

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 October 16, 2012, through October 17, 2012, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) clinical records based on a census of twenty (20) patients, ten (10) personnel files based on a census of twenty-seven (27) employees and two (2) 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	<p><i>Received 11/29/12</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>		
H 153	3907.2(i) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (i) Documentation of any required criminal background check; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of any required criminal background check for one (1) of ten (10) employees in the sample. Home Health Aide #9 (HHA #9) The finding includes: Review of HHA #9's employment application on October 16, 2012, at approximately 5:35 p.m., revealed HHA #9 had a District of Columbia Criminal History Request in the personnel record.	H 153	<p>H153 Corrective actions: LINAC will continue to mandate all employees to get criminal background checks from all the states lived or worked for the past seven years. HHA #9 was mandated to get the Criminal background check for Maryland Virginia. LINAC will make sure that all new employees go through the new District Of Columbia Back Ground process Systematic changes to be made LINAC will ensure that employees Criminal Background check are done for every State they lived or worked for the past seven years before hire. Monitoring plan A quarterly employee file audit by the Quality assurance staff will help to monitor compliance</p>	10/18/12	10/18/12

Health Regulation & Licensing Administration

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

STATE FORM

6899

69L411

TITLE

Director

(X6) DATE

11/16/12

If continuation sheet 1 of 10

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 153	Continued From page 1 According to HHA #9's employment application dated August 3, 2010, the employee worked in the state of Virginia from June 2008 until May 2010. Further review revealed HHA #9 lived in the state of Maryland with-in the past seven years of being hired by the agency. However, there was no evidence a criminal background check was completed for the aforementioned jurisdictions prior to the date of hire. During a face to face interview with the director of nursing (DON) on October 16, 2012, at approximately 5:45 p.m., it was acknowledged HHA #9 did not have a criminal background check completed for the aforementioned jurisdictions with-in the past seven years of being hired by the agency. Further review revealed that the DON believed that the District of Columbia Criminal History Request covered all the aforementioned jurisdictions and met the requirement.	H 153	H153 Corrective actions: LINAC will continue to mandate all employees to get criminal background checks from all the states lived or worked for the past seven years. HHA #9 was mandated to get the Criminal background check for Maryland Virginia. LINAC will make sure that all new employees go through the new District Of Columbia Back Ground process Systematic changes to be made LINAC will ensure that employees Criminal Background check are done for every State they lived or worked for the past seven years before hire.	10/18/12	
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure documentation of training and education given to the patient and the patient's caregivers for four (4) of ten (10) patients in the sample. (Patient #1, #2, #3 and #4)	H 279	Monitoring plan A quarterly employee file audit by the Quality assurance staff will help to monitor compliance	10/18/12	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 279	Continued From page 2 The findings include: 1. Review of Patient #1's plan of care (POC) dated September 20, 2012 to November 18, 2012, on October 16, 2012, at approximately 1:35 p.m., revealed the patient had diagnoses that included chronic respiratory failure, tracheostomy, ventilator dependent and seizure disorder. Review of Patient #1's Nursing Flow Sheets on October 16, 2012, between 1:36 p.m. and 2:45 p.m., dated September 23, 24, 25 and 26, 2012 and October 1, 2, 9 and 10, 2012, under the heading patient education revealed "parents not home/reported off to uncle". Further review of Patient #1's Nursing Flow Sheets dated September 22 and 29, 2012 and October 5, 2012, under the heading patient education revealed "nobody home/reported off to Mom". There was no documented evidence of training and education given to the patient's caregivers. During a face to face interview during a home visit with licensed practical nurse #1 (LPN #1) on October 17, 2012 at approximately 10:30 a.m., it was acknowledged that the nurse did not document evidence of training and education given to Patient #1's uncle and Mom on the aforementioned days because they were not in the home except when she/he reported off duty. 2. Review of Patient #2's POC dated September 22, 2012 to November 20, 2012, on October 16, 2012, at approximately 2:07 p.m., revealed the patient had diagnoses that included cerebral palsy, hardware removal right femur, gastrostomy feed dependent, failure to thrive and spastic quadriplegia. The POC revealed that the LPN was