PRINTED: 01/13/2012 FORM APPROVED Health Regulation & Licensing Administration intermediate Care Facilities Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ASS North Capital BU, NIEN AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED Willehington, D.C. 20002 B. WING HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 000: Initial Comments H 000 INITIAL COMMENTS H 000 WHO: Human Touch Senior Management met on January 3, 2012, to review the DC Licensing Survey Deficiencies, and An annual survey was conducted at your agency made the strategic decision to initiate the plan of correction from December 29, 2011, through December 30, with appropriate resources for developing tracking tools, inservice training, and deployed the appropriate human 2011, to determine compliance with Title 22 resources and time line for implementation. The following DCMR, Chapter 39. The findings of the survey four steps are taken to address the plan of correction that were based on a random sample of ten (7) active identifies the root causes of the deficiency develop a Plan of Correction with strategies for systemic Quality Improvement clinical records based on a census of two Program that includes: hundred sixteen (216) patients, three (3) discharge clinical records, and fifteen (10) WHAT#1. Corrective actions taken to personnel files based on a census of two hundred change deficient practice towards compliance of the standards. ninety-nine (299) employees, and three (3) home WHAT #2. Steps taken to identify visits. The findings of the survey were based on potential similar deficiencies and corrective actions to be taken. observations in the home, interviews with agency HOW: Quality Assurance Program staff and patient interviews as well as a review of and Measures to ensure systemic patient and administrative records. changes to avoid deficient practice. WHEN: Monitoring Corrective Actions over time to avoid recurrence of deficient practice in future at H 159 3907.3 PERSONNEL H 159 weekly, monthly and quarterly intervals. Each home care agency shall comply with the **II 159 3907.3 PERSONNEL** Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective 1. Corrective Actions. The deficiency was 1/15/2012 April 20, 1999, D.C. Law 12-238, and subsequent reviewed and A Global 7 Year Background Check List that amendments thereto, D.C. Official Code § includes criminal history of 44-551 et sea. prospective employee or contract worker for the previous seven (7) years in all jurisdictions where the prospective This Statute is not met as evidenced by: employee/contractor has lived or worked was included in the Based on record review and staff interview, the personnel files. All clinicians and home care agency (HCA) failed to ensure personnel are instructed to have compliance with all District regulations regarding Global Background Check completed for any state they have Unlicensed Personnel Criminal Background lived in the past seven (7) years. requirements for employee #7. An account with Global Investigative Services- a digital The findings include: (web based) services located at Record review on December 29, 2011 beginning 1109 Spring Street, Ste 411, at 10:00 a.m. revealed the facility failed to comply Silver Spring, MD (301.589.0088), 1.800.589.6595) with District requirements for unlicensed

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personnel as identified below:

1. The facility failed to ensure complete

background checks were completed on a staff

prior to their start of employment as required in

BELS, HASTE - JESUS, MD, MO H TITLE

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

CORNAME DINGTOR & Tabo, 0

is initiated; Global 7 Year

Background Checklist is used to check the background for all

personnel at the time of hire. All

current deficiencies corrected to

reflect compliance with this

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	HCA-0026	B. WING	12/30/2011

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1416 9TH STREET NW

(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL BECLINATORY OF LISC INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
H 159	Continued From page 1 Title 22 Chapter 47 (§4701.2).	H 159	Identifying similar deficiencies. The Global 7 Year Background Checklist tracking log and regular	
	2. The facility failed to ensure a background check covering the employee's previous seven years was completed prior to the start of employment as required in Title 22 Chapter 4 (§4701.5) Interview with the facility's Administrator and		review of this standard is initiated as part of the regular Personnel Requirements Due Checklist that will be used for each personnel file to identify potential deficiencies and correct them on a regular basis.	
	Human Resource Specialist on December 30 2011 at 11:30 a.m. confirmed the HCA failed secure a criminal background check for empi#7 as required by Title 22 §4701.2 and that it failed to include a full seven year history as required by and Title 22 §4701.5.	to loyee	 Quality Assurance Program. A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol put in place to avoid such deficiencies in future. 	
H 264	3911.2(d) CLINICAL RECORDS Each clinical record shall include the following information related to the patient:	H 264	4. Monitoring Corrective Actions. The Global 7 Year Background Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting of this standard over time at weekly,	
(d) Plan	(d) Plan of care for each service provided;		monthly and quarterly intervals. H264: 3911.2(d) Clinical Records:	1/15/2012
	This Statute is not met as evidenced by: Based on record review and interview, the Ho Care Agency (HCA) failed to ensure the Plan Care (POC) included occupational therapy services for one (1) of ten (10) patients includ in the sample. (Patient #5)	of	1. Corrective Actions. The deficiency was reviewed and the Physicians' order was included in the clinical records. The policy of "verbal order", "written order", was reviewed and protocol put in place to ensure that all charts will have physicians' orders right after admission. If a discipline is ordered after the initial Plan of Care, a verbal order is to be written and sent to the	
Re 30. PC 20 of phy (O	The finding includes: Review of the record for Patient #5 on Decem 30, 2011 at approximately 10:01 a.m. reveale POC with a certification period for November 2011 through January 27, 2012. Further revie of the POC revealed the patient was receiving physical therapy (PT) and occupational therap (OT) services, but there was no evidence that services were ordered as part of the POC.	d a 29, ew g	physician for signature. A physician Order tracking log was initiated to be reviewed on a weekly basis with weekly chart review to ensure all orders are up-to-date 2. Identifying similar deficiencies. The Chart Review Audit Tool and Physician Order tracking log were used to review all potential deficiencies and correct them on a regular basis to reflect compliance with this standard.	

