Recewed 2/7/12
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St, N.E.
Washington, D.C. 20002

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUMAN TOUCH HOME HEALTH CARE AGENC	1416 9TH STREET, NW WASHINGTON, DC 20001

(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 000	INITIAL COMMENTS An annual survey was conducted at your agency from December 29, 2011, through December 30, 2011, to determine compliance with Title 22 DCMR, Chapter 39 . The findings of the survey were based on a random sample of ten (7) active clinical records based on a census of two hundred sixteen (216) patients, three (3) discharge clinical records, and fifteen (10) personnel files based on a census of two hundred ninety-nine (299) employees, and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	H 000	H 000: Initial Comments **WHO:** ***Human Touch Senior Management met on January 3, 2012,*** to review the DC Licensing Survey Deficiencies, and made the strategic decision to initiate the plan of correction with appropriate resources for developing ***tracking tools, in-service training, and deployed the appropriate human resources and time line for implementation.*** The following four steps are taken to address the plan of correction that identifies the root causes of the deficiency develop a ***Plan of Correction*** with strategies for systemic ***Quality Improvement Program*** that includes: 1. **WHAT#1.** ***Corrective actions*** taken to change deficient practice towards compliance of the standards. 2. **WHAT #2.** ***Steps taken to identify potential similar deficiencies*** and corrective actions to be taken. 3. **HOW:** ***Quality Assurance Program*** and Measures to ensure systemic changes to avoid deficient practice. 4. **WHEN:** ***Monitoring Corrective Actions over time*** to avoid recurrence of deficient practice in future at weekly, monthly and quarterly intervals.	
H 159	3907.3 PERSONNEL Each home care agency shall comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequent amendments thereto, D.C. Official Code § 44-551 et seq. This Statute is not met as evidenced by: Based on record review and staff interview, the home care agency (HCA) failed to ensure compliance with all District regulations regarding Unlicensed Personnel Criminal Background requirements for employee #7. The findings include: Record review on December 29, 2011 beginning at 10:00 a.m. revealed the facility failed to comply with District requirements for unlicensed 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	H 159	H 159 3907.3 PERSONNEL 1. ***Corrective Actions.*** The deficiency was reviewed and ***A Global 7 Year Background Check List that includes criminal history of prospective employee or contract worker for the previous seven (7) years in all jurisdictions where the prospective employee/contractor has lived or worked*** was included in the personnel files. All clinicians and personnel are instructed to have Global Background Check completed for any state they have lived in the past seven (7) years. An account with Global Investigative Services- a digital (web based) services located at 1109 Spring Street, Ste 411, Silver Spring, MD (301.589.0088), 1.800.589.6595) 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 standard.	1/15/2012

Belai Haste-Jesus, MD, MPH TITLE
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Betsi Robertson 1/16/2012
CORPORATE DIRECTOR 1/16, 2012
(X6) DATE

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H 159	Continued From page 1 Title 22 Chapter 47 (§4701.2). 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 47 (§4701.5) Interview with the facility's Administrator and Human Resource Specialist on December 30, 2011 at 11:30 a.m. confirmed the HCA failed to secure a criminal background check for employee #7 as required by Title 22 §4701.2 and that it also failed to include a full seven year history as required by and Title 22 §4701.5.	H 159	2. ***Identifying similar deficiencies.*** The Global 7 Year Background Checklist tracking log and regular 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. 3. ***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. 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, monthly and quarterly intervals.	
H 264	3911.2(d) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (d) Plan of care for each service provided; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure the Plan of Care (POC) included occupational therapy services for one (1) of ten (10) patients included in the sample. (Patient #5) The finding includes: Review of the record for Patient #5 on December 30, 2011 at approximately 10:01 a.m. revealed a POC with a certification period for November 29, 2011 through January 27, 2012. Further review of the POC revealed the patient was receiving physical therapy (PT) and occupational therapy (OT) services, but there was no evidence that OT services were ordered as part of the POC.	H 264	H264: 3911.2(d) Clinical Records: 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 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.	1/15/2012

