If continuation sheet 1 (# 19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: ----R WING HCA-0056 08/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1420 K STREET NW 7TH FLOOR ASAP SERVICES CORPORATION WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (EACH PROVIDER'S PLAN OF CORRECTION (EACH 機根 DEFICIENCY MUST BE PRECEDED BY FUL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-COMPLE, E REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual survey was conducted, from August 14, 2013 through August 21, 2013, to determine compliance with Title 22 of the District of Receive 9/19/13 Columbia Municipal Regulations, Chapter 39 (Home Care Agencies Regulations). The ASAP Services Corporation provides home care services to 168 patients, and employs 273 staff, Department of Health Health Regulation & Licerstry Administration to include home health aides, nurses and other Intermediate Care Facilities Division health care and administrative staff. The findings of the survey were based on a review of 899 North Capitol St., N.E. 15 patients' records and 25 personnel files. The Washington, D.C. 20002 findings were also based on 4 home visits, and 11 telephone interviews with patients H 152 3907.2(h) PERSONNEL H 152 Each home care agency shall maintain accurate personnel records, which shall include the following information: Annual evaluations will be taking place towards the latter part of this month. We are (h) Copies of completed annual evaluations; currently in the process of preparing for this effort. Eligible employees should receive an This Statute is not met as evidenced by: Based evaluation by October 31, 2013. We will also on record review and interview, it was be paying particular attention to getting determined the agency failed to ensure that four evaluations done during our evaluation season (4) of twenty-five (25) employees had copies of on an annual basis. Going forward, annual completed annual evaluations in their personnel evaluations will be performed for all eligible record. staff during the annual evaluation season. (Employee #1, #2, #17 and #20) The finding includes: On August 16, 2013, the home care agency's personnel records were reviewed between 11:00 a.m. and 1:30. Four of the 25 home health aides (HCAs #1, #2, #17, and #20) that had been employed for over 1 year, had not been given a performance evaluation. Health Regulation Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

Health Regulation & Licensina Administration

FORM APPROED Health Regulation & Licensina Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: ---B. WING HCA-0056 08/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1420 K STREET NW 7TH FLOOR ASAP SERVICES CORPORATION WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (EACH PROVIDER'S PLAN OF CORRECTION (EACH COMPLE, E 路船 DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) HOOD INITIAL COMMENTS H 000 An annual survey was conducted, from August 14, 2013 through August 21, 2013, to determine compliance with Title 22 of the District of Columbia Municipal Regulations, Chapter 39 ecewel 9/18/13 (Home Care Agencies Regulations). The ASAP Services Corporation provides home care services to 168 patients, and employs 273 staff, Health Regulation & Licensing Administration to include home health aides, nurses and other Intermediate Care Facilities Division health care and administrative staff. The 899 North Capitol St., N.E. findings of the survey were based on a review of Washington, D.C. 20002 15 patients' records and 25 personnel files. The findings were also based on 4 home visits, and 11 telephone interviews with patients H 152 3907.2(h) PERSONNEL H 152 Each home care agency shall maintain accurate personnel records, which shall include the following information: Annual evaluations will be taking place towards the latter part of this month. We are (h) Copies of completed annual evaluations: currently in the process of preparing for this effort. Eligible employees should receive an This Statute is not met as evidenced by: Based evaluation by October 31, 2013. We will also on record review and interview, it was be paying particular attention to getting determined the agency failed to ensure that four evaluations done during our evaluation season (4) of twenty-five (25) employees had copies of on an annual basis. Going forward, annual completed annual evaluations in their personnel evaluations will be performed for all eligible staff during the annual evaluation season. (Employee #1, #2, #17 and #20) The finding includes: On August 16, 2013, the home care agency's personnel records were reviewed between 11:00 a.m. and 1:30. Four of the 25 home health aides (HCAs #1, #2, #17, and #20) that had been

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

performance evaluation.

employed for over 1 year, had not been given a

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(X6) DATE

Health Regulation & Licensin	g Administration	•			Ľ.
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:	COMPLETED	
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	HCA 0056	B. WING		08/21/2013	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE. ZIP CODE		
	1420 K S	TREET NW	7TH FLOOR		
ASAP SERVICES CORPORATI	WASHING	TON, DC 2	0005		
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1.00			DEFICIENCY)		
H 152 Continued From page	ne 1	H 152			П
11 102 Continued 110117 pas	yC 1	,,,,,_		i	
Durden on Internal	with the the Director of			ı	
Nursing (DON) on A	with the the Director of			Ē	
	p.m., confirmed that HCA had			į.	
	rmance evaluation for			,	
employees #1, #2, #	#17, and #20.				
	=	VALUE OF THE OWNER OWNER OF THE OWNER OWN			
H 162 3907.6 PERSONNE	L	H 162			- 1
At the time of initial	amployment of each			ĺ	1
	care agency shall verify that			į į	
	the six months immediately				
	of hire, has been screened for				- 1
and is free of comm	unicable disease.				-
				1	1
This Statute is not r	net as evidenced by:				- 1
	and review of personnel				
	are agency (HCA) failed to		2	1	
	at every employee had.a		10.00	1	
	the time of hire, for one (1) of byees' in the sample.		Upon review, it has been determine	ed that the	
(Employee #18)	Sycoc III ale sample.		employee health certificate for emp	loyee #18	
			had not yet been added to the emp personnel file. The document has	loyee's	
The finding includes	1		placed in the appropriate file and the	since been	
On August 16 2013	a review of employee #18's		corrected. We will be making a cor	acione	
	roximately 11:00 a.m.,		effort to fully complete personnel fil	es of new	
	ployee was hired on August		hires with an approximate time fran	ne of one	1
	ew of the record failed to		week after the employee's hire date	. We will	
and the second s	ee had been screened for		be monitoring personnel files with re	egular file	-
and was free of com	inulicable disease.		audits to ensure file contents.		
	weekend coordinator on			į	
	arting at approximately 2:00				
	there was no documentation ommunicable disease status			1	
in the employee's rea				i.	
**************************************	S667-900 (12)	732			

