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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED - 12/30/2011	
HCA-0017) DEAD AITY (12/30/2011			
NAME OF P	ROVIDER OR SUPPLIER		l .		STATE, ZIP CODE		
TENDER	LOVING CARE			TON, DC 20	NUE, NW, SUITE 310 0005		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID Prefix T ag	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE	
H 000	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	Department of Health Regulation & Licensing Intermediate Care Facilities 899 North Capitol St. Washington, D.C. 2	es Division	
H 163	3907.7 PERSONN	all be screened for		H 163	The Director of Operations will en	sure each 2/3/2012	
	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)				employee shall be screened for communicable disease annually a personnel records shall contain re documentation of compliance. The Director of Operations will in office staff regarding agency police	equired -service	
					health screenings and required documentation. Compliance will be monitored by of Operations and/or Designee by 100% of personnel records to ensure screening is completed according guidelines and the required documents.	y auditing sure annual to	
	The findings include:				in the records. The PI program will include quart		
	#1's record at apprairies a negative PPD re	, 2011, a review of e roximately 11:00 a.m eport dated Novembe umented evidence th ring 2011.	revealed er 6, 2010.		randomly selected active persons to audit compliance with annual screenings and required docume	nel records health	
	During a face to fa Operations on De	ce interview with the cember 29, 2011 at	Director of				

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

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Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/30/201 HCA-0017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1212 NEW YORK AVENUE, NW, SUITE 310 TENDER LOVING CARE WASHINGTON, DC 20005 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XB) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H 163 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 300 H 300 3912.2(d) PATIENT RIGHTS & 2/3/2012 Director of Operations will hold in-service RESPONSIBILITIES with all clinical staff to review Missed Visit note process and policy, which is to Each home care agency shall develop policies to communicate when patient visits are not ensure that each patient who receives home care made. Director of Operations will in-service services has the following rights: clinical staff on policy TX-001 - Physician Orders and Medical Supervision of the Plan of (d) To receive treatment, care and services Care, which would include staff rescheduling consistent with the agency/patient agreement and missed visits to enable them to maintain the with the patient's plan of care; visit frequency. Business Office Specialist will notify the This Statute is not met as evidenced by: Director of Operations/Clinical Based on record review and interview, it was Manager/Designee when staff do not call in determined the Home Care Agency (HCA) failed their schedules twice daily to inform the to have an effective policy to ensure treatment, office of missed visits. care and services was consist with the patient's plan of care (POC) for one (1) of ten (10) patient's Business Office Specialist will review Visit in the sample. (Patient # 10) Frequency Report weekly – will bring any missed visits by Home Health Aide staff to the The finding include: attention of Director of Operations/Clinical Manager/Designee for follow-up/review to On December 29, 2011, a review of patient #10's assure a Missed Visits note was completed. record at approximately 9:50 a.m. revealed a document entitled "supplemental orders" dated Continued monitoring will be incorporated November 10, 2011 in which the physician into the quarterly Performance Improvement ordered HHA services three (3) times a week for auditing process by the Director of Operations three (3) weeks; two (2)times a week for two and/or Designee. (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

Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/30/2011 HCA-0017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1212 NEW YORK AVENUE, NW, SUITE 310 **TENDER LOVING CARE** WASHINGTON, DC 20005 PROVIDER'S PLAN OF CORRECTION (XI) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 300 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 355 H 355 3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: 2/3/2012 The Director of Operations will provide an in-service to all clinical staff regarding Policy (d) A description of the services to be provided, TX 001 - Physician Orders and Medical including: the frequency, amount, and expected Supervision of the Plan of Care. Orders duration: dietary requirements; medication relating to Home Health Aide services should administration, including dosage; equipment; and be descriptive as it relates to the patient's supplies; needs. All Plans of Care and verbal orders will be reviewed by the CM/DOO/Designee within 48 This Statute is not met as evidenced by: hours of completion and receipt. Based on a record review and interview, it was revealed that the Home Care Agency (HCA) Director of Operations or Designee will failed to include a description or frequency of complete random chart audits of 5 charts per services to be provided for two(2)of two(2)plan of quarter with Home Health Aide services to care's (POC's)in the sample. assure orders are in compliance. (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

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Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING B. WING 12/30/2011 HCA-0017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1212 NEW YORK AVENUE, NW. SUITE 310 **TENDER LOVING CARE** WASHINGTON, DC 20005 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE **FACH DEFICIENCY MUST BE PRECEDED BY FULL** PREFIX REBULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 355 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 366 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