scheduled to provide skilled care for Patient #2, ten (10) hours a day, seven (7) days a week, times sixty (60) days. Further review of the POC	H 279	H279 Corrective actions: LINAC will ensure that all the Staff documents properly all the training/teaching given to the care givers and the outcomes of such teachings. Clinical meeting are. Scheduled to re-orient the skill nurses On the importance of patient teaching and evaluation. Systematic changes to be made Quality assurance coordinator will review all Flow sheet to ensure that proper documentation is made on every teaching given to the care giver to show compliance to this standard Teaching and their feedbacks are customized to the patient's needs Monitoring plan Chart audit will be done every two months to ensure that details of education/ training given to the care giver is well understood and documented.	11/15/12	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 279	Continued From page 3 revealed that the nurse was to teach the caregiver about disease condition and care, emergency management and 911. Review of Patient #2's Pediatric Older Child Notes dated September 23, 24, 25, 26, 27, 29 and 30, 2012 and October 1, 2, 3, 4, 5, 6, 7 and 13, 2012, on October 16, 2012 between 2:10 p.m. and 2:25 p.m., revealed no documented evidence of training and education given to the patient's caregivers. 3. Review of Patient #3's POC dated September 21, 2012 to November 25, 2012, on October 16, 2012, at approximately 2:29 p.m., revealed the patient had diagnoses that included cerebral palsy, gastrostomy, failure to thrive, seizure disorders and asthma. The POC revealed that the LPN was scheduled to provide skilled care eight (8) hours a day, seven (7) days a week, times sixty (60) days. Further review of the POC revealed that the nurse was to teach the caregiver about disease condition and care, emergency management and 911. Review of Patient #3's Pediatric Older Child Notes dated September 27, 28, 2012 and October 1, 2, 3 and 5, 2012, on October 16, 2012, between 2:35 p.m. and 3:00 p.m., revealed no documented evidence of training and education given to the patient's caregivers. 4. Review of Patient #4's plan of care (POC) dated August 30, 2012 to October 28, 2012, on October 16, 2012, at approximately 4:43 p.m., revealed the patient had diagnoses that included failure to thrive, vasculitis, clothing disorder and altered mental status. Further review revealed the skilled nurse (SN) was to visit two (2) times a day, seven (7) times a week times sixty (60) days. Patient #4's caregiver was to be taught /supervised giving Lovenox injections, infection	H 279	H279 Corrective actions: LINAC will ensure that all the Staff documents properly all the training/teaching given to the care givers and the outcomes of such teachings. Clinical meeting are Scheduled to re-orient the skill nurses On the importance of patient teaching and evaluation. Systematic changes to be made Quality assurance coordinator will review all Flow sheet to ensure that proper documentation is made on every teaching given to the care giver to show compliance to this standard Teaching and their feedbacks are customized to the patient's needs Monitoring plan Chart audit will be done every two months to ensure that details of education/ training given to the care giver is well understood and documented.	11/15/12	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 279	Continued From page 4 control, self care, medication administration, bleeding precaution and side effects, effects of medications and emergency management. Review of Patient # 4's Pediatric Visit Record dated August 30, 2012 and September 25, 26, 27, 28, 29 and 30, 2012, on October 16, 2012, between 4:50 p.m. and 5:20 p.m., revealed no documented evidence of training and education given to the patient's caregivers. During a face to face interview with the director of nursing (DON) on October 16, 2012, at approximately 6:15 p.m., it was acknowledged the agency's nurses did not have documentation to support whether or not Patient #1, #2, #3 and #4's caregivers were trained or educated on his/her disease processes on the aforementioned dates.		H 279		
H 360	3914.3(i) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Activities permitted or precluded because of functional limitations; This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included the activities permitted or precluded because of functional limitations for two (2) of ten (10) patients in the sample. (Patient #5 and #6) The findings include: 1. Review of Patient #5's plan of care dated October 8, 2012 to April 7, 2013, on October 16, 2012, at approximately 2:44 p.m., revealed the		H 360	H360 Corrective actions: LINAC will make sure those activities Permitted or precluded because of Functional limitations are included in the POC. In-services will be provided for RN's on the importance of activity status. Systematic changes to be made All LINAC's POC will contain activities Permitted or precluded because of functional limitations of a patient to satisfy this standard. Monitoring plan The LINAC's Quality assurance team Will develop a two months POC audit to ensure continual satisfaction of this Standard	11/16/12

