


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0076	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2016
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NAME OF PROVIDER OR SUPPLIER INTEGRATED COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6323 GEORGIA AVENUE NW WASHINGTON, DC 20011
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H 000	<p>INITIAL COMMENTS</p> <p>A full licensure survey was conducted from May 26, 2016, through May 27, 2016, to determine compliance with Title 228 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to five (5) patients and employs fourteen (14) staff. The findings of the survey were based on observations, record reviews and interviews with current patients and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>AOL - activities of daily living DON - director of nursing HCA - home care agency HHA - home health aide PCA - personal care aide POC - plan of care</p>	H 000	<p><i>Rec'd by J. Duggan 5/18/2016</i></p>
H 293	<p>3912.2(c)(1) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(c) To be informed orally and in writing of the following:</p> <p>(1) Services to be provided by the agency, including any limits on service availability;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to follow them policy by failing to inform the Patients in writing of the services to be provided by the agency,</p>	H 293	<p>ICS will update its admission documents to have the Patients' Rights and Responsibilities disclosure reflect all beneficiaries' rights and responsibilities as it was written in the ICS' Policies and Procedures (P&P) that were reviewed and approved by D.O.H. Attached please find a copy that reflects the change.</p> <p>To ensure that this deficient practice does not reoccur, ICS will have all its admission documents and disclosures only reflect practices that are outlined in Policies and Procedures that were approved by D.O.H.</p> <p>To ensure that this deficient practice will not reoccur, ICS' Director of Operations will complete a quarterly review of all admission documents to ensure that they reflect the policies and procedures. This change has been made and was put into place 5/31/2016.</p>

<p>Health Regulation & Licensing Administration</p> <p>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</p> 	<p>TITLE</p> <p><i>Director of Operations</i></p>	<p>(X6) DATE</p> <p><i>7-5-16</i></p>
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H 293	Continued from page 1 including any limits on services available for five (5) of five (5) patients in the sample. (Patients #1, #2, #3, #4 and #5) The findings include: Review of Patients #1, #2, #3, #4, and #5 clinical records on May 26, 2016, between the hours of 9:30 a.m., and 3:00 p.m., revealed POCs that documented physician orders for "visits performed by a registered nurse once a month and two as needed visits for physical assessment.... PCA services for personal care and AOL. ..." Review of the "Proposed Services & Frequency Form " in the clinical records (#1-#5) revealed that the only service identified to be provided was "Personal Care Aide (PCA)" service. On May 26, 2016, at 3:00 p.m., interview with the Director of Operations confirmed the surveyor finding. Additionally, the Director of Operations stated that the document will be corrected to reflect all services provided including the frequency and duration of the services.	H 293	All ICS Plans of Care (POCs) documents will be updated to reflect the frequency and duration of all services that are being provided to each patient receiving care from ICS. To ensure that this deficient practice does not reoccur, all ICS Registered Nurses (RNs) will be trained on how to properly document the frequency and duration of all services that are being provided to each patient during orientation, and as needed. To ensure that this deficient practice will not reoccur, ICS Director of Nursing (DON) will review every POC to ensure that POCs are reflecting the frequency and duration of all services that are being provided. If ICS' DON finds any POC that does not reflect the frequency and duration being documented, the DON will require the RN that completed the POC to make all necessary corrections to the POC, and receive retraining. This change has been made and was put into place 5/31/2016.
H 299	3912.2(c)(7) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (c) To be informed orally and in writing of the following: (7) The telephone number of the Home Health Hotline maintained by the Department of Health;	H 299	ICS will update all of its disclosures to reflect the correct phone number ((202)-442-4779) for the Department of Health Home Health Aide hot-line. Attached please find disclosures (Patients' Rights and Responsibilities & Complaints and Grievances Disclosures) that reflect the changes. ICS will redistribute copies of the revised Patients' Rights and Responsibilities & Complaints and Grievances Disclosures to all beneficiaries.

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H 299 Continued from page 2

H 299

This Statute is not met as evidenced by:
Based on record review and interviews, it was determined that the agency failed to inform each patient orally and in writing of the telephone number for the Home Health Hotline maintained by the Department of Health, for five (5) of five (5) patients in the sample. (Patients #1, #2, #3, #4 and #5)

The findings include:

1. Review of the document titled "Complaint and Grievance Procedure" in the clinical records of Patients #1, #2, #3, #4 and #5 on May 26, 2016, between the hours of 9:30 a.m., and 3:00 p.m., failed to evidence the telephone number of the Home Health Hotline maintained by the Department of Health.
On May 26, 2016, at 3:00 p.m., interview with the Director of Operations confirmed that the telephone number of the Home Health Hotline maintained by the Department of Health was not on the complaint and grievance procedure document. Additionally, the Director of Operations stated that the complaint and grievance procedure document is given to patients on admission.

