

Health Regulation & Licensing Administration

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/17/2018
NAME OF PROVIDER OR SUPPLIER NATION'S HOME INFUSION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 PENNSYLVANIA AVENUE, NW, 4TH FLOOR, STE 41 WASHINGTON, DC 20037	
(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 licensure survey was conducted on 04/12/18 through 04/17/18 to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to 30 patients and employs eight staff. The findings of the survey were based on a review of administrative records, three active patient records, and five employee records. The findings were also based on three home visits, ten current patient telephone interviews, and interviews with patients/family and staff. Listed below are abbreviations used throughout the body of this report: HCA - Home Care Agency TB - tuberculosis DON - Director of Nursing	H 000	
H 163	3907.7 PERSONNEL Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each employee was screened for communicable diseases annually for one of five employees in the sample (Document Specialist). Findings included: Review of the Document Specialist's personnel	H 163	Thank you for taking the time to visit our office. Regarding 3907.7 Personnel Records Nation's policy is to screen clinical staff that visit patients homes. Going forward we will require that all of our DC office staff be screened annually. Our policy was updated and the HR generalist will add to her recurring employee chart audit. Done 5/10/2018

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

TITLE

(X6) DATE

STATE FORM

5599

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If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NATION'S HOME INFUSION, LLC

**2200 PENNSYLVANIA AVENUE, NW, 4TH FLOOR, STE 41
WASHINGTON, DC 20037**

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H 163	Continued From page 1 record on 04/12/18 at 12:54 PM showed no evidence that the Document Specialist had been certified as free from communicable disease in 2017. Further review of the personnel record showed that the Document Specialist had signed a form to decline TB Testing at the time of employment. During an interview on 04/12/18 at 1:09 PM, the DON stated, "I didn't know that she had to have one because she does not visit any patients." At the time of the survey, the HCA failed to provide evidence that the Document Specialist was determined to be free of communicable disease.	H 163		