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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/25/2010
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NAME OF PROVIDER OR SUPPLIER  LINAC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted at your agency on January 25, 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 three (3) clinical records based on a census of three (3) patients, five (5) personnel files based on a census of fifteen (15) employees, and one (1) home visit. The findings of the survey were based on observations in the home, interviews with agency staff and caregiver interviews as well as a review of patient and administrative records.</p>	H 000	<p>Linac's Director will manage and direct agency's operation and ensure the employment/training of qualified personnel prior to placement. Director will ensure that all current staff attend an in service addressing the issue. Director's quality assurance team will ensure that compliance is maintained by review of notes at random visits/interviews of clients.</p>	4/30/2010
H 070	<p><b>3904.1 DIRECTOR</b></p> <p>The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, it was determined that the Director failed to ensure that one (1) of three (3) Home Health Aides (HHA) were adequately and appropriately trained. (HHA #5).</p> <p>The finding includes:</p> <p>During face to face interviews with Patient #1's caregiver and HHA #5 on January 25, 2010, at approximately 4:20 p.m., it was acknowledged HHA #5 had been administering Patient #1's medication.</p>	H 070	<p>March 19/2010</p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E. 3RD FLOOR WASHINGTON, D.C. 20002</p>	

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

*[Signature]*  
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<p><b>H 000 INITIAL COMMENTS</b></p> <p>An annual survey was conducted at your agency on January 25, 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 three (3) clinical records based on a census of three (3) patients, five (5) personnel files based on a census of fifteen (15) employees, and one (1) home visit. The findings of the survey were based on observations in the home, interviews with agency staff and caregiver interviews as well as a review of patient and administrative records.</p> <p><b>H 070 3904.1 DIRECTOR</b></p> <p>The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, it was determined that the Director failed to ensure that one (1) of three (3) Home Health Aides (HHA) were adequately and appropriately trained. (HHA #5).</p> <p>The finding includes:</p> <p>During face to face interviews with Patient #1's caregiver and HHA #5 on January 25, 2010, at approximately 4:20 p.m., it was acknowledged HHA #5 had been administering Patient #1's medication.</p>	<p><b>H 000</b></p> <p><b>H 070</b></p>	<p>Linac's Director will manage and direct agency's operation and ensure the employment/training of qualified personnel prior to placement. Director will ensure that all current staff attend an in service addressing the issue. Director's quality assurance team will ensure that compliance is maintained by review of notes at random visits/interviews of clients.</p> <p style="text-align: center;">MAR 19 2010 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	<p><b>3/31/2010</b></p>

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H 070	<p>Continued From page 1</p> <p>During a telephone interview with the Administrator on January 27, 2010, at approximately 4:45 p.m., it was revealed HHA #5 was a certified HHA and had not been trained to administer medications to Patient #1.</p> <p>There was no documented evidence the HHA had been adequately and appropriately trained to administer medications.</p>	H 070	All HHA will be re-oriented regarding this duties	3/31/2010
H 147	<p>3907.2(c) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</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>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 as there were no resumes on file for two (2) of four (4) employees included in the sample. (Staff #1 and #2)</p> <p>The findings include:</p> <p>Review of Staff #1 and #2's personnel records on January 25, 2010, beginning at approximately 11:53 a.m., revealed that their files did not contain the required resumes.</p> <p>During a face to face interview with Director of Nursing on November 25, 2010, at approximately 2:30 p.m., it was acknowledged Staff #1 and #2's personnel files did not contain their resumes.</p>	H 147	Director will ensure that all personnel records include resume of education training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars; prior to assignment. All current staff will be required to furnish missing documents to continue employment	3/31/2010

