STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUN	r/Clia 18er:	(X2) MUL A. BUILDI B. WING		(X3) DATE SUR COMPLETE
NAME OF PROVIDER OR SUPPLIER	HCA-0027	PTDEE .	1		12/12/2
		JEAN OF	DDRESS, CITY,	STATE, ZIP CODE	(2/(2)2
PREMIER HEALTH SERVICES	, INC	WASHIN	GTON, DC 2	NUE, NW, SUITE 323 20012	-
TAG REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F C IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	
H 000 INITIAL COMMENT	S		H 000		
to determine complia Chapter 39. The find based on a random s clinical records based hundred ninety-one ( discharge records, fi based on a census of employees and three of the survey were ba interviews, review of observations.	a on a census of four 491) patients, three (3 fteen (15) personnel f five hundred fifty-five (3) home visit. The fir sed on staff and patie clinical records and	, 2011, MR, ere stive ) iles (555)		The Provider acknowle findings of this report. Weenverse Health Regulation & Licensing A Intermediate Care Facilitie 899 North Capitol St. Washington, D.C. 20	20/12 http: doministration as Division N.E.
H 268 3911.2(h) CLINICAL F Each clinical record sh information related to l	all include the followi		H 268	The Provider acknowled tag with the following pl	ges and accepts th
<ul> <li>(h) Clinical, progress, a activity records, signed by professional and dir</li> <li>This Statute is not met Based on record review Care Agency (HCA) fail records in the file were two(2 )of twelve (12) pail</li> </ul>	and summary notes, a and dated as approp ect care staff; as evidenced by: and interview, the H ed to ensure activity	riate ome		<ul> <li>Both of the Schercalls for missed vectors</li> <li>completion of the oriented to the pand documentation</li> <li>The Registered N Managers received</li> </ul>	duler's, who receiv visits and tracks the e visits was re- rocess for handling on of missed visits
The findings include: 1. On December 9, 201 s record at approximatel documents entitled "Miss the following dates: Sep October 6, and 7, 2011, 2011 and November 18, Regulation & Licensing Administration	y 9:12 a.m. revealed sed Visits Reports" fc tember 29, and 30, 20 October 22, and 23, 2011. There was po			<ul> <li>missed visits. (See Data Entry technic on the process fo Visit documentation to facilitate trackin 2)</li> <li>The Quality assura were re-oriented to facilitate trackin to facilitate trackin to facilitate trackin 2)</li> </ul>	e Addendum 1) Jan was re-oriente r entering a Misser on into the system ng. (see addendun nce staff members

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	/CLIA BER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED
NAME OF DRIVER	HCA-0027		B. WING		·
NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY	STATE, ZIP CODE	12/12/2011
PREMIER HEALTH SERVICES, INC 7600 G			RGIA AVEN FON, DC 20	UE NW SHITE DOG	
(X4) ID SUMMARY STAT PREFIX (EACH DEFICIENCY	EMENT OF DECIDIENCES				
TAG REGULATORY OR LS	MUST BE PRECEDED BY FU C IDENTIFYING INFORMATI	ILL DN)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLE
H 268 Continued From pag			H 268		
aforementioned doc	e of a signature on the	e	}	auditing and har	ndling incomplete
				documentation	related to Missed visits
approximately 10:30 aforementioned "Mise have a signature at th	a.m., she indicated the sed Visits Reports" did le time of this survey.	not		(See Addendum	3)
<ol> <li>On December 9, 2</li> <li>#11's record at approx a POC with certification through August 8, 201</li> <li>ordered physical therated a week for three (3) we week for two (2) weeks</li> <li>documented evidenced progress note for June 2011.</li> </ol>	kimately 1:00 p.m., rev on period June 8, 2011 1 in which the physicia py services three (3) v seks, then two (2) visit s. There was no	vealed an visits ts a			
During a face to face in December 9, 2011 at a she indicated there was of physical therapy prog for June 20, 2011 throu record at the time of this	pproximately 1:39 p.m s no documented evide gress notes in the reco	ence		• ·	
H 271 3911.2(k) CLINICAL RE	CORDS	H 23	71		
Each clinical record sha information related to the	ll include the following e patient:			The Provider acknowled	
<ul> <li>(k) Discharge summary, termination of services a discharge;</li> </ul>	including the reason find the effective date c	or If		The Provider acknowledg tag with the following pla	es and accepts this n of correction:
This Statute is not met a Based on record review a determined the agency fa	nd interview it was				

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If continuation sheet [2 of 26

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NI	ER/CLIA JMBER:	A. BUILDI		(X3) DATE SURVEY COMPLETED
	MAME OF PROVIDER OR SUPPLIER	HCA-0027		B. WING		
	i		STREET A	DDRESS, CITY	STATE, ZIP CODE	12/12/2011
	PREMIER HEALTH SERVICES		7600 GE WASHIN	ORGIA AVE GTON, DC 2	NUE NW SUUTE DOD	
	<ul> <li>Had REGULATORY OR LS</li> <li>H 271 Continued From page discharge summary, termination of service discharge, was in the four (4) clinical record discharge, was in the four (4) clinical record. The findings include:</li> <li>On December 9, 201 record at approximate POC with the certificat through July 7, 2011 i ordered skilled nurse IV every 12 hours and daily</li> <li>Further review of the r no documented evider summary in the record time of this survey.</li> <li>During a face to face in December 9, 2011 at a she indicated indicated discharge from the age documented evidence of for review at the time of the services has the followin (d) To receive treatment, consistent with the agend with the patient's plan of This Statute is not met a</li> </ul>	including the reason es and the effective e clinical record for c ds. (Patient # 9) 1, a review of patien ely 10:44 a.m., revea tion period of May 9 n which the physicia to administer cefepii Daptomycin 6mg/kg ecord revealed there is a discharge available for review neterview with the DO pproximately 1:15 p. the patient had bee ncy and there was n of a discharge summ this survey. GHTS & shall develop policies who receives home of rights: care and services cy/patient agreemen care;	s FULL TION) n for date of one (1) of t #9's aled a 9, 2011 n em 2g g IV e was at the N on , n o hary H es to care	ID PREFIX TAG H 271	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE ACTION S DEFICIENCY) Director of Nursi basis to discuss to issues and plan f will be communit schedulers for tra . The schedulers w clinicians each we patients have bee discharged. . The QA departme record will be not discharges as they on the scheduler's . On a weekly basis improvement team review all admission	COMPETE PROPRIATE COMPETE DATE
Heailte	The second of LICENSING Adminictration	e endenced by.				
STATE	FORM					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU	er/clia Imber:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER	HCA-0027				12/12/2011	
PREMIER HEALTH SERVICES,		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012				
I I I I I I I I I I I I I I I I I I I	EMENT OF DEFICIENCIE MUST BE PRECEDED BY CIDENTIFYING INFORMA	<b>T</b> 1 1 1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)		
Based on record revi determined the Home to have an effective p receive services acco (7) of twelve (12)patie survey. (Patients #4, a The findings include: 1. On December 9, 2 #4's record at approxi plan of care (POC) fo August 24,2011 throug which the physician or visits eight (8)hours a six (6)months.	Care Agency (HC, policiy to ensure that ording to their plan of ents record at the tir #5, #6,#7, #8, #9,#1 011, a review of pa mately 9:12 a.m. re r the certification pe gh February 24, 20 dered personal care day seven days a w	A) failed t patients of care ur ne of this (0) tient vealed a priod of 12 in e aide eek for		schedules in our a software, to facilit monitoring of all s	n of correction: n additional t with entering all gency operations tate tracking and taff members to sits are completed. ( ) vill attempt to re- ased on the	
no documented evidem (PCA)visited patient #4 through September 7, 2 2011 through November Additionally, there was of a physician order for provided on the aforem During a face to face int nursing (DON) on Dece approximately 10:30 a.n was no documented evi aide services were provi aforementioned dates in this survey. 2. On December 8, 201 record at approximately 2 of care (POC) for the ce 22, 2011 through Novem the physician ordered per attice the service of the servi	ce the personal car 4 from September 4 2011 and November 2011 and November 2011 and November 2011 and November 2011 and November PCA services not the entioned days. The receives with the dire mber 9, 2011 at 1, she indicated the dence personal can ded on the the record at the time 1, a review of patier 2:30 p.m. revealed a rtification period of it ber 21, 2011 in white rsonal care aide (PC)	e aide 5, 2011 r 4, dence be ctor of ere re me of me of a plan May	71 1014	<ul> <li>Both of the Schedu calls for missed visit completion of the visit completion of the visit oriented to the propand documentation.</li> <li>The Registered Nurse Managers received the handling and do missed visits.</li> <li>Data Entry technicia on the process for envisit documentation to facilitate tracking.</li> <li>The Quality assurance were re-oriented to tauditing and handling documentation related</li> </ul>	ler's, who receives ts and tracks the visits was re- cess for handling of missed visits. ses and Case re-orientation to cumentation of n was re-oriented hering a Missed into the system e staff members he process for g incomplete	

