Received 7/1/10

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

Health Regulation Administration

PRINTED: 06/01/2010
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0026	A. BUILDING ______ B. WING ______	05/21/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUMAN TOUCH HOME HEALTH CARE AGENC	1416 9TH STREET, NW WASHINGTON, DC 20001

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H 000	**INITIAL COMMENTS** An annual survey was conducted at your agency on May 18, 2010, through May 21, 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 thirteen(13)active clinical records based on a census of two hundred - nine(209) patients, two (2)discharge clinical record, twenty -two(22) personnel files based on a census of two hundred eighty-one(281)employees and three(3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review administrative records.	H 000	**H000 Initial Comments** WHO*: Human Touch Senior Management met on 20 May 2010*, to review the DC Licensing Survey Deficiencies, and made the strategic decision to initiate the plan of correction with appropriate resources for developing *tracking tools, in-service training, and deployed the appropriate human resources and time line for implementation.* The following four steps are taken to address the plan of correction that identifies the root causes of the deficiency and develop a *Plan of Correction* with strategies of implementation towards a systemic *Quality Improvement Program* that include: 1. WHAT#1: *Corrective actions* taken to change deficient practice towards compliance of the standards. 2. WHAT#2*: Steps taken to identify potential similar deficiencies* and corrective actions to be taken towards consistent compliance of the standards.. 3. HOW*: Quality Assurance Program* and Measures to ensure systemic changes over time to avoid deficient practice in future. 4. WHEN*: Monitoring Corrective Actions over time* to avoid recurrence of deficient practice with regular weekly, monthly and quarterly reports	
H 159	**3907.3 PERSONNEL** Each home care agency shall comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequent amendments thereto, D.C. Official Code § 44-551 et seq. This Statute is not met as evidenced by: Based on record review and interview, the agency failed to comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequently amendments thereto, D.C. Official Code 44-551 et seq. for one of twenty-two personnel records reviewed. (CEO) The finding includes: On May 19, 2010, at 11:10 a.m., review of the executive director/administrator personnel record	H 159	**H.159: 3907 Personnel** 1. *Corrective Actions.* The deficiency and related policy were reviewed and the background check for the Operations Manager and CEO was undertaken. Their respective reports are filed in their respective personnel files. Evidence of a criminal background check for the state of Virginia put in the personnel files. A Global Seven (7) Year Background Checking and Tracking Tool is put in place to ensure criminal background checks takes place for all jurisdictions where staff have worked or resided over the prior seven (7) years. As part of the regular requirements dues monitoring process, the criminal background check will disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years in all jurisdictions. A monitoring process is put in place for all personnel to ensure no recurrence of such deficiency ever takes place in the future. 2. *Identifying similar deficiencies.* The Personnel Background Tracking Tool was used for each personnel file to identify potential deficiencies, and correct them appropriately na a regular basis at weekly, monthly and quarterly interval in future..	6/10/10

