

Received 9/25/17


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/23/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D,	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>INITIAL COMMENTS</p> <p>An annual survey and complaint investigation was conducted from August 17, 2017, to August 23, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to two hundred and forty-nine (249) patients, and employs three hundred eighty-three (383) staff. The findings of the survey were based on a review of administrative records, fifteen (15) active patient records, two (2) discharged patient records, and twenty (20) employee records. The findings also were based on four (4) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.</p> <p>On July 28, 2017, the Department of Health Care Finance (DHCF) referred a complaint filed by the sister of Patient #14 concerning the following:</p> <p>Allegation #1:</p> <p>The HHAs from the home care agency stole three (3) bottles of Lexapro (about ninety pills) from her brother's residence.</p> <p>Conclusion: The allegation was unsubstantiated.</p> <p>Allegation #2:</p> <p>The HHA from the home care agency left her brother (Patient #14) outside of his residence unattended causing her brother to wander off and was missing for four hours.</p> <p>Conclusion: The allegation was partially substantiated. No deficiencies will be cited.</p> <p>Allegation #3:</p>	H 000	<p>We have reviewed the Licensure Survey Reported dated September 13, 2017 and all record during the Licensure Survey completed on August 23, 2017.</p>	

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X8) DATE

9/25/17

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D,	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Continued From page 1</p> <p>The HHA from home care agency left her brother (Patient #14) unattended with his hands smeared with feces.</p> <p>Conclusion: The allegation was unsubstantiated.</p> <p>The following are the abbreviations used throughout this report.</p> <p>DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide Q2H - Every 2 hours POC - Plan of Care RN - Registered Nurse SOC - Start of Care</p>	H 000		
H 150	<p>3907.2(f) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(f) Verification of previous employment;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that all personnel records included verification of previous employment, for four (4) of twenty (20) employees included in the sample. (HHAs #6, #8 #11 and #12)</p> <p>The findings include:</p> <p>On August 22, 2017, starting at 9:27 a.m., review of employee records for HHA #6, #8 #11 and #12 revealed the following:</p>	H 150	<p>We will comply with 3907.2 (f) Personnel. Each home care agency shall maintain accurate personnel record, which shall include the following information: (f) Verification of previous employment;</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/23/2017
NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D,			STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 150	Continued From page 2 1. HHA #6 was hired on December 8, 2016, and signed a form entitled Reference Check on December 6, 2016, giving the HCA authorization to verify previous employment. 2. HHA #8 was hired on September 25, 2015, and signed a Reference Check form on the same date, authorizing the HCA to verify previous employment. 3. HHA #11 was hired on June 18, 2015; however, the personnel record failed to evidence a Reference Check form to verify previous employment. 4. HHA #12 was hired on September 17, 2015, and signed a form entitled Reference Check on the same date, authorizing the HCA to verify previous employment. On August 22, 2017, at 1:35 p.m., interview with the Human Resource (HR) Assistant was conducted to obtain information regarding the completion of reference checks for HHAs #6, #8, #11 and #12. The HR Assistant reviewed the personnel records in question and verified that the HCA had not completed verification of previous employment for the HHAs #6, #8, #11, and #12.	H 150	Corrective Action: For HHA #6, HHA #8, HHA #11 and HHA #12 thier reference have been contacted and verified. Measure put in place: To address this deficiency Human Resource will insure all applicant will not be hired until two satisfactory references have been contacted and verified. Monitored: Human Resource will audit all new hire files for compliance at the end of every month. In addition Human Resource auditing at the end of every month. 100% of all new hire files will be audited for compliance by Managment quarterly.	9/12/17 8/25/17 8/25/17	
H 393	3915.9 HOME HEALTH & PERSONAL CARE AIDE SERVICE Each home care agency shall define the duties of home health aides and personal care aides.	H 393	We will comply with 3915.9 Home Health & Peraonal Care Aide Service. Each homecare agency shall define the duties of home health aides and personal care aides.		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D.	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 393	<p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to define the duties of the HHA for one (1) of five (5) patient complaints reviewed. The HCA failed to include in the Care Plan updated instructions to the HHAs for turning and positioning the patient.</p> <p>The finding includes:</p> <p>On August 21, 2017, at 12:07 p.m., review of the HCA's complaint log revealed that the social worker and case manager for Patient #16 received a call from the Ombudsman's Office regarding the care of the patient. The social worker was informed that the assigned HHA told Patient #16 that s/he needed to wait two (2) hours to be repositioned. The complaint also indicated that written directions were left in the home by the patient's physician instructing for the patient to be repositioned as often as the patient requested. The DON provided the surveyor with a copy of the HHA's Care Plan dated January 12, 2017, which included the following instructions to assigned HHAs:</p> <p>"Q2H turning and repositioning, checking pressure points, e.g. sacrum, elbow, shoulders, heels, etc., for any redness, cuts bruises or soreness, please don't hesitate to call the nurse/agency respectively."</p> <p>On August 22, 2017, at 1:54 p.m., interview with the DON revealed that she was aware that Patient #16 was not being repositioned upon request. An email was sent by the DON on July 28, 2017, to relay the details of the complaint to the RN and to request that the Care Plan for Patient #16 be updated to reflect the revised turning and positioning instructions. Inspection of</p>	H 393	<p>Corrective Action: Patient #16-a date has been written on the Aide Care Plan to show when the Care Plan was actually updated</p> <p>Measure put into palce: In-serviced skill nursing staff in regards to Aide Care Plan to include duties, updates, and specific dates for any changes in patients' needs.</p> <p>Monitor: 100% of all skill nursing notes will indicate wheather Aide Care Plan update has been done.</p> <p>As part of resolution to a complaint, where a change in patient needs requires a new Aide Care Plan - a copy of the same will be attached.</p>	<p>8/25/17</p> <p>8/30/17</p> <p>8/30/17</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/23/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 393	<p>Continued From page 4</p> <p>the patient's record on August 22, 2017, revealed no evidence that the Care Plan for Patient #16 had been updated to reflect the instructions for turning and repositioning as requested by the patient.</p> <p>A review of Patient #16's POC indicated that a SOC was conducted on December 24, 2008, and the certification period was June 24, 2017 to December 25, 2017. Review of the POC revealed that Patient #16 had a diagnosis of Cervical Spondylosis with Myelopathy.</p> <p>At the time of the survey, the HCA failed to ensure the HHA's Care Plan had been updated to reflect the DON's instructions for revised turning and repositioning as often as requested by Patient #16.</p>	H 393		