



GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

CRFMR
Rev. 9/02

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION
INTERMEDIATE CARE FACILITIES DIVISION

Received on
MAR - 9 2009

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility:		Street Address, City, State, Zip Code:		Survey Date:
ULTRA Home Health Agency		439 Oneida St. NW Washington, DC 20011		January 29, 2009
				Follow-up Dates(s):
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Completion Date
Title 22 Chapter 39 3907.2	An initial licensure survey was conducted on January 29, 2009. The sample size was ten (10) based on a census of forty-three (43) employees. The findings of the survey were based on interview and administrative record review, including incident reports.	3907	The Director of Ultra Home Health Agency held two meetings with field employees on 02/27/09 and 03/02/2009. They were informed about the result of the January 29, 2009 Licensing survey and the Agency's plan to correct the deficiencies. Ultra Home Health Agency has addressed the concerns and Citations related to personnel issues in the following manner: The Director has reviewed the Agency's personnel policy and has determined that the policy is in compliance with the Home Health Licensing regulations. The Director created a tool which Human Resources will utilize to track items required, and items requiring renewal/update including annual evaluations, Hepatitis vaccine, Hepatitis Declination Statements and current health certificates in field employees' personnel files.	03/02/2009 02/16/2009 02/16/2009
	Personnel records shall be maintained and accurate and include the following: (b) Provisions for an annual evaluation of each employee's performance by appropriate supervisors;	3907 Personnel	The Director will evaluate the process and make changes as needed to facilitate effectiveness and ensure compliance with the applicable regulations. The 3 employees whose files were reviewed during the survey and did not contain evidence of annual evaluation have had their evaluations completed by the Director, signed by the employee and the Director, and were added to the employees' personnel files on 02/16/2009.	03/31/2009 and on going 02/16/2009

