PRINTED: 03/22/2013 FORM APPROVED

Health R	egulation & Licensing	Administration		FORM APPRO				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDI	" COM	TE SURVEY PLETED		
	HCA-0059			B WING:	03/1	03/15/2013		
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS,CIT	Y, STATE, ZIP CODE	J/ 2013		
					AND AVE, NE DC 20018			
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	through March 15, 20 with Title 22 DCMR, Agencies Regulations clinical records based 33 personnel files basemployees (11 clinical discharge records and conduct the survey. An interviewed by telephoof the survey were base corporate office and fo with agency staff and pagency staff a	s conducted on March 1 13, to determine complichapter 39 (Home Cass). A random sample of lon a census of 456 passed on a census of 420 field nurses plus 409 aid 4 home visits were utilized nother 11 patients were one after the survey. The led on observations in the lur patients' homes, intervatient interviews as well administrative records.	iance re f 15 atients, des), 3 ed to e findings ae riews		Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002			
R 125	4701.5 BACKGROU	ND CHECK REQUIRI	EMENT		4701.5 BACKGROUND CHECK REQUIREMENT	4/1/13		
	criminal history of the p contract worker for the jurisdictions within whi	nd check shall disclose the prospective employee of previous seven (7) year ich the prospective employeed with the check.	rs, in all ployee	R 125	The agency HR and QA departments will review all pre-existing applications to ensure criminal background checks for all jurisdictions in which employee had worked or resided within the 7years prior to the check is completed.			
	agency failed to ensure all jurisdictions in which	d record review, the hom criminal background che the employee had wor ars prior to the check, for	ecks for ked or		A background check for the jurisdiction has beer completed in respect of staff #5.  To forestall a reoccurrence, it is now part of the	1.		
	The finding includes:	· Teleconomy 7			application process that a national background check should be conducted for all prospective employees.			
-	of the personnel record background checks ha							
Health Regul	ation & Licensing Adminis	tration			TITLE Administrator	X6) DATE		

STATE FORM

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

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If continuation sheet 1 of 2

FORM APPROVED

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		HCA-0059		D. WING.		03/15	5/2013
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11 125	Continued i Tom pa	age i		120	Continued From page 2		4/1/2013
	obtained at the time	of hire. The backgroun	d checks		Cross Reference 4701.5 for Staff #	E	
		of Columbia and Mary			Cross Reference 4701.5 for Staff #	0	
		tion form, dated Noven					
		ne had been employed					
		through 2010. There w					
		ground check had beer	oblained				
	in that jurisdiction.						
	On March 14, 2013, a	t approximately 1:30 p.r	n the				
		taff #28) and the admin					
		med that a background					
	The second secon	30.00 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0 - 10-0	Check				
	was not done for Cal	lifornia.					
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Health Regulation & Licensing Administration

