PRINTED: 11/30/2010 FORM APPROVED

T OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NU					(X3) DATE SURVEY COMPLETED			
HCA-0004						11/22	/2010	
	ROVIDER OR SUPPLIER LIABLE NURSING C	ARE	STREET ADDRESS, CITY, STATE, ZIP CODE  3500 18TH STREET  WASHINGTON, DC 20018					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ON SHOULD BE COMPLE E APPROPRIATE DATE		
Н 000	An annual survey was conducted at your agency from November 18, 2010, through November 22, 2010, 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 twenty-five (25) clinical records based on a census of five hundred- seventy-six (576) patients, twenty-five (25) personnel files based on a census of six hundred seventy-six (676) 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.			н 000				
				G	GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002			
Н 053	The governing body shall do the following:  (c) Review and evaluate, on an annual basis, policies governing the operation of the agency determine the extent to which services promo patient care that is appropriate, adequate, effective and efficient. This review and evalual must include the following:  (1) The evaluation shall include feedback from representative sample consisting of either tempercent (10%) of total District of Columbia patients or forty (40) District of Columbia patients or services provided those patients.		basis, all agency to promote ate, evaluation ack from a ther ten hoia bia patients,	H 053	To correct the deficient, the passatisfaction survey results will recorded in the Agency's Annu report in details, that is, specifiedback of each patient. Client be numbered in the report as a thru 40. The Director will checeffectiveness after the report is annually.	be al fying the nts will client 1 k for	10/31/11	
Uselth Des	Based on record determined that the back from a representation	ot met as evidenced of the review and interview, the agency failed to incesentative sample count (10%) of the District	, it was nclude feed nsisting of				-	

tegulation Administration

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

Re	gulation Administra	ation		T		(X3) DATE SURV	EY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	COMPLETED	
				A. BUILDING			
		HCA-0004	B. WING			11/22/2	010
		HCA-0004	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER		3500 18TH	STREET			}
T&NREL	IABLE NURSING C	ARE	WASHING	ON, DC 200			
	SUMMARY STATEMENT OF DEFICIENCE		S	ID	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	OULD BE 1 '	(X5) COMPLETE
(X4) ID PREFIX TAG			I ULL	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
				H 053			
	Continued From p						
-	Columbia patients or forty (40) District of Columbia patients, which ever is less, regarding services provided to those patients in its annual						
	review and evaluation.						1
	The findings inclu						1
:	approximately 12	, 2010, a record revie ::00 p.m. of the agend ation which was dated	y ammuai d				,
	review and evaluation which was dated November 10, 2010. The aforementioned annual						i
 	iour document	ted "A feed back from	4U CHERIS				ţ
	regarding their services was reviewed. The Board of Directors was satisfied with the responses from the feedback survey conducted by the company" However, there was no documented evidence of the feed back from the forty (40) patient's surveyed.					į	
ļ							
	i and the Director	face interview with the of Nursing on Noven mately 1:30 p.m. the	IDELLO,				
H 05		OVERNING BODY		H 054	To correct the deficiency, at received from clients will be	l complaints reviewed .	
	The governing I	body shall do the follo	wing:		individually (on a case by case	se bases) and	10/31/11
	policies governing the e	evaluate, on an annuing the operation of the extent to which service is appropriate, adectricient. This review and following:	es promote juate,		the agency's response to ea documented in the Agency' report. The Director will che effectiveness after the repo annually.	s annual eck for	10/31/11
	complaints ma	tion shall include a reduce or referred to the a ature of each complainable thereto.	agency,	ļ - 1			

CQM011

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 11/22/2010 HCA-0004 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3500 18TH STREET** T & N RELIABLE NURSING CARE WASHINGTON, DC 20018 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H<sub>054</sub> H 054 Continued From page 2 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include review of all complaints made or referred to agency, including the nature of each compliant and the agency response thereto. The findings include: On November 19, 2010, a record review at approximately 12:00 p.m. of the agency annual review and evaluation which was dated November 10, 2010. The aforementioned annual review documented "There were a few compliant's about aides arriving late at work..." However there was no documented evidence of review of all complaints made or referred to agency, including the nature of each compliant and the agency response thereto. During a face to face interview with the Director and the Director of Nursing on November 19, 2010 at approximately 1:30 p.m. the finding was acknowledged. H 152 H 152 3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by:

Based on record review and interview, it was determined the agency failed to ensure that two (2) of twenty-five (25) employees had copies of