Sheela West
Michael D. ...
Name of Inspector 1/29/09
Date Issued

Phillip ...
Facility Director/Designee 3/09/09
Date



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<p>3709.2</p>	<p>Based on interview and record review, the agency failed to ensure all employees received an annual evaluation.</p> <p>Review of the agency's policy on conducting performance evaluations was reviewed on January 29, 2008 at approximately 10:15 AM. According to the policy, all performance evaluations were to be completed on all employees as detailed below:</p> <ul style="list-style-type: none"> a. During the probationary period b. Annually, based on personal; annual evaluation date c. After a promotion <p>Review of the agency's personnel records revealed three of six PCA's had not received annual performance evaluations. Interview with the CEO on January 29, 2009 at approximately 2:40 PM acknowledged that staff needed updated performance evaluations.</p> <p>(c) Resume of education, training certificates, skills, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</p>	<p>3709.2 c</p>	<p>A 100% audit of all personnel files will be conducted by the Director and/or her designee. The Director will ensure that all current employees have annual evaluations done and filed in the employees' personnel files.</p> <p>In order to remain in compliance with the Agency's Personnel Policy and Home Health Licensing regulations, Human Resources will create, maintain and disseminate a list of employees whose files have missing required, and expiring documents. Employees whose personnel files are not complete or current will be notified immediately by Human Resources and will be given 7 days to bring their files current. Employees whose personnel files are not complete within the specified time frame will be relieved of their duties until they submit the required documents, and their personnel files are deemed current and complete.</p> <p>The Director will monitor the Agency's compliance with the Home Health Licensing regulation and the Agency's personnel policy by performing audits biweekly on at least five field employees' personnel files randomly chosen.</p> <p>The Director held a special orientation on 02/16/2009 for the 6 employees whose files were reviewed and no evidence of their having attended orientation was seen.</p> <p>Human Resources, the Director and/or her designee will audit 100% audit of all personnel files to ensure that all current employees have received orientation and a completed Orientation Checklist is in each employee's personnel file.</p>	<p>05/30/2009 and quarterly</p> <p>05/30/2009 and quarterly</p> <p>05/30/2009 and bi-weekly</p> <p>02/16/2009</p> <p>05/30/2009</p>
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<p>3907.2</p>	<p>Based on interview and record review, the agency failed to ensure that all employees attended orientation prior to employment.</p> <p>The finding includes:</p> <p>Review of the agency's personnel records on January 29, 2009 at approximately 2:20 PM revealed 6 of 6 Personal Care Aides (PCA) had not attended orientation. Review of the agency's policy on orientation at 3:27 PM revealed that "all staff will be required to attend an initial orientation program upon employment. Interview with CEO on the same day at approximately 2:50 PM acknowledged that the PCA's had not received orientation prior to employment.</p> <p>(m) Documentation of acceptance or declination of Hepatitis Vaccine; and...</p> <p>Based on record review, the agency failed to ensure that all employees were offered the Hepatitis Vaccine.</p> <p>The finding include:</p> <p>Review of the agency's personnel records on</p>	<p>3907.2 m</p>	<p>Effective 02/16/2009, Human Resources will ensure that all new employees receive orientation before they receive their first assignment. Human Resources will file the Orientation Checklist in each employee's personnel file within 2 days of orientation.</p> <p>The Director and /or her designee will monitor the Agency's compliance with the Personnel Policy and the Home Health Licensing regulations by performing audit bi-weekly on at least 5 randomly chosen employees' personnel files.</p> <p>The 2 nurses and 6 aides whose files did not contain Hepatitis Vaccine documentation or Hepatitis Declination statements were re-educated about the Agency's personnel policy as it related to Hepatitis Vaccine documentation and Hepatitis Declination.</p> <p>These employees were offered the Hepatitis vaccine which they declined, and have submitted their signed Declination statements.</p> <p>All active field employees' personnel files will be reviewed by Human Resources to ensure that their files are complete with Hepatitis vaccine records or Hepatitis Declination Statements. Employees whose files are not complete or current will be notified immediately and will be given 7 days to submit the missing documents. Employees whose personnel files are not compliant</p>	<p>02/16/2009</p> <p>05/29/2009 and on going</p> <p>02/16/2009</p> <p>02/28/2009</p>
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<p>3709.7</p>	<p>January 29, 2009 beginning at approximately 2:15 PM revealed 2 of 4 nurses had not signed the Hepatitis Vaccine disclaimer form. Further record review revealed 6 of 6 personal care aides had not signed the Hepatitis Vaccine disclaimer form.</p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Center for Disease Control, and shall be certified free of communicable disease.</p> <p>Based on interview and record review, the agency failed to ensure that all staff had current health certificates.</p> <p>The finding includes:</p> <p>Review of the agency's personnel records conducted on January 29, 2009 at approximately 2:25 PM revealed 3 of 4 nurses had expired health certificates. Interview with the CEO at approximately 3:30 PM verified that the aforementioned nurses had expired health certificates.</p>	<p>3709.7</p>	<p>within the specified time frame will be relieved of their duties until they submit the required documents, and their personnel files are deemed current and complete.</p> <p>In order to remain in compliance with the Agency's Personnel Policy and Home Health Licensing regulations, Human Resources will generate and disseminate a list with employees whose files have missing required, and expiring documents including their Hepatitis vaccine records or Declination Statements. Human resources and the Director will take necessary steps to ensure that the required documents are submitted on or before the due date</p> <p>Effective 02/16/2009, the Director/Human Resources will ensure that new employees submit to the Agency, their Hepatitis vaccine records or Declination Statements along with their health records before they receive their first assignment.</p> <p>The Director will monitor the Agency's compliance with the Agency's Personnel Policy and Home Health Licensing regulation by performing or causing, random audits to be performed on at least five field employees' personnel files bi-weekly.</p> <p>The 3 employees who had expired health certificates in their personnel files were re-educated about the Agency's personnel policy with special emphasis on the area addressing Health Certificates and the consequences of non-compliance. The employees were counseled about the importance of maintaining current health certificates. Patient and employee health risk and safety were emphasized.</p> <p>The personnel files of the three employees have been updated with current health certificates</p> <p>All active field employees' personnel files will be reviewed by Human Resources, the Director and/or her designee to ensure that employees have current health certificates. Field employees not in compliance with the Agency's Personnel Policy and the Home Health Licensing regulation health certification requirement will be notified immediately and will be given 7 days in which to</p>	<p>05/30/2009 and quarterly</p> <p>02/16/2009 and on going</p> <p>05/30/2009 and on going</p> <p>02/16/2009</p> <p>02/27/2009</p> <p>05/30/2009</p>
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<p>3908.1</p>	<p style="text-align: center;">3908 ADMISSIONS</p> <p>(1) Each home care agency shall have written policies on admissions, which shall include, at a minimum the following:</p> <ul style="list-style-type: none"> a. Admission criteria and procedures; b. A description of the services provided; c. The amount charged for each service; d. Policies governing fees, payment and refunds; e. Advance directives; f. Do not resuscitate orders; g. Consent for services; and... h. Consent for interagency sharing information. 	<p>3908.1</p> <p>3908.2</p>	<p>comply. Employees whose personnel files are not compliant within the specified time frame will be relieved of their duties until they submit current and completed health certificates and their personnel files are deemed current.</p> <p>Human Resources will ensure that proof of current health certificates are in the personnel files of all active field staff. Human Resources will maintain a tracking system for health certification expiration dates and will print and disseminate the list to the Director and notify the applicable employees quarterly.</p> <p>Human Resources will also ensure that all documents including health certificates submitted by staff will be filed appropriately within 2 days of submission and are accessible for review and audit.</p> <p>The Director will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on field employees' personnel files bi-weekly.</p> <p>Ultra Home Health Agency has updated its Policies to reflect the incorporation of Admission Policy in its Policy and Procedure Manual. The policy was reviewed and ratified by the Board of Directors at special board meeting which was held on 02/16/2009.</p> <p>The Agency reviewed and revised its Patient Care Policy, which now requires the registered nurses/case managers to assess patients to identify risks, vulnerabilities and medical conditions that could adversely affect patient centered outcome. The revised Policy also addresses the Plan of Care and the Aides' roles and responsibilities in administering care as directed by the Plan of care.</p> <p>The Director met with, and shared the result of the licensing survey with the employees during meetings held on 02/27/09 and 03/02/2009. The Director re-educated the Personal care Aides about the importance of adhering to the Plan of Care created by the registered nurse as each Plan of Care is individualized, reflects</p>	<p>05/30/2009 and quarterly</p> <p>05/30/2009 and bi-weekly</p> <p>02/16/2009</p> <p>02/16/2009</p>
<p>3908.2</p>	<p>Based on interview and record review, the agency failed to ensure that an admission policy was incorporated into the policy and procedure manual.</p> <p>The finding includes:</p> <p>Review of the agency's policy and procedure</p>			



