

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003	
(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)
H 000	INITIAL COMMENTS An annual licensure survey was conducted at your agency from October 11, 2011 through October 12, 2011, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) active clinical records based on a census of one hundred-fifty-nine (150) patients, ten (10) personnel files based on a census of two hundred-twelve (212) employees and three (3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review of clinical and administrative records and observations.	H 000	<p><i>Received 11/3/11</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>
H 354	3914.3(c) PATIENT PLAN OF CARE The plan of care shall include the following: (c) The goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure the Plan of Care (POC) included the goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient for one (1) of ten (10) patients in the sample. (Patient #6) The finding includes: Review of Patient #6's Plan of Care (POC) dated September 7, 2011, through March 9, 2012, at approximately 3:00 p.m., did not include the goals of the services to be provided, including the	H 354	<p>H- 354 3914.3(c) Patient Plan of Care</p> <p>a.) The Plan of Care for patient #6 did not include the goals of the services to be provided including the expected outcome, based upon the immediate and long-term needs of the patient. The Plan of Care for patient #6 was updated by the Clinical Nursing Supervisor to include the goals of the services to be provided. The updated POC will be faxed to the patient's physician for signature by November 11, 2011 and placed in chart within 30 days.</p> <p>b.) The systemic changes to be put in place to insure that the deficient practice does not recur will be as follows. A revision of the current Plan of Care will be conducted to include the goals and expected outcome of the services to be provided. Also, an in-service will be held on November 2, 2011, and all clinical staff will be made aware that they are to include the goals of the services to be provided, including the expected outcome based upon the immediate and long term needs of the patient on each plan of care. This information will be reiterated to the clinicians at the next clinical meeting to be held on December 7, 2011</p> <p>c.) This corrective action will be monitored by conducting quarterly chart audits in order to ensure compliance. Each chart will be reviewed every 3 months by the quality assurance nurse to ensure that all Plans of Care include the goals and expected outcomes of the services to be provided.</p>