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] 12 June 2010

TITLE: Corporate Director

(X6) DATE: 12 June 2010

BELAI H HABTE-JESUS, MD, MPH

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H 159	Continued From page 1 revealed that she resides in Virginia. Further review of the personnel record revealed no evidence of a criminal background check for the state of Virginia. During a face to face interview with the operations manager and CEO on the same day at approximately 11:20 a.m., they both acknowledged the finding. Note: It should be noted that the agency conducted a criminal background check on the CEO during the survey on May 19, 2010. The result of the background check was not received by the end of the survey.	H 159	3. *Quality Assurance Program.* A specific *Quality Assurance Program* is initiated to address the specific standard systemically over time, with appropriate tracking tool, and regular monitoring protocol in place, so as to avoid such deficiencies in future. Appropriate in-service training given to human resource personnel and office staff. 4. *Monitoring Corrective Actions.* The Personnel Background Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentatinn, charting and reporting of the standard over time.	
H 268	3911.2(h) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff; This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to ensure that signed and dated clinical notes were in the clinical records for one of thirteen patients.(Patient #6) The finding includes: On May 19, 2010, at approximately 3:00 p.m., a record review of Patient # 6's Plan of Care dated 10/22/09 through 4/20/10, ordered skilled nursing visits every 30 days for PCA supervision and 5 as needed home visits in 6 months for any medical health related issues.	H 268	H268: 3911.2(h) Clinical Records: *signed and dated clinical, progress, summary notes, and activity records* 1. *Corrective Actions.* The deficiency and related policy were reviewed and the lack of documentation of nursing visits for 01/20/2010 and 02/20/10 according to the Plan of Care noted and corrected by providing in-service training for the concerned nurse to ensure such deficiencies will not recur in the future. A clinical chart review checklist that included this standard was initiated to be part of the regular Clinical Checklist Tracking Tool to ensure that all charts have signed and dated clinical, progress, summary notes and activity records to monitor this standard over time. 2. *Identifying similar deficiencies.* The **Clinical Checklist Tracking Tool** that includes this specific standard was used for each chart to identify potential deficiencies and correct them to reflect compliance with this standard. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol is put in place to avoid the recurrence of such deficiencies in future. Appropriate in-service training given to all clinical staff.	6/10/10

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H 268	Continued From page 2 Further review of the record revealed there was no documented evidence of nursing visits for 1/20/10 and 2/20/10. During a face to face interview with the Director of Nursing on May 19, 2010 at approximately 4:00 p.m., the finding was acknowledged.	H 268	4. *Monitoring Corrective Actions.* The Clinical Checklist Tracking Tool that includes this specific standard will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting to senior management to monitor the standard over time.	
H 269	3911.2(i) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (i) Documentation of supervision of home care services; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure each clinical record include documentation of supervision of home care services for one of five patients in the sample. (Patient #6) The finding includes: On May 19, 2010, at approximately 3:00 p.m., a record review of Patient # 6's Plan of Care dated 10/22/09 through 4/20/10, ordered skilled nursing visits every 30 days for PCA supervision and 6 as needed home visits in 6 months for any medical health related issues. Further review of the record revealed there was no documented evidence of supervision of home care services for 1/20/10 and 2/20/10. During a face to face interview with the Director of Nursing on May 19, 2010, at approximately	H 269	**H269- 3911.2(i) Clinical Records: Documentation of supervision of home care services** 1. *Corrective Actions.* The deficiency and related policy were reviewed and the skilled plan of care order of ***nursing visits every thirty (30) days for PCA supervision and 6 as needed home visits in six months for medical health related issues*** was noted and appropriate corrections made with in-service training to the specific nurse involved in the care of the specified patients. A Clinical Chart Checklist and tracking log developed to monitor compliance of this standard over time. 2. *Identifying similar deficiencies. The Clinical Chart Checklist and tracking log* for this specific standard was used in reviewing all other charts to look for similar deficiency and appropriate corrections were made with specific in-service training to all nurses involved in patient care.. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training on this standard given to all nurses. 4. *Monitoring Corrective Actions.* The Clinical Chart Checklist and tracking tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting to senior management to track the campliance of the agency to this specific standard over time	6/10/10