Health Regulation & Licensma Administration				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		(X2) MULTIPLE CONSTRUCTION (X3		
AND PLAN OF CORRECTION IDENTIFICATION NUM	A. BUILDING	:	COMPLETED	
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HCA-0056	B. WING		08/21/2013	_
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS. CITY.	STATE. ZIP CODE		
ASAP SERVICES CORPORATION	1420 K STREET NW	7TH FLOOR		
ASAF SERVICES CORFORATION	WASHINGTON, DC 2			
(X4) ID : SUMMARY STATEMENT OF DEFICIENCIES (EA	6 E STEEL	PROVIDER'S PLAN OF CORRECTION (CORRECTIVE ACTION SHOULD BE CR		TE
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		DEFICIENCY)		
H 163 3907.7 PERSONNEL	H 163			
II 103 DOT. I ENCOUNTE	11.00			
Each employee shall be screened for			12	
communicable disease annually, according				ı ı
guidelines issued by the federal Centers f Disease Control, and shall be certified fre			İ	
communicable disease.			ī	
	3			
This Statute is not mot as suidenced by:	1		ĺ	- 1
This Statute is not met as evidenced by: Based on review of personnel records an	d			
interview, the home care agency (HCA) fa			· ·	
ensure that each employee was screened	for		Ī	- 1
communicable disease annually and certi				ı
of communicable disease, for one (1) of s (16) employees' in the sample. (Employee			į.	-
(10) employees in the sample. (Employee	e #10)		ļ	
The finding Include:			· · · · · · · · · · · · · · · · · · ·	
On August 16, 2013, a record review of t				- 1
aforementioned employees file starting at		Employee 16 has been notified of su	spension	- 1
approximately 11:00 a.m., revealed Emplo #16 was hired on April21, 2008. Further		from work and has used the time to required documentation. Regular file	obtain the	
of the record failed to evidence the employ		will be conducted to ensure that the	audits	- 1
free of communicable disease in 2012.		documentation stays current and up	to date	- 1
		We will seek to utilize our internal da	tabase to	
During an interview with the weekend coo	ordinator	add the necessary dates in order to e	ensure	
on August 16, 2013, starting at approxima	itely	that renewal dates are met.		
2:00p.m., she stated, there is no docume				- [
of the employee's communicable disease for 2012 in the employee's record	status			
Flor 2012 in the employee's record .				
H 271 3911.2(k) CLINICAL RECORDS	H 271			
Each clinical record shall include the follow	wing		ļ	
information related to the patient:				
(IA) Discharge assessment including the second	604		Î	
 (k) Discharge summary, including the reastermination of services and the effective discharge 				J
termination of contract unit and should un			Name of the last o	

Health	Regulation & Licensin	ng Administration			TOTALITATIONE
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY
ANDPLA	IN OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING	3:	COMPLETED
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		HCA-0056	D. WING_		08/21/2013
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE	
ASAP S	SERVICES CORPORAT	ION	TREET NW GTON, DC	7TH FLOOR 20005	
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H 271	Continued From pa	ge 3	H 271		
	discharge;				
			* 15 of the Land		
55	This Statute is not	mot as suideneed by			
	Based on record re	met as evidenced by: view and staff interviews, the			4-23-13
	home care agency	(HCA) failed to have a		Patients #4 and #5 were both priva	te pav
		for two (2) of five (5)		patients receiving only HHA service	
	discharged patients	in the sample. (Patient #4)		of 2013 the two patients ceased all	
	The findings include	e:		communication with ASAP. Since the	J. 10
	1 On August 15 0	2013, review of Patient #4's		private pay they could return to reco services at any time. Additionally pr	
		pproximately 9:20 a.m.,		services are A la Carte which gives	5
	, revealed, a signed of	consent for services dated	11	the ability to choose which services	TOTAL TO A POST CONTRACTOR
		in initial assessment dated and a skilled nursing note and		like to pay for. As a policy all new p	
		es both dated October 23,		have an initial assessment complete nurse. Going forward ASAP has ge	100-000 THE ST TWO
	2012. There was no	documented evidence of a		list of all (inactive) patients (more th	
	this survey.	in the record at the time of		without service) which the clinical st	-
	uno ourvey.			complete discharge summaries for	
432		013, review of Patient #5's		individuals not being serviced by AS more than 30 days.	SAP for
		oproximately 9:20 a.m., consent for services dated		more than 30 days.	
	October 23, 2012, a	n initial assessment dated			
		nd a skilled nursing note and less both dated October 23.		The clinical personnel will then be re	esnonsible
		documented evidence of a		for discharging any patient's on this	
	discharge summary	in the record at the time of		-	
	this survey.			The clinical supervisor will audit the hold" list on a weekly basis to ensur	
i	During an interview	with the President on August		inactive patients for more than 30 da	
i i	15, 2013, at approxir	mately 3:00 p.m., it was		been discharged.	78
1		was unable to locate the summaries were not done.	= 1		
1	patiente so disonargi	o daminance were not dolle.			
H 350	3914.1 PATIENT PL	AN OF CARE	H 350	ž.	*
	Each home care age	ency shall develop, with the		*	