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PRINTED: 01/13/2012 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 264 Continued From page 2 H 264 3. Quality Assurance Program. A specific Quality Assurance Program is During a face to face interview with the initiated to address the specific standard with appropriate tracking tool and Administrator on December 30, 2011, at 11:10 regular monitoring protocol in place to a.m., it was acknowledged that there was no avoid such deficiencies in future. documented evidence that OT services were Appropriate in-service training given. ordered. Monitoring Corrective Actions. The Chart Review Audit Tool and The Physician Order Tracking Log will be H 359 3914.3(h) PATIENT PLAN OF CARE H 359 used at weekly, monthly and quarterly and presented at the Quality Improvement Meeting. Senior The plan of care shall include the following: Management will monitor compliance of this standard over time. (h) Prognosis, including rehabilitation potential; H 359; 3914.3(h) Patient Plan of Care: 1/15/2012 This Statute is not met as evidenced by: Corrective Actions. The deficiency was reviewed and a Physicians' order was Based on record review and interview, the Home written to include the patient's progress Care Agency (HCA's) Plan of Care (POC) failed and rehabilitation potential and included in the clinical records. The policy "Care to ten (10) patients in the sample. (Patients #9 Planning Process" was reviewed and and 10) protocol put in place to ensure that all 485's/Plan of Care will include the prognosis and rehabilitation potential. A The findings include: 485 tracking log was initiated to be reviewed on a weekly basis with weekly chart review to ensure all 485's are On December 29, 2011, a record review complete. beginning at approximately 11:49 a.m. revealed a 2 Identifying similar deficiencies. The POC for Patient #9 with a certification period of Chart Review Audit Tool and 485 September 15, 2011 through March 13, 2012 and tracking log were used to review all Patient #10 with a certification period of similar deficiencies and correct them on a regular basis to reflect compliance December 6, 2011 through December 25, 2011. with this standard. The POC's failed to include the patient's Quality Assurance Program. A prognosis, including rehabilitation potential. specific Quality Assurance Program is initiated to address the specific standard During a face to face interview with the Director of with appropriate tracking tool and regular monitoring protocol in place to Nursing on December 29, 2011, at approximately avoid such deficiencies in future. 12:34 p.m., it was acknowledged that the Appropriate in-service training given. prognosis, including rehabilitation potential was Monitoring Corrective Actions. The not on the revised Plan of Care Forms for Chart Review Audit Tool and The 485

Medicaid Personal Care Aides and Home Health

Skilled Services for Patients #9 and #10.

Tracking Log will be used at weekly, monthly and quarterly and presented at

the Quality Improvement Meeting. Senior Management will monitor compliance of this standard over time.