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H 147	Continued From page 2  At the time of survey, there was no documented evidence of resumes in Staff #1 and #2's personnel records.	H 147		
H 150	3907.2(f) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (f) Verification of previous employment  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of verification of previous employment for two (2) of four (4) employees included in the sample. (Staff #1 and #2)  The findings include:  A record review on January 25, 2010, at approximately 12:36 p.m. revealed that there was no documentation of verification of previous employment in Staff #1 and #2's personnel records.  During a face to face interview with the Director of Nursing on November 25, 2010, beginning at approximately 2:30 p.m., it was acknowledged Staff #1 and #2 did not have documentation of verification of previous employment in their personnel records.  At the time of the survey, there was no documented evidence of verification of previous	H 150	From 1/26/2010 and ongoing, Director will ensure that previous job verifications are done for all its personnel, by way of reference checks prior to assignment	3/31/2010

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H 150	Continued From page 3 employment in the aforementioned personnel records.	H 150		
H 151	<b>3907.2(g) PERSONNEL</b>  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 record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of reference checks for two (2) of four (4) employees included in the sample. (Staff #1 and #2)  The findings include:  A record review on January 25, 2010, at approximately 1:16 p.m. revealed that there was no documentation of reference checks in Staff #1 and #2's personnel records.  During a face to face interview with the Director of Nursing on November 25, 2010, beginning at approximately 2:30 p.m., it was acknowledged Staff #1 and #2 did not have documentation of reference checks in their personnel records.  At the time of the survey, there was no documented evidence of reference checks in the aforementioned personnel records.	H 151	As of 1/26/2010, Director will ensure that reference checks are documented for all.	3/31/2010
H 155	<b>3907.2(k) PERSONNEL</b>	H 155		

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H 155	Continued From page 4  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (k) A position description;  This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain a position description in the personnel record of one (1) of four (4) personnel included in the sample. (Staff #1)  The finding includes:  A record review of Staff #1's personnel record on January 25, 2010, at approximately 12:39 p.m., revealed that there was no evidence of a position description in his/her personnel file.  During a face to face interview on January 25, 2010 at approximately 2:30 p.m. with the Director of Nursing, it was acknowledged Staff #1 did not have a position description on file.	H 155	Director will ensure that all personnel records include a signed job description to be seen in the employees folder and all current staff records will be ready to ensure compliance	3/31/2010
H 157	3907.2(m) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the 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 that the agency failed to maintain	H 157		

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H 157	<p>Continued From page 5</p> <p>accurate personnel records, which included documentation of a acceptance or declination of the Hepatitis Vaccine for one (1) of four (4) employees included in the sample. (Staff #4)</p> <p>The finding includes:</p> <p>Review of Staff #4's personnel records on January 25, 2010, beginning at approximately 12:00 a.m., revealed no documentation of acceptance or declination of the Hepatitis Vaccine.</p> <p>During a face to face interview with Director of Nursing on November 25, 2010, at approximately 2:30 p.m., it was acknowledged there was no documentation of an acceptance or declination of the Hepatitis Vaccine on file for Staff #4.</p> <p>At the time of survey, there was no documented evidence of an acceptance or declination of the Hepatitis Vaccine in Staff #4's personnel records.</p>	H 157	Director will ensure that all personnel records include a signed job documentation of acceptance or declination of the Hepatitis Vaccine	3/31/2010
H 170	<p>3907.11 PERSONNEL</p> <p>Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient.</p> <p>This Statute is not met as evidenced by: Based on an observation and interview, it was determined that the Home Care Agency (HCA) failed to ensure that one (1) of the four (5) Home Health Aides (HHA's) presented valid agency identification prior to entering the home of a patient. (HHA # 5)</p>	H 170	Linac will provide to each employed contractor a valid agency identification prior to entering a patient's home, which must be worn at all times while on duty. Random home visits will be done by Supervisor to ensure compliance and clients interviewed.	3/31/2010

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H 170	<p>Continued From page 6</p> <p>The finding includes:</p> <p>Observations during a home visit of Patient #1 on January 25, 2010, at approximately 4:06 p.m., revealed that the HHA did not have valid agency identification on their person as evidenced below:</p> <p>During an observation at the home of Patient #1 it was revealed that HHA #5 did not have a form of identification from the agency.</p> <p>During a face to face interview with HHA #5, it was acknowledged that she did not have an agency identification.</p> <p>At the time of the survey, the HCA failed to ensure HHA #5 was provided with an agency identification.</p>	H 170	As of 1/26/2010 Director will ensure that all clinical records contain a source of referral and date of discharge	3/31/2010
H 262	<p>3911.2(b) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(b) Source of referral, including date of discharge if from a hospital or extended care facility;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the agency's clinical record failed to include the source of referral for one (1) of three (3) patients in the sample. (Patient #1)</p> <p>The finding includes:</p> <p>Review of Patient #1's medical record on January 25, 2010, at approximately 10:55 a.m., revealed</p>	H 262	Quality assurance team will ensure compliance by random review of a sample of client's files.	3/31/2010