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<p>3915 (10a)</p>	<p>manual on January 29, 2009 beginning at 9:30 AM revealed there was no admission policy in the manual. Interview with the CEO at approximately 2:00 PM revealed that she had not incorporated a policy on admissions into the manual.</p> <p style="text-align: center;">3915 HOME HEALTH AND PERSONAL CARE AIDE SERVICES</p> <p>Personal care aide duties may include the following:</p> <p>Assisting the patient with basic personal care including bathing, grooming, and assistance with toileting or bedpan use.</p> <p>Based on interview and record review, the agency failed to ensure that patients were assisted with a partial bath.</p> <p>The finding includes:</p> <p>Interview with the CEO and review of the agency's records on January 29, 2009, at 10:50 AM revealed the agency failed to ensure Personal Care Aides (PCA) provided assistance with bathing for patients #4, #9, and #10.</p>	<p>3915 (10a)</p> <p>3915 (10c)</p>	<p>the nurse's assessment of the patient's medical condition(s), risks and vulnerabilities, and provides direction for safe and optimal patient care. The Director also reviewed the Home Health Aide Assignment/Plan of Care with the aides and gave instruction in proper documentation of the assigned tasks and the care they provide their patients.</p> <p>The Director met one on one with the PCA's who did not give, or failed to document the specific assigned tasks cited in this report. They were counseled about the implications of failure to complete the tasks assigned, failure to document all tasks performed, and the consequences of continued non-compliance which included disciplinary action up to and including termination.</p> <p>All the patients whose aides were cited for failure to perform or document specific assigned tasks have been assessed and evaluated by the Registered Nurses/ case managers for any possible risks or harm. No harm was reported or identified.</p> <p>The Director counseled the aides providing service for patients #4, #9 and #10 regarding their failure to document or to provide their patients with assistance in bathing. These aides are required to attend mandatory in-service training where they will be re-educated about the relevance of their assigned tasks to patient centered outcome, their responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p> <p>The aides who provided service for patients #1, #2, #3, #4, #5, #7 and #8 were counseled by the Director about their failure to document or transfer their patients from bed to chair as per their Care Plans. The aides were also educated about how their failure to provide the required service could affect patient outcome.</p> <p>The aides implicated in this report are required to attend mandatory in-service training where they will be re-educated about the relevance of their assigned tasks to patient health and safety, their responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p>	<p>*****</p> <p>02/16/2009</p> <p>02/16/2009</p>
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<p>3915 (10c)</p>	<p>Personal care aide duties may include the following:</p> <p>Assisting the patient with transfer, ambulation, and exercise as prescribed.</p> <p>Based on interview and record review, the agency failed to ensure that patients were assisted with transfers from their beds to the chair as prescribed.</p> <p>The findings include:</p> <p>Interview with the CEO and review of the agency's records on January 29, 2009, at 10:50 AM revealed the agency failed to ensure the PCA provided assistance with transferring the patient from the bed to a chair as prescribed for patients #1, #2, #3, #4, #5, #7, and #8.</p>	<p>3915 (10d)</p>	<p>The Director counseled the aide who provided service for patient #4 about her failure to document or assist the patient with self-administration of medications. The aide was educated about the ramifications of not assisting the patient with compliance in self-administration of medication regimen.</p> <p>The aide is required to attend mandatory in-service training where she will be re-educated about the relevance of her assigned tasks to patient's health, her responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p>	<p>/16/2009</p> <p>03/06/2009</p>
<p>3915 (10d)</p>	<p>Personal care aide duties may include the following:</p> <p>Assisting the patient with self-administration of medication.</p> <p>Based on interview and record review, the agency failed to ensure that personal care aides assisted patients with taking their medications as prescribed.</p>	<p>3915 (10g)</p>	<p>The Director counseled the aide who provided service patient #10 regarding her failure to prepare patient's meals. The aide was educated about the role of diet and nutrition in the maintenance of the patient's health and the effect of inadequate nutrition on the patient's health and well-being.</p> <p>The aide is required to attend mandatory in-service training where she will be re-educated about the relevance of her assigned tasks to patient's health and well-being, her responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p> <p>The Director or designee will conduct focused review for four weeks on 100% of the activity sheets for the aides implicated in this deficiency report. The Director or her designee will ensure compliance to the Agency's Policies on Personal Care Aide Service, and the Home Health regulations by:</p> <p>Ensuring that effective 02/16/2009, each aide receives instruction on the patient's Plan of Care prior to making the first visit, and is informed of any changes on the Plan of care</p> <p>Reviewing at least 10% of all aide activity sheets each bi-weekly to ensure that activities are properly and accurately documented.</p> <p>Conducting focused review quarterly of the activity sheets of any aide whose documentation is not 100% compliant.</p>	<p>02/16/2009</p> <p>02/16/2009</p> <p>02/27/2009</p> <p>05/30/2009</p> <p>and on going</p> <p>and on going</p> <p>and on going</p>