Health Regulation & Licensing Administration

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

TITLE

(X5) DATE

STATE FORM

6900

FMV211

If continuation sheet 1 of 13

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION			STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 354	Continued From page 1 expected outcome, based upon the immediate and long-term needs of the patient. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 3:29 p.m., it was acknowledged the goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient 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 start including the goals of the services to be provided, including the expected outcomes on the revised POC.	H 354			
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the plan of care (POC) included the expected duration for one (1) of nine (9) patient's that required services of a personal care aide (PCA) in the sample. (Patient #7) and a description of the services to be provided, including: equipment; and supplies for one (1) of ten (10) patients in the sample. (patient #6)	H 355	H- 355 3914.3 (d) Plan of Care a.) The Plan of Care for patient #7 did not indicate Personal Care Aide Services including description, frequency and expected duration of services. The Plan of Care has been updated by the Clinical Nursing Supervisor to include the Personal Care Aide Services denoting the description, frequency and duration. The POC will be faxed to patient #7's PMD for signature prior to November 11, 2011 and filed in the patient's chart upon receipt. a.) 2. The Plan of Care for patient #6 did not indicate Personal Care Aide Services including description, frequency and expected duration of services. The Plan of Care has been updated by the Clinical Nursing Supervisor to include the Personal Care Aide Services denoting the description, frequency and duration. The POC will be faxed to patient #6's PMD for signature prior to November 11, 2011 and filed in the patient's chart upon receipt.		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 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., revealed "Personal Care Aide (PCA) eight (8) hours a day, five (5) times a week". The POC did not include the duration of the PCA services to be provided. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 5:20 p.m., it was acknowledged the POC did not include the expected duration of the PCA services to be provided eight hours a day, five times a week for Patient #7. 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 care in the home. Further review revealed the POC did not include the equipment and supplies the patient was utilizing in their home. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 3:29 p.m., it was acknowledged the equipment and supplies the patient was 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 355	H 355 3914.3(d) Patient Plan of Care Contd. b.) The systemic changes to be put in place to insure that the deficient practice does not recur will be as follows. A revision of the current Plan of Care will be conducted to include the duration of the PCA services to be provided. Also, an in-service will be held on November 2, 2011 and all clinical staff will be made aware that they are to include the duration of the PCA services to be provided. This information will be reiterated to the clinicians at the next clinical meeting to be held on December 7, 2011. c.) This corrective action will be monitored by conducting monthly clinical note reviews and quarterly chart audits in order to ensure compliance. Each Plan of Care will be reviewed by the in house nursing staff upon submission to ensure that the duration of PCA services are indicated. Also, each chart will be reviewed every 3 months by the quality assurance nurse to ensure that all Plans of Care include the duration of PCA services to be provided	
H 357	3914.3(f) PATIENT PLAN OF CARE The plan of care shall include the following:	H 357		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 357	Continued From page 3 (f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure the Plan of Care (POC) included provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services for one (1) of ten (10) patients in the sample. (Patient #8) The finding includes: Review of Patient #6's Plan of Care (POC) dated September 7, 2011, through March 9, 2012, at approximately 3:00 p.m., revealed the provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services was not included on the POC. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 3:29 p.m., it was acknowledged the aforementioned provisions 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 start including provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services on the revised POC.	H 357	H 357 3914.3(f) Patient Plan of Care a.) The Plan of Care for patient #6, did not include provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services. The Plan of Care for patient #6 was updated to include provisions related to the reevaluation of services, discharge planning and continuation or renewal of services by the Clinical Nursing Supervisor. The POC's will be faxed to the patient's physicians for signature prior to November 11, 2011 and placed in the patient's chart upon receipt. b.) The systemic changes to be put in place to ensure that the deficient practice does not recur will be as follows. An in-service will be held on November 2, 2011 and all clinical staff will be made aware that they are to include the provisions related to the reevaluation of services and discharge planning on each plan of care. The clinical staff was also made aware that they are to re-evaluate the patient every 60 days to determine if there is a continued need for assistance with personal care. A 60 day summary form will be utilized as an evaluation tool for all patients. This information will be reiterated to the clinicians at the next clinical meeting to be held on December 7, 2011 c.) This corrective action will be monitored by conducting monthly clinical note reviews and quarterly chart audits in order to ensure compliance. Each Plan of Care will be reviewed by the in house nursing staff upon submission to ensure that the provisions for the reevaluation of services are indicated. Also, each chart will be reviewed every 3 months by the quality assurance nurse to ensure that all clinical notes contain a Plan of Care which includes a reevaluation of services and a discharge plan.	
H 359	3914.3(h) PATIENT PLAN OF CARE The plan of care shall include the following: (h) Prognosis, including rehabilitation potential;	H 359		