visits. (see addendurth cog invation sheet 4 of 20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	R/CLIA IBER:	(X2) MULT A. BUILDIN		(X3) DATE COM	E SURVEY PLETED
NAME OF FROMER OF STREET	HCA-0027		B. WING			
NAME OF PROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY,	STATE, ZIP CODE	12	/12/2011
PREMIER HEALTH SERVICES,	INC	7600 GEOR	GIA AVEN	IUE, NW, SUITE 323 0012		
TAG REGULATORY OR LSC	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FI DENTIFYING INFORMATI	ULL ION}	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		(X5 COMPL DAT
H 300 Continued From page			1 300			
services eight (8)hour week for six (6) month	rs a day, five (5) days hs.	5 a				
Further review of the r no documented evider provided May 25, 201 June 13, 2011, throug 2011 through June 24, August 12, and Augus	nce PCA services we 1 through May 27, 2 h June 17, 2011, Jun 2011, August 11, 20	ere 011,		See previous pag	20	
Additionally, there was of a physician order fo provided on the aforem	IFPCA services not h	dence				
During a face to face in December 9, 2011 at a she indicated there was PCA services were pro- aforementioned dates in this survey.	pproximately 9:45 a. 5 no documented evi vided on the	m., dence				
<ol> <li>On December 9, 201 #7's record at approxima a plan of care (POC) fo of May 18, 2011 through which the physician order (8)hours a day five (5) day months.</li> </ol>	ately 10:44 a.m. reve or the certification per o November 16, 2011 Pred PCA sorvings of	ealed iod Lin				
Further review of the rec no documented evidence provided on November 1 22, 2011.	2 PCA services word					
Additionally, there was no of a physician order for F provided on the aforemer	LA Services not be	ice			•	
During a face to face inter December 9, 2011 at app Regulation & Licensing Administration	rview with the DON c roximately 11:20 a.m	on ).,				

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If continuation sheet 5 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLI	ER/CLIA JMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
• · • · · · · · · · · · · · · · · · · ·	HCA-0027		B. WING	· · · · · · · · · · · · · · · · · · ·	
NAME OF PROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY.	STATE, ZIP CODE	12/12/2011
PREMIER HEALTH SERVICE	S, INC		GIA AVE	NUE NW SHITE 222	
TACHIX (EACH DEFICIENC TAC REGULATORY OR	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	COLL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	
6. On December 9 record at approxima POC with the certifi 24, 2011 through M physician ordered s and as needed, cha 72 hours, change H assess site each vis physician immediate Further review of the nursing note dated N the skilled nurse doo needle replaced". A	on the aforementions , 2011, a review of pa- ately 10:44 a.m., reve cation period of Nove ay 24, 2011 in which killed nursing five (5) nge Mediport dressin uber needle every 72 it and report any cha- ely e record revealed a sl lovember 27, 2011 in sumented " Mediport H dditionally, there wer vember 28, 2011, and There was no docum nurse changed the M vember 30, 2011 (event the physician.) interview with the DC approximately 12:20 ent had been admitted note in the record the lediport Huber needle ian. 011, a record review approximately 10:44 a he certification period luly 7, 2011 in which the skilled nurse to adm. 12 hours and Daptom t patient or caregiver o report to physician	ed skilled atient #8's ealed a ember the visits og every hours nges to killed which Huber re skilled d ented ediport ery 72 DN on p.m., ed to re was skilled a ented ediport ery 72 DN on p.m., ed to re was skilled a f to re was skilled d in ister bycin 6 in	H 300	<ul> <li>Plan for Assigning and Track</li> <li>On receiving orders scheduler of record staff member will no ordered requiremen</li> <li>The scheduler will the patient on the Sched and the white board department for track</li> <li>The record will be flat services on receipt of package.</li> <li>The scheduler will cal to validate services pre- week and track the sup paperwork for timely</li> <li>The QA department we skilled chart once more skilled chart audit tool nurse of record for any bring any issues to the meeting. (see addend</li> <li>The DON will discuss a issues during her monto the staff. (See addendum 6B )</li> </ul>	for skilled care, the for the designated otify the staff of the its. hen post the skilled luling white board of the QA sing. gged as skilled f the admission If the nurse weekly rovided for that ubmission of the submission. vill audit the hthly, using the l, follow up the y deficiencies and bi-weekly QA um 6 ) ny outstanding