PRINTED: 09/10/2013 FORM APPROVED

Health F	Regulation & Licensin	g Administration				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3:		SURVEY
		HCA-0056	B. WING_		00/	24 /2042
*				1 50000 CONTROL OF CONTROL	00/2	21/2013
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ASAP SI	ERVICES CORPORAT	ION .	STON, DC 2	7TH FLOOR 20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRICENCY)	DBE	(X5) COMPLETE DATE
H 350	Continued From pa	ge 4	H 350			
		n patient or his or her litten plan of care for that				A CONTRACTOR OF THE CONTRACTOR
	Based on a record redetermined the age	met as evidenced by: eview and interview, it was ncy failed to develop a written for two (2) of fifteen (15)				9-23-13
H 363	review of records re were admitted to the October 23, 2012. The records of a plan of been rendered. Inter agency on August 1: 3:00 p.m., revealed	, beginning at 9:20 a.m., a vealed that Patient #4 and #5 home care agency on There was no evidence in the care or that services had view with the President of the 5, 2013, at approximately that POCs are not required patients were privately	H 363	Plan of Care for Private Pay Patient I #4 and #5 were both private pay. Sin receive private pay services the patie the option to choose which services in needs. These two patients opted not nurse return after the initial intake. It is a practice of ASAP to open all cases nurse and close all case with a nurse forward the clinical Supervisor will remonstrate that a not receiving services within 30 days discharged.	ce they ent has fit their to have a is already with a e. Going view the all patients	
n 303	The plan of care sha	Il include the following:	П 303	Also, going forward all patients will re Plan of Care prior to starting services includes private pay beneficiaries.	ceive a	
	home care agency (I personnel responsib	net as evidenced by: lews and interviews, the HCA) failed to identify all le for emergencies for ten litients in the sample. (Patient		j≆		

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0056 08/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1420 K STREET NW 7TH FLOOR ASAP SERVICES CORPORATION WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) H 363 H 363 Continued From page 5 #1, #3, #11, #12, #14 and #15) The findings include: The home care agency's (HCA's) plan of cares (POCs) were reviewed on August 14, 2013, August 15, 2013, and August 16, 2014, between 10:30 a.m. and 2:00 p.m. respectively. The agency failed to ensure that the POC for ten (10) of the fifteen (15) patients (Patient #1,#2, #3, #9, #10, #11, #12, #13, #14 and #15) identified who would be in charge for managing emergency situation when in the patient's home as evidenced below: For patients #1, #2, #9, #10, #11, #12, #14, #15 1. Review of Patient #1's record revealed a POC All plan of cares have been updated to reflect with a documented certification period of May 11. that all employees at ASAP are responsible for 2013 through July 9, 2013. The POC ordered skilled nursing service two to three times a week contacting 911 in life threatening, non-life for nine weeks. Further review of the POC threatening, and disasters. The staff has revealed only personal care aides (PCAs) were always been aware of the emergency protocol; responsible for life-threatening, non-life however it was an oversight and has been threatening and disaster emergencies. The plan rectified to reflect the correct emergency failed to evidence the skilled nurses response process on all patient plan of cares. responsibilities for emergencies. All staff has been made aware of the change 2. Review of Patient #2's record revealed a POC made to the plan of care and reminded of their with a documented certification period of May 11, responsibility in emergencies. It is a practice 2013 through July 9, 2013. The POC ordered at ASAP that all staff members are well-trained skilled physical therapy services two (2) times a and know the proper steps to take to ensure week for eight (8) weeks. Further review of the the safety and well-being of their patients. POC revealed only PCAs were responsible for

life-threatening, non-life threatening and disaster

3. Review of Patient #3's record revealed a POC

with a documented certification period of July 26.

emergencies. The plan failed to evidence the

PT's responsibilities for emergencies.

Going forward, ASAP nurses will review the

ensure its accuracy of the emergency

information for all staff.

patient's plan of care monthly before signing to

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STATEME	Regulation & Licensin NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION S:		E SURVEY IPLETED
		HCA-0056	B. WING		08/	21/2013
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ASAP SI	ERVICES CORPORAT	ION .	TREET NW STON, DC 2	7TH FLOOR 20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
The state of the s	ordered skilled physical two (2) times a wear review of the POC responsible for life-to threatening and diasofailed to evidence the emergencies. 4. Review of Patient with a documented of 11, 2013 through Justin ordered skilled nursimenth for six (6) modered skilled nursimenth for six (6) modered skilled nursimenths. Further review personal care aides life-threatening, nonemergencies. The poskilled nurses responsibled nurses responsible for threatening and diasofailed to evidence the responsibilities for eresponsibilities	ember 23, 2013. The POC sical therapy (PT) services ek for eight (8) weeks. Further evealed only PCAs were threatening, non-life ster emergencies. The plan are PT's responsibilities for experience of January 19, 2013. The POC certification period of January 19, 10, 2013. The POC ing services one (1) time a onths and PCA services eight en (7) days a week for six (6) view of the POC revealed only (PCAs) were responsible for life threatening and diaster lan failed to evidence the nsibilities for emergencies. If #10's record revealed a need certification period of through March 12, 2013. It will be the pool of through march 12, 2013. It will be provided in the period of 19, 19, 2013. It will be provided in the period of 19, 2013. It will be provided in the period of 19, 2013. It will be provided in the period of 19, 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be provided in the period of 2013. It will be	Н 363	For patients #1, #2, #9, #10, #15 All plan of cares have been upd that all employees at ASAP are contacting 911 in life threatening threatening, and disasters. The always been aware of the emery however it was an oversight and rectified to reflect the correct emersponse process on all patient. All staff has been made aware of made to the plan of care and receptorsibility in emergencies. If at ASAP that all staff members and know the proper steps to tathe safety and well-being of their Going forward, ASAP nurses with patient's plan of care monthly be ensure its accuracy of the emerinformation for all staff.	ated to ref responsib g, non-life staff has gency prot d has been nergency plan of ca of the char minded of t is a pract are well-tra- ke to ensu- ir patients.	ilect le for tocol; res. nge their tice ained ure
	May 8, 2013 through	November 7, 2013. The I nursing services one (1)				37