Health Regulation & Licensing Administration

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

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 361	Continued From page 5 ten (10) patients in the sample. (Patient #6) Review of Patient #6's Plan of Care (POC) dated September 7, 2011, through March 9, 2012, at approximately 3:00 p.m., revealed the provisions relating to the psychosocial needs of the patient was not on the POC. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 3:29 p.m., it was acknowledged the psychosocial needs of the patient 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 start including the psychosocial needs of the patient on the revised POC.	H 361	H 361 3914.3 (j) Patient Plan of Care b.) The systemic changes to be put in place to insure that the deficient practice does not recur will be as follows. A revision of the current Plan of Care will be conducted to include the psychosocial needs of the patient. Also, an in-service will be held on November 2, 2011 and all clinical staff will be made aware that they are to include the psychosocial needs of the patient. This information will be reiterated to the clinicians at the next clinical meeting to be held on December 7, 2011 c.) This corrective action will be monitored in the following manner. Each Plan of Care will be reviewed by the in house nursing staff upon submission to ensure that the psychosocial needs of the patient have been addressed. Also, each chart will be reviewed every 3 months by the quality assurance nurse to ensure that all Plans of Care include the psychosocial needs of the patient.	
H 362	3914.3(k) PATIENT PLAN OF CARE The plan of care shall include the following: (k) Safety measures required to protect the patient from injury; This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included the safety measures required to protect the patient from injury for one (1) of ten (10) patients in the sample. (Patient #6) The finding includes: Review of Patient #6's Plan of Care (POC) dated September 7, 2011, through March 9, 2012, at approximately 3:00 p.m., revealed the POC did not include the safety measures required to protect the patient from injury.	H 362	H 362 3914.3 (k) Patient Plan of Care a.) The Plan of Care for patient #6 did not indicate the prognosis including the safety measures required to protect the patient from injury. The Plan of Care has been updated by the Clinical Nursing Supervisor to include the prognosis including the safety measures required to protect the patient from injury. The POC will be faxed to patient #6's PMD for signature prior to November 11, 2011 and filed in the patient's chart upon receipt. b.) The systemic changes to be put in place to insure that the deficient practice does not recur will be as follows. A revision of the current Plan of Care will be conducted to include the safety measures required to protect the patient from injury. Also, an in-service will be held on November 2, 2011 and all clinical staff will be made aware that they are to include the safety measures required to protect the patient from injury. This information will be reiterated to the clinicians at the next clinical meeting to be held on December 7, 2011	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION			STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 362	Continued From page 6 During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 3:30 p.m., it was acknowledged the safety measures required to protect the patient from injury 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 safety measures required to protect the patient from injury on the revised POC.	H 362	H 362 3914.3 (k) Patient Plan of Care c.) This corrective action will be monitored in the following manner. Each Plan of Care will be reviewed by the in house nursing staff upon submission to ensure that safety measures required to protect the patient from injury have been addressed. Also, each chart will be reviewed every 3 months by the quality assurance nurse to ensure that all Plans of Care include the safety measures required to protect the patient from injury.		
H 363	3914.3(I) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the Plan of Care (POC) included identification of employees in charge of managing emergency situations for one (1) of ten (10) patients in the sample. (Patient #6) The finding includes: Review of Patient #6's Plan of Care (POC) dated September 7, 2011, through March 9, 2012, at approximately 3:01 p.m., revealed the POC did not include the identification of employees in charge of managing emergency situations. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 3:30 p.m., it was acknowledged the identification of employees in charge of	H 363	H 363 3914.3 (I) Patient Plan of Care a.) The Plan of Care for patient #6 did not indicate the prognosis including the identifications of employees in charge of managing emergency situations. The Plan of Care has been updated by the Clinical Nursing Supervisor to include the prognosis including the identifications of employees in charge of managing emergency situations. The POC will be faxed to patient #6's PMD for signature prior to November 11, 2011 and filed in the patient's chart upon receipt. b.) The systemic changes to be put in place to insure that the deficient practice does not recur will be as follows. A revision of the current Plan of Care will be conducted to include the identifications of employees in charge of managing emergency situations. Also, an in-service will be held on November 2, 2011 and all clinical staff will be made aware that they are to include the identifications of employees in charge of managing emergency situations. This information will be reiterated to the clinicians at the next clinical meeting to be held on December 7, 2011.		