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11/03/2011 14:52

#570 P.002/014

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PRINTED: 10/18/2011 FORM APPROVED

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N HCA-0011	CATION NUMBER: A. BUILDING 0011			(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PR	NOVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
ASAP SE	RVICES CORPORAT	ION		STREET, SE TON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCI Y MUST BE PRECEDED B SC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACTIN CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
	your agency from C October 12, 2011, t Title 22 DCMR, Chi Agencies Regulatio survey were based	e survey was conductor october 11, 2011 the o determine compile apter 39 (Home Car ons). The findings of on a random sample	rough ance with re f the le of ten	H 000	Received () Department of Meelth Regulation & Licens Germediate Care Fee 399 North Capito Washington, D.	Sittes Division
	one hundred-fifty-ni personnel files base hundred-twelve (21 home visits. The de survey were based agency staff and re	rds and observation	en (10) vo hree (3) ng this ucted with	H 354	a.) The Plan of Ca include the goals provided includi based upon the i needs of the pati patient #6 was u Nursing Supervis the services to be POC will be faxed	Patient Plan of Care ire for patient #6 did not s of the services to be ing the expected outcome, mmediate and long-term ent. The Plan of Care for pdated by the Clinical sor to Include the goals of e provided. The updated it o the patient's physician November 11, 2011 and lithin 30 days.
	(c) The goals of the ncluding the expect mmediate and long This Statute is not i Based on a record r determined that the Plan of Care (POC) services to be provi	all include the follow services to be prov ted outcome, based -term needs of the p met as evidenced by review and interview agency failed to en- included the goals ded, including the en- ted immediate ar	ided, upon the patient; y: y, it was sure the of the xpected		insure that the de recur will be as fo current Plan of Ca include the goals. the services to be service will be hel and all clinical sta they are to include to be provided, inc outcome based up long term needs of care. This inform	hanges to be put in place to ficient practice does not fillows. A revision of the ure will be conducted to and expected outcome of provided. Also, an in- id on November 2, 2011, if will be made aware that a the goals of the services cluding the expected on the immediate and if the patient on each plan mation will be reiterated the next clinical meeting mber 7, 2011
, (F S a	ong-term needs of 1 10) patients in the s The finding includes Review of Patient #6 September 7, 2011, approximately 3:00	on the immediate an the patient for one (sample. (Patient #6 s: b's Plan of Care (PC through March 9, 20 p.m., did not include provided, including	1) of ten)))))))))))))))))))		to ensure complian reviewed every 3 n assurance hurse to Care include the go	tion will be monitored by Ty chart audits in order ice. Each chart will be aonths by the quality ensure that all Plans of als and expected vices to be provided.
	ion & Licensing Adminis		11	/		(X6) DATE
	RECTOR'S OR PROVIDE	RISLIP NETER READESEN	HATIVE'S SIGN	TURE	President	11/2/11
ATE FORM	,, , , , , , , , , , , , , , , , , ,		C4	₩ FM	V211	If continuation sheet 1 of 13

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#570 P.003/014

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PRINTED: 10/18/2011 FORM APPROVED

Health Regulation & Licensing				(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		riple construction	COMPLETED
	HCA-0011	B. WING		10/12/2011
NAME OF PROVIDER OR SUPPLIER	s	TREET ADDRESS, CITY,	STATE, ZIP CODE	
ASAP SERVICES CORPORATIO	DN N	201 15TH STREET, S WASHINGTON, DC	SE 20003	
FACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FU C IDENTIFYING INFORMATIC	ID ILL PREFIX DN) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETE
H 354 Continued From pag	je 1	H 354		
expected outcome, b and long-term needs	based upon the immed of the patient.	diate		1
During a face to face Nursing (DON) on O	interview with the Dir science 11, 2011, at	ector of		:
approximately 3:29 D	o.m., it was acknowled	lged		
the goals of the servi	ices to be provided, in	cluding		
the expected outcom	term needs of the pat	ient		; ·
was not on the revise	ed Plan of Care Form	for		
Medicaid Personal C	are Aide and Home H	leaith		
	ther interview reveale	d the		
agency would start including the goals of including the expects	f the services to be pr ed outcomes on the re	ovided,	H- 355 3914.3 (d) P	lan of Care
POC.			a.)The Plan of Care for p	atient #7 did not
		i	indicate Personal Care A including description, fr	equency and
H 355 3914.3(d) PATIENT F	PLAN OF CARE	¹ Η 355	expected duration of ser Care has been updated b	Vices. The Plan of
The plan of care sha	ill include the following	n:	Nursing Supervisor to in	clude the Personal
The plan of care sha		, ;	Care Aide Services deno frequency and duration.	The POC will be
(d) A description of the	he services to be prov	ided,	faxed to patient #7's PM to November 11, 2011 ar	D for signature prior
including: the frequer	ncy, amount, and expe	ected	patient's chart upon rece	ipt.
duration; dietary requ	uirements; medication ding dosage; equipme	nt and		
supplies;	nua coorao, ederbuto			
		2	a.) 2. The Plan of Care f	
			did not indicate Person Services including desc	
This Statute is not m	net as evidenced by	. <u>I</u>	frequency and expected	d duration of
Based on interview a	and record review, the	facility	services. The Plan of Ca updated by the Clinical	
failed to ensure the p	plan of care (POC) inc	luded	Supervisor to include t	he Personal
the expected duration	n for one (1) of nine (9)	Care Aide Services deno description, frequency	
patient's that required	d services of a person the sample. (Patient #7	nan i 7) and -	The POC will be faxed to	o patient #6's
care alde (FCA) IN II a description of the s	ervices to be provided	j.	PMD for signature prior	
including : equipment	t; and supplies for one ne sample. (patient #	e (1) of	11, 2011 and filed in th chart upon receipt.	e patients
		ь 4		}

