August 2017 MAR that lacked documented evidence the SN administered medications.</p> <p>3. On September 20, 2017, at 1:45 p.m., review of Patient #3's clinical record revealed a POC with a SOC date of August 4, 2017, and a certification date of August 4, 2017 through October 4, 2017. The patient had diagnoses of TBI, tracheostomy, g-tube, and apraxia. The POC required the SN to provide services once a week. Also, the SN was to "administer medications as per MD's orders." Continued review of Patient #3's clinical record revealed nursing notes dated August 4, 2017, August 10, 2017, August 18, 2017, August 22, 2017, August 29, 2017, and a September 2017 MAR that lacked documented evidence the SN administered medications.</p> <p>4. On September 21, 2017, at 11:30 a.m., review of Patient #4's clinical record revealed a POC with a SOC date of August 8, 2017, and a</p>			

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H 453 Continued From page 7

H 453

certification period of August 10, 2017 through October 10, 2017. The patient had diagnoses of status epilepticus and ADHD. The POC indicated that the SN was to provide services once a month. Also, the skilled nurse was to "administer medications, as per MD's orders." Continued review of Patient #4's clinical record revealed nursing notes dated August 8, 2017, to September 20, 2017, and an August 2017 MAR that lacked documented evidence the SN administered medications.

SEE ID PREFIX TAG # H 453

5. On September 21, 2017, at 12:30 p.m., review of Patient #5's clinical record revealed a POC with a SOC date of August 8, 2017, and a certification period of August 10, 2017, through October 10, 2017. The patient had diagnoses of short bowel syndrome and intestine dysmotility. The POC indicated that the SN was to provide services once a month. Also, the SN was to "administer medications, as per MD's orders." Continued review of Patient #5's clinical record revealed nursing notes dated August 10, 2017, to September 6, 2017, and an August 2017 MAR that lacked documented evidence the SN administered medications.

During an interview with the DON on September 21, 2017, at 2:00 p.m., he stated the HCA was providing care "pro bono", and the HCA's only responsibility was to provide "medication teaching." Additionally, the DON indicated that the POCs mentioned above were written in error, and he would have the POCs rewritten.

During a face-to-face interview with Patient #3's mother on September 22, 2017, at 11:30 a.m., she stated that she administers medications to the patient and that the HCA's SN does not perform this task but does provide



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H 453	Continued From page 8  education on medications.  At the time of the survey, the SN failed to administer medications as indicated in the POC	H 453	SEE ID PREFIX TAG # H 453	



**DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION**

Mailing Address  
899 North Capitol St., NE  
Washington DC 20002  
2<sup>nd</sup> Floor  
202-724-3800

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

Name of Facility:	Street Address, City, State, ZIP Code:	Survey Date:	Completion Date
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction
000	<p>An initial survey was conducted from September 20, 2017, to September 26, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to five (5) patients and employs eight (8) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records and eight (8) employee records. The findings were also based on three (3) home visits, one (1) patient telephone interview and interviews with patients/family and staff.</p>	September 20, 2017- September 26, 2017 Follow-up Dates(s):	

*C. Hinch SEN for Theresa Waters RN*

Name of Inspector

*10/11/17*

Date Issued

*Finance, WPA re 10/31/17*

Facility Director/Designee

Date



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

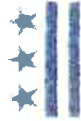
4701

Background Check Requirement

4701.2

Each facility...shall cause each prospective employee or contract worker who will have, or foreseeably may have direct patient, resident or client access, to undergo a criminal background check that shall reveal the criminal history, if any, in the District of Columbia and the fifty (50) states. Finger printing or live scan shall be performed in the District of Columbia utilizing the Metropolitan Police Department (MPD) or a private agency. The criminal background check shall be performed, following finger printing or live scan, by the MPD and FBI in an FBI-approved environment. The results of the criminal background checks shall be forwarded to the Department of Health.

Based on the review of personnel records and interview, the agency failed to obtain a fingerprint or live scan for two (2) of eight (8) employees in the sample (Receptionist and Human Resource personnel).



# DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

The findings include:

On September 25, 2017, at 10:00 a.m., review of the Receptionist's personnel file showed that she was hired on July 1, 2017. The continued review of her personnel file revealed a criminal background check had been conducted by the State of Maryland on June 3, 2016. The file, however, lacked documented evidence of an FBI criminal background check.