time a month for six (6) months and PCA services eight (8) hours a day, seven (7) days a

Health F	Regulation & Licensin	ng Administration		*): 09/10/201 APPROVE
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 2 ST	PLE CONSTRUCTION S:		E SURVEY PLETED
		HCA-0056	B. WING		08/2	21/2013
	PROVIDER OR SUPPLIER	1420 K S	70	STATE, ZIP CODE 7TH FLOOR 20005	•	
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	POC revealed only life-threatening, non emergencies. The postilled nurses responsible for emergencies. The postilled nurses responsibilities for eigenvalues of the postilled nurses month for six (6) months. If the postilled nurses month for six (6) months. If the postilled nurses responsible for six (6) months. If the postilled nurses responsible for threatening, non emergencies. The postilled nurses responsible for six (7) days a wear expensible for threatening and dias failed to evidence the responsibilities for eigenvalues.	onths. Further review of the PCAs were responsible for allife threatening and diaster plan failed to evidence the possibilities for emergencies. If #12's record revealed a POC certification period of April 28, per 27, 2013. The POC ing services one (1) time a porths and PCA services day, seven (7) days a week Further review of the POC were responsible for elife threatening and diaster lan failed to evidence the insibilities for emergencies. O13, at approximately 2:00 ent #13's record revealed a inted certification period of rough July 14, 2013. The inursing services one (1) (6) months and personal vices eight (8) hours a day, ek for six (6) months. POC revealed only PCAs diffe-threatening, non-life of the eskilled nurses	H 363	For patients #1, #2, #9, #10, 9 #15 All plan of cares have been up that all employees at ASAP at contacting 911 in life threaten threatening, and disasters. The always been aware of the employeer it was an oversight at rectified to reflect the correct of response process on all patients. All staff has been made aware made to the plan of care and responsibility in emergencies, at ASAP that all staff member and know the proper steps to the safety and well-being of the Going forward, ASAP nurses a patient's plan of care monthly ensure its accuracy of the employment of the safety and staff.	pdated to reflere responsible ing, non-life he staff has been emergency ent plan of care e of the changereminded of the changerement will review the before signing	ect e for cool; es. ge heir ce ined e

of care with a documented certification period of May 30, 2013 through November 29, 2013. The POC ordered skilled nursing services one (1) time a month for six (6) months and PCA services eight (8) hours a day, seven (7) days a week for six (6) months. Further review of the plan care revealed only PCAs were responsible

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		HCA-0056	B. WING	·	08/2	21/2013
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H 363	Continued From pa	ge 8	H 363			
	for life-threatening,	non-life threatening and s. The plan failed to evidence		For patients #1, #2, #9, #10, #11, #1 #15	9	8-26-13
	plan of care with a c period of May 29, 20 2013. The POC ord one (1) time a mont services sixteen (16 a week for six (6) m POC revealed only life-threatening, non emergencies. The p skilled nurses response	ent #15's record revealed a documented certification 013 through November 28, dered skilled nursing services h for six (6) months and PCA i) hours a day, seven (7) days onths. Further review of the PCAs were responsible for I-life threatening and diaster plan failed to evidence the ensibilities for emergencies.		All plan of cares have been updated that all employees at ASAP are resp contacting 911 in life threatening, no threatening, and disasters. The staff always been aware of the emergence however it was an oversight and has rectified to reflect the correct emerge response process on all patient plan. All staff has been made aware of the made to the plan of care and remind responsibility in emergencies. It is a	oonsible to on-life thas by protoc s been ency of cares e change led of the practice	for col; s. e eir
10 C	agency, on August 1 3:00 p.m., it was rev	th the President of the 16, 2013, at approximately realed that the agency would on the plan care who would mergencies.		at ASAP that all staff members are wand know the proper steps to take to the safety and well-being of their pat Going forward, ASAP nurses will revpatient's plan of care monthly before	ensure ients. riew the) }
H 366	3914.4 PATIENT PL	AN OF CARE	H 366	ensure its accuracy of the emergenc		
3	by a physician within of care; provided, ho personal care aide s approved and signed registered nurse. If a revised by a telephor shall be immediately	hall be approved and signed thirty (30) days of the start owever, that a plan of care for ervices only may be d by an advanced practice a plan of care is initiated or ne order, the telephone order reduced to writing, and it e physician within thirty (30)		information for all staff.		

