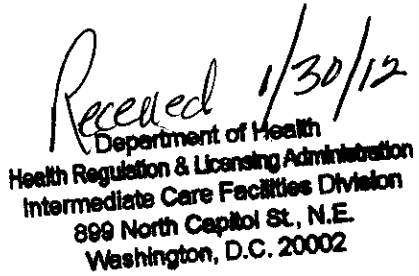


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 from December 28, 2011, through December 30, 2011, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of eight (8) active clinical records based on a census of ninety (90) patients, two (2) discharge records, ten (10) personnel files based on a census of eight-teen (18) employees and three (3) home visit. The findings of the survey were based on staff interviews, review of clinical records and observations.	H 000		2/3/2012
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 a record review and interview, it was determined that agency failed to ensure that one (1) of ten (10) employees received an annual screening for communicable disease. (Employee #1-RN) The findings include: On December 29, 2011, a review of employee #1's record at approximately 11:00 a.m. revealed a negative PPD report dated November 6, 2010. There was no documented evidence that a PPD had been done during 2011. During a face to face interview with the Director of Operations on December 29, 2011 at	H 163		

Health Regulation & Licensing Administration

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

STATE FORM

6000

EIYS11

TITLE

(X6) DATE

AMY A Director of Operations 1/20/12

If continuation sheet 1 of 8

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 163	Continued From page 1 approximately 12:00 p.m., she indicated there was no documented evidence an annual screening for communicable disease had been done for this employee during 2011.	H 163			
H 300	3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care; This Statute is not met as evidenced by: Based on record review and interview, it was determined the Home Care Agency (HCA) failed to have an effective policy to ensure treatment, care and services was consist with the patient's plan of care (POC) for one (1) of ten (10) patient's in the sample. (Patient # 10) The finding include: On December 29, 2011, a review of patient #10's record at approximately 9:50 a.m. revealed a document entitled "supplemental orders" dated November 10, 2011 in which the physician ordered HHA services three (3) times a week for three (3) weeks; two (2)times a week for two (2)weeks effective November 14, 2011 . Further review of the record revealed there was no documented evidence HHA services had been provided the week of November 14, 2011 through November 20, 2011. Additionally, it was revealed that during the week of November 21, 2011	H 300	Director of Operations will hold in-service with all clinical staff to review Missed Visit note process and policy, which is to communicate when patient visits are not made. Director of Operations will in-service clinical staff on policy TX-001 – Physician Orders and Medical Supervision of the Plan of Care, which would include staff rescheduling missed visits to enable them to maintain the visit frequency. Business Office Specialist will notify the Director of Operations/Clinical Manager/Designee when staff do not call in their schedules twice daily to inform the office of missed visits. Business Office Specialist will review Visit Frequency Report weekly – will bring any missed visits by Home Health Aide staff to the attention of Director of Operations/Clinical Manager/Designee for follow-up/review to assure a Missed Visits note was completed. Continued monitoring will be incorporated into the quarterly Performance Improvement auditing process by the Director of Operations and/or Designee.	2/3/2012	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 300	Continued From page 2 through November 27, 2011 HHA services had been provide only once. There was no documented evidence HHA services had been provided three (3)times per week as ordered . During a face to face interview with the Director of Operation on December 29, 2011 at approximately 12:00 p.m., she indicated "supplemental orders" are orders to update the POC. She also indicated there was no documented evidence HHA services had been provided on the aforementioned dates at the time of this survey.	H 300			
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on a record review and interview, it was revealed that the Home Care Agency (HCA) failed to include a description or frequency of services to be provided for two(2)of two(2)plan of care's (POC's)in the sample. (Patient #3 and # 10) The finding includes: 1. On December 28, 2011, a review of patient #3's record at approximately 11:38 a.m. revealed a POC with a certification period November 30, 2011 through January 28 , 2012. The physician	H 355	The Director of Operations will provide an in-service to all clinical staff regarding Policy TX 001 – Physician Orders and Medical Supervision of the Plan of Care. Orders relating to Home Health Aide services should be descriptive as it relates to the patient's needs. All Plans of Care and verbal orders will be reviewed by the CM/DOC/Designee within 48 hours of completion and receipt. Director of Operations or Designee will complete random chart audits of 5 charts per quarter with Home Health Aide services to assure orders are in compliance.	2/3/2012	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 355	Continued From page 3 ordered Home Health Aide (HHA) services to perform and assist with personal care services for the patient as directed by the supervising RN or therapist. Further review of the document revealed there was no documented evidence of the description of services the HHA was assigned to perform. During a face to face interview with the the Director of Operation on December 28, 2011 at approximately 12 :00 p.m., she indicated the HHA services to be provided was not descriptive on the POC. 2. On December 29, 2011, a review of patient #10's record at approximately 11:38 a.m. revealed documents entitled "supplemental orders" dated November 10, 2011, December 15, 2011 and December 22, 2011 in which the physician ordered HHA services. During a face to face interview with the Director of Operation on December 29, 2011 at approximately 12:00 p.m., she indicated "supplemental orders" are orders to update the POC. She indicated the HHA services to be provided were not descriptive on the supplemental orders.	H 355			