Health Regulation & Licensing Administration STATE FORM

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NAME OF PROVIDER OR SUPPLIER PREMIER HEALTH SERVICES, IN	HCA-0027		B. WING		
PREMIER HEALTH SERVICES, IN					10/10/00 11
		STREET ADDR	RESS, CITY,	STATE, ZIP CODE	12/12/2011
	NC		GIA AVE	NUE NW SHITE 323	
(X4) ID SUMMARY STATEM PRFHX (EACH DEFICIENCY MU TAG REGULATORY OR LSC I	MENT OF DEFICIENCIES JST BE PRECEDED BY IDENTIFYING INFORMA	C 1 1 1	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLETE
H 300 Continued From page she indicated there wa PCA services were pro- aforementioned dates in this survey. 4. On December 9, 20 #10's record at approxi- a skilled nursing note do which the skilled nurse documented "urinary for catheter was inserted, p procedure." Further review of the reed no documented evidence the skilled nurse to char catheter. During a face to face inter approximately 2:33 p.m. not a physician order for change the patient's fole 5. On December 9, 2011 record at approximately of POC with the certification through November 16, 20 physician ordered skilled PCA supervision, teach p and symptoms of hyperte Further review of the reconstruction through sovember 16, 20 physician ordered skilled PCA supervision, teach p and symptoms of hyperte Further review of the reconstruction through sovember 16, 20 physician ordered skilled PCA supervision, teach p and symptoms of hyperte Further review of the reconstruction through sovember 16, 20 physician ordered skilled PCA supervision teach p and symptoms of hyperte Further review of the reconstruction through sovember 16, 20 physician ordered skilled PCA supervision teach p and symptoms of hyperte Further review of the reconstruction through sovember 16, 20 physician ordered skilled PCA supervision teach p and symptoms of hyperte	erview with the DC , she indicated the cord revealed there cord revealed there the skilled nurse to consist the skilled cord revealed shilled cord revealed skilled cord revealed skilled	evidence e time of tient revealed 2011 in ne 16 foley e was rder for DN at e was o ent #7's ed a , 2011 ces for signs d d ed	1300	<ul> <li>All IV cases will u sheets to guide th and/or needle cha measurements are Addendum 7 and 1</li> <li>All clinical staff wa Use of this protoco Staff meeting.</li> <li>Quality Assurance I on a monthly basis documentation is protocom</li> </ul>	e needed. (see 7B) s re-oriented to the of at the December Department will audit to ensure supporting

STATE FORM

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE COMP	SURVEY
NAME OF PROVIDER OR SUPPLIER	HCA-0027				12	12/2011
PREMIER HEALTH SERVICES	, INC	7600 GEC	RGIA AVEN	STATE, ZIP CODE IUE, NW, SUITE 323		12/2011
		MASHING	TON, DC 2	0012		
CACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY CIDENTIFYING INFORMA	C	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		(X5) COMPLETE DATE
H 300 Continued From pag			H 300			
indication, dosage, s leach ostomy care a dietary consideration	DO Deri-stomal skin c	effects, care and				
Further review of the no skilled nursing no the time of this inspe-	les for review in the i	re were record at				
During a face to face December 9, 2011 at she indicated there w for review at the time indicated the patient h agency.	approximately 1:15, as no skilled nursing of this survey. Sho a	p.m., notes			·	
It should be noted the evidence of the discha this survey.	re was documented arge for review at the	time of				
8. On December 9, 20 #10's record at approx a POC with the certific 2011 through October physician ordered wou weekly's	imately 2:30 p.m., re ation period of Augu 7, 2011 in which the	vealed				
Further review of the re date the skilled nurse of was measured was Sej was no documented ev measured the wound w physician in the record.	locumented the wour ptember 21, 2011. T idence the skilled nu reekly as ordered by at the time of this su	nd There rse the rvey.		All wound cases will use sheets to guide them as measurements are neec 8 and 8B)	to when wou	nd
During a face to face in December 9, 2011 at an she indicated there was the skilled nurse measu the record at the time of 9. On December 8, 201	pproximately 2:33 p.r no documented evic red the wound weekl this survey.	n., lence ly in	•	Quality Assurance Depar a monthly basis to ensur documentation is preser Each of these case result with the nurse.	e supporting nt.	

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If continuation sheet 8 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU	er/clia Jmber:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SÜRVEY COMPLETED
	HCA-0027		B. WING		-
NAME OF PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, 5	STATE, ZIP CODE	12/12/2011
PREMIER HEALTH SERVICES INC 7600				ILE NW SLUTE 222	
TREFIX (EACH DEFICIENC TAG REGULATORY OR	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	ELULI	id Prefix Tag	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE COMPLET E APPROPRIATE DATE
During a face to face backs on December 28, 201 which the HHA down services to the path each of the aforemed During a face to face December 12, 2011 it was revealed that oriented to person, it haven't seen the HH weeks. The last time sign some time sheet them because she co work but I signed the she needed the mor saw her."	imately 1:30 p.m. rever HHA) time sheets for 1 through December - cumented she provid ent for eight hours dated entioned days. The interview with patient at approximately 11: the patient was alert place and time. He stated is a bout a couple of a saw her she wanted ets and I didn't want to lear anyway because I are anyway because I anyway becau	4, 2011 in ed ily for nt #5 on 00 a.m., and ated "I of d me to o sign for figured time I nt mately isitors ited HHA at 8 :50 i- in ed at en N on a.m., had the	H 300	<ul> <li>DEFICIENCY)</li> <li>The Provider acknowle tag with the following particles allegations Services is implen plan: a two tier le our field staff tho services calls from individuals within quarterly visit from and/or Staffing Cotterm goal of imple</li> </ul>	dges and accepts this olan of correction: investigations into Premier Health nenting short term vel of monitoring of ugh monthly customer designated the office and a m one of our QA pordinator. A long ementing electronic locumentation for all

Health Regulation & Licensing Administration STATE FORM

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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER	A. BUILDIN		(X3) DATE SURVEY COMPLETED
	HCA-0027		B. WING		12/12/2014
NAME OF PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY,	STATE, ZIP CODE	12/12/201
PREMIER HEALTH SERVICES,	INC	7600 GE		IUE, NW, SUITE 323	2
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY I C IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	VION SHOULD BE COMP THE APPROPRIATE DA
H 300 Continued From pag	e 9		H 300		· · · · · · · · · · · · · · · · · · ·
During a telephone c Administrator on Dec approximately 2:30 p (Employee #5) inform the building doing lau visited with the patien The Administrator als sent to the patient #5' 2011. H 354 3914.3(c) PATIENT P	ember 13, 2011 at .m., she indicated th ned the agency she indry when the surve at on December 12, 3 to indicated a new H s home on Decemb	was in eyors 2011. HA was	H 354		
The plan of care shall (c) The goals of the se including the expected immediate and long-te	ervices to be provide d outcome, based un	ed,		The Provider acknow tag with the following	ledges and accepts this g plan of correction:
This Statute is not me Based on record revier Care Agency (HCA) fa care (POC) included th be provided, including based upon the immed of the patient for two(2) the sample. (Patient #4) The findings include: 1. On December 9, 20 #4's record at approxim Plan of Care (POC)with August 24, 2011 until F was no documented ev services to be provided outcome, based upon th long-term needs.	w and interview, the niled to ensure the pl ne goals of the servi- the expected outcor diate and long-term r ) of twelve(12) pati 4, #5) (11, a review of Pati nately 9:12 a.m. reven certification period rebruary 24, 2012. T ridence of goals of th , including the expect	an of ces to me, needs ents in ent ealed a here		<ul> <li>Health Care Finance mandatory Plan of C requirements of CM</li> <li>Add library text to or address the goals of provided, including t based upon the imm needs of the patient:</li> <li>Educate our data ent the library text for dat Addendum 11 )</li> </ul>	are to include the S ur computer software to the services to be he expected outcome, ediate and long-team s. (see Addendum 10) try technician on use of ata entry. (see Assurance staff on the is library text