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION			STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 363	Continued From page 7 managing emergency situations 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 identification of employees in charge of managing emergency situations on the revised POC.	H 363	H 363 3914.3(l) Patient Plan of Care contd. © This corrective action will be monitored in the following manner. Each Plan of Care will be reviewed by the in house nursing staff upon submission to ensure that identifications of employees in charge of managing emergency situations have been addressed. Also, each chart will be reviewed every 3 months by the quality assurance nurse to ensure that all Plans of Care include the identifications of employees in charge of managing emergency situations.		
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the Plan of Care (POC) included the emergency protocol for one (1) of ten (10) patient's in the sample. (Patient # 6) The finding includes: Review of Patient #6's Plan of Care (POC) dated September 7, 2011, through March 9, 2012, at approximately 3:02 p.m., revealed the POC did not include the emergency protocol. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 3:32 p.m., it was acknowledged the emergency protocol 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 emergency protocol on the POC.	H 364	H 364 3914.3 (m) Patient Plan of Care a.) Patient #6 POC was signed PMD after 30 days of the SOC. The new updated POC will be sent to the PMD and signed by December 30, 2011. b.) The systemic changes that will be instituted to ensure the practice does not occur in the future are as follows: 60 days prior to the POC's expiration, a list of all expiring POC's for the month will be created. The POC's will be updated and printed out for the RN's to review and/or make corrections to and sign. The RN's will have 14 days (2 weeks) to return the POC's to the RN supervisor. Once the POC's have been returned, they will be faxed to the PMD within 24 hrs. If the POC has not been returned within 14 days, a follow-up telephone call will be made to the PMD requesting the POC be returned with their signature. After the initial telephone call to the PMD's office, the PMD will have 7 days to fax the signed POC. If the PMD has not returned the POC at that time, an agency representative will travel to the PMD's office to obtain their signature. Once the POC has been signed and returned to the office, it will be immediately placed in the patient's chart. c.) The corrective actions will be monitored by conducting a quarterly chart audit to ensure compliance. Each chart will be reviewed every 3 months by the Quality Assurance Nurse to ensure that all POC's have been signed by the PMD within 30 days as required.		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 366	Continued From page 8	H 366		
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the patient's Plan of Care (POC) was approved by and signed by a physician with-in thirty (30) days of the start of care (SOC) for one (1) of ten (10) patients in the sample. (Patient #7) The finding includes: A review of Patient # 7's Plan of Care dated May 31, 2011 thru November 30, 2011, at approximately 1:50 p.m., on October 11, 2011, revealed the POC was not signed and dated by the physician with-in thirty days of the SOC. During a face to face interview with the Director of Nursing on October 11, 2011, at approximately 2:30 pm, revealed Patient #7's physician did not sign the POC with-in thirty days of the SOC.	H 366	H366 3914.4 Patient plan of Care There was no POC signed by the PMD within 30 days located in patient #7's chart. The newly updated POC will be sent to the PMD and signed by December 30. b.) The systemic changes that will be instituted to ensure the practice does not occur in the future are as follows: 60 days prior to the POC's expiration, a list of all expiring POC's for the month will be created by the RN Supervisor. The POC's will be updated and printed out for the RN's to review and/or make corrections to and sign. The RN's will have 14 days (2 weeks) to return the POC's to the RN supervisor. Once the POC's have been returned, they will be faxed to the PMD within 24 hrs. If the POC has not been returned within 14 days, a follow-up telephone call will be made to the PMD by the Quality Assurance Manager requesting the POC be returned with their signature. After the initial telephone call to the PMD's office, the PMD will have 7 days to fax the signed POC. If the PMD has not returned the POC at that time, an agency representative will travel to the PMD's office to obtain their signature. Once the POC has been signed and returned to the office, it will be immediately placed in the patient's chart. c.) The corrective actions will be monitored by conducting a quarterly chart audit to ensure compliance. Each chart will be reviewed every 3 months by the Quality Assurance Manager to ensure that all POC's have been signed by the PMD within 30 days as required.	