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H 269	Continued From page 3 4:00 p.m., the finding was acknowledged.	H 269		
H 302	3912.2(f) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (f) To receive services by competent personnel who can communicate with the patient; This Statute is not met as evidenced by: Based on a observation and interview, the agency failed to ensure that one of one patient received services by personnel who can communicate with the patient. (Patient #6) The finding includes: On May 21, 2010, at 9:18 a.m., an observation at Patient #6's home revealed she required a translator to understand English. The patient only spoke spanish. During a face to face interview with Patient #6's daughter on the same day at approximately 9:40 a.m., she indicated that she had a concern that the HHA who takes care of her mother in the evening, could not communicate with the patient. She stated " I've come home a few times and my mother has not eaten dinner and my mother has a heart problem and I don't want anything to happen to my mother and the HHA can't understand when she needs help." She indicated that the HHA was Ethiopian and did not speak Spanish. During a telephone conference with the Operation	H 302	**H302 – 3912.2(f) Patient Rights and Responsibilities: Matching staff and client language competency!** 1. *Corrective Actions.* The deficiency and related policy were reviewed and the need for competent personnel who can communicate with the patient was adopted according to the policies and procedures that reflect this standard. A language competency checklist of personnel that matches the special needs of each patient was developed, and special protocol is put in place for the staffing coordinator to check that the language competency of personnel matches that of patients at all times before assigning staff to specific cases. An in-service training given on this standard to all staff to ensure future compliance with this standard. A language competency Checklist and tracking tool is developed to monitor compliance of this standard over time. 2. ***Identifying similar deficiencies. The Language Competency Checklist and tracking tool*** for this specific standard was used in reviewing all other charts to look for similar deficiency, and appropriate corrections were made with specific in-service training to all personnel involved in patient care coordination. 3. ***Quality Assurance Program.*** A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool, and regular monitoring protocol is put in place to avoid such deficiencies in future. Appropriate in-service training on this standard is given to all personnel involved in coordination of care. 4. ***Monitoring Corrective Actions. The Language Competency Checklist and tracking tool*** will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting to senior management to track the compliance of the agency to this specific standard over time.	6/10/10

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H 302	Continued From page 4 Manager on May 21, 2010, at approximately 10:00 a.m., the finding was acknowledged.	H 302	H334-3913.4 Complaint Process: Oral and Written presentation of complaints 1. *Corrective Actions.* The deficiency, Policy and Procedure for Compliant Process were reviewed and adopted the standard that complaints can be presented both orally or in writing in the complaints' policy. An in-service training given on this standard to all staff to ensure future compliance with this standard. A **Complaint Presentation Checklist that accepts both oral and written complaints** was initiated to be tracked and monitor compliance with this standard over time. 2. *Identifying similar deficiencies.* The Compliant Presentation Checklist and tracking tool for this specific standard was used in reviewing all other charts and Patient Compliant Resolutions processes for similar deficiency, and appropriate corrections were made with specific in-service training to all personnel involved in managing ***"oral and written presentation of complaints."***. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address this specific standard with appropriate tracking tool, and regular monitoring protocol in place, to avoid such deficiencies in future. Appropriate in-service training on this standard is given to all personnel involved in managing patient complaint resolution process. 4. ***Monitoring Corrective Actions. The Complaint Presentation Checklist and tracking tool*** will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting to senior management to track the compliance of the agency to this specific standard over time.	6/10/10
H 334	3913.4 COMPLAINT PROCESS A complaint may be presented orally or in writing. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to include that a complaint may be presented orally or in writing in it's Complaint Policy. The finding includes: On May 18, 2010, at approximately 11:10 a.m., review of the agency's complaint process fail to include that complaints may be presented orally or in writing. Face to Face interview with the operation's manager on the same day at 11:45 a.m., acknowledged the finding.	H 334		
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure the plan of	H 355	**H 355 – 3914.3 (d) Patient Plan of Care –** ***Description of Services: the frequency, amount, expected duration, dietary requirements, medication administration, dosage, equipment and supplies.*** 1. *Corrective Actions.* The deficiency and related policy were reviewed and the need for the plan of care to have complete description of services was implemented according to agency policy and procedure. A Checklist for Plan of Care requirement was developed that will be utilized for each patient chart and monitored over time.	6/10/10