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<p>3915 (10g)</p>	<p>The finding includes:</p> <p>Interview with the CEO and review of the agency's records on January 29, 2009, at 12:55 PM revealed the agency failed to ensure the PCA provided assistance with self-administration of medication for patient #4.</p> <p>Personal care aide duties may include the following:</p> <p>Meal preparation in accordance with dietary guidelines, and assistance with eating.</p> <p>Based on interview and record review, the agency failed to ensure that patients were assisted with meal preparation for patient #10.</p> <p>The finding includes:</p> <p>Interview with the CEO and review of the agency's records on January 29, 2009, at 3:20 PM revealed the agency failed to ensure the PCA provided meal preparation for patient #10.</p>	<p>Conducting 1:1 counseling and training session(s) with any aide who may have difficulty with proper and accurate documentation.</p> <p>The registered nurses will supervise the aides in the performance of their assigned tasks, review the Care Plan with the aides and provide counseling when patient care deviates from the standard.</p> <p>Ultra Home Health agency maintains compliance by conducting mandatory staff meetings and in-services and will re-enforce and reiterate employees roles and responsibilities in maintaining compliance with the Agency's Patient Care Policy.</p> <p>Patient satisfaction surveys will be conducted by Director or designee on at least 15% of patients monthly to determine their satisfaction with the service as well as to determine whether the aides are providing the service according to the Plan of Care</p> <p>Ultra Home Health Agency has created a Quality Improvement tool which will be used in monitoring the Agency's compliance with its policies and the Home Health regulations.</p> <p>The Agency established a Quality Improvement Team 02/25/2009.</p> <p>The Quality Improvement team will monitor the Agency's compliance with established policies by reviewing at least 10% of active files and 10% of closed clinical files quarterly, and make recommendations as necessary to improve compliance. The team had its first meeting 03/02/2009.</p> <p>The Agency has convened a Professional Advisory Committee meeting for March 31, 2009 where the result of the survey as well as the result of the chart audit will be presented.</p>	<p>05/30/2009 and on going</p> <p>02/16/2009 and on going</p> <p>03/06/2009 and quarterly</p> <p>03/16/2009 and on going</p> <p>02/16/2009 and quarterly</p> <p>02/25/2009</p> <p>03/02/2009 and quarterly</p> <p>03/31/2009 and quarterly</p>
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Regulation Citation	Statement of Deficiencies	Ref. No	Plan of Correction	Completion Date
3907.2	3907.2 Personnel		<p>The Director of Ultra Home Health Agency held two meetings with field employees on 02/27/09 and 03/02/2009. They were informed about the result of the January 29, 2009 Licensing survey and the Agency's plan to correct the deficiencies. Ultra Home Health Agency has addressed the concerns and Citations related to personnel issues in the following manner:</p> <p>The Director has reviewed the Agency's personnel policy and has determined that the policy is in compliance with the Home Health Licensing regulations.</p> <p>The Director created a tool which Human Resources will utilize to track items required, and items requiring renewal/update including annual evaluations, Hepatitis vaccine, Hepatitis Declination Statements and current health certificates in field employees' personnel files.</p>	<p>03/02/09</p> <p>02/16/09</p> <p>02/16/2009</p>