TITLE

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

V21111 Administrator

AMERICAN QUALITY HOME CARE SERVICES  (X4) ID SUMMARY STATEMENT OF DEFICIENCES AND AVE, NE WASHINGTON DC 20018  (X4) ID PROVIDER OR SUPPLIER  AMERICAN QUALITY HOME CARE SERVICES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSc IDENTIFYING INFORMATION)  H 000  INITIAL COMMENTS  An annual survey was conducted on March 14, 2013 through March 15, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). A random sample of 15 clinical records based on a census of 456 patients, 33 personnel files based on a census of 420 employees (11 clinical field nurses plus 409 aides), 3 discharge records and 4 home visits were utilized to conduct the survey. Another 11 patients were interviewed by telephone after the administrative review. The findings of the survey were based on observations in the corporate office and four patients' homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	Health R	egulation & Licensing	Administration				PPROVED
MAREICAN QUALITY HOME CARE SERVICES  AMERICAN QUALITY HOME CARE SERVICES  AMERICAN QUALITY HOME CARE SERVICES  O(4) ID PREFIX.  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING TAG  INITIAL COMMENTS  An annual survey was conducted on March 14, 2013 through March 15, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). A random sample of 15 clinical records based on a census of 456 patients, 33 personnel files based on a census of 420 employees (11 clinical field nurses plus 409 aides), 3 discharge records and 4 home visits were interviewed by telephone after the administrative review. The findings of the survey were based on observations in the corporate office and four patients homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.  H 1501  H 1501  H 1501  This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records, which shall include the following information:  (f) Verification of previous employment;  This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records, to include documentation verifying previous employment, for 23 of the 27 employees in the sample. (Staff #1-15 and #17 home health aides; and, Staff #19 and #21-27 skilled nurses have been completed	STATEMEN'	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER		50	Co	
AMERICAN QUALITY HOME CARE SERVICES  (PACH) ID SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEMINFINIS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEMINFINIS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEMINFINIS (EACH DEFICIENCY)  H 000  INITIAL COMMENTS  An annual survey was conducted on March 14, 2013 through March 15, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). A random sample of 15 clinical records based on a census of 456 patients, 33 personnel files based on a census of 420 employees (11 clinical field nurses plus 409 aides), 3 discharge records and 4 home visits were utilized to conduct the survey. Another 11 patients were interviewed by telephone after the administrative review. The findings of the survey were based on observations in the corporate office and four patients' homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.  H 1501  3907.2 (f) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (f) Verification of previous employment;  This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records, to include documentation verifying previous employment, for 23 of the 27 employees in the sample. (Staff #1-15 and #17 home health aides; and, Staff #19 and #21-27 skilled nurses have been completed			HCA-0059		B. WING:	0:	3/15/2013
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PREFIX, TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  H 000  INITIAL COMMENTS  An annual survey was conducted on March 14, 2013 through March 15, 2013, to determine compilance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). A random sample of 15 clinical records based on a census of 456 patients, 33 personnel files based on a census of 420 employees (11 clinical field nurses plus 409 aides), 3 discharge records and 4 home visits were utilized to conduct the survey. Another 11 patients were interviewed by telephone after the administrative review. The findings of the survey were based on observations in the corporate office and four patients' homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.  H 1501  3907.2 (f) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (f) Verification of previous employment;  This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records, to include documentation verifying previous employment, for 23 of the 27 employees in the sample. (Staff #1-15 and #17 home health aides; and, Staff #19 and #21-27 skilled nurses have been completed	AMERICA	AN QUALITY HOME O	CARE SERVICES				
An annual survey was conducted on March 14, 2013 through March 15, 2013, to determine compilance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). A random sample of 15 clinical records based on a census of 456 patients, 33 personnel files based on a census of 456 patients, 33 personnel files based on a census of 420 employees (11 clinical field nurses plus 409 aides), 3 discharge records and 4 home visits were utilized to conduct the survey. Another 11 patients were interviewed by telephone after the administrative review. The findings of the survey were based on observations in the corporate office and four patients' homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.  H 1501  H 1501  H 1501  H 1501  H 1502  Bach home care agency shall maintain accurate personnel records, which shall include the following information:  (f) Verification of previous employment;  This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records, to include documentation verifying previous employment, for 23 of the 27 employees in the sample. (Staff #1-15 and #17 home health aides; and, Staff #19 and #21-27 skilled nurses have been completed	PREFIX ,	(EACH DEFICIE	NCY MUST BE PRECEDED GULATORY OR LSC IDEN	BY FULL TIFYING	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
2013 through March 15, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). A random sample of 15 clinical records based on a census of 456 patients, 33 personnel files based on a census of 420 employees (11 clinical field nurses plus 409 aides), 3 discharge records and 4 home visits were utilized to conduct the survey. Another 11 patients were interviewed by telephone after the administrative review. The findings of the survey were based on observations in the corporate office and four patients' homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.  H 1501  H 1501  Back on me care agency shall maintain accurate personnel records, which shall include the following information:  (f) Verification of previous employment;  This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records, to include documentation verifying previous employment, for 23 of the 27 employees in the sample. (Staff #1-15 and #17 home health aides; and, Staff #19 and #21-27 skilled nurses have been completed	H 000	INITIAL COMMEN	TS		H 000		
The findings include: The HCA's personnel records were reviewed on March 14, 2013, beginning at 3:07 p.m. There	H 1501	2013 through Marci compliance with Ti (Home Care Agency sample of 15 clinics of 456 patients, 33 census of 420 employlus 409 aides), 3 divisits were utilized to 11 patients were inthe administrative insurvey were based corporate office and interviews with agenas well as a review records.  3907.2(f) PERSON Each home care agenessonnel records, following information (f) Verification of president of the Statute is not in Based on record revicare agency (HCA) personnel records, verifying previous enemployees in the salt home health aides; skilled nurses)  The findings included The HCA's personnel records.	th 15, 2013, to detern the 22 DCMR, Chappies Regulations). A cal records based on personnel files based on conduct the survey terviewed by telephoreview. The findings on observations in different for patients homology staff and patient of patient and adminity in the personnel files and patient on the personnel files are evidenced by the personnel files are evidence	mine oter 39 random a census ed on a d nurses d 4 home A Another one after of the the es, interviews istrative  ccurate the  crime home curate tation the 27 and #17 #21-27	H 150	The agency HR department in conjunction with the QA Manager under the supervision of the Administrator will review all personnel's records to ensure that previous employments are verified.  The verification of employments in respect of Staff #1-15 and #17 home health aides; and, Staff #19 and #21-27	

