

Health Regulation & Licensing Administration

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 06/23/2017
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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**

(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
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H 000 INITIAL COMMENTS

An annual survey was conducted from June 22, 2017, through June 23, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to thirteen (13) patients and employs three (3) staff. The findings of the survey were based on a review of administrative records, two (2) active patient records, two (2) discharged patient records, three (3) employee records, four (4) home visits, four (4) patient telephone interviews and interviews with patients/family and staff.

The following are abbreviations used within the body of this report:

DON - Director of Nursing
HCA - Home Care Agency
RN - Registered Nurse

H 155 3907.2(k) PERSONNEL

Each home care agency shall maintain accurate personnel records, which shall include the following information:

(k) A position description;

This Statute is not met as evidenced by:
Based on record review and interview, the Home Care Agency (HCA) failed to maintain a position description in the personnel records of one (1) of three (3) employees included in the sample. (Employee #2)

The finding includes:

H 000

Thank you for the survey and review of our nursing protocols.

Regarding: H 155 3907.2(k) Personnel Records and not having updated job description: Nation's does have a job description for our Director of Nursing position and the file was updated accordingly.

Every new employee receives a copy of their job description as part of their orientation and going forward the HR generalist will ensure that employees who are promoted or move to other areas of the company also get a copy of the new job description and will place a copy in the employee file. HR generalist performs employee file audits on a regular basis and will add field "valid job description enclosed" to audit form.

Complete 7/25/2017

H 155

Health Regulation & Licensing Administration

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

TITLE

(X5) DATE

STATE FORM

5599

495Q11

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

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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			
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H 155	<p>Continued From page 1</p> <p>On June 22, 2017, at 11:07 a.m., the surveyors was introduced to the HCA's DON. At 11:34 a.m., review of the DON's personnel record revealed no documented evidence of a position description entitled Director of Nursing. The position description reviewed was detailed for a RN and was dated May 2, 2016. Interview with the DON on June 22, 2017, at 11:50 a.m. revealed that she was promoted to the DON position after May 2, 2016, and the facility needed to update her position description.</p> <p>At the time of the survey, there was no documented evidence of a position description for the HCA's DON.</p>	H 155			



Government of the District of Columbia
Department of Health



Health Regulation and Licensing Administration

July 17, 2017

Harold S. Deshields
Director
Nation's Home Infusion, LLC
2200 Pennsylvania Avenue, NW
4th Floor, Ste. 4104
Washington, DC 20037

Re: 2200 Pennsylvania Avenue, NW (HCA-0077)

Dear Mr. Deshields:

On June 23, 2017, a licensure survey was completed at your facility identified above. Deficiencies were identified that requires your submission of a Plan of Correction (PoC) to respond to each deficiency. While a reasonable period of time may be allowed for actual correction of these deficiencies, it is imperative that your plan be signed with a specific date for anticipated completion and returned to this office prior to **July 27, 2017**. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms. NOTE: "Corrected" is not an accepted reply. The plan MUST also include the following.

- **What corrective action(s) will be accomplished to address the identified deficient practice;**
- **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and**
- **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

PLEASE NOTE: Plans of Correction not adhering to the above requirements will not be considered acceptable. Surveyors from our office may visit your facility at a future date to determine progress made towards the correction of deficiencies as provided for in your plan. As a result of continued non-compliance, civil monetary penalties may be issued.

If you have any questions, contact Ericka L. Walker, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division at Ericka.walker@dc.gov or (202) 442-4781.

Sincerely,


Sharon H. Mebane
Program Manager

Enclosures (1)
Statement of Deficiency