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If continuation sheet 2 of 13

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#570 P.004/014

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Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 10/12/2011 HCA-0011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 201 15TH STREET, SE ASAP SERVICES CORPORATION WASHINGTON, DC 20003 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES łD COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 355 H 355 Continued From page 2 The findings include: 1. Review of Patient #7's plan of care (POC) dated March 31, 2011, thru November 30, 2011. on October 11, 2011 at approximately 1:45 p.m., H 355 3914.3(d) Patient Plan of Care Contd. revealed "Personal Care Aide (PCA) eight (8) b.) The systemic changes to be put in place hours a day, five (5) times a week". The POC did to insure that the deficient practice does not not include the duration of the PCA services to be recur will be as follows. A revision of the current Plan of Care will be conducted to provided. include the duration of the PCA services to be provided. Also, an in-service will be held During a face to face interview with the Director of on November 2, 2011 and all clinical staff will be made aware that they are to include Nursing (DON) on October 11, 2011, at the duration of the PCA services to be approximately 5:20 p.m., it was acknowledged provided. This information will be the POC did not include the expected duration of reiterated to the clinicians at the next the PCA services to be provided eight hours a clinical meeting to be held on December 7, day, five times a week for Patient #7. 2011. 2. Review of Patient # 6's Skilled Nursing Visit Notes dated September 7, 12, 16, 19, 21, 26 and 28, 2011, on October 11, 2011, at approximately 3:15 p.m., revealed the SN was providing wound c.)This corrective action will be monitored care in the home. Further review revealed the by conducting monthly clinical note reviews POC did not include the equipment and supplies and quarterly chart audits in order to ensure compliance. Each Plan of Care will be the patient was utilizing in their home. reviewed by the in house nursing staff upon submission to ensure that the duration of PCA services are indicated. Also, each chart During a face to face interview with the Director of will be reviewed every 3 months by the Nursing (DON) on October 11, 2011, at quality assurance nurse to ensure that all approximately 3:29 p.m., it was acknowledged Plans of Care include the duration of PCA the equipment and supplies the patient was services to be provided utilizing in their home was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would include the equipment and supplies the patient may be utilizing in their home, on the revised POC. H 357 H 357 3914.3(1) PATIENT PLAN OF CARE The plan of care shall include the following: Health Regulation & Licensing Administration If continuation sheet 3 of 13 FMV211 STATE FORM

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PRINTED: 10/18/2011 FORM APPROVED

ATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HCA-0011		(X2) MULTIP A. BUILDING B. WING		(X3) DATE S COMPL 10/1	
	ROVIDER OR SUPPLIER	1	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	ERVICES CORPORAT	ION		STREET, SE STON, DC 20			
(X4) ID PREFIX TAG	/FACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FUL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
H 357	Continued From pa	age 3		н 357	H 357 3914.3(f) Patient Pla	n of Care	!
	services, discharge and continuation of	ng to the reevaluation planning, referral of renewal of services; met as evidenced by	services	· · · · · · · · · · · · · · · · · · ·	a.) The Plan of Care for patient #6 include provisions relating to the reevaluation of services, discharg referral of services and continuat renewal of services. The Plan of C patient #6 was updated to include provisions related to the reevalue	e planning, ion or lare for	
	Based on a record determined that the Plan of Care (POC to the re-evaluation planning, referral of	review and interview agency failed to ent included provisions of services, dischar f services and contin for one (1) of ten (1)	, it was sure the relating ge uation or		services, discharge planning and continuation or renewal of servic Clinical Nursing Supervisor. The i be faxed to the patient's physician signature prior to November 11, 2 placed in the patient's chart upon	POC's will is for 2011 and	
	patients in the sam	ple , (Patient #8) s:			b.) The systemic changes to be put to ensure that the deficient practic recur will be as follows. An in-ser be held on November 2, 2011 and staff will be made aware that they	ce does not vice will all clinical are to	
	September 7, 2011 approximately 3:00 relating to the re-ev planning, referral of	6's Plan of Care (PC , through March 9, 20 p.m., revealed the p valuation of services, f services and continu- was not included on	012, at rovisions discharge uation or		include the provisions related to a reevaluation of services and disch planning on each plan of care. The staff was also made aware that the re-evaluate the patient every 60 d determine if there is a continued n assistance with personal care. A 6 summary form will be utilized as a evaluation tool for all patients. Th	arge e clinical y are to ays to eed for 0 day n	
	Nursing (DON) on (e interview with the l October 11, 2011, at p.m., it was acknow	1		information will be reiterated to the clinicians at the next clinical meeting the next clinical meeting on December 7, 2011 c.) This corrective action will be me	ng to be	
	the aforementioned revised Plan of Car Care Aide and Hom Further interview re including provisions of services, dischar services and contin	I provisions was not of e Form for Medicaid he Health Skilled Ser- vealed the agency w relating to the re-ev- ge planning, referral uation or renewal of	on the Personal vices. ouid start aluation of		by conducting monthly clinical not and quarterly chart audits in order ensure compliance. Each Plan of C. reviewed by the in house nursing s submission to ensure that the prov the reevaluation of services are ind Also, each chart will be reviewed en months by the quality assurance ni ensure that all clinical notes contai of Care which includes a reevaluati	e reviews to are will be taff upon islons for licated. very 3 urse to n a Plan	
11 050	on the revised POC			н 359	oi Care which includes a reevaluati services and a discharge plan.	un of 🦷	
н 359	3914.3(h) PATIENT The plan of care sh	all include the followi	ng:				
	(h) Prognosis, inclu	ding rehabilitation po	tential:				

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Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 10/12/2011 HCA-0011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 201 15TH STREET, SE ASAP SERVICES CORPORATION WASHINGTON, DC 20003 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES iD (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY H 359 H 359 Continued From page 4 H 359 3914.3 (h) Patient Plan of Care This Statute is not met as evidenced by: a.)The Plan of Care for patient #6 did not Based on record review and interview, the indicate the prognosis including rehabilitation agency's Plan of Care (POC) failed to include potential. The Plan of Care has been updated by the Clinical Nursing Supervisor to include the prognosis including rehabilitation prognosis, including rehabilitation potential for one (1) of ten (10) patients in the sample. (Patient potential. The POC will be faxed to patient #6's PMD for signature prior to November 11, 2011 #6) and filed in the patient's chart upon receipt. The finding includes: b.) The systemic changes to be put in place to insure that the deficient practice does not Review of Patient #6's Plan of Care (POC) dated recur will be as follows. A revision of the current Plan of Care will be conducted to September 7, 2011, through March 9, 2012, at include the prognosis including rehabilitation approximately 3:00 p.m., revealed the POC did notential. Also, an in-service will be held on not include the prognosis, including rehabilitation November 2, 2011 and all clinical staff will be made aware that they are to include the potential for the patient. prognosis including rehabilitation potential. This information will be reiterated to the clinicians at the next clinical meeting to be held on December 7, 2011 During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at c.) This corrective action will be monitored in approximately 3:29 p.m., it was acknowledged the following manner. Each Plan of Care will be reviewed by the in house nursing staff upon the prognosis, including rehabilitation potential submission to ensure that the patient's was not on the revised Plan of Care Form for rehabilitation potential has been addressed. Medicaid Personal Care Aide and Home Health Also, each chart will be reviewed every 3 months by the quality assurance nurse to ensure that all Plans of Care Include the Skilled Services. Further interview revealed the agency would include the prognosis, including prognosis including rehabilitation potential. rehabilitation potential for the patient on the revised POC. H 361 H 361 3914.3(j) PATIENT PLAN OF CARE H 361 3914.3 (j) Patient Plan of Care The plan of care shall include the following: a.)The Plan of Care for patient #6 did not indicate the prognosis including the (j) Psychosocial needs of the patient; psychosocial needs of the patient. The Plan of Care has been updated by the Clinical Nursing Supervisor to include the prognosis including the psychosocial needs of the patient. The POC This Statute is not met as evidenced by: will be faxed to patient #6's PMD for signature prior to November 11, 2011 and filed in the Based on record review and interview, the patient's chart upon receipt. agency's Plan of Care (POC) failed to include the psychosocial needs of the patient for one (1) of Health Regulation & Licensing Administration If continuation sheet 5 of 13 FMV211 STATE FORM