2. Patients #1-#5 were interviewed on May 27, 2016, during home visits. Patients #1-#5 stated during interview that they were not informed of the Home Health Hotline maintained by the Department of Health. The surveyor offered the patients (#1-#5) the telephone number of the home health hotline and informed the patients of its use.

On June 1, 2016, at approximately 9:00 a.m., the

To ensure that this deficient practice will not reoccur, ICS will require all ICS Registered Nurses (RNs) to call the Department of Health Home Health Aide hotline with all new beneficiaries during the time of admission to verify accuracy.

To ensure that this deficient practice does not reoccur, ICS Director of Operations will, on a quarterly basis, complete a quality assurance review on a random sample of admission documents to verify that the correct phone number for the Department of Health Home Health Aide hotline is listed on ICS' Patients' Rights and Responsibilities as well as the Complaints and Grievances Disclosures. This change has been made and was put into place 5/31/2016.

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H 299 Continued From page 3

Director of Operations stated during telephone interview that all patients will be given a copy of the revised complaint and grievance procedure document that will include the telephone number of the home health hotline.

H 299

H 335 3913.5 COMPLAINT PROCESS

The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.

This Statute is not met as evidenced by:
Based on record review and interview, it was determined that the HCA's complaint process failed to address the requirement to respond to complaints within 14 calendar days of receipt.

The finding includes:

On May 26, 2016, at 11:00 a.m., review of the agency's document titled "Complaint and Grievance Procedure" that is given to patients on admission failed to include the requirement that the agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.

On May 26, 2016, at 3:00 p.m., interview with the Director of Operations confirmed the surveyor's finding. Additionally, the Director of Operations stated that the document will be corrected to include the statement that the agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.

H 335

ICS will update its Complaint Process disclosure to reflect ICS's Policies and Procedures that was reviewed and approved by DOH. The disclosures will reflect that ICS will report complaints in 14 calendar days; the Complaint Process disclosure will also reflect that ICS will document all responses.

To ensure that this deficient practice does not reoccur, ICS will have all admission documents and disclosures to reflect ICS's Policies and Procedures that were approved by DOH.

To ensure that this deficient practice will not reoccur, ICS Director of Operations will complete a quarterly review of all admission documents to ensure that they reflect ICS's Policies and Procedures which were reviewed and approved by the Department of Health. This change has been made and was put into place 5/31/2016.

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H 336	Continued from page 4	H 336		
H 336	3913.6 COMPLAINT PROCESS	H 336	<p>If the patient indicates that he or she is not satisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. The response shall include the telephone number and address of all District government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline maintained by the Department of Health.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA's complaint process failed to include the requirement that if the patient is dissatisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the initial response and shall include information regarding the home health hotline maintained by the Department of Health.</p> <p>The finding includes:</p> <p>On May 26, 2016, at 11:00 a.m., review of the agency's document titled "Complaint and Grievance Procedure" that is given to patients on admission, failed to include information stating if the patient is dissatisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the initial response, and shall include the information regarding the home health hotline maintained by the Department of Health.</p> <p>On May 26, 2016, at 3:00 p.m., interview with the Director of Operations confirmed the surveyor's finding. Additionally, the Director of Operations stated that the document will be corrected to</p>	

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H 336	Continued From page 5 include the statement "if the patient is dissatisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the initial response, and shall include the information regarding the home health hotline maintained by the Department of Health".	H 336		
H 399.	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure PCAs observed, recorded and reported the patient's physical condition, behavior or appearance for one (1) of five (5) patients in the sample. (Patient #1) The findings include: Review of Patient#1 clinical record on May 26, 2016, at 10:00 a.m., revealed PCA time sheets that indicate PCA #8 provided eight (8) hours of care to Patient #1 on April 30, 2016, May 1, 2016, May 7, 2016, and May 8, 2016. There was no documented evidence that PCA #8 observed, recorded and reported the patient's physical condition, behavior or appearance. On May 26, 2016, at 3:00 p.m., interview with the DON and Director of Operations confirmed the	H 399	ICS will educate all PCAs during New Hire Orientation & during Quarterly In-service to observe, record and report all patients' physical conditions, behaviors and appearances. To ensure that this deficient practice does not reoccur, ICS will designate administrative personnel that will be responsible for reviewing all timesheets to ensure that all PCAs are observing, recording and reporting patients' physical conditions, behaviors, and appearances. To ensure that deficient practices do not reoccur, ICS Director of Nursing will review a random sample of time sheets on a monthly basis to ensure that all PCAs are observing, recording, and reporting the patient's physical conditions, behaviors and appearances. If the Director of Nursing notices that an aide is not recording and reporting on the timesheet, the aide will be retrained. This change has been made and was put into place 5/31/2016.	

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H 399 Continued from page 6 H 399

surveyor finding. Additionally, the Director of Operations stated that the HHA will be in-serviced on the need to observe, record and report the patient's physical condition, behavior or appearance of all patients that he/she is assigned.