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H 355	Continued From page 5 care (POC)included a description of the services to be provided for three (3) of thirteen (13) POC's reviewed. (Patient's, #6, #12, #13) The findings include: On May 19, 2010 and May 20, 2010, record reviews of aforementioned patients Plan of Cares (POC), revealed that their POC's failed to a include description of services that were to be provide by the home health aide (HHA). During a face to face interview with the Director of Nursing on May 20, 2010, at approximately 4:00 p.m., she acknowledged the above findings.	H 355	Appropriate in-service training given on the standard to all clinicians. 2. *Identifying similar deficiencies. The Plan of Care Checklist* that mooitors description of services in terms of frequency, amount, expected duration, dietary requirements, medication administration, dosage and equipment and supplies for this specific standard was used in reviewing all other charts to look for similar deficiencies, and appropriate corrections were made with specific in-service training for all personnel involved in patient care and coordination. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training oo this standard given to all personnel involved in coordination of care. 4. *Monitoring Corrective Actions. The Plan of Care Checklist and tracking tool* will be used at weekly, monthly and quarterly Quality Improvement Mectings with appropriate documentation, charting and reporting to senior management to track the compliance of the agency to this specific standard over time.	
H 363	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on a record review, the agency failed to include identification of employees in charge of managing emergency situations for thirteen of thirteen patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13) The findings include: On May 19, 2010 and May 20, 2010, record reviews of aforementioned patients Plan of Cares (POC), all failed to include the identification of employees in charge of managing emergency situations.	H 363	**H363- 3914.3(l) Patient Plan of Care: Employee in charge of Emergency Situations for each patient** 1. *Corrective Actions.* The deficiency and related policy were reviewed and the ***names of the Employee for Emergency Situations for each patient*** were included in the clinical records. The primary and secondary persons i.e. the Director of Nursing and Staffing Coordinator were identified as the two employees in charge of Emergency Situations for each patient. A protocol that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations for each patient was put io place for all charts. 2. *Identifying similar deficiencies.* The Employee in Charge of Emergency Checklist tracking log was used for each chart to identify potential deficiencies and correct them to reflect compliance with this standard.	6/10/10

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H 363	Continued From page 6 During a face to face interview with the Director of Nursing on May 20, 2010, at approximately 4:00 p.m., she acknowledged the above findings.	H 363	3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoriag protocol in place to avoid such deficiencies in future. 4. *Monitoring Corrective Actions.* The Employee in charge of Emergency Situation Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meeting with appropriate documentation, charting and reporting to senior management to monitor compliance of the agency with this standard over time.	
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for thirteen of thirteen patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13) The findings include: On May 19, 2010 and May 20, 2010, record reviews of aforementioned patients Plan of Cares (POC), all failed to include emergency protocols. During a face to face interview with the Director of Nursing on May 20, 2010, at approximately 4:00 p.m., she acknowledged the above findings.	H 364	H364. 3914.3(m) Patient Plan of Care-Emergency Protocols 1. *Corrective Actions.* The deficiency and related policy were reviewed and *The Emergency Protocols* as identified in the Joint Commission Policy and Procedure was reviewed and adopted for each patient and were included in the clinical records. The primary and secondary persons i.e. the case manager and Staffing Coordinator were identified as the two employees in charge of Emergency Protocol for each patient. The Emergency Protocol is included in the Plan of Treatment (485), and states that "All staff will initiate CPR/911 call, in case of Emergency except when a valid "DNR" Do Not Resuscitate is present. A protocol that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations for each patient was put in place for all charts. 2. *Identifying similar deficiencies.* The implementation of the Emergency Protocol and the Employee in Charge of Emergency Checklist tracking log was used for each chart to identify potential deficiencies and correct them on a regular basis to ensure compliance with this standard. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool, and regular monitoring protocol of weekly, monthly and quarterly review was put in place to avoid such deficiencies in future.	6/10/10
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	H 366		