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it	H 366			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 366	Continued From page 4 shall be signed by the physician within thirty (30) days. 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 ensure the patient's Plan of Care (POC) was approved and signed by a physician within thirty (30) days of the start of care for one(1) of ten (10) patients in the sample. (Patient # 2) The findings include: On December 28, 2011, a review of Patient #2's record at approximately 10:39 a.m. revealed a POC with a certification period of November 19, 2011 through January 17, 2012. There was no documented evidence of a physician's signature at the time of this survey. During a face to face interview with the Director of Operation on December 28, 2011 at approximately 11:30 a.m., it was acknowledged Patient #2's POC had not been signed by a physician at the time of this survey.	H 366	All Plans of Care and verbal orders will be reviewed by the Clinical Manager/Director of Operations/Designee within 48 hours of completion and receipt. Once the plans of care and verbal orders are reviewed and marked complete, the orders will be forwarded to the Business Office Specialist for processing and submitting to the physician. 100% of all plans of care and verbal orders will be reviewed for completeness prior to sending to the physician by the Clinical Manager/Director of Operations/Designee. The OASIS/Plan of Care tracking process and verbal order tracking will be monitored weekly by the Director of Operations and Business Office Manager for timeliness of processing all orders utilizing the Operational Dashboard and reports. Orders not returned signed within 14 days are resubmitted for signature, per agency policy. This process will be reviewed by the Director of Operations with the Business Office Manager and Business Office Specialist to assure compliance. The Certification/Event Tracking Report will be run daily by the Business Office Specialist/Business Office Manager to assess timeliness of the SOC and Recertification Plans of Care being sent to the physician and returned timely. The order Tracking Report will be run daily by the Business Office Specialist/Business Office Manager to assess timeliness of submitting verbal orders and returned timely.	2/3/2012	
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by:	H 411			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 411	<p>Continued From page 5</p> <p>Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for two (2) of two (2) patients in the sample. (Patient's #3 and #10)</p> <p>The findings include:</p> <p>1. On December 28, 2011, a review of patient #3's record revealed an home health aide (HHA) progress note date December 9, 2011. There was no documented evidence the HHA reported on the patient's physical condition, behavior or appearance .</p> <p>During a face to face interview with the Director of Operation on December 28, 2011 at approximately 12:00 p.m., she indicated the HHA had not reported the patient's physical condition, behavior or appearance.</p> <p>2. On December 29, 2011, a review of patient # 10's record revealed HHA progress notes from November 22, 2011 through December 22, 2011. There was no documented evidence the HHA reported on the patient's physical condition, behavior or appearance.</p> <p>During a face to face interview with the Director of Operation on December 29, 2011 at approximately 12:30 p.m., she indicated the HHA had not reported the patient's physical condition, behavior or appearance.</p>	H 411	<p>In-service to be provided by Director of Operations to Home Health Aide staff on Policy AA-011, Home Health Aide Care Plan/Assignment. Home Health Aides are to record and report on patient's physical condition, behavior or appearance at each home visit.</p> <p>Director of Operations/Clinical Manager/Designee to review each active patient's Home Health Aide notes to assure compliance with documenting patient's physical condition, behavior or appearance in the appropriate section of patient's medical record.</p> <p>Director of Operations/Designee to complete 10 random chart audits per quarter with Home Health Aide services to assure compliance.</p>	2/3/2012
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p>	H 453		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 453	<p>Continued From page 6</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was revealed the Home Care Agency failed to ensure the patient needs were met in accordance with the plan of care (POC) for one(1)of ten(10) patients in the sample. (Patient #2)</p> <p>The finding includes:</p> <p>On December 28, 2011, review of Patient #2's record, at approximately 10:39 a.m. , revealed a Plan of Treatment with certification period November 19, 2011 through January 17, 2012 the physician ordered the skilled nurse to obtain PT/INR (lab)via fingerstick or venipuncture twice weekly on Monday's and Thursday's with results to Physician.</p> <p>Further review of the record revealed there was no documented evidence the PT/INR (lab) had been drawn on December 1, 2011 (Thursday) and December 15, 2011 (Thursday).</p> <p>Additionally,a skilled nursing note dated December 11, 2011 (Sunday) revealed a PT/INR (lab) had been drawn. However there was no documented evidence of an order to draw the PT/INR (lab) on Sunday in the record at the time of this survey.</p> <p>During a face to face meeting with the Director of Operation on December 28, 2011 at approximately 11:30 a.m., she indicated the labs had not been drawn on 12/01/11 and 12/15/11 and that there was not an order to draw the lab on</p>	H 453	<p>An in-service will be completed by the Director of Operations with all RN's and LPN's on Policy AA-014, Plan of Care Planning Process. All clinicians will be instructed that every treatment provided must have proof of a physician order in the clinical record. If orders are not obtained, treatment may not be rendered. All clinicians will have access to orders via point of care prior to delivering care. If care cannot be delivered as ordered, there is documentation of physician notification and new orders are obtained as applicable. All lab orders will be specific to the test ordered to include the date the lab is to be drawn and education on the need for the complete and accurate documentation to support physician orders. This includes but is not limited to all lab procedures.</p> <p>All patients with lab draws will be identified by the Director of Operations/Clinical Manager/Designee and reviewed weekly at Care Team Conference for changes in patient's conditions and/or service needs. All lab orders will be reviewed by the Director of Operations/Clinical Manager/Designee for completeness and compliance with orders being processed timely.</p> <p>Continued monitoring will be incorporated into the Quarterly Performance Improvement auditing process by the DOO/Designee.</p>	2/3/2012

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005		
(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 453	Continued From page 7 12/11/11.	H 453			