Health Regulation & Licensing Administration

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Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING B. WING 12/30/2011 HCA-0017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1212 NEW YORK AVENUE, NW. SUITE 310 TENDER LOVING CARE WASHINGTON, DC 20006 PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (XII) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 2/3/20**L**2 H 366 All Plans of Care and verbal orders will be H 366 Continued From page 4 reviewed by the Clinical Manager/Director of shall be signed by the physician within thirty (30) Operations/Designee within 48 hours of days. completion and receipt. Once the plans of care and verbal orders are reviewed and marked complete, the orders will be This Statute is not met as evidenced by: forwarded to the Business Office Specialist for Based on record review and interview, it was processing and submitting to the physician. determined that the Home Care Agency (HCA) failed to ensure the patient's Plan of Care (POC) 100% of all plans of care and verbal orders was approved and signed by a physician with-in will be reviewed for completeness prior to thirty (30) days of the start of care for one(1) of sending to the physician by the Clinical ten (10) patients in the sample. (Patient # 2) Manager/Director of Operations/Designee. The OASIS/Plan of Care tracking process and The findings include: verbal order tracking will be monitored weekly by the Director of Operations and On December 28, 2011, a review of Patient #2's Business Office Manager for timeliness of record at approximately 10:39 a.m. revealed a processing all orders utilizing the Operational POC with a certification period of November 19, Dashboard and reports. Orders not returned 2011 through January 17, 2012. There was no signed within 14 days are resubmitted for documented evidence of a physician's signature signature, per agency policy. This process will at the time of this survey. be reviewed by the Director of Operations with the Business Office Manager and During a face to face interview with the Director Business Office Specialist to assure of Operation on December 28, 2011 at compliance. approximately 11:30 a.m., it was acknowledged Patient #2's POC had not been signed by a The Certification/Event Tracking Report will physician at the time of this survey. be run daily by the Business Office Specialist/Business Office Manager to assess H 411 3915.11(f) HOME HEALTH & PERSONAL CARE H 411 timeliness of the SOC and Recertification AIDE SERVICE Plans of Care being sent to the physician and returned timely. The order Tracking Report Home health aide duties may include the will be run daily by the Business Office following: Specialist/Business Office Manager to assess timeliness of submitting verbal orders and (f) Observing, recording, and reporting the returned timely. patient's physical condition, behavior, or appearance: This Statute is not met as evidenced by:

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Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A RUILDING B. WING 12/30/2011 HCA-0017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1212 NEW YORK AVENUE, NW. SUITE 310 TENDER LOVING CARE WASHINGTON, DC 20005 (X8) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX TAG TAG DEFICIENCY) 2/3/2012 H 411 In-service to be provided by Director of H 411 Continued From page 5 Operations to Home Health Aide staff on Based on a record review and interview, it was Policy AA-011, Home Health Aide Care determined that the Home Care Agency (HCA) Plan/Assignment. Home Health Aides are to failed to ensure home health aides recorded, and record and report on patient's physical reported on the patient's physical condition, condition, behavior or appearance at each behavior or appearance for two (2) of two (2) home visit. patients in the sample. (Patient's #3 and #10) **Director of Operations/Clinical** The findings include: Manager/Designee to review each active patient's Home Health Aide notes to assure 1. On December 28, 2011, a review of patient compliance with documenting patient's #3's record revealed an home health aide (HHA) physical condition, behavior or appearance in progress note date December 9, 2011. There the appropriate section of patient's medical was no documented evidence the HHA reported record. on the patient's physical condition, behavior or appearance. Director of Operations/Designee to complete 10 random chart audits per quarter with During a face to face interview with the Director of Home Health Aide services to assure Operation on December 28, 2011 at compliance. approximately 12:00 p.m., she indicated the HHA had not reported the patient's physical condition. behavior or appearance. 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. 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. H 453 H 453 3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following:

6 of 8

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Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES O(4) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/30/2011 HCA-0017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1212 NEW YORK AVENUE, NW. SUITE \$10 TENDER LOVING CARE WASHINGTON, DC 20005 PROVIDER'S PLAN OF CORRECTION (X5 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DA REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 453 H 453 Continued From page 6 2/3/2012 An in-service will be completed by the (c) Ensuring that patient needs are met in Director of Operations with all RN's and LPN's accordance with the plan of care; on Policy AA-014, Plan of Care Planning Process. All clinicians will be instructed that every treatment provided must have proof of This Statute is not met as evidenced by: a physician order in the clinical record. If Based on record review and interview, it was orders are not obtained, treatment may not revealed the Home Care Agency failed to be rendered. All clinicians will have access to ensure the patient needs were met in accordance orders via point of care prior to delivering with the plan of care (POC) for one(1)of ten(10) care. If care cannot be delivered as ordered, patients in the sample. (Patient #2) there is documentation of physician notification and new orders are obtained as The finding includes: applicable. All lab orders will be specific to the test ordered to include the date the lab is On December 28, 2011, review of Patient #2's to be drawn and education on the need for record, at approximately 10:39 a.m., revealed a the complete and accurate documentation to Plan of Treatment with certification period support physician orders. This includes but is November 19, 2011 through January 17, 2012 not limited to all lab procedures. the physician ordered the skilled nurse to obtain PT/INR (lab)via fingerstick or venipuncture twice All patients with lab draws will be identified weekly on Monday's and Thursday's with results by the Director of Operations/Clinical to Physician. Manager/Designee and reviewed weekly at Care Team Conference for changes in Further review of the record revealed there was natient's conditions and/or service needs. All no documented evidence the PT/INR (lab) had lab orders will be reviewed by the Director of been drawn on December 1, 2011 (Thursday) Operations/Clinical Manager/Designee for and December 15, 2011 (Thursday). completeness and compliance with orders being processed timely. Additionally, a skilled nursing note dated Continued monitoring will be incorporated December 11, 2011 (Sunday) revealed a PT/INR into the Quarterly Performance Improvement (lab) had been drawn. However there was no auditing process by the DOO/Designee. documented evidence of an order to draw the PT/INR (lab) on Sunday in the record at the time of this survey. 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

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