H 450	3917.1 SKILLED NURSING SERVICES Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and	H 450		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 450	<p>Continued From page 9</p> <p>in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC) for one (1) of ten (10) patients in the sample. (Patient #6)</p> <p>The finding includes:</p> <p>Review of Patient # 6's Plan of Care (POC) dated September 7, 2011, through March 9, 2012, on October 11, 2011 at approximately 3:00 p.m., revealed the patient had diagnoses that included recessive dystrophic epidermolysis bullosa. Further review revealed an order for the skilled nurse (SN) to provide wound care three (3) times a week for two (2) months.</p> <p>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 did not provide wound care three times a week in accordance with the POC.</p> <p>During a face to face interview with the Director of Nursing on October 11, 2011 at approximately 5:20 p.m., it was acknowledged the SN had not provided wound care for Patient #6 in accordance with the POC.</p>	H 450	<p>H 450 3917.1 Skilled Nursing Services</p> <p>a.)The clinicians for Patient #6 failed to provide skilled services 3 times per week as ordered. Missed visit forms were completed which provided justification for the missed visits and they will be filed in the patients chart prior to November 11, 2011.</p> <p>b.)The systemic changes that will be made to ensure that this practice does not occur in the future will be to utilize an electronic medical record software program to ensure compliance. Allscripts, the intended EMR software should be ready to go live on or before March 31, 2012. Until the Allscripts program has been implemented, the in-house nursing staff will be responsible for filing clinical patient documentation in the patient charts. These individuals will be responsible for filing biweekly or more frequently as indicated. This individual will ensure that clinical assessments are properly filed in the patient charts. If a clinician misses a visit, a missed visit document will be completed and placed in the patient's chart. If a patient is "on hold", an on hold form will be placed in the patient chart to explain why the documentation is missing.</p> <p>c.)The corrective actions will be monitored via quarterly chart audits to ensure compliance. Each chart will be reviewed every 3 months by the quality assurance manager to ensure that each patient chart contains a monthly clinical assessment that corresponds to the physician ordered Plan of Care.</p>	
H 456	<p>3917.2(f) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(f) Supervision of services delivered by home</p>	H 456		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 456	<p>Continued From page 10</p> <p>health and personal care aides and household support staff, as appropriate;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to have supervision of services delivered by personal care aides (PCA) as appropriate for two (2) of ten (10) patients in the sample. (Patient #1 and #9)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> 1. Review of Patient #1's Home Health Certification and Plan of Care (POC) dated May 4, 2011 thru November 3, 2011, at approximately 4:05 p.m., on October 11, 2011, revealed the skilled nurse (SN) was to visit once a month for six (6) months to instruct and supervise the personal care aide (PCA). Review of Monthly Non-Skilled Supervisory Nursing Notes on October 11, 2011, at approximately 4:06 p.m., revealed the last documented monthly note was dated July, 2011. Further review revealed there was no documented evidence the SN supervised the services provided by the PCA during the month of August 2011. 2. Review of Patient #9's POC dated May 30, 2011 thru 29, 2011, at approximately 4:20 p.m., on October 11, 2011, revealed the SN was to visit once a month for six (6) months to instruct and supervise the personal PCA. Review of Monthly Non-Skilled Supervisory Nursing Notes on October 11, 2011, at approximately 4:30 p.m., revealed no documented monthly notes for June and July 2011. <p>During a face to face interview with the Director of Nursing on October 11, 2011, at approximately</p>	H 456	<p>H 456 3917.2 (f) Skilled Nurses Services</p> <p>a.) 1. The clinician for Patient #1 located the missing supervisory visit documents for the months of August 2011 and September 2011 and they were filed in the patient's charts.</p> <p>a.) 2. The clinician for Patient #9 located the missing supervisory visit documents for the months of June 2011 and July 2011 and they were filed in the patient's charts.</p> <p>b.) The systemic changes that will be made to ensure that this practice does not occur in the future will be to utilize an electronic medical record software program to ensure compliance. Allscripts, the intended EMR software should be ready to go live on or before March 31, 2012. Until the Allscripts program has been implemented, the in-house nursing staff will be responsible for filing clinical patient documentation in the patient charts. These individuals will be responsible for filing biweekly or more frequently as indicated. This individual will ensure that clinical assessments are properly filed in the patient charts. If a clinician misses a visit, a missed visit document will be completed and placed in the patient's chart. If a patient is "on hold", an on hold form will be placed in the patient chart to explain why the documentation is missing.</p> <p>c.) The corrective actions will be monitored via quarterly chart audits to ensure compliance. Each chart will be reviewed every 3 months by the quality assurance nurse to ensure that each patient's chart contains a monthly clinical assessment and supervisory visit form that corresponds to the physician ordered Plan of Care.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION			STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 456	Continued From page 11 5:20 p.m., it was acknowledged the agency's SN did not have documentation to support whether or not Patient #1 and #9's PCA was supervised in accordance with the POC.	H 456			