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H 264	Continued From page 2 During a face to face interview with the Administrator on December 30, 2011, at 11:10 a.m., it was acknowledged that there was no documented evidence that OT services were ordered.	H 264	3. ***Quality Assurance Program.*** A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given. 4. ***Monitoring Corrective Actions.*** The Chart Review Audit Tool and The Physician Order 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.	
H 359	3914.3(h) PATIENT PLAN OF CARE The plan of care shall include the following: (h) Prognosis, including rehabilitation potential; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA's) Plan of Care (POC) failed to ten (10) patients in the sample. (Patients #9 and 10) The findings include: On December 29, 2011, a record review beginning at approximately 11:49 a.m. revealed a POC for Patient #9 with a certification period of September 15, 2011 through March 13, 2012 and Patient #10 with a certification period of December 6, 2011 through December 25, 2011. The POC's failed to include the patient's prognosis, including rehabilitation potential. During a face to face interview with the Director of Nursing on December 29, 2011, at approximately 12:34 p.m., it was acknowledged that the prognosis, including rehabilitation potential was not on the revised Plan of Care Forms for Medicaid Personal Care Aides and Home Health Skilled Services for Patients #9 and #10.	H 359	H 359: 3914.3(h) Patient Plan of Care: 1. ***Corrective Actions.*** The deficiency was reviewed and a Physicians' order was written to include the patient's progress and rehabilitation potential and included in the clinical records. The policy "Care Planning Process" was reviewed and protocol put in place to ensure that all 485's/Plan of Care will include the prognosis and rehabilitation potential. A 485 tracking log was initiated to be reviewed on a weekly basis with weekly chart review to ensure all 485's are complete. 2. ***Identifying similar deficiencies.*** The Chart Review Audit Tool and 485 tracking log were used to review all similar deficiencies and correct them on a regular basis to reflect compliance with this standard. 3. ***Quality Assurance Program.*** A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given. 4. ***Monitoring Corrective Actions.*** The Chart Review Audit Tool and The 485 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.	1/15/2012

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H 361	Continued From page 3	H 361		
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 two (2) of ten (10) patients in the sample. (Patients #9 and #10) The findings include: Review of records on December 29, 2011 beginning at 11:49 a.m., revealed a POC for Patient #9 with a certification period of September 15, 2011 through March 13, 2012 and Patient #10 with a certification period of December 6, 2011 through December 25, 2011. The POC's failed to evidence provisions related to their psychosocial needs. During a face to face interview with the Administrator on December 29, 2011, at 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.	H 361	H 361: 3914.3(j) Patient Plan of Care: 1. ***Corrective Actions.*** The deficiency was reviewed and a Physicians' order was written to include the patient's psychosocial needs and included in the clinical records. The policy "Care Planning Process" was reviewed and protocol put in place to ensure that all 485's/Plan of Care will include the psychosocial needs. A 485 tracking log was initiated to be reviewed on a weekly basis with weekly chart review to ensure all 485's are complete. 2. ***Identifying similar deficiencies.*** The Chart Review Audit Tool and 485 tracking log were used to review all similar deficiencies and correct them on a regular basis to reflect compliance with this standard. 3. ***Quality Assurance Program.*** A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given. 4. ***Monitoring Corrective Actions.*** The Chart Review Audit Tool and The 485 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.	1/15/2012
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;	H 362	H 362: 3914.3(k) Patient Plan of Care: 1. ***Corrective Actions.*** The deficiency was reviewed and a Physicians' order was written to include the patient's safety measures and included in the clinical records. The policy "Care Planning Process" was reviewed and protocol put in place to ensure that all 485's/Plan of Care will include the safety measures. A 485 tracking log was initiated to be reviewed on a weekly basis with weekly	1/15/2012

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H 362	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 safety measures required to protect the patient from injury of the patients for two (2) of ten(10) patients in the sample. (Patients #9 and #10) The findings include: 1. Review of records on December 29, 2011 beginning at 11:49 a.m., revealed a POC for Patient #9 with a certification period of September 15, 2011 through March 13, 2012. Further review of the patient's POC revealed his diagnosis included hypertension, osteoarthritis, muscular degeneration of retina, etc. The POC failed to evidence safety measures to address the 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	H 362	chart review to ensure all 485's are complete. 2. ***Identifying similar deficiencies.*** The Chart Review Audit Tool and 485 tracking log were used to review all similar deficiencies and correct them on a regular basis to reflect compliance with this standard. 3. ***Quality Assurance Program.*** A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given. 4. ***Monitoring Corrective Actions.*** The Chart Review Audit Tool and The 485 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.	