This Statute is not met as evidenced by:

days.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I common service	PLE CONSTRUCTION (X3) DATE SU COMPLE	
		HCA-0056	B. WING		201
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	
ASAP SE	ERVICES CORPORAT	ION		7TH FLOOR	
	CUMMADVCTA		STON, DC	The state of the s	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X COMF DA
H 366	Continued From page	ge 9	H 366	11 577	-26
	care agency (HCA) of care (POC) were physician within third care, for three (3) of sample. (Patient # 9			Several mechanisms are in place to ensure that physicians are notified within the 30 day time frame to sign the beneficiaries' plan of care (POC). An electronic log book has been implemented to track the number of communications the	
A. In the second	a.m., a review of Pa #9's record revealed period from January 2013. The review re	on tient of a proximately 11:20 tient of a POC with a certification on 11, 2013, through July 10, evealed the aforementioned April 20, 2013, sixty-eight		Medical Records Coordinator and/or Intake Coordinator make with respect to Primary care physicians and the follow up steps that were are taken. Other procedures include: 1) Call the Physician's office; 2) fax the POC and follow up with a call; 3) mail the POC and follow up with a call and 4) take the POC to the physician's office for signature.	
	p.m., a review of Pat #12's record reveale period from April 28, 2013. The review re POC was signed on days after the start o 3. On August 16, 20' a.m., a review of Pat #15's record reveale period from May 29, 2013. The review re	ed a POC with a certification 2013, through October 27, vealed the aforementioned June 28, 2013, thirty-one f care. 13, at approximately 10:21 ient ed a POC with a certification 2013, through November 28, vealed the aforementioned July 18, 2013, nineteen days		For all documentation needing a physician's signature, ASAP calls the physician's office 2-4 times per week; fax multiple copies of the POC at least twice per week; and during the third and fourth week take the POC to the physician's office. Finally, if all else fails and in extreme cases, the Administrator will report the physician to the appropriate government agency (CMS) regarding the difficulties of acquiring a signature from the physician and inform both CMS and the physician of the potential cease of services for their client if a signature cannot be obtained. On a weekly basis, the medical records coordinator will audit the plan of care log to	
ļ	August 16, 2013, stato o.m., it was revealed	the agency's President on ring at approximately 2:15 the agency have some in physicians getting POC's uired time period.		ensure that documents have been signed and returned. In the case, that the plan of cares has not been signed, the following steps listed above will be implemented.	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE	SURVEY
	,		A BOILDIN	10.		
		HCA-0056	B. WING_		08/2	1/2013
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CIT	Y, STATE, ZIP CODE		
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10A1 01		WASHING	GTON, DC	20005		100
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H 390	3915.6 HOME HEA AIDE SERVICE	LTH & PERSONAL CARE	H 390			
	required to obtain at continuing education annually, which shall help maintain or imp This training shall in	f service, each aide shall be least twelve (12) hours of a or in-service training I include information that will brove his or her performance. clude a component of the care of persons with			Contract of the state of the st	
	Care Agency (HCA) of service each aide hours of continuing e training annually for s	iew and interview, the Home failed to ensure after the year obtained at least twelve (12) ducation or in-service seven (7) of sixteen (16) the sample. (Employee #5,		Going forward, all Home Health Aides receive a reminder notice on or around	June 1	
		a record review of the		of each year reminding them of the 12 annual in-service requirement. Employ be reminded that ASAP offers in-service training to all Home Health Aide staff.	yees will e	
	aforementioned empl approximately 11:00	oyees' files starting at a.m., revealed the following:		the end of the 4 th quarter, employees n having the required amount of in-servic will be disciplined.	ot	
		hired on April 8, 2003, and hours of training for 2012.		ASAP will continue to track the emplo	-	
a		hired on December 1, 2009, se (3) hours of training for		service hours by utilizing the Alleghen that ASAP has created. A tickler syste been put in place to keep all important for all amployees	m has	
2		hired on November 15, ed nine (9) hours of training		for all employees.		

		A Justinistantina			PRINTED: 09/10/20 FORM APPROVE	
	Regulation & Licensir NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
			B. WING			
	HCA-0056				08/21/2013	_
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		
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	<u> </u>			DEFICIENCY)		_
H 390	Continued From pa	ge 11	H 390	2-		
		hid M 04, 0040	İ	В		
		ras hired on May 21, 2012, ix (6) hours of training for				
	2012.	(-)				
	5. Employee #16 w	as hired on April 21, 2008,				
	and only received si	ix (6) hours of training for		2	i	
	2012.		Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro			
		as hired on May 5, 2004, and				
	only received three	(3) hours of training for 2012.				
		with the weekend coordinator				
		, starting at approximately vealed the aforementioned				
	employees' may hav	ve had more training but she				
1	was unable to locate interview.	e it at the time of this				
H 453	3917.2(c) SKILLED	NURSING SERVICES	H 453	26.		
8	Duties of the nurse s	shall include, at a minimum,		₽.		
	the following:					
		tient needs are met in		Sec		
	accordance with the	plan of care;				
		net as evidenced by: view and interview, the home				54
1	care agency's (HCA'	's) nurse failed to ensure that		· ·	941	
į		met in accordance with the			ľ	
. !	patients in the samp	for eight (8) of fifteen (15) le.				
		#11, #12, #13, #14 and #15)				

The findings include:

1. On August 14, 2013, at approximately 10:00

PRINTED: 09/10/2013 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: __ B. WING HCA-0056 08/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1420 K STREET NW 7TH FLOOR ASAP SERVICES CORPORATION WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 12 H 453 H 453 9-12-13 a.m., review of Patient #1's POC, with a The skilled nurse was counseled on correctly documented certification period of May 11, 2013 to July 9, 2013, revealed the skilled nurse was to documenting teaching (related to visit the patient's home two - three times a week signs/symptoms of infections) that is for nine weeks to conduct skilled observations conducted with the patient. All nurses were and complete system assessments and cleanse made aware at the ASAP monthly clinical wound with normal saline, apply santyl to yellow meeting that all teaching must be documented slough, pack with calcium alginate, cover with in the nurses' notes with every encounter with gauze, Kerlix and change daily, teach sign and the patient. symptoms of infection. We realized that our current skilled nurses' Review of numerous skilled nursing notes for the note does not allow enough space to month of May 2013, June 2013, and July 2013 document all teaching areas. Therefore, a failed to evidence the skilled nurse provided new teaching note has been created for the teaching for signs and symptoms of infection. nurses to completely document all teaching areas on their skilled nursing notes. The skilled nurse revealed on August 15, 2013, at approximately 11:00 a.m., that teaching of signs and symptoms of infection was conducted, Bi-weekly, the clinical supervisor will review however, the training was not documented in the the submitted nurses' notes to ensure that all patients' records. actions have been performed and thoroughly documented. 2. On August 15, 2013, at approximately 11:20 a.m., review of Patient #9's POC, with a documented certification period of January 11, Going forward, ASAP will do their best to staff 2013, to July 10, 2013, revealed that the skilled all patients with the appropriate approved nurse was required to visit the home one (1) time hours. The staffing coordinators will conduct a month for six months and the PCA to provide checks and balances of client hours in services eight (8) hours a day seven (7) days a week for six (6) months. Further review of the coordination with the clinical supervisor and record failed to show evidence that PCA services the administrator to ensure that clients receive were provided on March 2, 2013 and March 9,

Health Regulation & Licensing Administration

provide a PCA substitute.

On August 15, 2013, at approximately 1:14 p.m.,

an interview with the facility's billing coordinator

confirm that the PCA did not work on the aforementioned days and the agency did not

2013.

the required hours. The staffing

coordinators/clinical supervisor will diligently work to find a PCA replacement in the case

that a PCA is not available for the assigned

shift.

Health Regulation & Licensin	ng Administration				120
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
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PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	X5) IPLETE ATE
a.m., review of Patient #10's POC, certification period of March 12, 2013, revisit the home one (months, and the PO services fourteen (1 days a week for six the record failed to show evide provided on Novem November 15, 2012 During an interview on August 15, 2013, the medical record cany records that wo PCA services for the The clerk indicated fourrently available, be boxes of records that #11's POC, with a deperiod of May 8, 201 revealed skilled nurs (1) time a month for hours a day seven (7 months. Further revishow evidence that I on May 11, 2013, Ma June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 2013, and June 9, 20	with a documented of September 14, 2012 to wealed the skilled nurse would (1) time a month for six (2) A was required to provide (4) hours a day, seven (7) (6) months. Further review of show evidence that skilled are provided in October 2012 (2). Additionally, the record ance that PCA services were ber 13, 2012 through (2) with the medical records clerk (3) at approximately 12:54 p.m., clerk was asked to provide (4) support the delivery of (5) aforementioned timeframe. That there were no records out stated that there were at had not been filed. 2) (3) at approximately 1:27 ient (5) occumented certification (3) to November 7, 2013, see would visit the home one six months and PCA eight (8) (7) days a week for six (6) ew of the record failed to PCA services were provided (ay 12, 2013, May 24, 2013,	H 453	We are conducting bi-weekly open herecruit for more home health aides, ensure we have sufficient staff and when the PCA is unable to cover the shift due to illness or emergency. On a daily basis, the staffing coording clinical supervisor will review the coall clients. ASAP will make every attensure that clients will have their near a daily basis. It is ASAP's goal to provery best of care to all of its patients times without having a lapse in service.	This will coverage e assigned nators and verage for empt to eds met on ovide the sat all	26-\2

Health F	Regulation & Licensir	ng Administration				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G:	(X3) DATE COMP	SURVEY
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	not work on the aforagency did not proven agency did not period of April 28, 2 revealed the skilled the patient (1) time at the personal care ai (12) hours a day seemonths. Further revevidence skilled nur in April 2013, and fa PCA services were through August 16, 20 p.m., review of Pat #13's POC, with a deperiod of January 15 revealed the skilled services one (1) time the PCA to render sed ay seven (7) days a Further review of the PCA services were personal through July 14.	for confirm that the PCA did rementioned days and the ride a PCA substitute. 013, at approximately 1:36 tient locumented certification 013 to October 27, 2013, nurse was required to visited a month for six months, and ide to render services twelve ven (7) days a week for six (6) riew of the record failed to reinder services were provided ailed to provide evidence that rendered from April 28, 2013 2013. 013, at approximately 1:36 rient ocumented certification 5, 2013 to July 14, 2013, nurse was required to provide e a month for six months, and revices twelve (12) hours a a week for six (6) months. The record failed to evidence or ovided from January 15, 4, 2013.	H 453	In an effort to use ASAP's office space some charts and documents are kept secure off site facility. Attached you we time sheets for Patient #12, #13 that we available at the time of audit. Going for ASAP will process and file all time shours are kept all current documents on site. To allow easy accessibility to our records times. Going forward, ASAP will do their best all patients with the appropriate approximes. The staffing coordinators will concern the staffing coordinators will be coordination with the clinical supervisions the administrator to ensure that client the required hours. The staffing coordinators/clinical supervisor will diswork to find a PCA replacement in the that a PCA is not available for the assistift. We are conducting bi-weekly open horecruit for more home health aides. To ensure we have sufficient staff and when the PCA is unable to cover the shift due to illness or emergency.	t at a ill find ere not ward eets and his will s at all et to staff oved conduct n or and es receive ligently e case signed ouses to his will coverage	
One of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	a.m., review of Pati #14's POC, with a do period of May 30, 20 revealed the skilled r services one (1) time the PCA to provide s seven (7) days a wee			3	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HCA-0056	B. WING	08/21/2013