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING HCA-0004 11/22/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3500 18TH STREET** T & N RELIABLE NURSING CARE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) H 152 Continued From page 3 H 152 completed annual evaluations in their personnel record. (Employee #15 and #21) The findings include: 1. On November 19, 2010, a record review of employee #15's personnel record at approximately 12:15 p.m. revealed employee #15 was hired on August 11, 2009. Further review of the record revealed there was no documented evidence of To correct the deficiency, employees an annual evaluation for August 2010 in the #15 and #21 annual evaluations have record. been done. See attachment 1. During a face to face interview with the Director To prevent this deficiency from reand the Director of Nursing on November 19, occurring, the HR personnel 11/30/10 2010 at approximately 1:30 p.m., the finding was have been in-serviced to do employees acknowledged. annual evaluations by their anniversaries. The office manager will 2. On November 19, 2010, a record review of check every quarter for effectiveness. employee #21 's personnel record at approximately 1:00 p.m. revealed employee #21 was hired on August 11, 2009. Further review of the record revealed there was no documented evidence of an annual evaluation for August 2010 in the record. During a face to face interview with the Director and the Director of Nursing on November 19, 2010 at approximately 1:30 p.m., the finding was acknowledged. H 163 3907.7 PERSONNEL H 163

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

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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING\_ HCA-0004 11/22/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3500 18TH STREET** T& N RELIABLE NURSING CARE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) H 163 Continued From page 4 H 163 communicable disease. To correct the deficiency, employee #14 chest X-rays results was requested and This Statute is not met as evidenced by: submitted to the office on 11/22/10. 11/30/10 Based on a record review and interview, it was See attachment 2. determined that agency failed to ensure that one To prevent the deficiency from re-(1) of twenty-five (25) employees were screened for communicable disease annually. occurring, HR personnel were in-serviced (Employee#14) on differences between physicals and chest X-rays results. Also, they were The findings include: instructed that some doctors include chest X-rays results dates in the A record review on November 19, 2010, at approximately 11:00 a.m. revealed there was no physicals., but each employee needs a documented evidence the employee had annual separate chest X-ray form. The office screening for communicable disease. manager will check for effectiveness. Further review of the record revealed a letter from Columbia Road Health Services dated March 12, 2010 which indicated the employee had a positive PPD test and needed a chest X-ray. There was no documented of the chest X-ray in the employees file at the time of this survey. During a face to face interview with the Director and Director of Nursing on November 19, 2010 ar approximately 1:00 p.m., the finding was acknowledged. H 265 3911.2(e) CLINICAL RECORDS H 265 Each clinical record shall include the following information related to the patient: (e) Physician's orders: This Statute is not met as evidenced by:

Health Regulation Administration

Health Regulation Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 11/22/2010 **HCA-0004** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3500 18TH STREET** T & N RELIABLE NURSING CARE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H 265 H 265 | Continued From page 5 Based on a record review and interview, it was determined that the agency failed to ensure the clinical record for one (1) of twenty-five (25) patient's in the sample had a physician order. (Patient #15) The findings include: On November 14, 2010, a record review of patient #15 's record at approximately 9:30 a.m. A verbal order was done during the audit revealed POC with certification period of June 30, 2010 through December 29, 2010 in which the to correct to correct the deficiency and physician ordered Skilled Nursing every month for faxed to MD. See attachment 3. assessment of all systems and supervision of The office employees responsible for Home Health Aide (HHA); HHA services eight (8) care planning and those receiving hours a day, seven (7) days a week to assist waiver approvals were in-serviced to do 11/30/10 patient with Activities of Daily Living, medication reminder, meal preparation, laundry, light house verbal orders to correct any changes in keeping and medical appointments.... personal care aide services hours and faxed to MD for signature. The quality Further review of the record revealed HHA time assurance personnel will check after sheets dated from August 10, 2010 through these employees every quarter to November 7, 2010, which documented HHA ensure effectiveness. service were provided twelve (12) hours a day and not eight (8) hours a day as ordered by the physician. There was no documented evidence of a physician order for HHA services for twelve (12) hours a day in the patient's clinical record at the time of this survey. During a face to face interview with the Director and the Director of Nursing on November 14, 2010 at approximately 10:00 a.m., the finding was acknowledged. H 399 H 399 3915,10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE

Health Regulation Administration

following:

Personal care aide duties may include the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER			A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLE			
			B. WING _		11/22/2010			
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	LIABLE NURSING C	ARE	3500 18TH WASHING	I STREET TON, DC 2	0018			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ION SHOULD BE COMPLE HE APPROPRIATE DATE		
H 399	Continued From page 6			Н 399				
	(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;							
	This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure Personal Care Aides (PCA's) recorded, and reported on the patient's physical condition, behavior or appearance for seven (7) of ten (10) patients who were receiving PCA services in the sample. (Patient #16, Patient #17, Patient #19, Patient #20, Patient #21, Patient #24 and Patient #25).  The findings include:				To correct the deficiency, PCAs will be in-serviced during the December section of their regular in-service calendar to be more specific with the comments on the work sheets. They will be instructed not to write "stable" or "no change" but to say what happened to the client each day of service.  The office employees responsible for collecting and filing of PCA work sheet.		12/31/10	
	Review of Patient #16, Patient #17, Patient #19, Patient #20, Patient #21, Patient #24 and Patient #25's medical records on November 18, 2010, approximately between 9:15 a.m 12:25 p.m., revealed the PCA's (Personal Care Aides) had not specially recorded and reported the patient's physical condition, behavior, or appearance to the agency.				will check for effectiveness.	1 1 3 1 3 1 3 1		
	During a face to face interview with the Director of Nursing (DON) on November 18, 2010, at approximately 12:30 p.m., the surveyor informed the provider of the above and it was acknowledged the PCA's had not specially recorded and reported on Patient #16, Patient #17, Patient #19, Patient #20, Patient #21, Patient #24 and Patient #25's physical condition, behavior, or appearance to the agency.			•		7		
	There was no documented evidence the PCA's specially recorded and reported the patient's							

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lealth Regulation Administration					(X3) DATE SUR	IVEY		
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMPLETED			
		HCA-0004		B. WING		11/22/	2010	
NAME OF PROVIDER OR SUPPLIER 3500 18TH				DRESS, CITY, STATE, ZIP CODE  1 STREET  1 TON, DC 20018				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  X DECLINATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIED TO THE APPR	OULD BE	(X5) COMPLETE DATE	
Н 399	Continued From page 7 physical condition, behavior, or appearance to the agency.			н 399				
Н 453	Duties of the nurs the following:	D NURSING SERVIO e shall include, at a r patient needs are me he plan of care;	ninimum,	H 453				
	revealed that the patient need were plan of care for twin the sample. (P)  The findings inclusion.  1. On November patient #14's rerevealed a POC 2010 through Not physician ordere month for assess supervision of the HHA services eight a week, to assist Living (ADL), me preparation, laur medical appoints	18, 2010, a record record at approximately with certification periovember 5, 2010 in wid Skilled Nursing visisment of all systems e Home Health Aideght (8) hour a day set patient with Activitie edication reminders, andry, light house keepments	eview of y 12:15 p.m. od of May 6, hich the ts every and (HHA) ven (7) days s of Daily meal bing and		The employees responsible for nurses notes were in-serviced informed the Director of Nursclients who cannot be seen by for two consecutive months to giving a letter of "intent to diff the nurses do multiple visits cannot find the client. The number of the DON if the translation be available for multiple visits same client within a month for replacement. Nurses will be memo that one missed visits mouth is not enough to justification and the control of t	to ses of any the nurses o be scharge" s and urse visiting rviced to tor will not s for the pr possible giving a attempt per fy their visit sheets		
	no documented	of the record revealed evidence of a skilled June 2010, July 2010 per 2010.	nursing	r				

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Health Regulation Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING \_ 11/22/2010 HCA-0004 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3500 18TH STREET** T & N RELIABLE NURSING CARE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 453 H 453 | Continued From page 8 During a face to face interview with the Director and the Director of Nursing on November 18, 2010, at approximately 1:00 p.m., the finding was acknowledged. 2. On November 19, 2010, a record review of patient #4 's record at approximately 10:30 a.m.. revealed a POC with certification period of December 2, 2009 through June 1, 2010 in which the physician ordered Skilled Nursing visits every Employees responsible for doing month for assessment of all systems and discharges were in-serviced to staple all supervision of the Home Health Aide (HHA). discharged papers into bundles to HHA services six (6) hours a day seven (7) days prevent any misplacements of 11/30/10 a week, to assist patient with Activities of Daily worksheets or notes and to audit the Living (ADL), medication reminders, meal discharge charts prior to sending to preparation, laundry, light house keeping and medical records to ensure that all medical appointments .... worksheets and notes belonging to that Further review of the record revealed the patient chart are in. was admitted to the agency on December 2, The employee labeling medical records 2009 and discharged from the agency March 2, was in-serviced to arrange medical 2010. However there was no documented records for each client together to evidence of nursing assessments for January 2010 and February 2010. facilitate pulling if requested. During a face to face interview with the Director and the Director of Nursing on November 19, 2010, at approximately 10:30 a.m., the finding was acknowledged.