Health Regulation & Licensing Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 361 Continued From page 3 H 361 H 361 3914.3(j) PATIENT PLAN OF CARE H 361 H 361: 3914.3(j) Patient Plan of Care: 1/15/2012 The plan of care shall include the following: Corrective Actions. The deficiency was reviewed and a Physicians' order was written to include the patient's (j) Psychosocial needs of the patient; psychosocial needs and included in the clinical records. The policy "Care Planning Process" was reviewed and protocol put in place to ensure that all This Statute is not met as evidenced by: 485's/Plan of Care will include the Based on record review and interview, the psychosocial needs. A 485 tracking log was initiated to be reviewed on a agency's Plan of Care (POC) failed to include the weekly basis with weekly chart review psychosocial needs of the patient for two (2) of to ensure all 485's are complete. ten (10) patients in the sample. (Patients #9 and Identifying similar deficiencies. The #10) Chart Review Audit Tool and 485 tracking log were used to review all similar deficiencies and correct them on The findings include: a regular basis to reflect compliance with this standard. Review of records on December 29, 2011 Quality Assurance Program. A 3. beginning at 11:49 a.m., revealed a POC for specific Quality Assurance Program is Patient #9 with a certification period of September initiated to address the specific standard with appropriate tracking tool and 15, 2011 through March 13, 2012 and Patient #10 regular monitoring protocol in place to with a certification period of December 6, 2011 avoid such deficiencies in future. Appropriate in-service training given. through December 25, 2011. The POC's failed to evidence provisions related to their psychosocial Monitoring Corrective Actions. The Chart Review Audit Tool and The 485 needs. Tracking Log will be used at weekly, monthly and quarterly and presented at During a face to face interview with the the Quality Improvement Meeting. Senior Management will monitor Administrator on December 29, 2011, at compliance of this standard over time. approximately 12:34 p.m., it was acknowledged that the psychosocial needs of Patients #9 and #10 were not on their revised Plan of Care Form for Medicaid Personal Care Aides and Home Health Skilled Services. If 362: 3914.3(k) Patient Plan of Care: 1/15/2012 H 362 3914.3(k) PATIENT PLAN OF CARE Corrective Actions. The deficiency was H 362 reviewed and a Physicians' order was written to include the patient's safety The plan of care shall include the following: measures and included in the clinical records. The policy "Care Planning Process" was reviewed and protocol put (k) Safety measures required to protect the in place to ensure that all 485's/Plan of

patient from injury;

Care will include the safety measures. A 485 tracking log was initiated to be reviewed on a weekly basis with weekly

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION m (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) H 362 Continued From page 4 H 362 chart review to ensure all 485's are complete. This Statute is not met as evidenced by: Based on record review and interview, the Identifying similar deficiencies. The Chart Review Audit Tool and 485 agency's Plan of Care (POC) failed to include tracking log were used to review all safety measures required to protect the patient similar deficiencies and correct them on from injury of the patients for two (2) of ten(10) a regular basis to reflect compliance with this standard patients in the sample. (Patients #9 and #10) 3. Quality Assurance Program. A specific Quality Assurance Program is The findings include: initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to Review of records on December 29, 2011. avoid such deficiencies in future beginning at 11:49 a.m., revealed a POC for Appropriate in-service training given. Patient #9 with a certification period of Monitoring Corrective Actions. The September 15, 2011 through March 13, 2012. Chart Review Audit Tool and The 485 Further review of the patient's POC revealed his Tracking Log will be used at weekly, monthly and quarterly and presented at diagnosis included hypertension, osteoarthritis, the Quality Improvement Meeting. muscular degeneration of retina, etc. The POC Senior Management will monitor failed to evidence safety measures to address the compliance of this standard over time. aforementioned diagnoses. During a face to face interview with the Administrator on December 29, 2011, at approximately 12:34 p.m., it was acknowledged that safety measures required to protect the patients from injury were not on the revised Plan of Care Form for Medicaid Personal Care Aides and Home Health Skilled Services for Patient #9 2. Review of records on December 29, 2011 beginning at 11:49 a.m., revealed a POC for Patient #10 with a certification period of December 6, 2011 through December 25, 2011. Further review of the patient's POC revealed that Patient #10 was legally blind and used a wheelchair and cane for ambulation. Further review of the POC revealed that the patient lives alone and has no family in the district. Additionally, the POC revealed his diagnosis

included hypertension, backache, vascular

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 362 Continued From page 5 H 362 disease and blindness of one eye and low vision of the patient's other eye. The facility failed to ensure Patient #10's POC provided safety measures to address his diagnoses. During a face to face interview with the Administrator on December 29, 2011, at approximately 12:34 p.m., it was acknowledged that safety measures required to protect the patients from injury were not on the revised Plan of Care Form for Medicaid Personal Care Aides and Home Health Skilled Services for Patients #10. 1/15/2012 H 364: 3914.3(m) Patient Plan of Care: H 364 3914.3(m) PATIENT PLAN OF CARE H 364 Corrective Actions. The deficiency was reviewed and a Physicians' order was The plan of care shall include the following: written to include the patient's emergency protocol and included in the clinical records. The policy "Care (m) Emergency protocols; and... Planning Process" was reviewed and protocol put in place to ensure that all 485's/Plan of Care will include the emergency protocol. A 485 tracking log This Statute is not met as evidenced by: was initiated to be reviewed on a Based on record review and interview, the weekly basis with weekly chart review to ensure all 485's are complete. agency's Plan of Care (POC) failed to include an emergency protocol for two (2) of seven(7) 2. Identifying similar deficiencies. The patients in the sample. (Patients #9 and #10) Chart Review Audit Tool and 485 tracking log were used to review all similar deficiencies and correct them on The findings include: a regular basis to reflect compliance with this standard. Review of records on December 29, 2011 Quality Assurance Program. A 3. specific Quality Assurance Program is beginning at 11:49 a.m., revealed a POC for initiated to address the specific standard Patient #9 with a certification period of with appropriate tracking tool and September 15, 2011 through March 13, 2012 and regular monitoring protocol in place to avoid such deficiencies in future. Patient #10 with a certification period of Appropriate in-service training given. December 6, 2011 through December 25, 2011. The POC's failed to evidence an emergency Monitoring Corrective Actions. The Chart Review Audit Tool and The 485 protocol. Tracking Log will be used at weekly, monthly and quarterly and presented at

During a face to face interview with the

Administrator on December 29, 2011, at

the Quality Improvement Meeting.

compliance of this standard over time.

