

Health Regulation & Licensing Administration

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 C 09/08/2016
NAME OF PROVIDER OR SUPPLIER HUMAN TOUCH HOME HEALTH CARE AGENC		STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW WASHINGTON, DC 20001		
(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>On August 31, 2016, the Department of Health, Health Regulation and Licensing Administration, Intermediate Care Facilities Division (DOH/HRLA/ICFD) received a complaint regarding a patient not receiving home health aide (HHA) services in accordance with his/her plan of care (POC). Reportedly, the patient had been without a HHA for several days and was found bedridden in his/her home by a church member.</p> <p>Due to the information presented, on September 1, 2016, DOH/HRLA initiated an offsite investigation, to verify compliance with the basic standards of practice and Title 22, Chapter 39 (Home Care Agencies Regulations). The findings of the investigation were based on observation, interviews, and record review.</p> <p>Allegation #1: Patient #1 had been bedridden, without an aide.</p> <p>Findings: On September 7, 2016 starting at 9:54 a.m., in an interview with the agency's Director of Nursing (DON), it was revealed that Patient #1 currently received HHA services twelve hours per day, seven days per week. The DON also stated that the patient has not gone without HHA and nursing services.</p> <p>On September 8, 2016, review of HHA timesheets from July 24, 2016 through September 6, 2016 revealed that Patient #1 received HHA services in accordance with the POC.</p> <p>Conclusion: This allegation could not be substantiated.</p>	H 000		

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

TITLE

(X6) DATE