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Health Regulation & Licensing Administration CONSTRUCTION STATEMENT OF DEFICIENCIES (Xi) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 03/15/2013 B WING HCA-0059 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 2312 RHODE ISLAND AVE, NE AMERICAN QUALITY HOME CARE SERVICES **WASHINGTON DC 20018** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION COMPLETE PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 150 H 150 Continued From page 1 Continued From page 1 was no documented evidence that the HCA received verification of previous employment for the The HR manager has been charged to aforementioned employees. The records showed review all active employee files and that verification letters had been sent out but had not make sure that the reference checks are been returned to the HCA by former employers. No done immediately to determine who is fit follow-up actions had been documented. for employment and can continue in employment During a face to face interview with the director of nursing (Staff #28) and the administrator (Staff #29) on March 14, 2013, at approximately 4:50 p.m., it was acknowledged the aforementioned employees did not have verification of previous employment in their personnel records. 3907.2(h) PERSONNEL H 152 H 152 4/1/13 Each home care agency shall maintain accurate 3907.2 (h) PERSONNEL personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: The annual evaluation has been done in Based on review of personnel records and respect of Staff#3, #7, #11, #13 and #17 interviews, the home care agency (HCA) failed to provide documented evidence of current annual evaluations, for 5 of the 5 records of employees who were hired more than 12 months prior to the survey. (Staff #3, #7, #11, #13 and #17) The finding includes: The HR department and QA department will The HCA's personnel records were reviewed on review all personnel's files monthly and forward the March 14, 2013, beginning at 3:07 p.m. Of the 27 V records list of aides due for evaluation to the DON who will reviewed, the 5 aforementioned employees had been in turn forward the information to the appropriate on staff for 1 year or longer. v There was no documented supervisors of the respective personnel. evidence that the 5 employees had received annual performance