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H 366	Continued From page 7 shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days. This Statute is not met as evidenced by: Based on record review and interview, the agency's Plan of Care (POC) was not approved and signed by a physician within thirty (30) days of the start of care for one of thirteen patients in the sample. (Patient #3) The finding includes: On May 19, 2010, at approximately 1:00 p.m., review of Patient #3's record, revealed a document entitled "Physician's Verbal Order" dated 2/17/10, which ordered "Occupational Therapy evaluation and treatment 1 to 3 times a week for nine weeks for therapeutic exercises, balance, endurance, strength, functional mobility, and treatment training for activities of daily". Further review of the document revealed there was no documented evidence of a physician's signature. During a face-to-face interview with the director of nursing on the same day at approximately 1:30 p.m., the finding was acknowledged.	H 366	4. *Monitoring Corrective Actions.* The Implementation of the Emergency Protocol is being reviewed at regular basis with the Employees in charge of Emergency situation with the tracking tool at weekly, monthly and quarterly meetings with appropriate documentation, charting and reporting to senior management to monitor compliance with this standard over time. **H 366- 3914.4 Patient Plan of Care:** ***POC approved and signed by attending physician within thirty (30) days of start of care*** 1. *Corrective Actions.* The deficiency and relative policy were reviewed and the attending physician approval, and signature within 30 days of start of care, is strictly implemented by adopting a PoC (Plan of Care) approval, and signature checklist and tracking tool, for all patients and charts. All physician verbal orders will be turned into the office and immediately sent to the physician at tall times. Appropriate in-service training given to all clinicians and office staff involved in POC tracking and documentation. A protocol that included a checklist for monitoring and tracking this standard was developed to be reviewed on a regular basis to ensure continuous compliance with this standard. 2. *Identifying similar deficiencies.* The implementation of the POC approval, and signature by the attending physician for all patients was reviewed for all charts with the POC Tracking and Monitoring Tool which was used to identify potential deficiencies that were corrected to reflect compliance with this standard.. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address this specific standard with appropriate tracking tool, and regular monitoring protocol of weekly, monthly and quarterly review was put in place to avoid such deficiencies in future. 4. *Monitoring Corrective Actions.* The Implementation of the Plan of Care Physician Approval and Signature within 30 days of the start of care, is being reviewed at regular basis, with the appropriate tracking tool at weekly, monthly and quarterly meetings, with appropriate documentation, charting and reporting to senior management to monitor compliance of this standard over time.	6/10/10
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;	H 411		

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H 411	Continued From page 8 This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for three of five patients in the sample. (Patients #6, #12, and #13) The findings include: On May 19 and 20, 2010 , a record review of the aforementioned patient records revealed the home health aides had not recorded and reported the patients physical condition, behavior, or appearance to the agency. During a face to face interview with the Director of Nursing on May 20, 2010, at approximately 1:30 p.m., the findings were acknowledged.	H 411	H 411- 3915.11(f) HHA/PCA Services: ORR(Observe, Record and Report) on ABC(Appearance, Behavior and Condition of patient) 1. *Corrective Actions.* The deficiency and relative policy were reviewed and the HHA/PCA Services: tasks of ORR (*Observe, Record and Report) on ABC (Appearance, Behavior and physical condition) were* included in the clinical records. The process of observation, recording and reporting with appropriate signature was reviewed and protocol put in place to ensure that all charts will have appropriate HHA/PCA documentation right after each patient visit. A *HHA/PCA Record Tracking Checklist* was initiated to be reviewed on a regular basis, so as to reflect compliance to this standard continuously. 2. *Identifying similar deficiencies.* A tracking tool for The HHA/PCA Recording and Reporting on ABC (Patient's appearance, behavior and physical condition) was used for each chart to identify potential deficiencies and correct them on a regular basis to ensure compliance with this standard. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standards of DRR and ABC with appropriate tracking tool and regular monitoring protocol was put in place to avoid such deficiencies in future. Appropriate in-service training was given to all HHA/PCAs and their respective supervisors on this standard. 4. *Monitoring Corrective Actions.* The HHA/PCA Services Recording and Reporting Tracking Tool oo ABC(Appearance, Behavior and Condition of patient) will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting to senior management to monitor the compliance of this standard over time.	6/10/10
H 450	3917.1 SKILLED NURSING SERVICES Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure Skilled nursing services were provided in accordance with the patient's plan of care (POC) for three of thirteen patients in the sample. (Patients #8, #9, and #11) The findings include:	H 450	H450- 3917.1 Skilled RN Services According to the Patient's Plan of Care	6/10/10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0026	A. BUILDING ____ B. WING ____	05/21/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUMAN TOUCH HOME HEALTH CARE AGENC	1416 9TH STREET, NW WASHINGTON, DC 20001