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0027		B. WING		12/12/2011
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	
PREMIER	HEALTH SERVICES	5, INC	7600 GEOF WASHINGT		NUE, NW, SUITE 323 0012	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE COMPLE
H 354	Continued From pa	ge 10	· · · · ·	H 354		·····
	nursing (DON) on 1 approximately 10:3 aforementioned PO services to be provi	e interview with the d December 9, 2011, at 0 a.m., she indicated 1C did not include goa ded, including the exp on the immediate and	t the als of the pected			
	#5's record at appro Plan of Care (POC) September 27, 201 was no documented services to be provi	a, 2011, a review of F eximately 1:30 p.m. re with certification period 1 until March 25, 2012 d evidence of goals of ded, including the exp on the immediate and	evealed a od 2. There f the pected			
:	nursing (DON) on [ approximately 2:29 aforementioned PO services to be provic	e interview with the di December 8, 2011, at p.m. she indicated the C did not include goa ded, including the exp on the immediate and	e Is of the bected			
	3914.3(f) PATIENT	,		1 357		vledges and accepts this ag plan of correction:
(	(f) Provisions relatin	all include the followin g to the reevaluation o planning, referral of s renewal of services;	of			vith the Department of e to correct the Care to include the
ן ( נ ר נ	Based on record rev Care Agency (HCA)f Care (POC)included re-evaluation of serv referral of services a	net as evidenced by: iew and interview, the ailed to ensure the pl provisions relating to ices, discharge plann nd continuation or rer	an of the ing,		<ul> <li>Add library text to a address the re-eval</li> </ul>	our computer software to uation of services,
alth Regulati ATE FORM	ion & Licensing Administ	ration	6899		1011	
				/	J911	If continuation sheet 11 r

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDII	······································	(X3) DATE SURVEY COMPLETED
		HCA-0027		B. WING		12/12/2011
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADDR	RESS, CITY,	STATE, ZIP CODE	
PREMIEF	R HEALTH SERVICES	5, INC	7600 GEOR WASHINGT		NUE, NW, SUITE 323 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
	sample. (Patient #4	<ul> <li>of twelve (12)patien, #5)</li> <li>a:</li> <li>2011, a review of patiely 9:12 a.m. reveating of the certification period until February 24, 3 mented evidence that C included evidence that C included evidence that C included evidence of the re-evaluation of planning, referral of services.</li> <li>a: interview with the discember 9, 2011 at a.m., she indicated C did not include production of services and continue 2011, a review of pakimately 1:30 p.m. reith certification period until March 25, 201 evidence that the C included evidence of the re-evaluation of services.</li> <li>a: interview with the discember 8, 2011 at a.m., she indicated the re-evaluation of services.</li> </ul>	atient #4's led a of from 2012. t the of f services lirector of the ovisions discharge ation or atient vealed a d from 2. There of ervices rector of e visions ischarge	H 357	<ul> <li>discharge planning, continuation of rene Addendum 10 )</li> <li>Educate our data en the library text for d 12)</li> </ul>	referral of services and ewal of services. (See atry technician on use of lata entry. (Addendum Assurance staff on the his library text

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0027		B. WING		12/12/2011
NAME OF PROVIDER OR SUPPLIE	२	STREET ADD	RESS, CITY,	STATE, ZIP CODE	
PREMIER HEALTH SERVIC	ES, INC	7600 GEOR WASHINGT		NUE, NW, SUITE 323 0012	
FREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY & LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
<ul> <li>(h) Prognosis, ind This Statute is no Based on record care agency (HC, care (POC)includ rehabilitation pote patients in the sat #5)</li> <li>The findings includ</li> <li>1. On December #4's record at app plan of care (POC August 24, 2011 of was no document aforementioned P including rehability</li> <li>During a face to fanursing (DON) on approximately 10: aforementioned P including rehability</li> <li>2. On December Patient #5's record revealed a Plan of period September There was no doc aforementioned P including rehability</li> </ul>	shall include the follow luding rehabilitation po- port met as evidenced by review and interview, it A)failed to ensure the p- ed prognosis, includin initial for two(2) of twelve mple. (Patients #4 & de: 9, 2011, a review of p- proximately 9:12 a.m. re ) with certification period intil February 24, 2012 ed evidence that the OC included prognosis ation potential . ace interview with the of December 9, 2011 at 30 a.m., she indicated OC did not include pra- ation potential 8, 2011, a record revies d at approximately 1:30 f Care (POC) with certi 27, 2011 until March 2 umented evidence that OC included prognosis ition potential .	ing: ptential; /: he home plan of /g /e(12) hetient evealed a pd of There s, firector of the ognosis, w of 0 p.m. fication 25, 2012. t the s,	H 359	<ul> <li>The Provider acknowledge tag with the following pl</li> <li>Continue to work with the Health Care Finance to a mandatory Plan of Care requirements of CMS</li> <li>Add library text to our of address the prognosis, if rehabilitation potential.</li> <li>Educate our data entry the library text for data Addendum 13 )</li> <li>Educate our Quality Assessentials of using this I appropriately. (See Add</li> </ul>	an of correction: the Department of correct the to include the computer software to ncluding (See Addendum 10 technician on use of entry. (See urance staff on the ibrary text
ealth Regulation & Licensing Admir TATE FORM	nstration	6899		1011	If postiguation - based 4.7 - 122