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Continued From pa	ige 2		H 152	Continued From page 2		4/1/2013
On March 14, 2013, (Staff #29) stated that their human resource confirmed Staff #17 evaluation. She ther about the other 4 en At the time of the suthat the HCA compinclusion in their en 3915.11(d) HOME I	at 4:39 p.m., the admet she had just spoker es manager. He reported an instated she would as imployees.  The property of the p	n with rtedly annual k him evidence tions, for ecords.	H 409	Cross reference 3907.2 for Staff #3, #7, #11, #13 and #17		
following:  (d) Assisting the patimedication; This Statute is not not assed on interview a care agency (HCA) for the alth aide (HHA) of extent of self-administration one 1 of the 15 paties (Patient #12)  The finding includes: Telephone interview 2013, at 10:32 a.m., if the medication of the medicati	ient with self-administration as evidenced by: and record review, the ailed to ensure that early assisted the patie istration of medication ents in the sample.  With Patient #12, on revealed that her HHA istered her medications into her mouth. The de did this "because"	March 19, a (Staff ons by ne patient		The agency has scheduled an In-set training for April 9 <sup>th</sup> 2013, where the will re-instruct all aides on their duting responsibilities and lay emphasis or assisting the patient with self-admin of medications by reminding the patient April's monthly visit on the policy on administration of medications and a responsibilities regarding medication administration.  Staff #16 was re-orientated to only remind patient to take medications self and not to administer the medical	ervice e DON es and n sistration tient only ents at n self ide n on by eation	
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS  Continued From pa evaluations within the confirmed Staff #17 evaluation. She there about the other 4 er and the time of the staff the HCA comparison in their endication; The Statute is not in Based on interview a care agency (HCA) finealth aide (HHA) of extent of self-admin one 1 of the 15 patie (Patient #12)  The finding includes: Telephone interview a care agency (HCA) finealth aide (HHA) of extent of self-admin one 1 of the 15 patie (Patient #12)  The finding includes: Telephone interview a care agency (HCA) finealth aide (HHA) of extent of self-admin one 1 of the 15 patie (Patient #12)  The finding includes: Telephone interview according the medication; The finding includes: Telephone interview according the medication are bad." Before the	ROVIDER OR SUPPLIER  AN QUALITY HOME CARE SERVICES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From page 2 evaluations within the past 12 months.  On March 14, 2013, at 4:39 p.m., the adm (Staff #29) stated that she had just spoker their human resources manager. He report confirmed Staff #17 had not received an evaluation. She then stated she would as about the other 4 employees. At the time of the survey, there was not that the HCA completed annual evaluation in their employees' personnel in the sample of the survey. The personnel in the sample of the survey include the following:  (d) Assisting the patient with self-administing medication; This Statute is not met as evidenced by: Based on interview and record review, the care agency (HCA) failed to ensure that each ealth aide (HHA) only assisted the patie extent of self-administration of medication one 1 of the 15 patients in the sample. (Patient #12)  The finding includes: Telephone interview with Patient #12, on 12013, at 10:32 a.m., revealed that her HHA #16) routinely administered her medication placing the medications into her mouth. The mouth is the mouth in the mouth. The mouth is the medication of the medication into her mouth. The mouth is the medication into her mouth is the medication in the medication into her mouth is the m	ROVIDER OR SUPPLIER AN QUALITY HOME CARE SERVICES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 evaluations within the past 12 months.  On March 14, 2013, at 4:39 p.m., the administrator (Staff #29) stated that she had just spoken with their human resources manager. He reportedly confirmed Staff #17 had not received an annual evaluation. She then stated she would ask him about the other 4 employees.  At the time of the survey, there was no evidence that the HCA completed annual evaluations, for inclusion in their employees' personnel records.  3915.11(d) HOME HEALTH & PERSONAL CARE AIDE SERVICE  Home health aide duties may include the following:  (d) Assisting the patient with self-administration of medication; This Statute is not met as evidenced by: Based on interview and record review, the home care agency (HCA) failed to ensure that each home health aide (HHA) only assisted the patient to the extent of self-administration of medications, for one 1 of the 15 patients in the sample. (Patient #12)  The finding includes: Telephone interview with Patient #12, on March 19, 2013, at 10:32 a.m., revealed that her HHA (Staff #16) routinely administered her medications by placing the medications into her mouth. The patient explained that the aide did this "because my eyes are bad." Before the interview ended,	ROVIDER OR SUPPLIER  AN QUALITY HOME CARE SERVICES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 evaluations within the past 12 months.  On March 14, 2013, at 4:39 p.m., the administrator (Staff #29) stated that she had just spoken with their human resources manager. He reportedly confirmed Staff #17 had not received an annual evaluation. She then stated she would ask him about the other 4 employees. 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Before the interview ended,	A BUILDING:    B WING:     STREET ADDRESS, CITY, STATE, ZIP CODE   2312 RHODE ISLAND AVENUE, NE   WASHINGTON, DC 2018	A BUILDING:    B WING:   B WING:   DOWNER   DOWNER   B WING:   B WING:   DOWNER   DO