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 360	<p>Continued From page 5</p> <p>POC did not include the activities permitted or precluded because of functional limitations.</p> <p>2. Review of Patient #6's POC dated September 19, 2012 to November 17, 2012, on October 16, 2012, at approximately 3:21 p.m., revealed the POC did not include the activities permitted or precluded because of functional limitations.</p> <p>During a face to face interview with the director of nursing (DON) on October 16, 2012, at approximately 6:40 p.m., it was acknowledged Patient #5 and #6's POC did not include the activities permitted or precluded because of functional limitations. The DON stated the agency would in-service the staff on how to document on the POC the activities permitted or precluded because of functional limitations for Patients #5 and #6.</p>		H 360	<p>H360</p> <p>Corrective actions: LINAC will make sure those activities Permitted or precluded because of Functional limitations are included in the POC. In-services will be provided for RN's on the importance of activity status.</p> <p>Systematic changes to be made</p> <p>All LINAC's POC will contain activities Permitted or precluded because of functional limitations of a patient to satisfy this standard.</p> <p>Monitoring plan</p> <p>The LINAC's Quality assurance team Will develop a two months POC audit to ensure continual satisfaction of this Standard</p>	11/16/12
H 363	<p>3914.3(I) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(I) Identification of employees in charge of managing emergency situations;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the plan of care (POC) included identification of employees in charge of managing emergency situations for four (4) of ten(10) patients in the sample. (Patient #4, #5, #7 and #8)</p> <p>The findings include:</p> <p>1. Review of Patient #4's plan of care (POC) dated August 30, 2012 to October 28, 2012, on</p>		H 363		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 363	Continued From page 6 October 16, 2012, at approximately 2:43 p.m., revealed no documented evidence the POC included the identification of employees in charge of managing emergency situations. 2. Review of Patient #5's POC dated October 8, 2012 to April 7, 2013, on October 16, 2012, at approximately 2:43 p.m., revealed no documented evidence the POC included the identification of employees in charge of managing emergency situations. 3. Review of Patient #7's POC dated September 28, 2012 to November 26, 2012, on October 16, 2012, at approximately 3:42 p.m., revealed no documented evidence the POC included the identification of employees in charge of managing emergency situations. 4. Review of Patient #8's POC dated September 16, 2012 to November 14, 2012, on October 16, 2012, at approximately 3:49 p.m., revealed no documented evidence the POC included the identification of employees in charge of managing emergency situations. During a interview with the director of nursing (DON) on July 25, 2012, at approximately 6:35 p.m., it was acknowledged that the identification of employees in charge of managing emergency situations was not on Patient #4, #5, #7 and #8's current POC. The DON indicated that the agency would update their computer software to include the aforementioned requirement.	H 363	H363 Corrective actions LINAC will make sure current emergency situations are managed by the staff and there are documentary evident to identify the staff in the patients POC Systematic Change Hence forth there will be a clear Identification of the staff managing the Emergency situations in the POC Monitoring There will be two- months POC audit chart to ensure the satisfaction Of this standard.	11/16/12	
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and...	H 364			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2012
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012		
(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 364	Continued From page 7 This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for four (4) of ten (10) patients in the sample. (Patient #5, #6, #7 and #8) The findings include: 1. Review of Patient #6's plan of care (POC) dated August 30, 2012 to October 28, 2012, on October 16, 2012, at approximately 2:44 p.m., revealed no documented evidence the POC included emergency protocols. 2. Review of Patient #5's POC dated October 8, 2012 to April 7, 2013, on October 16, 2012, at approximately 2:43 p.m., revealed no documented evidence the POC included the POC included emergency protocols. 3. Review of Patient #7's POC dated September 28, 2012 to November 26, 2012, on October 16, 2012, at approximately 3:42 p.m., revealed no documented evidence the POC included included emergency protocols. 4. Review of Patient #8's POC dated September 16, 2012 to November 14, 2012, on October 16, 2012, at approximately 3:49 p.m., revealed no documented evidence the POC included emergency protocols. During a face to face interview with the director of nursing (DON) on October 16, 2012, at approximately 6:37 p.m., it was acknowledged the POC did not include emergency protocols for Patients #5, #6, #7 and #8. The DON indicated	H 364	H364 Corrective action LINAC's POC software programs and the Nursing notes programs to Include emergency protocols for Appropriate emergency documentation Systematic changes to be made Obtain a computer software program that Includes emergency protocols Monitoring plan Office manager/ administration will make The software programs work well, regularly maintained, update and the staff Learn its usability	11/15/12	

Health Regulation & Licensing Administration
STATE FORM

If continuation sheet 10 of 10