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	<p>(b) Annual Evaluation</p>	<p>The Director will evaluate the process and make changes as needed to facilitate effectiveness and ensure compliance with the applicable regulations.</p> <p>The 3 employees whose files were reviewed during the survey and did not contain evidence of annual evaluation have had their evaluations completed by the Director, signed by the employee and the Director, and were added to the employees' personnel files on 02/16/09</p> <p>A 100% audit of all personnel files will be conducted by the Director and/or her designee. The Director will ensure that all current employees have annual evaluations done and filed in the employees' personnel files.</p> <p>In order to remain in compliance with the Agency's Personnel Policy and Home Health Licensing regulations, Human Resources will create, maintain and disseminate a list of employees whose files have missing required, and expiring documents. Employees whose personnel files are not complete or current will be notified immediately by Human Resources and will be given 7 days to bring their files</p>	<p>03/31/2009 and ongoing</p> <p>02/16/2009</p> <p>05/30/2009 and quarterly</p> <p>05/30/2009 and quarterly</p>
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			<p>current. Employees whose personnel files are not complete within the specified time frame will be relieved of their duties until they submit the required documents, and their personnel files are deemed current and complete.</p> <p>The Director will monitor the Agency's compliance with the Home Health Licensing regulation and the Agency's personnel policy by performing audits biweekly on at least five field employees' personnel files randomly chosen.</p>	05/30/2009 and biweekly
3709.2	Evidence of Attendance at Orientation		<p>The Director held a special orientation on 02/16/2009 for the 6 employees whose files were reviewed and no evidence of their having attended orientation was seen.</p> <p>Human Resources, the Director and/or her designee will audit 100% audit of all personnel files to ensure that all current employees have received orientation and a completed Orientation Checklist is in each employee's personnel file</p> <p>Effective 02/16/2009, Human Resources will ensure that all new employees receive orientation before they receive their first assignment. Human Resources will file the</p>	02/16/2009 05/30/2009 02/16/2009