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If continuation sheet 3 of 7

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		HCA-0059		B. WING:		03/1	15/2013
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H 409	Continued From n	sane 3		11.400		3-10	
	she repeated again that the HHA placed medications in her mouth.  On March 19, 2013, an attempt was made to reach the director of nursing (Staff #28) by telephone. The assistant administrator (Staff #20) indicated that Staff #28 was not available at the time. When Staff #20 was informed that Staff #16 allegedly administered medications to his/her patient, she stated that their HHAs were told in training that they were not allowed to administer medications directly.			Н 409	A plan of action to correct the incide initiated and the agency spoke to the patient #12 who accepted the responsibility to assist his mom with medication administration.	e son of	03/20/2013
					The family will be solely responsible henceforth for assisting patient with medication administrations.		
	certain that Staff #1	urvey, the HCA failed 6 only provided ass r for her to self-admi	istance to				
	12:50 p.m., telephorevealed that the He #12's son, who ha	that on March 20, 2 one interview with St CA had spoken with d agreed to adminis ns, rather than the H	aff #28 Patient ster his				
H 411:	3915.11(f) HOME H AIDE SERVICE	EALTH & PERSONA	L CARE		3915 (f) HOME HEALTH & PERSO CARE AIDE SERVICES		4/1/2013
	Home health aide du following:	ities may include the			The agency has scheduled an In-se session for April 9 <sup>th</sup> , 2013 where the will re-orientate all the aides on the	rvice DON	
		ing, and reporting the andition, behavior, or			accurate process of documenting, re and reporting of patient's physical co behavior or appearance.		
	Based on record rev care agency (HCA)	met as evidenced by riew and interview, the failed to ensure a eported the patient's	e home home				

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

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		ATE SURVEY MPLETED
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H411	Continued From pa	ge 4					
	(Patient #10) The finding includes On March 14, 201 review of the "Times	3, beginning at 1:06 p.m., sheet" notes in Patient #10	, 's		The RN monthly nurse met with the and aide for a visit and re-instructe aide and patient to call him if such complaints were to arise in the future.	ed the	3/29/2013
	clinical record revealed that an HHA (Staff #5) documented that the patient had stomach pains on September 20, 2012, and again on September 21, 2012. The HHA did not document having notified a nurse of Patient #10's condition. At 1:15 p.m., review of the "Nursing Monthly Visit" note dated October 19, 2012, revealed there was no changes to the patient's physical condition and no pain was verbalized. Continued review of the record failed to show evidence that a nurse had been notified at the time that the patient was complaining of stomach pain.		ains aber 15 te no no e	H 411	The Quality Assurance Manager & will Continue to review all timeshed before charting to ensure complian instructions and make sure that Nuaware of all complaints as stated bon timesheets.	et weekly ice with irse is	
	on March 15, 2013, a HHA should always patient is experiencing revealed that the notate (as needed) visit.  At the time of the sunot provide docume	rector of nursing (Staff #28 at 9:59 a.m., revealed that a scall the nurse if/when a ng pain. Continued interviewurse would then do a "PRI arvey, Patient #10's recordentation to verify that the F	w N" did	H453	£r		
		s stomach pains to a nurse	e.				
H 453	3917.2(c) SKILLED	NURSING SERVICES			3917.2 (c) SKILLED NURSING SE	RVICES	0
	the following:	shall include, at a minimum ent needs are met in plan of care;	1,		The agency will ensure that all clied needs are met in accordance with to care		
lealth Regula	tion & Licensing Adminis	tration					L