On September 25, 2017, at 10:00 a.m., review of the Human Resources personnel file revealed that she was hired on July 1, 2017. The continued review of her personnel file revealed a criminal background check had been conducted by the State of Maryland on September 10, 2015. The file, however, lacked documented evidence of an FBI criminal background check.

On September 26, 2017, at 2:30 p.m., telephone interview with the DON revealed that he was unaware that FBI fingerprinting or live scan had to be conducted for the Receptionist and the Human Resources personnel. Continued interview showed that he would ensure the identified employees would have the FBI fingerprinting completed.

At the time of the survey, the agency failed to ensure the Receptionist and the Human Resources personnel had an

The FBI background check for the Receptionist and the HR personnel have been done via DOH background check. See exhibit # 5  
The following Measures Systemic changes have been put in place to assure the alleged deficient practice does not re occur  
The agency has registered with the DOH Automated Background Check Management and was issued a Provider ID on October 02, 2017  
See Exhibit #8

HR staff were not serviced on the 10/16/2017 by the DON regarding policy # QOC 20-055. Background check (See Exhibit # 7) and DOH Automated Background Check system.

The DON DESIGNATE will conduct monthly random audits of 10 employees files, any Negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise.

The Quality Assurance team will randomly audit 10% of employee's files quarterly, to ensure that all new hired employees have required documentations on their files.





GOVERNMENT OF  
THE DISTRICT OF  
COLUMBIA

**DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION**

4

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

FBI fingerprinting or live scan conducted.

*It should be noted that Chapter 4 was amended to require FBI fingerprinting, effective December 2012.*

4



GOVERNMENT OF  
THE DISTRICT OF  
COLUMBIA

CRFMR  
Rev. 9/02

**DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION**

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202-724-8800

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

Name of Facility:	Street Address, City, State, ZIP Code:	Survey Date:	Follow-up Dates(s):
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction
000	An initial survey was conducted from September 20, 2017, to September 26, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to five (5) patients and employs eight (8) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records and eight (8) employee records. The findings were also based on three (3) home visits, one (1) patient telephone interview and interviews with patients/family and staff.		

Quality One Care Home Health, Inc.

143 Kennedy St. NW, Suite 14  
Wash., DC 20011

September 20, 2017-  
September 26, 2017

*C. Hutch RN for Theresa Waters RN*      *10/11/17*  
Name of Inspector      Date Issued

*Michael M. Kelly*      *10/26/17*  
Facility Director/Designee      Date



DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

4701

Background Check Requirement

4701.2

Each facility...shall cause each prospective employee or contract worker who will have, or foreseeably may have direct patient, resident or client access, to undergo a criminal background check that shall reveal the criminal history, if any, in the District of Columbia and the fifty (50) states. Finger printing or live scan shall be performed in the District of Columbia utilizing the Metropolitan Police Department (MPD) or a private agency. The criminal background check shall be performed, following finger printing or live scan, by the MPD and FBI in an FBI-approved environment. The results of the criminal background checks shall be forwarded to the Department of Health.

Based on the review of personnel records and interview, the agency failed to obtain a fingerprint or live scan for two (2) of eight (8) employees in the sample (Receptionist and Human Resource personnel).



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The findings include:

On September 25, 2017, at 10:00 a.m., review of the Receptionist's personnel file showed that she was hired on July 1, 2017. The continued review of her personnel file revealed a criminal background check had been conducted by the State of Maryland on June 3, 2016. The file, however, lacked documented evidence of an FBI criminal background check.

On September 25, 2017, at 10:00 a.m., review of the Human Resources personnel file revealed that she was hired on July 1, 2017. The continued review of her personnel file revealed a criminal background check had been conducted by the State of Maryland on September 10, 2015. The file, however, lacked documented evidence of an FBI criminal background check.

On September 26, 2017, at 2:30 p.m., telephone interview with the DON revealed that he was unaware that FBI fingerprinting or live scan had to be conducted for the Receptionist and the Human Resources personnel. Continued interview showed that he would ensure the identified employees would have the FBI fingerprinting completed.