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H 450	Continued From page 9 1. Review of Patient #8's plan of care (POC) dated 3/30/10 through 5/28/10, on 5/19/10, at approximately 4:00 p.m., ordered skilled nursing visits 1 to 3 times a week for 9 weeks. Further review of the record revealed nursing visits were not provided in accordance with the aforementioned POC. For the week of 4/14/10 through 4/19/10, the skilled nurse provided services 5 times and not 1 to 3 times as ordered on the aforementioned Plan of Care. During a face to face interview with the Director of Nursing on May 19, 2010, at approximately 5:00 p.m., the above finding was acknowledged. 2. Review of Patient #9's plan of care (POC) dated 4/24/10, through 6/22/10, on 5/19/10, at approximately 4:30 p.m., ordered skill nursing services 1 to 3 times a week for 9 weeks for cardiovascular and pulmonary observation, to monitor finger sticks and blood sugars every visit, to cleanse wound to abdomen per aseptic technique with normal saline, pat dry, fluff 2 x 2 gauze, impregnate with hydrogel, pack gently, cover with dry dressing, and secure with tape. Further review of the record revealed the following: a. Nursing visits were not provided in accordance with the aforementioned POC. For the week of 4/24/10 through 4/30/10, the skilled nurse provided services four times and not 1 to 3 times as ordered on the aforementioned Plan of Care. b. On nursing intervention notes dated 05/12/10, 05/14/10, and 05/15/10, there was no documented evidence that the skilled nurse	H 450	1. *Corrective Actions.* The deficiency and related policy were reviewed and the Plan of Care for Skilled Services was included in the clinical records and process is put in place to implement frequency, type of visits to strictly comply with Plan of Care, i.e.(*RN visits 1 to 3 times a week for 9 weeks*). *The Compliance Assurance* process included the documentation of the Plan of Care and the plan to implement it, in such a way that the POC is followed by monitoring the number of weekly visits, and type of visits such as cardiovascular and pulmonary observation, etc; finger stick , blood sugar, and wound care with appropriate measurements, and in accordance with the Plan of Care to reflect the patient' changing condition. Weekly chart audit tool monitor frequency af visits versus ordered will be utilized. Frequencies and type of services provided need to have appropriate revision of the plan of care if needed, and approved by the attending physician to reflect patient changing clinical needs. The staffing coordinator and Director of Nursing will monitor frequency of visits, and type of visits to reflect the changing clinical needs of each patient, as described, approved and signed by the attending physician on the Patient's Plan of Care. The Plan of Care will include: o SN: Every 30 days for PCA supervision and 6 PRN home visits in six (6) months for any medical health related issues. Skilled Assessment and evaluation of systems. Assess vital signs, CP/CV status, pain and pain management, gastro-intestinal, genitor-urinary, musculo-skeletal, integumentary systems. Assess the endocrine, hydration, and nutrition status, home safety and response to treatment on each home visit. Assess clinical status, vital signs and response to medications. Review diet and instruction on medications, assess medication and diet compliance. Instruct and supervise PCA (Personal Care Aide) to assist client with personal care and ADLS. May accept signature from Medical Director of Human Touch as needed.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 05/21/2010
NAME OF PROVIDER OR SUPPLIER: HUMAN TOUCH HOME HEALTH CARE AGENC	STREET ADDRESS, CITY, STATE, ZIP CODE: 1416 9TH STREET, NW WASHINGTON, DC 20001		

