

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011
--	---

(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 survey was conducted at your agency from January 24, 2011, through January 25, 2011, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) clinical records based on a census of one hundred-five (105) patients, ten (10) personnel files based on a census of eighty-two (82) employees and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	H 000	<i>Reviewed 3/7/11</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St, N.E. Washington, D.C. 20002	1-26-11 and ongoing
H 153	3907.2(i) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (i) Documentation of any required criminal background check; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of any required criminal background check for one (1) of (10) employees in the sample. (Home Health Aide (HHA/Staff#10) The finding includes: Review of HHA/Staff#10's personnel file on January 24, 2011, at approximately 4:10 p.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee	H 153	Agency Corrective Action: Instruction pertaining to this regulatory requirement was reviewed /reinforced in detail with the Human Resources (HR) Manager on January 26, 2011. The HR Manager verbalized understanding of the requirement. Effective immediately, the Human Resources Manager reviews all applicants for employment to determine jurisdictions where the Aide applicant worked or lived for the past seven (7) years. A criminal background check is obtained for each respective jurisdiction as a decision-making component of the hiring process. A copy of the criminal background report is then maintained in the applicant's personnel file, if hired. Each Aide's personnel file is reviewed to ensure compliance with this requirement, prior to approval for hire, by the Director of Nursing. The HR Manager conducts monitoring and review of personnel files to ensure compliance with all regulatory requirements, including criminal background checks, on a monthly basis. This review is based on date of hire. The criminal background check for all respective jurisdictions has been obtained for HHA #10. See Attachment A.	1-26-11

Health Regulation Administration

Arden Hart Davis
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrative

(X6) DATE
3/7/11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2011	
NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011		
(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 153	<p>Continued From page 1</p> <p>had worked or resided within the seven (7) years prior to the checks. HHA/Staff#10 worked in the state of Maryland in 2007 and the background check did not cover that jurisdiction.</p> <p>During a face to face interview with the Director of Nursing (DON) on January 24, 2011, at approximately 5:35 p.m., it was acknowledged HHA/Staff#10 did not have criminal background checks to reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks.</p> <p>There was no documented evidence of all required criminal background checks in the personnel record.</p>	H 153	see previous page please	
H 157	<p>3907.2(m) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(m) Documentation of acceptance or declination of the Hepatitis Vaccine; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of a acceptance or declination of the Hepatitis Vaccine for one (1) of one (1) Occupational Therapist (OT) in the sample. (OT /Staff #3)</p> <p>The finding includes:</p> <p>Review of the Occupational Therapist's (OT/Staff #3)</p>	H 157	<p>Agency Corrective Action:</p> <p>Instruction pertaining to this regulatory requirement was reviewed/reinforced with the HR Manger on January 26, 2011. The HR Manager will ensure that documentation of this requirement is obtained and placed in the applicant's personnel file as a component of the hiring process. The documentation of acceptance or declination of the Hepatitis B vaccine has been obtained for OT/Staff #3. See Attachment B</p> <p>Effective immediately, the Director of Nursing completes a review of all staff's personnel files to ensure compliance with all regulatory requirements prior to hire. Monitoring of compliance with this requirement is conducted on a monthly basis by the HR Manager.</p>	1-26-11 and ongoing

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011
--	---

(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 157	<p>Continued From page 2</p> <p>personnel record on January 24, 2011, at approximately 2:50 p.m., revealed no documentation of acceptance or declination of the Hepatitis Vaccine.</p> <p>During a face to face interview with the Director of Nursing (DON) on January 24, 2011, at approximately 5:30 p.m., it was acknowledged the aforementioned OT/Staff #3 did not have documentation of acceptance or declination of the Hepatitis Vaccine their personnel record.</p> <p>At the time of survey, there was no documented evidence of an acceptance or declination of the Hepatitis Vaccine for the OT in the personnel record.</p>	H 157	see previous page please	
H 411	<p>3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Home health aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure home health aides (HHA) recorded, and reported on the patient's physical condition, behavior or appearance for two (2) of ten (10) patients in the sample. (Patient # 2 and # 5)</p> <p>The findings include:</p> <p>Review of Patient # 2 and #5's medical records</p>	H 411	<p>The Aide visit note has been revised to include daily notes of the Aide's observing, recording, and reporting of the patient's physical condition, behavior, or appearance. The Aide Daily Note is page 2 of the Aide's documentation. Tasks performed by the Aide will continue to be reflected on page 1 of the document without change.</p>	March 31, 2011

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011
--	---

(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 3</p> <p>on January 24, 2011, approximately between 2:50 p.m. to 4:30 p.m., revealed the home health aide (HHA) had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.</p> <p>During a face to face interview with the Director of Nursing (DON) on January 24, 2011, at approximately 5:30 p.m., it was revealed the HHA's had not been trained to document and report on their patient's physical condition, behavior and appearance on a daily basis unless there was a significant change in the patient.</p> <p>There was no documented evidence the home health aides recorded and reported the patient's physical condition, behavior, or appearance to the agency.</p>	H 411	<p>Please see page 2 of the Aide Daily Notes attached.</p> <p>The Aides will receive In-service training regarding this requirement between March 14, 2011 and March 25, 2011. It is anticipated that all Aides will have completed the in-service no later than March 31, 2011.</p> <p>The Aide note will be reviewed by the Director of Nursing as part of the quality review process.</p>	March 31, 2011