At the time of the survey, the agency failed to ensure the Receptionist and the Human Resources personnel had an

I The FBI background check for the Receptionist and the HR personnel have been done via DOJ background check. See exhibit 5.  
The following Measures Systemic changes have been put in place to assure the alleged deficient practice does not re-occur.

II The agency has registered with the DOJ Automated Background Check Management and was issued a Provider ID on October 02, 2017.

See Exhibit 68

HR staff were in serviced on the 10/16/2017 by the DON regarding policy # QOC 20-055 Background check (See Exhibit # 7) ~~exhibit # 7~~ and DOJ Automated Background Check system.

III The DON, DESIGNFF will conduct monthly random audits of 10 employees files, any Negative patterns will be presented to the Quality assurance committee for tracking and trending purposes with follow up actions taken and implemented as need arise.

The Quality Assurance team will randomly audit 10% of employee's files quarterly, to ensure that all new hired employees have required documentations on their files.

10/24/17





GOVERNMENT OF  
THE DISTRICT OF  
COLUMBIA

CRM-VIR  
Rev. 9/02

DEPARTMENT OF HEALTH  
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FBI fingerprinting or live scan conducted

*It should be noted that Chapter 47 was amended to require FBI fingerprinting, effective December 2012.*

## POC ACCEPTANCE FORM

<b>Surveyor Name</b>	Theresa Waters
<b>Provider</b>	Quality One
<b>Facility ID</b>	HCA-0087
<b>Address</b>	143 Kennedy St., NW
<b>POC Administrative Signature Date</b>	1 <sup>st</sup> 10/20/17 & 2 <sup>nd</sup> 10/23/17
<b>POC Received Date</b>	1 <sup>st</sup> 10/20/17 & 2 <sup>nd</sup> 10/23/17
<b>POC Approval Date</b>	10/23/17

Not Approved Date: 10/23/17

### Revisit Needed

- 1<sup>st</sup>  
 2<sup>nd</sup>

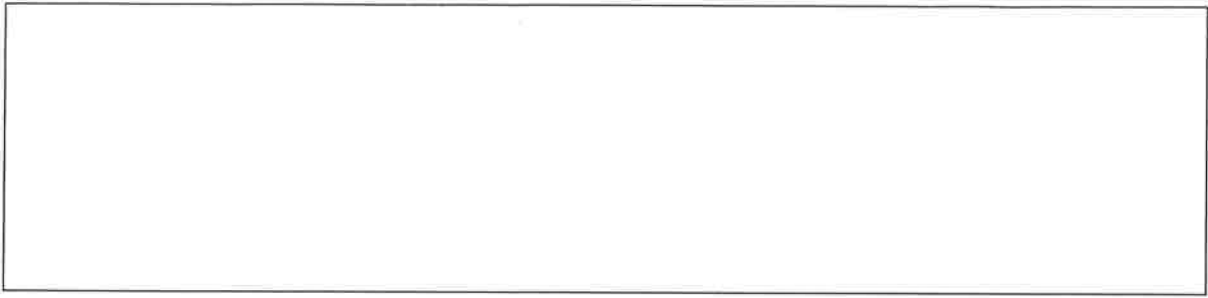
### Comments:

10/23/17

- H366 – the agency failed to send verification MD was contacted to sign POC; and
- H453 – the agency indicated they had updated the admission policy, which required a 2nd RN to review all newly admitted patients' documentation. However, the agency failed to send a copy of the updated policy (Exhibit 3). Submitted Exhibit #8, entitled Background Screening Policy (the agency submitted Two different Exhibits); and
- All citation answers failed to identify to the citation tag #.

10/23/17 @ 10:30 AM, a call was placed to Mr. Matope, and we discussed the previously mentioned concerns. He indicated that he would address all concerns and resubmit the POC, as soon as possible.

10/24/17 The provider sent updated POC on the afternoon of 10/23/17. I reviewed the updated POC today, and it addressed all previously discussed concerns. I have approved the updated POC.



**The aforementioned Plan of Correction is in compliance with HIPAA regulations (no formal names or initial identifiers) and therefore is approved to be posted on the Department of Health's website.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*Please CC- Sharon Mebane, Laura A. Hunte, and Linnis Wallace.  
Thank you~*