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H 450	Continued From page 10 monitor the fingerstick/ blood sugar in accordance to the aforementioned Plan of Care . The skilled nurse also documented wound was "cleansed with normal saline, pat dry, iodoform gauze packed, covered with 4 x 4 gauze and ABD pad and taped in place. During a face to face interview with employee #7, on May 20, 2010, at approximately 10:30 a.m., he acknowledged that he cleansed patient #9's wound with normal saline, pat dry, pack with iodoform gauze, covered with a 4X4, apply ABD padding and taped in place. There was no documented evidence the skilled nurse provided wound care in accordance to the aforementioned Plan of Care. During a face to face interview with the Director of Nursing on May 20, 2010 at approximately 12:30 p.m., the above findings were acknowledged. 3. Review of Patient #11's plan of care (POC) dated 4/14/10, through 6/12/10, on 5/19/10, at approximately 5:30 p.m., ordered skilled nursing visits daily times 2 weeks, then other other day times 2 weeks, then 1-3 times a week for 5 weeks, skilled nurse to cleanse wound to right hip surgical site per aseptic technique with normal saline, pat dry, apply bacitracin ointment, cover with 4 x 4 gauze and then secure with tape, skilled nurse to measure would weekly and record size, and drainage. Further review of the record revealed the following: a. Nursing visits were not provided daily in accordance with the aforementioned POC. For	H 450	o PCA: Five (5) days a week x Eight (8) hours a day x Six (6) months to assist with ADLS- personal care and hygiene: bathing, oral care, toileting, and grooming needs. Provide assistance with meals preparation, do errands and grocery shopping, light housekeeping; make bed, change linen, light laundry. Maintain safety; assist with tasks per HHA practice standard. 2. *Identifying similar deficiencies.* The Patient Plan of Care tracking tool was used for each chart to identify potential deficiencies that were corrected to reflect this standard of providing care according to the standing Physician approved and signed Plan of Care. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool, and regular monitoring protocol is put in place to avoid such deficiencies in future. 4. *Monitoring Corrective Actions.* The Patient Plan of Care Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting to senior management who will monitor compliance to this standard over time.	

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H 450	Continued From page 11 week #2 (4/21/10 through 4/27/10), there was no documented evidence that nursing services were provided on 4/23/, 4/24, and 4/25/10. b. Nursing visits were not provided every other day in accordance with the aforementioned POC. For week #3 (4/28/10 through 5/3/10), nursing notes indicate that nursing services were provided daily. c. Nursing visits were not provided every other day in accordance with the aforementioned POC. For week #4 (5/4/10 through 5/10/10), nursing notes dated 5/4/10 through 5/8/10 indicate that nursing services were provided daily. d. There was no documented evidence wound measurements were reported weekly. The only wound measurement noted in the record was dated 4/17/10. e. The skilled nursing notes dated 5/6/10, 5/7/10, and 5/8/10, there was no documented evidence that the skilled nurse provided wound care in accordance to aforementioned POC. The skilled nurse indicated that the wound was cleaned with normal saline, pat dry, applied silvadene, covered with 4 x 4 and secured with tape. During a face to face interview with the Director of Nursing on May 19, 2010 at approximately 6:30 p.m., the above findings were acknowledged.	H 450	**H458. 3917.2 (h) Skilled Nursing Services: Reporting changing patient condition to the Attending Physician** *1.* *Corrective Actions.* The deficiency and relative policy were reviewed and the need to report changing patient's needs and clinical status on a regular basis to the attending physician was corrected. Appropriate in-service training given to all clinicians in compliance with this standard. ***Physician Notification Checklist*** about changing patient clinical needs is being monitored at regular interval to ensure compliance with this standard. . A protocol that included a checklist for monitoring the inclusion of Physician notification about changing clinical need of patients for each patient is put in place for all charts.	6/10/10
H 458	3917.2(h) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (h) Reporting changes in the patient's condition to	H 458		