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ASAP SERVICES CORPORATION

1420 K STREET NW 7TH FLOOR

(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 453	Continued From page 15	H 453		
	PCA services were rendered on June 19, 2013, June 30, 2013 and August 1, 2013.			
	8. On August 16, 2013, at approximately 10:21 a.m., review of Patient #15's POC, with a documented certification			
	period of May 29, 2013 to November 28, 2013, revealed the skilled nurse was required to render services one (1) time a month for six months, and the personal care aide (PCA) to render services sixteen (16) hours a day seven (7) days a week for six (6) months. Further review of the record		8	
	revealed that PCA services were provided for only eight (8) hours on June 17, 2013 through June 20, 2013. The record also revealed that PCA services were not rendered from June 21, 2013 through July 8, 2013.			
to the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expectation of the expect	On August 16, 2013, starting at approximately 2:15 p.m., the above findings were discussed with the home agency's president. He indicated that the services were rendered by PCA and the nurse and that he would fax the missing documents to DOH by August 19, 2013. It should be noted, the documents were not received.			
	3917.2(i) SKILLED NURSING SERVICES	H 459	_	
	Duties of the nurse shall include, at a minimum, the following:			
	(i) Patient instruction, and evalutaion of patient instruction; and		at e	
	This Statute is not met as evidenced by: Based on record review and interview, the home			

	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3:		SURVEY PLETED
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ASAP S		ION 1420 K ST WASHING	REET NW STON, DC 2	PROVIDER'S PLAN OF CO		(X5)
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(Patient of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the sample of the	H 459	Patients #1, #9, #11, #14 The skilled nurse was counse documenting teaching (relate signs/symptoms of infections conducted with the patient. Ther nurses' note to reflect the understanding; by the followire "verbalizing understanding of physiology/disease process a replaces "fall and universal pleases an oversight on the nurse forward all nurses' document more detailed understanding. All nurses were made aware monthly meeting that all teach documented in the nurses' not encounter with the patient. A new teaching note has been nurse to completely documented areas on their skilled nursing. Bi-weekly, the nursing supervithe submitted nurses' notes to actions have been performed documented.	eled on correctly ed to) that is The nurse revised patients and diet" which recautions". This es' part and goin ation will reflect of teaching skills at the clinical hing must be otes with every en created for the at all teaching notes.	5 9 5.

				20): 09/10/201 APPROVE
STATEME	Regulation & Licensing ENT OF DEFICIENCIES N OF CORRECTION	g Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	SURVEY
	<u> </u>	HCA-0056	B. WING		08/2	21/2013
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE 7TH FLOOR		
ASAP S	ERVICES CORPORAT	ION	STON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
H 459	2013, and July 201 teaching was provide effects, physiology/care and diet. The verbalized understal precautions. The nudocument the patier understanding of the teachings. 4. On August 15, 20 a.m., a review of Paramonthly skilled nurs July 2013. The note was provided on me physiology/ disease documented client of fall, universal and in The nurse, however patient's specific leverational records are the survey findings. They would develop as the survey findings.	3. The notes documented that ed on medication effect/side disease process, diabetic nurse documented client inding of fall and universal rse, however, failed to not's specific level of a aforementioned health 213, at approximately 10:30 tient #14's record revealed ing notes in June 2013 and its documented that teaching dication effect/side effects, process and diet. The nurse verbalized understanding of fection control procedures. If failed to document the el of understanding of the lith teachings. In starting at approximately was held with the home care of a scertain if there were any indication to the president stated that a new form so the nurses will et to document the patient's	H 459	Patients #1, #9, #11, #14 The skilled nurse was counseled of documenting teaching (related to signs/symptoms of infections) that conducted with the patient. The nurses' note to reflect the patient understanding; by the following standard understanding of physiology/disease process and dreplaces "fall and universal precautives an oversight on the nurses' process and dreplaces "fall and universal precautives an oversight on the nurses' process and dreplaces "fall and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal precautives and universal preca	urse revise ents atement iet" which utions". The art and goi will reflect aching skill e clinical must be with every eated for the teaching es.	ed nis ing it ils.
H 999	FINAL OBSERVATION		H 999			
E	made to patients and rendered by four (4)	t this area be reviewed and a			We consider the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	

