01/10/18

If continuation sheet 1 of 2

Dow

L86Y12

Health Regulation 8	& Licensir	ng Administration			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HCA-0087	B. WING		R 11/08/2017
NAME OF PROVIDER OR	SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
QUALITY ONE CAR	E HOME H	IENITH INC SIII	NEDY STREE STON, DC 20		
PREFIX (EACH	DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
{H 000} INITIAL C	OMMEN	TS .	{H 000}		
conducted District of Regulation to verify th correction care agen three (3) p findings of administra two (2) dis	d to detern Columbia ns (Title 2 ne implem , submitte cy provide patients are f the surve ative records charged records.	te follow-up survey was mine compliance with the l's Home Care Agency 2 B DCMR Chapter 39), and entation of the facility's plan of ed on 10/23/17. The home es home care services to ad employs eight (8) staff. The ey were based on a review of rds, 3 active patient records, patient records, and 8 The findings were also based taff.		See next page	
H 227 3909.2 DI		ES TRANSFERS &	H 227		-
discharge calendar d day writter notice may	or referra lays prior notice s y be giver	eceive written notice of al no less than seven (7) to the action. The seven (7) hall not be required, and oral at any time, if the transfer, e is the result of:			# #3
			-		
Based on failed to er notification calendar d	interview nsure that n prior to d lays prior	met as evidenced by: and record review, the facility each patient received written discharge at least seven (7) to the action for two (2) of 2 (Patient #1 and 2).			10
Findings in					
		:30 AM, review of the medical			
lealth Regulation & Licens ABORATORY DIRECTOR'S	sing Adminis OR PROVID	stration ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE

PRINTED: 12/28/2017 FORM APPROVED

Health	Regulation & Licensin	ng Administration			PORMAPPROVED					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN	NOF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED					
		[8]	1		R					
		HCA-0087	B. WING	ta national and the same of th	11/08/2017					
NAME OF	PROVIDER OR SUPPLIER	etbeet A	DDDESS CITY	STATE ZID CODE						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
QUALITY ONE CARE HOME HEALTH, INC, SUI 143 KENNEDY STREET, NW WASHINGTON, DC 20011										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE					
H 227	Continued From pa	ge 1	H 227	H 227	la:					
	record for Patient #	1 failed to document that the	Š	The Agency has developed a	4					
,	patient received not	ification prior to being	57	patient discharge Form that woul	d he					
	discharged from the agency.			given to the patients/families 14	01/10/2019					
	0 44047 14055			prior to discharge. See exhibit 1.	adys					
9		AM, interview with the		prior to discharge, see exhibit 1.	91					
		revealed that the patient had		The following measures /systemic	- 1					
been notified only verbally of discharge and had not been given written notice.			a	changes have been put in place to						
-			9	ensure the alleged deficient pract						
	2. On 11/8/17 at 11:3	34 AM, review of the medical		does not reoccur;	ice					
		2 failed to document that the	o¥	does not redecar,	×					
		fication prior to being	1	Effective on the 11/15/2017, this	1					
	discharged from the	agency.		agency has updated policy# QOC	20-					
:	During an interview:	at 11:47 AM the Director of		351: See Exhibit #2, to include the						
During an interview at 11:47 AM, the Director of Nursing stated that the patient was admitted to				,	-t					
the hospital and the facility could not provide the				provision that all clients will be given a 14.30 day notice prior to disable						
ordered care after the patient returned home.			· §	a 14-30 day notice prior to discha	rge.					
		atient received written		DON on Designate detective illustria						
notification of the discharge, the Director of				DON or Designated staff will revie	0.					
	Nursing replied, "no.			potential discharge list every mon						
	At the time of survey	, the facility failed to ensure		to ensure discharge notice is given	1 to					
	•	eived written notification at		the clients. See Exhibit #3	Ŷ					
	least 7 days before b				Φ Φ					
×		я «		Staff was in-serviced by the DON	1					
- 8				from the 11/27/2017 regarding	. 1					
				patient discharges, transfer & refe	rral					
•3				policy and the Patient discharge	Tř.					
				notice form.	•					
				Quality Assurance team will						
				randomly audit all active and						
na na			£(discharge patient's charts or 10% of						
			1	patients chart as census increases	3 4					
				quarterly to ensure compliance wi	th					
92				patient discharge statue.	i i					
7.0			1		1 1					

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