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Health F	Regulation & Licensir	ng Administration		- r		- <u>1</u>	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI HCA-0011		(X2) MULTI A. BUILDIN B, WING	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	ERVICES CORPORAT	ION	201 15TH	STREET, S	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	JULD BE	(XS) COMPLETE DATE
H 361	Continued From pa	ige 5		H 361	H 361 3914.3 (j) Patie	nt Plan of	
	ten (10) patients in	the sample. (Patient	#6)		Care		
Н 362	September 7, 2011 approximately 3:00 relating to the psych was not on the POC During a face to fac Nursing (DON) on (approximately 3:29 the psychosocial ne the revised Plan of Personal Care Aide Services, Further in	te interview with the I October 11, 2011, at p.m., it was acknowled or the patient was Care Form for Medic and Home Health Sinterview revealed the g the psychosocial ne evised POC.	D12, at rovisions patient Director of edged as not on vaid killed agency	Н 362	 b.) The systemic changes to be puinsure that the deficient practice recur will be as follows. A revisit current Plan of Care will be condinclude the psychosocial needs of Also, an in-service will be held or 2011 and all clinical staff will be that they are to include the psycho of the patient. This information v reiterated to the clinicians at the meeting to be held on December c.) This corrective action will be 1 the following manner. Each Plan reviewed by the in house nursing submission to ensure that the psyneeds of the patient have been ad Also, each chart will be reviewed months by the quality assurance ensure that all Plans of Care inclusion. 	does not on of the ucted to f the patient. h November 2, made aware losocial needs vill be next clinical 7, 2011 monitored in of Care will be staff upon ychosocial idressed. every 3 nurse to ude the	
	The plan of care sh	all include the followi s required to protect t	!		H 362 3914.3 (k) Patient Plan of a.)The Plan of Care for patient #6 did n indicate the prognosis including the sa measures required to protect the patie injury. The Plan of Care has been upda the Clinical Nursing Supervisor to inclu	fety Int from Ited by Inde the	
	Based on interview Care Agency (HCA) care (POC) included required to protect ti (1) of ten (10) patier The finding includes Review of Patient # September 7, 2011, approximately 3:00 j	met as evidenced by and record review the failed to ensure the d the safety measure he patient from injury hts in the sample. (Pa s: 6's Plan of Care (PO) through March 9, 20 p.m., revealed the PO ty measures required	e Home plan of s / for one atient #6) C) dated 12, at DC did		 prognosis including the safety measure required to protect the patient from in The POC will be faxed to patient #6's PI signature prior to November 11, 2011 in the patient's chart upon receipt. b.} The systemic changes to be put in pi insure that the deficient practice does a recur will be as follows. A revision of ti current Plan of Care will be conducted i include the safety measures required to the patient from injury. Also, an in-serb held on November 2, 2011 and all cli staff will be made aware that they are to include the safety measures required to the patient from injury. This informatic be reiterated to the clinicians at the nex clinical meeting to be held on Decembe 2011 	jury. ' MD for : and filed lace to not to protect vice will inical o protect sh will th	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER		(X2) MULTIF A. IBUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/12/2011		
	PROVIDER OR SUPPLIER	HCA-0011	STREET ADD	RESS. CITY, S	TATE, ZIP CODE			
	ERVICES CORPORAT		201 15TH	TH STREET, SE INGTON, DC 20003				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	I TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDERS PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
H 362	Continued From pa	ige 6		H 362	H 362 3914.3 (k) Pa Care	atient Plan of		
	Nursing (DON) on (approximately 3:30 the safety measur patient from injury v Care Form for Med Home Health Skille revealed the agenc	te interview with the D October 11, 2011, at p.m., it was acknowle es required to protect was not on the revised icaid Personal Care Ai d Services. Further int y would include the sa to protect the patient f d POC.	dged the Plan of ide and lerview afety		c.) This corrective action w the following manner. Eac reviewed by the in house n submission to ensure that required to protect the pat have been addressed. Aise reviewed every 3 months t assurance nurse to ensure include the safety measure the patient from injury.	h Plan of Care will be uursing staff upon safety measures tient from injury o, each chart will be oy the quality that all Plans of Care		
H 363	3914.3(I) PATIENT		-	н 363				
	The plan of care sh	all include the followin	9:		_			
	managing emergen		f		H 36 3914.3 (l) Patient Pl a.) The Plan of Care for pat indicate the prognosis inc identifications of employe managing emergency situ:	lent #6 did not luding the es in charge of ations. The Plan of		
	Based on record rev determined that the Plan of Care (POC) employees in charg situations for one (1	met as evidenced by: vlew and interview, it v agency failed to ensu included identification e of managing emerge of ten (10) patients in	re the of ency		Care has been updated by Supervisor to include the the identifications of emp managing emergency situ be faxed to patient #6's PI prior to November 11, 20 patient's chart upon recei	the Clinical Nursing prognosis including loyees in charge of ations. The POC will MD for signature 11 and filed in the pt.		
	sample. (Patient #6)				b.) The systemic changes insure that the deficient p recur will be as follows. A current Plan of Care will I include the identification	ractice does not revision of the se conducted to		
	September 7, 2011, approximately 3:01 not include the ident	6's Plan of Care (POC through March 9, 201 p.m., revealed the PO lification of employees emergency situations	2, at 1 C did 5 in		include the identification charge of managing emer- an in-service will be held and all clinical staff will b they are to include the id employees in charge of m situations. This informati to the clinicians at the ne be held on December 7, 2	gency situations. Also, on November 2, 2011 e made aware that entifications of anaging emergency on will be reiterated kt clinical meeting to		
	Nursing (DON) on C approximately 3:30 (e interview with the Dii October 11, 2011, at p.m., it was acknowled amployees in charge o	iged			· · · ·		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTI A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/12/2011			
	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, S	TATE, ZIP CODE				
	ERVICES CORPORAT		15TH STREET, SE HINGTON, DC 20					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	iD PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET			
H 363	Continued From pa	ge 7	H 363	H 363 3914.3(l) Patient Plan of Ca	re contd.			
H 364	revised Plan of Car Care Aide and Hom Further interview re include the identific	cy situations was not on e Form for Medicaid Perso re Health Skilled Services. vealed the agency would ation of employees in chargency situations on the revis	nal ge	© This corrective action will be in the following manner. Each is will be reviewed by the in hous staff upon submission to ensur- identifications of employees in managing emergency situation addressed . Also, each chart will reviewed every 3 months by th assurance nurse to ensure that Care include the identifications employees in charge of managi- situations.	Plan of Care e nursing e that charge of s have been ll be e quality all Plans of s of			
11004		all include the following:		H 364 3914.3 (m) Patient Plan	of Care			