Modalio

(X6) DATE

03/21/13

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE		(X2) MULTIPLE A BUILDING:			TE SURVEY MPLETED
		HCA-0059		B. WING:		03/	15/2013
NAME OF PRO	OVIDER OR SUPPLIER		STREE	T ADDRESS, O	CITY, STATE, ZIP CODE		
					AND AVENUE, NE I, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY R LSC IDENTIFYING INFORMATI	FULL	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
H 453	Based on record recare agency (HCA home health aide spatient in accordance (POC), for one 1 of I (Patient #2)  The finding included Interview with Patient 19, 2013, at 10:05 abeen receiving home The patient stated that 10) had informed he town for a week." In no other aide had reinterview revealed her on the day before informed her that he home later that same I see came to [Note: When Patreviewed on March approximately 10:00 certification period of August 11, 2013, ar services for 7 hours. Interview with the affective HHA services She acknowledged gap in services, stanot have been any it should be noted to the services of the ser	met as evidenced by: eview and interview, the a) nurse failed to ensur- ervices were provided for ce with his or her plan of the 15 patients in the sailer ent #2 by telephone on M a.m. revealed that she had e health aide (HHA) servi- that her assigned HHA (Servi- that she was "going or fore than a week passed eported for duty. Further that another aide had can be would be coming to he ene day. Neither he nor an enter provide service  sient #2's POC had be a tay 2013, beginning at a a.m., it was for the cur- of February 12, 2013 thro and included an order for H assistant administrator (Services) assistant administrator (Services) assistant administrator (Services) assistant there had been an 18 ting further that there she interruption of services.  hat when the HCA #29) was interviewed by	re that or each of care ample.  Iarch I not ices. Staff or yone es. een rent ugh HHA  Staff 0:12 ad 013. 3-day		Another HHA has been assigned to client.  A follow up of the clients' status will carried by the Admission Manager in charge of the staffing department on weekly basis to ensure that home he aide services are provided for the pain accordance with their plan of care will be done under the supervision of DON  The agency has instituted a plan of a for re-assignment of new HHA latest 48hrs of old aide stopping work; and an assurance that a family member of friend will be responsible to care for temporarily until new aide is assigned.	be a ealth atients This f the action by also or patient	3/19/2013

## Health Regulation & Licensing Administration

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

STATE FORM

PRINTED: 03/22/2013 FORM APPROVED

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDI	100 CH	(X3)' DATE SURVEY COMPLETED		
		HCA-0059		R WING		03/15	5/2013
NAME OF	PROVIDER OR SUPPLIER	1107 0000	STR	EET ADDRE	ESS, CITY, STATE, ZIP CODE	00/10	2010
AMERIC	CAN QUALITY HOME	CARE SERVICES	2312 RHOI WASHING		ID AVENUE, NE DC 20018		
(X4) ID	- Sestimanian Account	EMENT OF DEFICIENCIES		ID	PROVIDERS PLAN OF CORRECTION	-	(X5) COMPLETE
PREFIX TAG	REGULATORY (	CY MUST BE PRECEDED BY DR LSC IDENTIFYING INFO		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE
H 453	Continued From page	age 6		H 453	Continue from page 6		
	1:00 p.m., she stated written policy or prod	n 19, 2013, at approx that the HCA was wit cedure that addresse bstitute aide needed	hout a ed		Cross reference 3917.2 (c) for Patient #	<b>‡</b> 2	
9							
				i <del>s</del>			
Health Regula	tion & Licensing Administ	ration					