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H 362	Continued From page 5 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.	H 362		
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, the agency's Plan of Care (POC) failed to include an emergency protocol for two (2) of seven(7) patients in the sample. (Patients #9 and #10) The findings include: Review of records on December 29, 2011 beginning at 11:49 a.m., revealed a POC for Patient #9 with a certification period of September 15, 2011 through March 13, 2012 and Patient #10 with a certification period of December 6, 2011 through December 25, 2011. The POC's failed to evidence an emergency protocol. During a face to face interview with the Administrator on December 29, 2011, at	H 364	H 364: 3914.3(m) Patient Plan of Care: 1. ***Corrective Actions.*** The deficiency was reviewed and a Physicians' order was written to include the patient's emergency protocol and included in the clinical records. The policy "Care 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 was initiated to be reviewed on a weekly basis with weekly chart review to ensure all 485's are complete. 2. ***Identifying similar deficiencies.*** The Chart Review Audit Tool and 485 tracking log were used to review all similar deficiencies and correct them on a regular basis to reflect compliance with this standard. 3. ***Quality Assurance Program.*** A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given. 4. ***Monitoring Corrective Actions.*** The Chart Review Audit Tool and The 485 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.	1/15/2012

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H 364	Continued From page 6 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.	H 364		

Health Regulation & Licensing Administration

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R 000	INITIAL COMMENTS An annual survey was conducted at your agency from December 29, 2011, through December 30, 2011, to determine compliance with Title 22 DCMR, Chapter 39 . The findings of the survey were based on a random sample of ten (7) active clinical records based on a census of two hundred sixteen(216) patients, three (3) discharge clinical records, and fifteen (10) personnel files based on a census of two hundred ninety-nine (299) employees, and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	R 000	R000 Initial Comments **WHO:** ***Human Touch Senior Management met on January 3, 2012,*** to review the DC Licensing Survey Deficiencies, and made the strategic decision to initiate the plan of correction with appropriate resources for developing ***tracking tools, in-service training, and deployed the appropriate human resources and time line for implementation.*** The following four steps are taken to address the plan of correction that identifies the root causes of the deficiency develop a ***Plan of Correction*** with strategies for systemic ***Quality Improvement Program*** that includes: 1. **WHAT#1.** ***Corrective actions*** taken to change deficient practice towards compliance of the standards. 2. **WHAT #2.** ***Steps taken to identify potential similar deficiencies*** and corrective actions to be taken. 3. **HOW:** ***Quality Assurance Program*** and Measures to ensure systemic changes to avoid deficient practice. 4. **WHEN:** ***Monitoring Corrective Actions over time*** to avoid recurrence of deficient practice in future at weekly, monthly and quarterly intervals.	
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on staff interview and record review, the Home Care Agency (HCA) failed to ensure that the criminal background screening for all staff was complete and recorded in the personnel record of each staff as required by this section. [Staff #7] The finding includes: Review of Staff #7's employee record on December 29, 2011 at 3:44 p.m. revealed he previously worked in Maryland within the seven years prior to his date of hire. There was no evidence presented or on file to reflect that a criminal background check included the state of	R 125	R 125 4701.5 Global Seven (7) Year Criminal Background Check *1.* ***Corrective Actions.*** The deficiency was reviewed and ***A Global 7 Year Background Check List that includes criminal history of prospective employee or contract worker for the previous seven (7) years in all jurisdictions where the prospective employee/contractor has lived or worked*** was included in the personnel files. All clinicians and personnel are instructed to have Global Background Check completed for any state they have lived in the past seven (7) years. An account with Global Investigative Services- a digital (web based) services located at 1109 Spring Street, Ste 411, Silver Spring, MD (301.589.0088), 1.800.589.6595) 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 standard.	1/15/2012

BELAI WUBE-JESUS, MD, MPH TITLE Belai Wube-Jesus 01/13/2012 (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE CARDIAC DIRECTOR - OTHER 2012

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R 125	Continued From page 1 Maryland prior to his hiring. The only criminal background check that was on file at the time of the inspection was for the District of Columbia. Interview with the facility's Administrator and Human Resource Specialist on December 30, 2011 at 11:30 a.m. confirmed a full seven year screening was not completed at the time Staff #7 was hired and assigned to duties.	R 125	2. ***Identifying similar deficiencies.*** The Global 7 Year Background Checklist tracking log and regular 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. 3. ***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. 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, monthly and quarterly intervals.	1/15/2012