	(m) Emergency pro	tocols; and		a.) Patient #6 POC was signed days of the SOC. The new upda be sent to the PMD and signed 30, 2011.	PMD after 30 ted POC will			
	Based on record re- determined that the Plan of Care (POC) protocol for one (1) sample. (Patient # 6 The finding includes	s:	•	b.) The systemic changes that w instituted to ensure the practic occur in the future are as follow prior to the POC's expiration, a expiring POC's for the month w The POC's will be updated and for the RN's to review and/or n corrections to and sign. The R 14 days (2 weeks) to return the RN supervisor. Once the POC's returned, they will be faxed to within 24 hrs. If the POC has ne	e does not ws: 60 days list of all ill be created. printed out nake V's will have e POC's to the have been the PMD			
	September 7, 2011, approximately 3:02 not include the eme			returned within 14 days, a foll telephone call will be made to requesting the POC be returne signature. After the initial tele the PMD's office, the PMD will fax the signed POC. If the PMD	ow-up the PMD d with their phone call to have 7 days to			
	Nursing (DON) on C approximately 3:32 the emergency prote	e interview with the Directo October 11, 2011, at p.m., it was acknowledged ocol was not on the revised		returned the POC at that time, representative will travel to th to obtain their signature. Once been signed and returned to th be immediately placed in the p	e PMD's office the POC has as office, it will			
	Plan of Care Form f Aide and Home Hea	or Medicaid Personal Care hth Skilled Services. Furthe he agency would include th	er	c.) The corrective actions will i by conducting a quarterly char ensure compliance. Each char reviewed every 3 months by th Assurance Nurse to ensure tha have been signed by the PMD w as required.	t audit to t will be le Quality t all POC's			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUL HCA-0011		A. BUILD	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		URVEY ETED 2/2011		
	OVIDER OR SUPPLIER		STREET ADD	DRESS, CITY	STATE, ZIP CODE				
	RVICES CORPORAT	ION	201 15TH	H STREET, SE IGTON, DC 20003					
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE		
H 366	Continued From pa	ge 8		H 366			1		
H 366	3914,4 PATIENT PI	LAN OF CARE		H 366			• • •		
	by a physician withing of care; provided, h personal care aide approved and signed registered nurse. If revised by a telepho shall be immediatel shall be signed by t days. This Statute is not Based on record re- determined that the batient's Plan of Ca and signed by a phy of the start of care (batients in the samp The finding includes A review of Patient # 31, 2011 thru Nover approximately 1:50 evealed the POC v he physician with-in During a face to fac Nursing on October 2:30 pm, revealed P sign the POC with-in	7's Plan of Care da nber 30, 2011, at p.m., on October 11, vas not signed and d n thirty days of the SC e interview with the E 11, 2011, at approxit atient #7's physician n thirty days of the SC	he start of care for actice ated or one order and it hirty (30) was ure the ved by 30) days en (10) ated May 2011, lated by Director of mately did not		 H366 3914.4 Patient plan of the systemic changes that ensure the practice does not a solowing the sent to the PMD a solowing the systemic changes that ensure the practice does not a solowing the systemic changes that ensure the practice does not a solowing the systemic changes that ensure the practice does not a solowing the systemic changes that ensure the practice does not a solowing the systemic changes that ensure the practice does not a solowing the systemic changes that ensure the process to the supervisor. Once the POC's have 14 days (2 weeks) to ret supervisor. Once the POC's have 14 days (2 weeks) to ret supervisor. Once the POC's have 14 days (2 weeks) to ret supervisor. Once the POC's have the supervisor. Once the POC's have the supervisor is the signature due to the PMD POC has not been returned will be made Quality Assurance Manager returned with their signature telephone call to the PMD's of 7 days to fax the signed POC. The signed POC at that time, representative will travel to the obtain their signature. Once the signed and returned to the off immediately placed in the pat c.) The corrective actions will conducting a quarterly chart a compliance. Each chart will be months by the Quality Assurant that all POC's have been signed 30 days as required. 	the PMD within 30 c The newly updated and signed by Decem will be instituted to occur in the future a he POC's expiration, he month will be . The POC's will be he RN's to review and sign. The RN's w urn the POC's to the ave been returned, within 24 hrs. If the ithin 14 days, a follo e to the PMD by the equesting the POC ba . After the initial fice, the PMD will ha if the PMD has not , an agency he PMD's office to he POC has been lce, it will be lent's chart. be monitored by udit to ensure e reviewed every 3 occ Manager to ensu	ber re a ill RN w- ve		
		IRSING SERVICES		H 450					
່ r ເ	egistered nurse, or	ces shall be provided by a licensed practic in of a registered nur	al nurse 🌾						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUL HCA-0011		(X2) MULTIF A. BUILDINK B. WING	PLE CONSTRUCTION 3	(X3) DATE SU COMPLE 10/12	
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
ASAP SE	RVICES CORPORATI	ION		STREET, SE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(XS) COMPLETE DATE
H 450	Continued From pa in accordance with	ge 9 the patient's plan of t	care.	H 450	H 450 3917.1 Skille	d Nursing Services	
	Based on interview Care Agency (HCA) nursing services we with the patient's pla	met as evidenced by and record review, to failed to ensure skill are provided in accord an of care (POC) for the sample. (Patient	he Home led dance one (1) of		a.) The clinicians for Pati provide skilled services i ordered. Missed visit for which provided justificat visits and they will be file chart prior to November	3 times per week as ms ⁻ were completed ilon for the missed ed in the patlents	·
:	dated September 7, 2012, on October 1 [°] p.m., revealed the p included recessive of bullosa. Further revisive skilled nurse (SN) to times a week for two Review of Patient # Notes dated Septem 28, 2011, on Octobe 3:15 p.m., revealed	6's Plan of Care (Po , 2011, through Marc 1, 2011 at approxima patient had diagnoses dystrophic epidermol jew revealed an order o provide wound care	h 9, htely 3:00 s that lysis er for the e three (3) Visit 1, 26 and kimately de wound		b.)The systemic changes ensure that this practice the future will be to utilit medical record software compliance. Allscripts, ti software should be ready before March 31, 2012. I program has been implet house nursing staff will b filing clinical patient doc patient charts. These ind responsible for filing biw frequently as indicated. ensure that clinical asses properly filed in the patie clinical misses a visit, a document will be complet the patient's chart. If a pe an on hold form will be p chart to explain why the missing.	does not occur in ze an electronic program to ensure he intended EMR y to go live ou or Jutil the Allscripts mented, the in- veresponsible for umentation in the lividuals will be reekly or more This individual will sments are ent charts. If a missed visit ted and placed in titent is "on hold", laced in the patient	•
	During a face to face		nately		c.) The corrective actions via quarterly chart audity compliance. Each chart w every 3 months by the qu manager to ensure that e contains a monthly clinic corresponds to the physic of Care.	s to ensure vill be reviewed ality assurance ach patient chart al assessment that	
		NURSING SERVICE		H 456		•	
	(f) Supervision of se tion & Licensing Administ	rvices delivered by h	iome				

