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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED HCA-0069 B, WING 08/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PALISADES HEALTH CARE PARTNERS, INC D. 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) HOOD INITIAL COMMENTS H 000 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 We have reviewed the Licensure Survey Regulations). The home care agency provides Reported dated September 13, 2017 and home care services to two hundred and forty-nine all record during the Licensure Survey (249) patients, and employs three hundred comleted on August 23, 2017. 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. On July 28, 2017, the Department of Health Care Finance (DHCF) referred a complaint filed by the sister of Patient #14 concerning the following: Allegation #1: The HHAs from the home care agency stole three (3) bottles of Lexapro (about ninety pills) from her brother's residence. Conclusion: The allegation was unsubstantiated. Allegation #2: 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. Conclusion: The allegation was partially substantiated. No deficiencies will be cited. Allegation #3: Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Administrator

9/25/17

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If continuation sheet 1 of 5

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	The HHA from home (Patient #14) unatter with feces.	care agency left her brother nded with his hands smeared							
	Conclusion: The alle	gation was unsubstantiated.	ŀ						
	The following are the throughout this report	abbreviations used							
	DON - Director of Nu HCA - Home Care Ag HHA - Home Health A	ency							
	Q2H - Every 2 hours POC - Plan of Care RN - Registered Nu SOC - Start of Care	ırse							
H 150	3907.2(f) PERSONNE	L	H 150		ĺ				
	Each home care ageno personnel records, who following information:	cy shall maintain accurate ch shall include the		We will comply with 3907.2 (f) Per	Personnel.				
1	f) Verification of previous employment;			Each home care agency shall accurate personnel record, wh include the following information	oich shall on:				
	alled to ensure that all ncluded verification of I	y and interview, the HCA personnel records previous employment, for mployees included in the		(f) Verification of previous emp	ployment;				
1	he findings include:								
0	On August 22, 2017, sta f employee records for evealed the following:	rting at 9:27 a.m., review HHA #6, #8 #11 and #12							

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

Health Regulation & Licensing Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HCA-0069 B. WING 08/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PALISADES HEALTH CARE PARTNERS, INC D. 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PRÖVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX COMPLETE TAG DATE DEFICIENCY) H 393 Continued From page 3 H 393 This Statute is not met as evidenced by: Corrective Action: Based on record review and Interview, the HCA 8/25/17 Patient #16-a date has been written on failed to define the duties of the HHA for one (1) the Aide Care Plan to show when the of five (5) patient complaints reviewed. The HCA Care Plan was actually updated failed to include in the Care Plan updated instructions to the HHAs for turning and positioning the patient. The finding includes: On August 21, 2017, at 12:07 p.m., review of the Measure put into palce: 8/30/17 HCA's complaint log revealed that the social In-serviced skill nursing staff in regards worker and case manager for Patient #16 to Aide Care Plan to include duties, received a call from the Ombudsman's Office updates, and specific dates for any regarding the care of the patient. The social changes in patients' needs. 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 Monitor: the HHA's Care Plan dated January 12, 2017, 100% of all skill nursing notes will 8/30/17 which included the following instructions to indicate wheather Aide Care Plan assigned HHAs: update has been done. "Q2H turning and repositioning, checking As part of resolution to a complaint, pressure points, e.g. sacrum, elbow, shoulders, where a change in patient needs requires heels, etc., for any redness, cuts bruises or a new Aide Care Plan - a copy of the soreness, please don't hesitate to call the same will be attached. nurse/agency respectively." 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

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