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the facility's skilled nursing staff failed to ensure documentation of patient instruction, and evaluation of patient instruction for four (4) of ten (10) patients in the sample. (Patient #3, 6 and 7) The findings include: 1. 1. Review of Patient #3's POC dated July 23, 2011 to January 22, 2012, on October 11, 2011, at approximately 2:35 p.m., revealed the patient has diagnoses that included rheumatoid arthritis, emphysemia, seizure disorder and head injury NOS. Review of Patient #3's Skilled Nursing Visit Note dated August 22, 2011, on October 11, 2011 at approximately 2:38 p.m., revealed "diet, fluid intake, medication and safety precautions, teaching tolerated well". There was no documented evidence which aspect of the health teaching instructions was evaluated. 2. Review of Patient #6's POC dated September	H 459	H 459 3917.2 (i) Skilled Nursing Services a.) 1.The clinician of patient #3 was made aware during an in-service held on November 2, 2011 that she needed to educate each patient during each visit and that education needs to be evaluated to determine patient understanding. The education also needs to be properly documented. She verbalized understanding of the proper way to provide patient education. This will be reiterated at the next clinical meeting to be held on December 7, 2011 and all clinicians will receive a written reminder. 2. The clinician of patient #6 was made aware during an in-service held on November 2, 2011 that he needed to educate each patient during each visit and that education needs to be evaluated to determine patient understanding. The education also needs to be properly documented. He verbalized understanding of the proper way to provide patient education. This will be reiterated at the next clinical meeting to be held on December 7, 2011 and all clinicians will receive a written reminder. 3. The clinician of patient #7 was made aware during an in-service held on November 2, 2011 that she needed to educate each patient during each visit and that education needs to be evaluated to determine patient understanding. The education also needs to be properly documented. She verbalized understanding of the proper way to provide patient education. This will be reiterated at the next clinical meeting to be held on December 7, 2011 and all clinicians will receive a written reminder.		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER ASAP SERVICES CORPORATION			STREET ADDRESS, CITY, STATE, ZIP CODE 201 15TH STREET, SE WASHINGTON, DC 20003		
(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 459	Continued From page 12 7, 2011 to November 9, 2011, on October 11, 2011, at approximately 3:00 p.m., revealed the patient has diagnoses that included recessive dystrophic epidermolysis bullosa. Review of Patient #6's Skilled Nursing Visit Note dated September 7, 2011, on October 11, 2011, at approximately 2:58 p.m., revealed "client teaching about diet and safety precautions and tolerated well". There was no documented evidence which aspect of the health teaching instructions was evaluated. 3. Review of Patient #7's POC dated May 31, 2011 to November 30, 2011, on October 11, 2011, at approximately 3:00 p.m., revealed the patient has diagnoses that included Diabete Mellitus hypertension and bronchitis. Review of Patient #7's Skilled Nursing Visit Notes dated May 31 and June 16, 2011, on October 11, 2011, at approximately 3:28 p.m., revealed medication, diet and safety precautions teaching and that the teaching was tolerated well. There was no documented evidence which aspect of the health teaching instructions was evaluated. During a face to face interview with the Director of Nursing (DON) on October 11, 2011, at approximately 5:25 p.m., it was acknowledged the agency's skilled nurse (SN) did not document specifically the evaluation of the instructions given to Patient #3, #6 and #7 by the SN. Further interview revealed the agency was going to re-train the SNs on how to document accurately the evaluation of patient instructions.	H 459	H 459 3917.2 (i) Skilled Nursing Services 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 reinforces the importance of providing patient education 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 notes. c.) This corrective action will be monitored by conducting monthly clinical note reviews and quarterly chart audits in order to ensure compliance. Each clinical assessment will be reviewed upon submission by the in-house 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 months by the Quality Assurance Nurse to ensure that all clinical notes contain a monthly clinical assessment which includes patient education.		