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			<p>Orientation Checklist in each employee's personnel file within 2 days of orientation. The Director and /or her designee will monitor the Agency's compliance with the Personnel Policy and the Home Health Licensing regulations by performing audit bi-weekly on at least 5 randomly chosen employees' personnel files.</p>	<p>05/29/2009 and on going</p>
3709.2	(m) ... Acceptance or Declination of Hepatitis Vaccine		<p>The 2 nurses and 6 aides whose files did not contain Hepatitis Vaccine documentation or Hepatitis Declination statements were re-educated about the Agency's personnel policy as it related to Hepatitis Vaccine documentation and Hepatitis Declination. These employees were offered the Hepatitis vaccine which they declined, and have submitted their signed Declination statements.</p> <p>All active field employees' personnel files will be reviewed by Human Resources to ensure that their files are complete with Hepatitis vaccine records or Hepatitis Declination Statements. Employees whose files are not complete or current will be notified immediately and will be given 7 days to submit the missing documents. Employees whose personnel files are not compliant within the specified time frame will be relieved of their</p>	<p>02/16/2009</p> <p>*****</p> <p>05/30/2009</p>

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		<p>duties until they submit the required documents, and their personnel files are deemed current and complete.</p> <p>In order to remain in compliance with the Agency's Personnel Policy and Home Health Licensing regulations, Human Resources will generate and disseminate a list with employees whose files have missing required, and expiring documents including their Hepatitis vaccine records or Declination Statements. Human resources and the Director will take necessary steps to ensure that the required documents are submitted on or before the due date</p> <p>Effective 02/16/2009, the Director/Human Resources will ensure that new employees submit to the Agency, their Hepatitis vaccine records or Declination Statements along with their health records before they receive their first assignment. .</p> <p>The Director will monitor the Agency's compliance with the Agency's Personnel Policy and Home Health Licensing regulation by performing or causing, random audits to be performed on at least five field employees' personnel files bi-weekly.</p>	<p>05/30/2009 and quarterly</p> <p>02/16/2009 and on going</p> <p>05/30/2009 and on going</p>
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			<p>certificates and their personnel files are deemed current.</p> <p>Human Resources will ensure that proof of current health certificates are in the personnel files of all active field staff. Human Resources will maintain a tracking system for health certification expiration dates and will print and disseminate the list to the Director and notify the applicable employees quarterly. Human Resources will also ensure that all documents including health certificates submitted by staff will be filed appropriately within 2 days of submission and are accessible for review and audit.</p> <p>The Director will monitor the Agency's compliance with the policy by performing or causing random audits to be performed on field employees' personnel files bi-weekly.</p>	<p>05/30/2009 and quarterly</p> <p>05/30/2009 and bi-weekly</p>
3908.1	3908 Admissions		<p>Ultra Home Health Agency has updated its Policies to reflect the incorporation of Admission Policy in its Policy and Procedure Manual. The policy was reviewed and ratified by the Board of Directors at special board meeting which was held on 02/16/2009.</p>	02/16/2009
3915	Home Health Aide and Personal Care Aide Services		<p>The Agency reviewed and revised its Patient Care Policy which now requires the registered</p>	02/16/2009

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		<p>nurses/case managers to assess patients to identify risks, vulnerabilities and medical conditions that could adversely affect patient centered outcome. The revised Policy also addresses the Plan of Care and the Aides' roles and responsibilities in administering care as directed by the Plan of care.</p> <p>The Director met with, and shared the result of the licensing survey with the employees during meetings held on 02/27/09 and 03/02/2009. The Director re-educated the Personal care Aides about the importance of adhering to the Plan of Care created by the registered nurse as each Plan of Care is individualized, reflects the nurse's assessment of the patient's medical condition(s), risks and vulnerabilities, and provides direction for safe and optimal patient care. The Director also reviewed the Home Health Aide Assignment/Plan of Care with the aides and gave instruction in proper documentation of the assigned tasks and the care they provide their patients.</p> <p>The Director met one on one with the PCA's who did not give, or failed to document the specific assigned tasks cited in this report. They were counseled about the implications of</p>	<p>03/02/2009</p> <p>02/16/2009</p>
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			<p>failure to complete the tasks assigned, failure to document all tasks performed, and the consequences of continued non-compliance which included disciplinary action up to and including termination.</p> <p>All the patients whose aides were cited for failure to perform or document specific assigned tasks have been assessed and evaluated by the Registered Nurses/ case managers for any possible risks or harm. No harm was reported or identified.</p>	<p style="text-align: center;">*****</p>
3915(10a)	Assistance in bathing		<p>The Director counseled the aides providing service for patients #4, #9 and #10 regarding their failure to document or to provide their patients with assistance in bathing.</p>	02/16/2009
			<p>These aides are required to attend mandatory in-service training where they will be re-educated about the relevance of their assigned tasks to patient centered outcome, their responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p>	03/06/2008
3915 (10c)	Assistance with transferring		<p>The aides who provided service for patients #1, #2, #3, #4, #5, #7 and #8 were counseled by the Director about their failure to document or transfer their patients from bed to chair as per</p>	02/16/2009