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	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUT HCA-0011	MBER:				COMPLETED 10/12/2011	
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	PRESS, CITY, ST	ATE, ZIP CODE			
ASAP SI	RVICES CORPORAT	ION		STREET, SE TON, DC 200	03			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL :	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
	Support staff, as ap This Statute is not Based on record re determined that the supervision of servi- care aides (PCA) a (10) patients in the The finding include 1. Review of Patien Certification and Pi- 4, 2011 thru Noverr 4:05 p.m., on Octol skilled nurse (SN) v six (6) months to in personal care aide Non-Skilled Superv October 11, 2011, a revealed the last do dated July, 2011. For was no documented the services provide month of August 20 2. Review of Patien 2011 thru 29, 2011, on October 11, 2011 once a month for si supervise the perso Non-Skilled Superv October 11, 2011, a revealed no documented and July 2011.	al care aides and hou opropriate; met as evidenced by eview and interview, if a agency failed to hav ices delivered by per- is appropriate for two sample. (Patient #1 a s: at #1's Home Health an of Care (POC) dat ther 3, 2011, at appro- ber 11, 2011, revealed was to visit once a mo struct and supervise (PCA). Review of Mo isory Nursing Notes of at approximately 4:06 ocumented monthly n urther review revealed d evidence the SN su	/: I was /e sonal (2) of ten and #9) ted May oximately d the onth for the onthiy on p.m., ote was d there upervised the ay 30, 0 p.m., as to visit uct and Monthly on p.m., for June Director	H 456	 H 456 3917.2 (f) Skilled Nursa. a.) 1. The clinician for Patien missing supervisory visit domonths of August 2011 and 3 and they were filed in the patent so filed in the patent so filed in the patent's characteristic does the future will be to utilize an medical record software procompliance. Allscripts, the is software should be ready to before March 31, 2012. Until program has been implement house nursing staff will be to filing clinical patient document will be completed the patient's character. These individed responsible for filing biweek frequently as indicated. This ensure that clinical assessme properly filed in the patient of clinician misses a visit, a miss document will be completed the patient's chart. If a patier an on hold form will be place chart to explain why the documissing. c.) The corrective actions will via quarterly chart audits to compliance. Each chart will be a supervisory visit form that cot the physician ordered Plan of the phys	t #1 located the cuments for the isptember 2011 tient's charts. at #9 located the cuments for the y 2011 and they arts. twill be made to s not occur in o electronic gram to ensure thended EMR go live on or the Aliscripts ted, the in- sponsible for individual will outs are individual will outs are tharts. If a sed visit and placed in th is "on hold", d in the patient imentation is be monitored ensure or erviewed y assurance iseds to set arts.		