Senior Management will monitor

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 364 Continued From page 6 H 364 approximately 12:34 p.m., it was acknowledged that an emergency protocol was not on the revised Plan of Care Form for Medicaid Personal Care Aides and Home Health Skilled Services for Patients #9 and #10.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) R 000l INITIAL COMMENTS R 000 **R000 Initial Comments** WHO: Human Touch Senior Management met on January 3, An annual survey was conducted at your agency 2012, to review the DC Licensing Survey Deficiencies, and from December 29, 2011, through December 30, made the strategic decision to initiate the plan of correction with appropriate resources for developing tracking tools, in-2011, to determine compliance with Title 22 service training, and deployed the appropriate human DCMR, Chapter 39. The findings of the survey resources and time line for implementation. The following were based on a random sample of ten (7) active four steps are taken to address the plan of correction that identifies the root causes of the deficiency develop a Plan of clinical records based on a census of two Correction with strategies for systemic Quality Improvement Program that includes: hundred sixteen(216) patients, three (3) discharge clinical records, and fifteen (10) WHAT#1. Corrective actions taken to 1. personnel files based on a census of two hundred change deficient practice towards ninety-nine (299) employees, and three (3) home compliance of the standards. 2. WHAT #2. Steps taken to identify visits. The findings of the survey were based on potential similar deficiencies and observations in the home, interviews with agency corrective actions to be taken. HOW: Quality Assurance Program staff and patient interviews as well as a review of and Measures to ensure systemic patient and administrative records. changes to avoid deficient practice. WHEN: Monitoring Corrective Actions over time to avoid recurrence R 125 4701.5 BACKGROUND CHECK REQUIREMENT R 125 of deficient practice in future at weekly, monthly and quarterly intervals. The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, R 125 4701.5 Global Seven (7) Year Criminal Background in all jurisdictions within which the prospective Check employee or contract worker has worked or resided within the seven (7) years prior to the 1. Corrective Actions. The deficiency was 1/15/2012 reviewed and A Global 7 Year check. Background Check List that includes criminal history of prospective This Statute is not met as evidenced by: employee or contract worker for the previous seven (7) years in all Based on staff interview and record review, the jurisdictions where the prospective Home Care Agency (HCA) failed to ensure that employee/contractor has lived or worked was included in the personnel the criminal background screening for all staff files. All clinicians and personnel are was complete and recorded in the personnel instructed to have Global Background record of each staff as required by this section. Check completed for any state they have lived in the past seven (7) years. An [Staff #7] account with Global Investigative The finding includes: Services- a digital (web based) services Review of Staff #7's employee record on located at 1109 Spring Street, Ste 411, Silver Spring, MD (301.589.0088), December 29, 2011 at 3:44 p.m. revealed he 1.800.589.6595) is initiated: Global 7 Year Background Checklist is used to previously worked in Maryland within the seven check the background for all personnel years prior to his date of hire. There was no at the time of hire. All current evidence presented or on file to reflect that a deficiencies corrected to reflect criminal background check included the state of compliance with this standard BELAI US VI JOSUS, ND. MANTILE SCHUT DISCHUT STUZING (X6) DATE
REPRESENTATIVE'S SIGNATURE CALVORAN DIRETOR. OTHE 2012 V

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

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ HCA-0026 12/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R 125 Continued From page 1 R 125 2 Identifying similar deficiencies. The Global 7 Year Background Checklist 1/15/2012 Maryland prior to his hiring. The only criminal tracking log and regular review of this background check that was on file at the time of standard is initiated as part of the regular Personnel Requirements Due the inspection was for the District of Columbia. Checklist that will be used for each Interview with the facility's Administrator and personnel file to identify potential deficiencies and correct them on a Human Resource Specialist on December 30, regular basis. 2011 at 11:30 a.m. confirmed a full seven year screening was not completed at the time Staff #7 3. Quality Assurance Program. A was hired and assigned to duties. specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol put in place to avoid such deficiencies in future. Monitoring Corrective Actions. The Global 7 Year Background Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting of this standard over time at weekly, monthly and quarterly intervals.

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