PRINTED: 12/05/2017 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6210 KANSAS AVENUE, NW WASHINGTON, DC 20011 (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 000 INITIAL COMMENTS An annual survey was conducted on 11/30/17, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to one (1) patient and employs five (5) staff. The findings of the survey were based on a review of administrative records, (1) active patient record, two (2) discharged patient records, and five (5) employee records. The findings were also based on one (1) patient telephone interview with the active patient. The following are abbreviations used within the body of this report: DON - Director of Nursing HCA - Home Care Agency RN - Registered Nurse H 162 3907.6 PERSONNEL At the time of initial employment of each employee, the home care agency shall verify that	AND PLA	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURV	
STREET ADDRESS, CITY, STATE, ZIP CODE 6219 KANSAS AVENUE, NW WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) H 000 INITIAL COMMENTS An annual survey was conducted on 11/30/17, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to one (1) patient and employs five (5) staff. The findings of the survey were based on a review of administrative records, (1) active patient record, two (2) discharged patient records, and five (5) employee records. The findings were also based on one (1) patient telephone interview with the active patient. The following are abbreviations used within the body of this report: DON - Director of Nursing HCA - Home Care Agency RN - Registered Nurse			HCA-0084	B, WING		144	anan.
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the employee, within the six months immediately preceding the date of hire, has been screened for personnel who has not jet	H 162 3	determine compliance Chapter 39 (Home Compliance The home care agent services to one (1) postaff. The findings of review of administrate record, two (2) dischaftive (5) employee records and the active patient. The following are abbit body of this report: DON - Director of Nur HCA - Home Care Agrange RN - Registered Nurs 3907.6 PERSONNEL At the time of initial enemployee, the home complete within the employee, within the services and care agranged to the employee, within the services and care agranged to the employee, within the services are agreed to the employee, within the services are agreed to the services and the services are agreed to the services are	ce with Title 22B DCMR, Care Agency's Regulations). The provides home care atient and employs five (5) the survey were based on a live records, (1) active patient arged patient records, and cords. The findings were also lient telephone interview with reviations used within the resing ency e		The Director of Nursing has been written up for this deficiency; assigning personnel who has not yet		2/8/1
	fa si ar	ased on record review alled to verify newly his ix (6) months prior to l and were free of comm	v and interview, the HCA red employees, within the hire, had been screened unicable disease for one		of Health Certificate by date of hire	mand agency pro- 1 mar tages	ġ.
Based on record review and interview, the HCA failed to verify newly hired employees, within the six (6) months prior to hire, had been screened and were free of communicable disease for one (1) of five (5) employee records (RN #1). Assigning shaff and abscence of Health Certificate by date of hire.	1				A Human Resources Assista	ant	
Based on record review and interview, the HCA falled to verify newly hired employees, within the six (8) months prior to hire, had been screened and were free of communicable disease for one (1) of five (5) employee records (RN #1). Findings included: A ssigning staff and abscence of Health Certificate by date of hire. A Human Resources Assistant	O of Regulatio	n 11/30/17, beginning the HCA's personnel	at 9:54 AM, review of all records revealed that RN	1	has been hired to assist with the Hiring process as	. 1	

Healt	h Regulation & Licensin	ng Administration	MANAGE AT		FOR	MAPPROVED
STATE	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG:		E SURVEY IPLETED
	Carrier Company	HCA-0084	B. WING		11/	30/2017
NAME	OF PROVIDER OR SUPPLIER	STREET	DDRESS, CIT	Y, STATE, ZIP CODE		00.2017
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(X4) IC PREFI; TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DRE	(X5) COMPLETE DATE
Н 999	health certification didays after initial employmented evidence health certificate at the employment applicated. During an interview of DON stated that the had expired. Addition new employees have completed within 6 m. FINAL OBSERVATION The following observations arrow expression of the following observations arrow process. It is be reviewed and a deregarding appropriate reoccurrence. Findings included: On 11/30/17, starting a HCA's personnel reconhired and oriented to the total of the following observations included: On 11/30/17, starting a patients' medical reconhired and oriented as #1 on 04/29/17; RN #1 conducted a simple of the following observations included: RN #1 conducted a simple of the following observations included: RN #1 conducted a simple of the following observations in the follow	ated 06/05/17, thirty-five (35) bloyment. There was no be that the HCA obtained a he time of RN #1's ion. In 11/30/17 at 1:52 PM, the RN's last health certificate ally, the HCA would ensure health certificates onths prior to hire. NS Ation was made during the recommended that this area termination be made actions to prevent a at 9:54 AM, review of the rds showed that RN #1 was he facility on 05/01/17. At 12:08 PM, review of rds showed the following: upervisory visit with Patient willed nursing visit and		to verify that all required documents are submitted as Application. The DON and QA coordinate will verify all applications documents for completeness assigning the new hire, they also ensure that all new hare oriented prior to be in assigned. The DON has been with up for these observations of the hiring process and to verify that all required documents are submitted an application. QA and DON will ensure that all staff a oriented prior to being assigned.	red or and, before will wies g ten s.	12-8-17
	- RN #1 conducted a si supervisory visit with P	atient #3 on 04/28/17.		The OA and DON will verify applications for completeness a ensure each new hire has b oriented prior to being assig	nd veen inet.	

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AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURV	
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H 999	Continued From pa	200.7	11000	DEFICIENCY)		- (
1			H 999			i	
1	policy entitled "Emp conducted. The po- shall be required to	49 PM, review of the HCA's ployee Orientation" was licy indicated, "All employees complete an orientation e start of their assigned duties		8			
	DON said that RN # however, was asked and supervisory visito to an agency staffin	PM, during an interview, the 1 was hired 05/01/17, do to perform skilled nursing its before the date of hire due in genergency. The DON said and oriented afterwards as the surance Specialist.					
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and the second s					The state of the s		