Health	Regulation	8	Licensing	Administration
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AME OF PROVIDER OR SUPPLIER STREET AD	B. WING		COMPLETED 12/12/2011
PREMIER HEALTH SERVICES, INC 7600 GEC WASHING	DRESS, CITY, STATE, Z DRGIA AVENUE, NV GTON, DC 20012	N, SUITE 323	
<ul> <li>(X4) ID PREFIX TAG</li> <li>IL 359</li> <li>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</li> <li>IL 359</li> <li>Continued From page 13 nursing (DON) on December 8, 2011, at approximately 2:29 p.m. she indicated the aforementioned POC did not include prognosis, including rehabilitation potential .</li> <li>IL 361</li> <li>H 361</li> <li>3914.3(j) PATIENT PLAN OF CARE</li> </ul>	TAG CR H 359 T ta H 361	PROVIDER'S PLAN OF COR EACH CORRECTIVE ACTION OSS-REFERENCED TO THE A DEFICIENCY) The Provider acknowle ag with the following p Continue to work with Health Care Finance to mandatory Plan of Car	SHOULD BE COMPLE PPROPRIATE dges and accepts this plan of correction: the Department of correct the
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 Home Care Agency (HCA) failed to ensure the plan of care (POC) included the psychosocial needs of the patient for two(2) of twelve(12) patients in the sample. (Patient #4 and #5) The findings include:	• / - E - E - E	address the psychosod patient .( See Addendu Educate our data entry the library text for data Addendum 14 )	ur computer software to ocial needs of the dum 10 ) try technician on use of ata entry.( See Assurance staff on the is library text
<ol> <li>On December 9, 2011, a review of Patient #4's record at approximately 9:12 a.m. revealed a POC with certification period August 24, 2011 until February 24, 2012. There was no documented evidence the aforementioned POC included psychosocial needs of the patient.</li> <li>During a face to face interview with the director of nursing (DON) on December 9, 2011 at approximately 10:30 a.m., she indicated the aforementioned POC did not include psychosocial needs of the patient.</li> <li>On December 8, 2011, a review of Patient #5's record at approximately 1:30 p.m. revealed a POC with certification period September 27, 2011 until March 25, 2012. There was no documented h Regulation &amp; Licensing Administration</li> </ol>			

NAME OF PROVIDER OR SUPPLIER PREMIER HEALTH SERVICES	HCA-0027	STREET ADDRESS, C	B. WING         12/12/20           ADDRESS, CITY, STATE, ZIP CODE         12/12/20           EORGIA AVENUE, NW, SUITE 323         12/12/20			
FREFIX (EACH DEFICIENCY TAG REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY I C IDENTIFYING INFORMA	S ID FULL PREFIX TION) TAG	PROVIDER'S PLAN OF	TION SHOULD BE COMPLI THE APPROPRIATE DATE		
H 361 Continued From page evidence the aforen psychosocial needs During a face to face nursing (DON) on De approximately 2:29 p aforementioned POC psychosocial needs of	nentioned POC inclu of the patient. interview with the d ecember 8, 2011 at 0.m., she indicated th 0 did not include	irector of	<ul> <li>tag with the followi</li> <li>Continue to work</li> <li>Health Care Finance</li> </ul>	Care to include the		
H 362 3914.3(k) PATIENT I The plan of care sha (k) Safety measures patient from injury; This Statute is not m Based on interview a Care Agency (HCA) f care (POC) included required to protect tha (2) of twelve (12) pati # 4 & #5) The findings include: 1. On December 9, 2 #4's record at approxi POC with certification until February 24, 201 documented evidence required to protect the During a face to face in nursing (DON) on Dec approximately 10:30 a aforementioned POC measures required to injury	Il include the followin required to protect the ret as evidenced by: nd record review, the failed to ensure the p the safety measures e patient from injury ents in the sample. ( 2011, a review of Pati mately 9:12 a.m. rev period August 24, 2 2. There was no e of the safety measure e patient from injury interview with the direct cember 9, 2011 at a.m., she indicated the did not include safety	tient vealed a 2011 ures ector of eety	<ul> <li>Add library text to address the Safety protect the patient Addendum 10 )</li> <li>Educate our data e the library text for Addendum 15 )</li> </ul>	our computer software t measures required to t from injury. ( See entry technician on use of data entry. ( See y Assurance staff on the this library text		

Health Regulation & Licensing Administration

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED
	HCA-0027	HCA-0027		······································	12/12/2011
IAME OF PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADD	RESS, CITY,	STATE, ZIP CODE	12/12/2011
PREMIER HEALTH SERVICE	S, INC	7600 GEOR WASHING	RGIA AVEN TON, DC 2	NUE, NW, SUITE 323 0012	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLE LE APPROPRIATE DATE
H 362 Continued From pa	ige 15		H 362	The Provider acknow	ledges and accepts this
<ul> <li>#5's record at appropriate POC with certification until March 25, 201 evidence of the safe protect the patient for During a face to face nursing (DON) on E approximately 1:30 aforementioned PO measures required injury.</li> <li>H 363 3914.3(I) PATIENT The plan of care shares in the plan of care shares in the plan of care shares in the plan of care shares agency (HCA) care agency (HCA) care (POC) included in charge of managing two (2) of twelve(12) (Patients #4 &amp; #5)</li> <li>The findings include 1. On December 9, #4's record at approximate patients and the plan of the plan of the plan the p</li></ul>	ce interview with the d December 8, 2011 at p.m., she indicated th C did not include sa to protect the patient PLAN OF CARE all include the followin mployees in charge of cy situations; met as evidenced by: view and interview the failed to ensure the pl d identification of emp ng emergency situation patients in the samp 2011, a review of Pa ximately 9:12 a.m. review n period August 24, 2	evealed a 27, 2011 umented d to lirector of he afety from ng: of home lan of loyees ons for ole.	H 363	<ul> <li>tag with the following</li> <li>Continue to work with Health Care Finance mandatory Plan of Concequirements of CM</li> <li>Add library text to on address the identific charge of managing See Addendum 10)</li> <li>Educate our data entithe library text for data data data data data data data dat</li></ul>	g plan of correction: ith the Department of to correct the care to include the S ur computer software to ation of employees in emergency situations. ( try technician on use of ata entry. ( See Assurance staff on the is library text

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/12/2011
AME OF PROVIDER OR SUPPLIER	S, INC	7600 GEO		STATE, ZIP CODE IUE, NW, SUITE 323 0012	<u>,</u>
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLE
During a face to fac December 9, 2011 she indicated the a include identificatio managing emerger 2. On December 9 #5's record at appr POC with certificati 2011 until March 28 documented evider included the identification thange of managing During a face to fac December 9, 2011 she indicated the at include identification managing emergen H 364 3914.3(m) PATIEN The plan of care sh (m) Emergency pro This Statute is not Based on record ret care agency (HCA) care (POC) included two(2) of twelve (12 (Patients #4 & #5) The findings included	ag emergency situation ce interview with the I at approximately 10: forementioned POC on of employees in chancy situations. (a) 2011, a review of P oximately 9:12 a.m. re ion period September 5, 2012. There was n ince the aforementioned fication of employees g emergency situation ce interview with the E at approximately 10:3 forementioned POC in of employees in chancy situations. T PLAN OF CARE will include the following tocols; and met as evidenced by: view and interview the failed to ensure the p d emergency protocol () patients in the samp	DON on 30 a.m., did not arge of Patient evealed a 27, to ed POC in ns. DON on 30 a.m., did not arge of ng:	H 363 H 364	address the identifica charge of managing e See Addendum 10)	plan of correction: h the Department of o correct the re to include the r computer software to tion of employees in mergency situations. ( ry technician on use of ta entry. ( See ssurance staff on the s library text