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TATEMENT OF DEFICIENCIES ND PLAN DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUL HCA-0011	R/CLIA MBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 10/12/2011	
IAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
ASAP SERVICES CORPORAT	NON	201 15TH S WASHINGT	TREET, SE	003		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
did not have docun not Patient #1 and accordance with th	cknowledged the agen nentation to support w #9's PCA was superv e POC.	ncy's SN vhether or rised in	H 458 H 459			
the following: (i) Patient instruction instruction; and This Statute is not Based on interview facility's skilled nurse documentation of patient (10) patients in the The findings include 1. 1. Review of Patient 2011 to January 22, at approximately 2:3 has diagnoses that emphysemia, seizur NOS. Review of Patient Note dated August 2 at approximately 2:3 intake, medication at teaching tolerated w	shall include, at a mi m, and evalutaion of p and record review, the sing staff failed to ens atient instruction, and t instruction for four (- sample. (Patient #3, e: t #3's POC dated July 2012, on October 11 35 p.m., revealed the included rhumatold at re disorder and head tient #3's Skilled Nurs 22, 2011, on October 18 p.m., revealed "die ind safety precautions rell". There was no ce which aspect of the	nimum, patient de ure 4) of ten 6 and 7) / 23, , 2011, patient rthritis, injury ing Visit 11, 2011 t, fluid s,	H 408	 H 459 3917.2 (i) Skilled Nu. a.) 1. The clinician of patient #: aware during an in-service November 2, 2011 that she educate each patient durin that education needs to be determine patient underst education also needs to be documented. She verbailiz of the proper way to provide education. This will be rei- clinical meeting to be held 2011 and all clinicians will reminder. 2. The clinician of patient is aware during an in-service November 2, 2011 that he each patient during each we education needs to be eva- determine patient underst education needs to be eva- determine patient underst education also needs to be documented. He verbailize of the proper way to provi- education. This will be rei clinical meeting to be held 2011 and all clinicians will reminder. 3. The clinician of patient aware during an in-service November 2, 2011 that she educate each patient durit that education needs to bid documented. She verbail of the proper way to provi- education also needs to bid documented. She verbail of the proper way to provi- education also needs to bid documented. She verbail of the proper way to provi- education. This will be reit clinical meeting to be held 2011 and all clinicians will of the proper way to provi- education. This will be reit clinical meeting to be held 2011 and all clinicians will of the proper way to provi- education. This will be reit clinical meeting to be held 2011 and all clinicians will of the proper way to provi- education. This will be reit clinical meeting to be held 2011 and all clinicians will provide the proper way to provi- education. This will be reit clinical meeting to be held 2011 and all clinicians will provide the proper way to provide the proper way to provide the 2011 and all clinicians will provide the proper way to provide the proper way top provide theld provide the proper way top prov	3 was made held on needed to g each visit and evaluated to anding. The properly ed understanding de patient terated at the next on December 7, i receive a written %6 was made e held on needed to educate risit and that luated to tanding. The e properly ed understanding life patient iterated at the next on December 7, ii receive a written #7 was made re held on se needed to ing each visit and e evaluated to standing. The e properly zed understanding the patient is needed to ing each visit and e evaluated to standing. The e properly zed understanding ride patient e properly zed understanding the e properly zed understanding ride patient eiterated at the next d on December 7,	
2. Review of Patient th Regulation & Licensing Adminis	#6's POC dated Sep	tember				J