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3915 (10d)	Assistance with self medication		<p>their Care Plans. The aides were also educated about how their failure to provide the required service could affect patient outcome. The aides implicated in this report are required to attend mandatory in-service training where they will be re-educated about the relevance of their assigned tasks to patient health and safety, their responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p>	03/06/2009
			<p>The Director counseled the aide who provided service for patient #4 about her failure to document or assist the patient with self-administration of medications. The aide was educated about the ramifications of not assisting the patient with compliance in self-administration of medication regimen.</p>	02/16/2009
			<p>The aide is required to attend mandatory in-service training where she will be re-educated about the relevance of her assigned tasks to patient's health, her responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p>	03/06/2009

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3915 (10g)	Meal preparation	<p>The Director counseled the aide who provided service patient #10 regarding her failure to prepare patient's meals. The aide was educated about the role of diet and nutrition in the maintenance of the patient's health and the effect of inadequate nutrition on the patient's health and well-being.</p> <p>The aide is required to attend mandatory in-service training where she will be re-educated about the relevance of her assigned tasks to patient's health and well-being, her responsibility in providing the care enumerated on the Plan of Care, and the implications of not providing services as assigned.</p> <p>The Director or designee will conduct focused review for four weeks on 100% of the activity sheets for the aides implicated in this deficiency report.</p> <p>The Director or her designee will ensure compliance to the Agency's Policies on Personal Care Aide Service, and the Home Health regulations by:</p>	<p>02/16/2009</p> <p>03/06/09</p> <p>03/16/2009</p>
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			<p>Ensuring that effective 02/16/2009, each aide receives instruction on the patient's Plan of Care prior to making the first visit, and is informed of any changes on the Plan of care</p>	<p>02/16/2009 and on going</p>
			<p>Reviewing at least 10% of all aide activity sheets each bi-weekly to ensure that activities are properly and accurately documented</p>	<p>02/27/2009 and on going</p>
			<p>Conducting focused review quarterly of the activity sheets of any aide whose documentation is not 100% compliant</p>	<p>05/30/2009 and on going</p>
			<p>Conducting 1:1 counseling and training session(s) with any aide who may have difficulty with proper and accurate documentation.</p>	<p>05/30/2009 and on going</p>
			<p>The registered nurses will supervise the aides in the performance of their assigned tasks, review the Care Plan with the aides and provide counseling when patient care deviates from the standard.</p>	<p>02/16/2009 and on going</p>
			<p>Ultra Home Health agency maintain compliance by conducting mandatory staff meetings and in-services and will re-enforce and reiterate employees roles and</p>	<p>03/06/2009 and quarterly</p>

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		<p>responsibilities in maintaining compliance with the Agency's Patient Care Policy Patient satisfaction surveys will be conducted by Director or designee on at least 15% of patients monthly to determine their satisfaction with the service as well as to determine whether the aides are providing the service according to the Plan of Care</p> <p>Ultra Home Health Agency has created a Quality Improvement tool which will be used in monitoring the Agency's compliance with its policies and the Home Health regulations.</p> <p>The Agency established a Quality Improvement Team 02/25/2009 The Quality Improvement team will monitor the Agency's compliance with established policies by reviewing at least 10% of active files and 10% of closed clinical files quarterly, and make recommendations as necessary to improve compliance. The team had its first meeting 03/02/2009.</p> <p>The Agency has convened a Professional Advisory Committee meeting for March 31, 2009 where the result of the survey as well as</p>	<p>03/16/2009 and on going</p> <p>02/16/2009 and on going</p> <p>02/25/2009</p> <p>03/02/2009 and quarterly</p> <p>03/31/2009 and quarterly</p>
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