determination be made regarding appropriate

actions to prevent a reoccurrence.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		HCA-0056	B. WING		08/21/2013
	OF PROVIDER OR SUPPLIER P SERVICES CORPORAT	1420 K S	REET NW	STATE, ZIP CODE 7TH FLOOR	
AJAI	SERVICES CORPORAT	WASHING	TON, DC 2	20005	
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HS	Patient #16 at appring the home health aid keeping and the number of the aide. 2. On August 21, 2 Patient #20 at appring the home health aid on weekends and windicated the aide uses and the aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on weekends and health aide on	#21 and #25) 2013, telephone interview with eximately 2:00 p.m., revealed de refuses to do light house urse does not provide teaching 2013, telephone interview with eximately 9:20 a.m., revealed de coverage is not consistent evekday. The patient also uses the cell phone a lot. 2013, interview with Patient ly 9:20 a.m., revealed the everage was not consistent exercise was not consistent for exercise the cell phone interview with eximately 9:48 a.m., revealed uppy with the skilled nurse's	H 999	(Patient #16) The home health a counseled about the duties that perform for the patient on a daily patient will be notified to make the supervisor aware of any further in have with the home health aide. Will also be reminded to provide the home health aides as needed conduct their monthly supervisor. The home health aides have and to be educated about their duties quarterly in-services conducted nurses will be reminded in the meeting to provide education to health aides as needed. If any fit teaching is necessary, the nurse asked to report this information supervisor. Verbal knowledge will be assess health aides during the in-service ensure that they are aware of the clinical supervisor will assess withe nurses have provided teaching home health aides during the meeting. (Patient #20) Going forward ASA that staffing coordinators conducted and balance of client hours in content that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurred that clients receive the resurr	they are to basis. The he clinical ssues they The nurse teaching to d when they ry visits. If will continue is in the by ASAP. The nonthly clinical the home further as will be to the clinical sed of home e training to eir duties. The hether or not ing to the nonthly clinical the home further or not ing to the nonthly clinical sed of home e training to eir duties. The hether or not ing to the nonthly clinical sed of home et a checks nordination with dministrator to equired hours. I supervisor will

Health Regulation & Licensing Administration STATE FORM

assigned shift.

the case that a HHA is not available for the

<u>Health</u>	Regulation & Licensing	ig Administration				
STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	COMPL	EIED	
			1	•	ı	
		HCA-0056	B. WING		08/2	1/2013
NAME OF	PROVIDER OR SUPPLIER	etpeet /	ADDRESS CITY	STATE, ZIP CODE		
INAME OF	F PROVIDER OR SUFFLIER	*	STREET NW			
ASAP S	SERVICES CORPORAT	IN	IGTON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLE DATE
Н 999			H 999	We are conducting bi-weekly open recruit for more home health aides. ensure we have sufficient staff and when the HHA is unable to cover the shift due to illness or emergency. On a daily basis, the staffing coording clinical supervisor will review the coall clients. Every attempt will be made ensure that the client will have their on a daily basis. It is ASAP's goal to the very best of care to all of our partimes without having a lapse in serv. The home health aide will be given a warning reminding them that they are continue to use their cell-phones for emergency situations. If cell-phone usage persists, action at taken against this particular employs handbook regulation. The home health aides will be remine conducting themselves in a profession manner while in the home. They will reminded not to use their cell phone at taking care of their clients. Bi-annual will be sent to all patients to ensure posatisfaction. ASAP will follow-up with results of the bi-annual survey and enthe clients are receiving excellent patients.	This will coverage to assigned the assigned that or and verage for de to needs met to provide tients at all tice. The averbal tree not to anon-tree per the ded about the per that the assignment of the neuron that the neuron that the neuron that the neuron that the neuron tree that the neuron tree assignment to the neuron tree that the neuron tree assignment to the neuron tree that the neuron tree assignment to the neuron tree that the neuron tree assignment to the neuron tree that the neuron tree assignment to the neuron tree tree assignment to the neuron tree assignment to the neuron tree assignment to the neuron tree assignment tree assignment to the neuron tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment tree assignment t	

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		*	HCA-0056	B. WING _	181	08/2	1/2013
I	NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP CODE		
	ASAP SE	RVICES CORPORAT	ION	STREET NW NGTON, DC	7TH FLOOR 20005	***	
	(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLET DATE
	Н 999			H 999	(Patient #21) ASAP in the future will that the staffing coordinators conduct and balance of client hours in coordinate the clinical supervisor and the admin ensure that clients receive the require The staffing coordinators/clinical supulingently work to find a PCA replaced the case that a HHA is not available assigned shift.	t a checks nation with istrator to ed hours. ervisor will ment in	
					We are conducting bi-weekly open he recruit for more home health aides, ensure we have sufficient staff and conduction when the HHA is unable to cover the shift due to illness or emergency. On a daily basis, the staffing coordinate clinical supervisor will review the coverall clients. Every attempt will be made ensure that the client will have their namest	This will overage assigned ators and erage for e to	
					on a daily basis. It is ASAP's goal to the very best of care to all of its patientimes without having a lapse in service	nts at all	id
			×		We will follow-up with the patient to me the patient's needs are properly being addressed by the home health aide. In determined that the home health aide question is not a good fit for this patient home health aide will be removed. The health aides skills' level will be assess the nurse on the supervisory visit. If it determined the home health aide need training then appropriate measures we taken to make sure this takes place.	If it is e in ent, the he home sed by t is eds more	*
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FORM APPROVE Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING HCA-0056 08/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1420 K STREET NW 7TH FLOOR ASAP SERVICES CORPORATION WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) The home health aides will be educated about 9-29-1 H 999 H 999 various topics via the quarterly in-service to ensure that have the skill-set needed to provide proper care to their patients. Informational packets related to the in-service content will be provided to in-service attendees. The home health aides during the in-service will be asked questions related to the content provided to ensure understanding and retention of the information. (Patient #25) I will touch base with the patient and nurse and find out what days and times work best for both parties involved. If an agreement cannot be reached, another nurse will be assigned to the patient that can accommodate the patient's needs. As the clinical supervisor and staff communicate with the patients, we will assess their satisfaction with the care that they are receiving. Bi-annual surveys will be sent to all patients to ensure patient satisfaction. The nurses will also be asked about any issues with their patient's during the monthly clinical meeting. The clinical supervisor will follow-up with any issues where the patients are dissatisfied with their care. ASAP will follow-up with the results of the bi-annual survey and ensure that the clients are receiving excellent patient care.

Health Regulation & Licensing Administration