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H 459 Continued From page 7, 2011 to November 9 2011, at approximately patient has diagnoses dystrophic epitermolysi Patient #6's Skilled Nu September 7, 2011, on approximately 2:58 p.m	AENT OF DEFICIENCIES IST BE PRECEDED BY DENTIFYING INFORMA 12 0, 2011, on Octobe 3:00 p.m., reveal that included rece is bullosa. Review rsing Visit Note di October 11, 2011 n., revealed "clien precautions and to cumented eviden	201 15TH WASHING S FULL ATION) er 11, led the essive v of ated 1, at it teaching plerated ice which	RESS, CITY, S STREET, SE TON, DC 20 ID PREFIX TAG	TATE, ZIP CODE	(X5) COMPLET DATE
H 459 Continued From page 7, 2011 to November 9 2011, at approximately patient has diagnoses dystrophic epitermolysi Patient #6's Skilled Nu September 7, 2011, on approximately 2:58 p.m	12 12 12 12 12 12 12 12 12 12	FULL ATION) er 11, led the essive v of ated 1, at it teaching plerated ice which	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET
7, 2011 to November 9 2011, at approximately patient has diagnoses dystrophic epitermolysi Patient #6's Skilled Nu September 7, 2011, on approximately 2:58 p.n), 2011, on Octobe 3:00 p.m., reveal that included rece is bullosa. Review rsing Visit Note da October 11, 2011 n., revealed "clien precautions and to cumented eviden	led the essive v of ated 1, at it teaching plerated ice which	H 459	H 459 3917.2 (i) Skilled Nursing Services	
 about the and salety p well". There was no do aspect of the health tea evaluated. 3. Review of Patient #7 2011 to November 30, at approximately 3:00 p has diagnoses that incl hypertension and brond #7's Skilled Nursing Vis June 16, 2011, on Octo approximately 3:28 p.m diet and safety precautit teaching was tolerated documented evidence teaching instructions was tolerated documented evidence teaching instructions was During a face to face in Nursing (DON) on Octo approximately 5:25 p.m the agency's skilled nur specifically the evaluatit to Patient #3, #6 and #7 interview revealed the are-train the SNs on how the evaluation of patient 	r's POC dated Ma 2011, on October o.m., revealed the luded Diabete Me chitis. Review of sit Notes dated Mi ober 11, 2011, at n., revealed medic ions teaching and well. There was r which aspect of th as evaluated. therview with the D ober 11, 2011, at n., it was acknowle rse (SN) did not d on of the instruction 7 by the SN. Furth agency was going v to document act at instructions.	ay 31, 11, 2011, patient lilitus Patient ay 31 and cation, t that the no he health Director of edged locument ons given her		 b.) The measures that will be put in place to ensure that that the deficient practices do not occur in the future are as follows: The clinical staff will receive another in-service on December 7, 2011 which relations during each visit and how it is imperative to evaluate the patient education. The clinical assessment forms will also be reviewed monthly by the in-house clinical staff to ensure that all clinical staff are educating their patients and properly documenting this education on their clinical noter reviews and quarterly chart audits in order to ensure compliance. Each clinical staff to ensure that the patient is being properly educated and that the education is evaluated. Also, each chart will be reviewed every 3 monthly clinical assessment which includes patient education. 	