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H 458	Continued From page 12 the patient's physician; This Statute is not met as evidenced by: Based on record review, the agency's skilled nurse failed to report changes in the patient's condition to the patient's physician for one of one patients. (Patient #10) The finding includes: On May 19, 2010, at approximately 6:00 p.m., record review revealed skilled nursing notes dated 3/27/10 through 4/29/10. According to the nursing notes, Patient #10 had a productive cough with large amounts of thick white sputum, crackles were noted bilaterally in lung bases. Further review of the record revealed was no documented evidence that the skilled nurse informed the physician of the change in the patient's conditions.	H 458	2. *Identifying similar deficiencies.* The Physician Notification Checklist for alerting changing patient clinical needs, and appropriate tracking tool was used for each chart to identify potential deficiencies and correct them on a regular basis to reflect compliance with this standard. 3. *Quality Assurance Program.* A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. 4. *Monitoring Corrective Actions.* The tracking tool for The Physician Notification Checklist for reporting changing clinical needs of patients will be used at weekly, monthly and quarterly review meetings and reported to senior management for monitoring compliance of this standard over time.	

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R 000	INITIAL COMMENTS An annual survey was conducted at your agency on May 18, 2010, through May 21, 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 thirteen(13)active clinical records based on a census of two hundred -nine(209) patients, two (2)discharge clinical record, twenty -two(22) personnel files based on a census of two hundred eighty-one(281)employees and three(3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review administrative records.	R 000	**R000 Initial Comments** WHO: ***Human Touch Senior Management met on 20 May 2010***, to review the DC Licensing Survey Deficiencies, and made the strategic decision to initiate the plan of correction with appropriate resources for developing ***tracking tools, in-service training, and deployed the appropriate human resources and time line for implementation.*** The following four steps are taken to address the plan of correction that identifies the root causes of the deficiency and develop a ***Plan of Correction*** with strategies of implementation towards a systemic ***Quality Improvement Program*** that include: 1. **WHAT#1:** ***Corrective actions*** taken to change deficient practice towards compliance of the standards. 2. **WHAT#2:** ***Steps taken to identify potential similar deficiencies*** and corrective actions to be taken towards consistent compliance of the standards. 3. **HOW:** ***Quality Assurance Program*** and Measures to ensure systemic changes over time to avoid deficient practice in future. 4. **WHEN:** ***Monitoring Corrective Actions over time*** to avoid recurrence of deficient practice with regular weekly, monthly and quarterly reports.	
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on record review and interview, the agency failed to comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequently amendments thereto, D.C. Official Code 44-551 et seq. for one of twenty-two personnel records reviewed. (CEO) The finding includes: On May 19, 2010, at 11:10 a.m., review of the executive director/administrator personnel record	R 125	**R 125 : 4701.5 Background Check Requirement.** 1. *Corrective Actions.* The deficiency and related policy were reviewed and the background check for the Operations Manager and CEO was undertaken. Their respective reports are filed in their respective personnel files. Evidence of a criminal background check for the state of Virginia put in the personnel files. A Global Seven (7) Year Background Checking and Tracking Tool is put in place to ensure criminal background checks takes place for all jurisdictions where staff have worked or resided over the prior seven (7) years. All personnel have been instructed to have the Global Background Check completed for any state they have lived and worked in, in the past seven (7) years. As part of the regular requirements dues monitoring process, the criminal background check will disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years in all jurisdictions. A monitoring process is put in place for all personnel to ensure no recurrence of such deficiency ever takes place in the future.	6/10/10

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE　　TITLE　　(X6) DATE

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R 125	Continued From page 1 revealed that she resides in Virginia. Further review of the personnel record revealed no evidence of a criminal background check for the state of Virginia. During a face to face interview with the operations manager and CEO on the same day at approximately 11:20 a.m., they both acknowledged the finding. Note: It should be noted that the agency conducted a criminal background check on the CEO during the survey on May 19, 2010. The result of the background check was not received by the end of the survey.	R 125	2. ***Identifying similar deficiencies.*** The Global 7 Year Background Checklist tracking log and regular review of this standard is initiated as part of the regular Personnel Requirements Due Checklist that will be used for each personnel file to identify potential deficiencies and correct them on a regular basis. 3. ***Quality Assurance Program.*** A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol put in place to avoid such deficiencies in future. 4. ***Monitoring Corrective Actions.*** The Global 7 Year Background Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting of this standard over time.	