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H 262	Continued From page 7  the source of referral was not in the medical record.  During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:15 p.m., it was acknowledged the source of referral was not in Patient #1's medical record.  There was no documented evidence the source of referral was documented in the medical record.	H 262		
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 interview and record review, the Home Care Agency (HCA) failed to ensure documentation of training and education given to patient's caregivers for one (1) of three (3) patients in the sample. (Patient #1)  The findings include:  Review of Patient # 1's Plan of Care (POC) dated December 7, 2009, through February 4, 2010, on January 25, 2010, at approximately 11:25 a.m., revealed the Skilled Nurse (SN) was to educate the caregiver on infection control, medication administration/side effects and emergency management. Further review revealed Patient #1's durable medical equipment (DME) included an Apnea Monitor.	H 279	Clinical Director will ensure that all clinical records include a documentation of all training and teaching given to patients/caregivers and available for review by the surveyors.  Quality assurance team will ensure compliance by random review of client's record.	3/31/2010

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H 279	<p>Continued From page 8</p> <p>Review of Patient # 1's skilled nursing notes dated January 13, 2010, on January 25, 2010, at approximately 11:40 a.m., revealed the caregiver was not instructed on infection control, medication administration/side effects or emergency management.</p> <p>During face to face Interviews at Patient # 1's home on January 25, 2010, at approximately 4:15 p.m., it was acknowledged by Patient #1's caregiver and Home Health Aide #5 (HHA #5), the skilled nurse had never instructed Patient # 1 on medication administration/side effects and the Apnea Monitor.</p> <p>There was no document evidence of training and education given to patient's caregivers on infection control, medication and emergency management.</p>	H279	Clinical Staff will ensure that client teaching goals are met and documented both on clinical note and in client's home.. Quality assurance will ensure compliance by reviewing documentation of teaching and client/care giver response. All Clinical staff will receive in-service on proper teaching /documentation.	3/31/2010
H 355	<p>3914.3(d) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the plan of care (POC) described the specific Home Health Aide (HHA) services to be provided for three (3) of three (3) patients (Patient #1, #2 and #3) in the sample; the expected duration of skilled nursing services for</p>	H 355	Clinical Director will ensure that 485 includes description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; All clinical staff will receive in-service on proper 485 documentation. Quality assurance team will ensure compliance by random review of clinical records	3/31/2010

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H 355	<p>Continued From page 9</p> <p>one (1) of three (3) patients in the sample (Patient #2) and the dietary requirements for one (1) of three (3) patients in the sample. (Patient #2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of Patient #1, #2 and #3's Home Health Certification and Plan of Care (POC) on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., revealed only that Home Health Aide (HHA) services was to be provided eight (8) hours a day, five (5) days a week times six (6) months.</li> </ol> <p>During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:00 p.m., it was acknowledged the POC did not describe the specific HHA services to be provided for Patient #1, #2 and #3.</p> <p>There was no documented evidence the POC included a description of the HHA services to be provided.</p> <ol style="list-style-type: none"> <li>2. Review of Patient #2's POC on January 25, 2010, at approximately 12:25 p.m., revealed skilled nursing services was to be provided once monthly.</li> </ol> <p>During a face to face interview with the DON on January 25, 2010, at approximately 2:25 p.m., it was acknowledged the POC did not include the expected duration of skilled nursing services for Patient #2.</p> <p>There was no documented evidence the POC included the expected duration for skilled nursing services.</p>	H 355	<p>Clinical Director will ensure that 485 includes description of the services to be provided, ; including: the frequency, amount, and expected duration; dietary requirements; medication 1 administration, including dosage; equipment; and 1 supplies; All clinical staff will receive in-service on proper 485 documentation. Quality assurance team will ensure compliance by random review of clinical records</p>	