Health Regulation & Licensing Admin	istration
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED
	HCA-0027				12/12/2011
NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE	
PREMIER HEALTH SERVICE	S, INC	7600 GEOF WASHINGT		JE, NW, SUITE 323 012	·
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLET HE APPROPRIATE DATE
H 364 Continued From pa	age 17	-	H 364	· · · · <u>· · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·
POC with certificat until February 24, 2 documented evide included the emer During a face to fa December 9, 2011	oximately 9:12 a.m. r ion period August 24 2012. There was no nce the aforemention gency protocol. ce interview with the l at approximately 10: forementioned POC	l, 2011 ed POC DON on 30 a.m.,			·
#5's record at appr POC with certificat 2011 until March 2 documented evide included the emer During a face to fac	8, 2011, a review of l oximately 1:30 p.m. r ion period September 5, 2012. There was n nce the aforemention	evealed a o ed POC			
she indicated the a include the emerge H 401 3915.10(h) HOME	forementioned POC ncy protocol.	did not	+ 401		. · · ·
CARE AIDE SERV				The Provider acknow tag with the following	ledges and accepts this g plan of correction:
following: (h) Infection contro				_	ited in this report was t the issues as she had
Based on an obser Agency's home hea		e ntain		just attended service. (See 17D) • Add infection each of the q provided by F	the infection control in Addendum 17,17B,17C, control in-services to uarterly in-services Premier Health Services e-addendum 18)

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If continuation sheet 18 of 26

Health Regulation & Licen	sing Administration		-1		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0027		B. WING		12/12/2011
NAME OF PROVIDER OR SUPPLIE		STREET ADD	RESS, CITY, S	STATE, ZIP CODE	
PREMIER HEALTH SERVIC	ES, INC		RGIA AVEN TON, DC 20	UE, NW, SUITE 323 0012	
EREFLY (EACH DEFICIEN	STATEMENT OF DEFICIENCIE: NCY MUST BE PRECEDED BY R LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE COMPLETE
H 401 Continued From	page 18	;	H 401		
On December 1	2, 2011, at approximate	ely 9:30			-
a.m. the home h	ealth aide (HHA -emplo	oyee 👘		The Provider acknowle	dges and accepts this
	door wearing rubber gl			tag with the following	
The HHA attemp wearing rubber g	oted to hand this survey	or ner ID		tag with the following	plan of concetion.
weating tubber g	10403.			• The agency has i	nstituted a new form to
During a face to	face interview with the	HHA		be used for the (	1
(employee #4) of	n December 12, 2011 a	t 			
	40 a.m., she indicated s			evaluation of the	-
them on.	r to wash dishes and ju	SUER		services provide	d.
		:		All nursing staff	was trained on use of
H 430 3916.1 SKILLED	SERVICES GENERAL	LY	H 430	this new form ( s	see addendum 1and
				19)	
	agency shall review an				le constant a substant de la constant
	led services provided to			-	lepartment will track
patient at least e	very sixty-two (62) cale	ndar nichollibo		the submission o	of this document by the
sent to the patier	y report of the evaluatio			nurses and remi	nd them to complete it
Sent to the patient	rita priyaiolan.			during their wee	kly call.
				-	rance Department will
	not met as evidenced by				-
	review and interview, th			monitor for com	
care agency (HC	CA) failed to have docum ews and evaluations of	nented		document durin	g the monthly audit and
	provided to patient's at l			referring unreso	lved issues to the DON
	lays or that a summary			<ul> <li>DON will resolve</li> </ul>	issues during Monthly
	as sent to the patient's p				issues warms monting
for one (2) of for	ur (4) patients in the sar	nple.		Meeting	
(Patient #9)					
The finding inclu	des:	3			
On December (	0.0011 prepard review	i Lof			
	9, 2011, a record review rd at approximately 12:4				
	tient received skilled nu				
•	arch 11, 2011 through J	-			
2011. There was	s no documented evide	nce of a			,
	evaluating the skilled n				
	d to the patient in the pa	itient's file			
Health Regulation & Licensing Adm	ninistration	<b>R</b> R	99 7	5.1911	If continuation sheet 19 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	RICLIA IBER:	(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER	HCA-0027	070557.40			12/12/2011
PREMIER HEALTH SERVICES	5, INC	7600 GEC		STATE, ZIP CODE IUE, NW, SUITE 323 0012	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	5UL 4	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPL E APPROPRIATE DAT
H 430 Continued From pa	ge 19		H 430		
at the time of this su	urvey.				
December 9, 2011 a she indicated there evaluating the skille the patient in the file H 453 3917.2(c) SKILLED Duties of the nurse s the following: (c) Ensuring that pat accordance with the This Statute is not n I. Based on record re revealed the Home ensure the patient ne	shall include, at a mini ient needs are met in plan of care; net as evidenced by: eview and interview, it Care Agency failed to eds were met in acco (POC) for four(4)of tw ample. 10) 2011, a review of patie ely 10:44 a.m., reveale tion period of May 18 5, 2011 in which the lied nursing (SN)servic ch pain management, ertensive crisis	p.m., imary ovided to rvey. S mum, was ordance relve ent #7's ed a , 2011 ces for signs	H 453	<ul> <li>tag with the following</li> <li>Plan for Assigning and T <ul> <li>On receiving or a scheduler of receiving or a scheduler of receiving</li> <li>The scheduler we patient on the S and the white be department for</li> <li>The record will be services on receiving package.</li> <li>The scheduler we to validate service</li> </ul> </li> </ul>	racking Skilled visits: ders for skilled care, th cord for the designated ill notify the staff of th ments. vill then post the skilled cheduling white board pard of the QA tracking. De flagged as skilled ipt of the admission ill call the nurse weekly ces provided for that he submission of the
nursing notes from Ma October 24, 201. Ther evidence the SN provi teaching as ordered b	ay 16, 2011 through re was no documented ded the aforemention v the physician	4	·		
h Regulation & Licensing Administra	tion		``		

If continuation sheet 20 of 26

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Health Regulation & Licensing Administration

ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HCA-0027	MBER: A. B	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED
IAME OF PROVIDER OR SUPPLIER	· · ·	STREET ADDRESS.	CITY, STATE, ZIP CODE	12/12/2011
PREMIER HEALTH SERVICES	, INC		AVENUE, NW. SUITE 323	•
TAG REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY CIDENTIFYING INFORMA	C1111 10	TIX (EACH CORRECTIVE ACT	TION SHOULD BE COMPLE THE APPROPRIATE DATE
H 453 Continued From pag	je 20	H 453	• The QA depart	tment will audit the
During a face to face December 9, 2011 a she indicated the SN had been provided o nursing notes. 2. On December 9, 1 record at approximal POC with the certific. 24, 2011 through Ma physician ordered sk and as needed, chan 72 hours, change Hu assess site each visit physician immediated Further review of the nursing note dated No the skilled nurse docu- needle replaced". Ac nursing notes for Nov December 1, 2011. T evidence the skilled n Huber needle on Nove hours as ordered by th During a face to face i December 9, 2011 at she indicated the patien the hospital on Decem- no documented evider nurse changed the Me ordered by the physicia 3. On December 9, 20 patient #8's record at a revealed a POC with th May 9, 2011 through Ju physician ordered the	It approximately 11:2 I did not document to in the aforementione 2011, a review of pa- lely 10:44 a.m., revea ation period of Nove y 24, 2011 in which t illed nursing five (5) y ge Mediport dressing ber needle every 72 and report any char y record revealed a sk ovember 27, 2011 in imented " Mediport H ditionally, there were ember 28, 2011, and here was no document urse changed the Me ember 30, 2011 (even here has no document of the physician.) nterview with the DC approximately 12:20 ent had been admitted ber 1, 2011 and the recein the record the ediport Huber needle an. 11, a record review of proximately 10:44 a per certification period ally 7, 2011 in which to a per section period	20 a.m., eaching d skilled tient #8's aled a mber the visits g every hours nges to illed which tuber e skilled t ented ediport ry 72 PN on p.m., d to re was skilled as of a.m., of be	skilled chart of skilled chart an nurse of recom necessary edu with the suppo bring any issue meeting. (see • The DON will d	nce monthly, using the udit tool, follow up the d ensure that all cation is being provided orting documentation an es to the bi-weekly QA addendum 6) iscuss any outstanding er monthly meeting with

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED
	HCA-0027		B. WING		12/12/2014
NAME OF PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	TATE, ZIP CODE	12/12/2011
PREMIER HEALTH SERVICES		WASHING	RGIA AVEN TON, DC 20	UE, NW, SUITE 323 0012	
PREFIX (EACH.DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	2000	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE CONTRACT
H 453 Continued From page	ge 21		H 453	······································	
cefepime 2g IV ever	ry 12 hours and Dapt	omvcin 6		The Provider acknowle	addres and accounts this
ng/kg IV daily. Instr signs and symptoms	uct patient or caregiv s to report to physicia	er in 👘		tag with the following	
on medications to be indication, dosage, s	oth patient and care g scheduling and side e	giver,			d an additional
dietary consideration	and peri-stomal skin o	are and		scheduler to a	ssist with entering all
	· · ·				ur agency operations
Further review of the	e record revealed the	e were			cilitate tracking and
no skilled nursing no	otes for review in the r	ecord at			all staff members to
the time of this inspe	ection.				e visits are completed.
During a face to face	interview with the D	DN on		See Addendum	
December 9, 2011 at	t approximately 1:15	n m			· · · · · · · · · · · · · · · · · · ·
sne indicated there w	vas no skilled nursing	notes			's' will attempt to re-
for review at the time indicated the patient	e of this survey. She a had been discharge f	ISO		staff all call out	. –
agency.	nde been discharge i			patient's wishe	s and staff availability.
				<ul> <li>Both of the Sch</li> </ul>	eduler's, who receives
It should be noted the evidence of the disch	ere was documented		ļ		visits and tracks the
this survey.	arge for review at the	time of			he visits was re-
-					process for handling
4. On December 9, 2	2011, a review of patie	ent			tion of missed visits.
#10's record at appro: a POC with the certific	ximately 2:30 p.m., re	vealed			
2011 through October	r 7. 2011 in which the	st 9,			Nurses and Case
physician ordered wou	und measurement				ved re-orientation to
weekly's			{	the handling an	d documentation of
Further review of the r	and tought the			missed visits.	
date the skilled nurse	documented the would	nd		<ul> <li>Data Entry tech</li> </ul>	nician was re-oriented
was measured was Se	eptember 21, 2011	There			or entering a Missed
was no documented e	vidence the skilled m	irse			tion into the system
measured the wound v physician in the record	weekly as ordered by	the			
		ivey,		to facilitate trac	-
During a face to face in	nterview with the DOI	l on			rance staff members
December 9, 2011 at a she indicated there wa Regulation & Licensing Administrat	approximately 2:33 p. s no documented evi	m			to the process for dling incomplete

Health Regulation & Licensing Administration STATE FORM

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HCA-0027 12/12/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW, SUITE 323 PREMIER HEALTH SERVICES, INC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 453 Continued From page 22 H 453 the skilled nurse measured the wound weekly in the record at the time of this survey. II. Based on record review and interview, it was determined the agency's nurse staff failed to documentation related to Missed ensure that person care services were provided as prescribed by plans of care for four (5)of visits. (see addendum 3) twelve (12)patients record at the time of this survey. (Patients #4, #5, #6, #7, #10) The findings include: 1. On December 9, 2011, a review of patient #4's record at approximately 9:12 a.m. revealed a plan of care (POC) for the certification period of August 24,2011 through February 24, 2012 in which the physician ordered personal care aide visits eight (8)hours a day seven days a week for six (6)months. Further review of the record revealed there was no documented evidence the personal care aide (PCA)visited patient #4 from September 5, 2011 The Provider acknowledges and accepts this through September 7, 2011 and November 4. 2011 through November 6, 2011. tag with the following plan of correction: Additionally, there was no documented evidence Please see -Plan for Assigning and of a physician order for PCA services not be provided on the aforementioned days. Tracking Skilled visits. During a face to face interview with the director of nursing (DON) on December 9, 2011 at approximately 10:30 a.m., she indicated there was no documented evidence personal care aide services were provided on the aforementioned dates in the record at the time of this survey. 2. On December 8, 2011, a review of patient #6's record at approximately 2:30 p.m. revealed a plan Health Regulation & Licensing Administration STATE FORM

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B. WING HCA-0027 12/12/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW, SUITE 323 PREMIER HEALTH SERVICES, INC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION מו PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 453 Continued From page 23 H 453 of care (POC) for the certification period of May 22, 2011 through November 21, 2011 in which the physician ordered personal care aide (PCA) services eight (8)hours a day, five (5) days a week for six (6) months. Further review of the record revealed there was no documented evidence PCA services were The Provider acknowledges and accepts this provided May 25, 2011 through May 27, 2011, tag with the following plan of correction: June 13, 2011, through June 17, 2011, June 20, 2011 through June 24, 2011, August 11, 2011 August 12, and August 15, 2011. After review and investigations into these allegations Premier Health Additionally, there was no documented evidence of a physician order for PCA services not be Services is implementing short term provided on the aforementioned days. plan: a two tier level of monitoring of our field staff though monthly customer During a face to face interview with the DON on December 9, 2011 at approximately 9:45 a.m., services calls from designated she indicated there was no documented evidence individuals within the office and a PCA services were provided on the aforementioned dates in the record at the time of quarterly visit from one of our QA this survey. and/or Staffing Coordinator. A long term goal of implementing 3. On December 9, 2011, a review of patient #7's record at approximately 10:44 a.m. revealed electronic monitoring, with a plan of care (POC) for the certification period documentation for all field staff of May 18, 2011 through November 16, 2011 in which the physician ordered PCA services eight members. (See addendum 9 and 9B) (8)hours a day five (5) days a week for six (6) months. Further review of the record revealed there was no documented evidence PCA services were provided on November 18 th through November 22, 2011. Additionally, there was no documented evidence of a physician order for PCA services not be provided on the aforementioned days. Health Regulation & Licensing Administration

NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY. STATE, ZIP CODE       PREMIER HEALTH SERVICES, INC     7600 GEORGIA AVENUE, NW, SUITE 323       IX4) ID     SUMMARY STATEMENT OF DEFICIENCIES       PREFIX     (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX     (EACH DEFICIENCY MUST BE PRECEDED BY FULL       TAG     REGULATORY OR LSC IDENTIFYING INFORMATION	AND FLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0027		A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED 12/12/2011	
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<ul> <li>PREEX TAC TAC CONSENT A CONSTRUCT A CONSTRUCT</li></ul>	PREMIER HEALTH SERVICES INC 7600 G			GEORGIA AVENUE, NW, SUITE 323 IINGTON, DC 20012			
<ul> <li>During a face to face interview with the DON on December 9, 2011 at approximately 11:20 a m, she indicated there was no documented evidence PCA services were provided on the aforementioned dates in the record at the time of this survey.</li> <li>4. On December 9, 2011, a review of patient #10's record at approximately 2:30 p.m., revealed a skilled nursing note date September 2, 2011 in which the skilled nurse documented evidence of a physician order for the skilled nurse to change patient's Foley catheter.</li> <li>During a face to face interview with the DON at approximately 2:33 p.m., she indicated the was not a physician order for the skilled nurse to change patient's Foley catheter.</li> <li>During a face to face interview with patient #5' is record at approximately 1:30 p.m. revealed home health aide (HHA) time sheets for November 28, 2011 in which the HHA documented she provided services on the aforementioned days.</li> <li>During a face to face interview with patient #5 on December 12, 2011 through December 4, 2011 in which the HHA documented she provided was.</li> <li>During a face to face interview with patient #5 on December 12, 2011 at approximately 11:00 a m., it was revealed that the patient was alert and oriented to person, place and time. He stated " haven't seen the HAA in about a couple of weeks. The fast time I saw her she wanted me to</li> </ul>	PREFIX (EACH DEFICIENCY)	MUST BE PRECEDED BY	FULL	PREFIX	EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ON SHOULD BE COMPLET E APPROPRIATE DATE	
it was revealed that the patient was alert and oriented to person, place and time. He stated "I haven't seen the HHA in about a couple of weeks. The last time I saw her she wanted me to	<ul> <li>During a face to face December 9, 2011 a she indicated there w PCA services were p aforementioned date this survey.</li> <li>4. On December 9, 2 #10's record at appropriate which the skilled nursing note which the skilled nursing note which the skilled nursing documented "urinary Foley catheter was in procedure."</li> <li>Further review of the no documented evide the skilled nurse to ch catheter.</li> <li>During a face to face approximately 2:33 p. not a physician order change the patient's F</li> <li>5. On December 8, 24 s record at approximation home health aide (HH November 28, 2011 the which the HHA docum services to the patient each of the aforement</li> </ul>	e interview with the I t approximately 11:2 vas no documented provided on the s in the record at th 2011, a review of p oximately 2:30 p.m., e date September 2, se documented she Foley changed size serted, patient toler record revealed the ence of a physician of hange patient's Fole interview with the D m., she indicated the for the skilled nurse foley catheter. 011, a review of pa ately 1:30 p.m. revea A) time sheets for rrough December 4, hented she provide for eight hours daily ioned days.	20 a.m., evidence e time of atient revealed 2011 in /he 16 ated re was order for y ON at ne was to tient #5 ' aled 2011 in d / for	H 453	The Provider acknowl tag with the following Plan for Assigning and T On receiving or scheduler of rec staff member w ordered require The scheduler w patient on the Si and the white be department for The record will k services on recei package. The scheduler w to validate servic week and track t	ledges and accepts this g plan of correction: Tracking Skilled visits: ders for skilled care, the cord for the designated ill notify the staff of the ments. vill then post the skilled cheduling white board bard of the QA tracking. be flagged as skilled pt of the admission ill call the nurse weekly tes provided for that the submission of the	
	it was revealed that the patient was alert and oriented to person, place and time. He stated "I haven't seen the HHA in about a couple of weeks. The last time I saw her she wanted me to						

Health Regulation & Licensing Administration

	PROVIDER OR SUPPLIER	HCA-0027		B. WING		12/12/2011
NAME: OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, S	STATE, ZIP CODE	
	ER HEALTH SERVICES		WASHIN	ORGIA AVEN GTON, DC 20	IUE, NW, SUITE 323 0012	
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	Continued From pag- sign some time she them because she of work but I signed the she needed the mor saw her." During a face to fac receptionist for the b resides on December 11:00 a.m., she indic to the building. Accord the last time the HHA patient #5 was on No Additionally, the rece was signed in at 8:40 a.m. The receptionist the aide when she di the sign-in sheets and signed in for this Dec During a telephone co December 12, 2011 a she indicated she was not been providing se last two weeks. She a send a HHA to provid December 12, 2011. During a telephone co Administrator on Dece approximately 2:30 p.r Employee #5) informe he building doing laun visited with the patient the Administrator also rent to the patient #5's	ets and I didn't want did not like to show u em anyway because ney and that's the las be interview with the building were the pati- er 12, 2011 at approx- cated she signs in all ording to the sign-in st A was signed-in to v overber 28, 2011. eptionist indicated th a m. and signed ou st stated " I would sig- id show up but I loo d the aide has not be ember at all." onference with the D at approximately 11:2 s not aware the HHA envice to the patient fe also indicated she wo e services to patient m., she indicated the ender 13, 2011 at m., she indicated the ender the agency she w horry when the survey on December 12, 20 bindicated a new He	ip for I figured st time I ient kimately visitors sheets isited ne HHA t at 8 :50 gn- in ked at een ON on 20 a.m., had or the build on HHA as in fors 011.	H 453	The Provider acknowle tag with the following p After review and these allegations Services is impler plan: a two tier le our field staff tho services calls from individuals within quarterly visit from and/or Staffing Co A long term goal electronic monito documentation fo	olan of correction: investigations into Premier Health nenting short term vel of monitoring of ugh monthly custome n designated the office and a m one of our QA pordinator. of implementing ring, with

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