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H 359	Continued From page 11 prognosis, including rehabilitation potential for Patient #1.  There was no documented evidence the POC included the prognosis, including rehabilitation potential for the patient.	H 359	QA will ensure compliance by a random renew of client records	3/31/2010
H 361	3914.3(j) PATIENT PLAN OF CARE  The plan of care shall include the following:  (j) Psychosocial needs of the patient:  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 three (3) patients in the sample. (Patient #1)  The finding includes:  Review of Patient # 1's Home Health Certification and Plan of Care (POC) dated December 7, 2009, to February 4, 2010 on January 25, 2010, at approximately 10:55 a.m., revealed the POC did not include the psychosocial needs of the patient.  During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:10 p.m., it was acknowledged Patient #1's POC did not include the psychosocial needs of the patient.  There was no documented evidence the POC included the psychosocial needs of the patient.	H 361	Clinical Director will ensure that 485 includes description of the services to be provided, ; including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; All clinical staff will receive in service on proper 485 documentation. Quality assurance team will ensure compliance by random review of clinical records	3/31/2010

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## Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/25/2010
NAME OF PROVIDER OR SUPPLIER  LINAC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 363	Continued From page 12	H 363		
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 a record review and interview it was determined the agency failed to include identification of employees in charge of managing emergency situations for three (3) of three (3) patients in the sample. (Patient #1, #2 and #3)  The findings include:  Review of Patient #1, #2 and #3's plan of care (POC) on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., revealed the POC did not include identification of employees in charge of managing emergency situations.  During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:10 p.m., it was acknowledged the POC did not include identification of employees in charge of managing emergency situations for Patient #1, #2 and #3.  There was no documented evidence on the POC of identification of employees in charge of managing emergency situations.	H 363 H 363	Linac's plan of care shall identify employees in-charge of managing emergency situation and will be documented	3/31/2010
H 364	3914.3(m) PATIENT PLAN OF CARE  The plan of care shall include the following:  (m) Emergency protocols; and...	H 364	Clinical Director will ensure that all client's 485's include documentation on emergency protocol	3/31/2010

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/25/2010	
NAME OF PROVIDER OR SUPPLIER  LINAC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
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H 364	<p>Continued From page 13</p> <p>This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for three(3) of three (3) patients in the sample. (Patient #1, #2 and #3)</p> <p>The findings include:</p> <p>Review of Patient #1, #2 and #3's plan of care (POC) on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., revealed the POC did not include emergency protocols.</p> <p>During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient #1, #2 and #3.</p> <p>There was no documented evidence the POC included emergency protocols.</p>	H 364	<p>All clinical staff will be in serviced on proper 485 documentation QA will ensure compliance by random review of client records</p> <p>Director will ensure that Linac's home health aids duties include observing, recording, report if the patients physical conditions, behavior or appearance. The DON will ensure that this is enforced. Progress notes must be submitted alongside the timesheet and must be reviewed by clinical staff. All HHAs will receive QA in-service on new progress notes. QA will ensure compliance by random check of client's records.</p>	3/31/2010
H 411	<p>3915.11(f) HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</p> <p>Home health aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure home</p>	H 411		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/25/2010
NAME OF PROVIDER OR SUPPLIER  LINAC SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
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H 411	Continued From page 14  health aides recorded, and reported on the patient's physical condition, behavior or appearance for three (3) of three (3) patients in the sample. (Patient #1, #2 and #3 ).  The findings include:  Review of Patient #1, #2, and #3's medical records on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., revealed the home health aides had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.  During a face to face interview with the Administrator on January 25, 2010, at approximately 2:30 p.m., it was acknowledged the home health aides had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.  There was no documented evidence the home health aides recorded and reported the patient's physical condition, behavior, or appearance to the agency.	H 411	Documentation will be available for review in the patient's folder for the service	3/31/2010