STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A BUILDING: B. WING		(3) DATE SURVEY COMPLETED 03/07/2016	
	HCA-0008				
NAME OF PROVIDER OR SUPPLIER	CES 6856 EA		STATE, ZIP CODE NUE, NW, SUITE 220 20012	il live	
PREFIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
2016 through March compliance with the Care Agency Regul Chapter 39). The H home care services employs one hundre findings of the surve review and interview	vas conducted from March 2, h 7, 2016 to determine e District of Columbia's Home ations (Title 22 DCMR ome Care Agency provides to thirty six (36) patients and ed fifty three (153) staff. The ey were based on record ws with patients and staff.	H 000	By submitting this POC the agency does not admit the allegations in the survey report or that it violated any regulations. The agency is submittin this POC in response to its regulator obligations and commitment to compliance. The agency further reserves the right to contrast any alleged findings conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.	ng	
LPN - licensed pract POC - plan of care RN - registered nurs H 390 3915.6 HOME HEAL AIDE SERVICE	tical nurse se	H 390	H 390	01/15/2014	
After the first year of required to obtain at continuing education annually, which shall help maintain or imp This training shall inc	service, each aide shall be least twelve (12) hours of or in-service training include information that will rove his or her performance. Clude a component of the care of persons with		For employees # 1, 2 and 3 like all employees their CE hours were checked following the completion of 2015 per company policy. These employees in question were reeducated on 1/15/16 regarding the importance and requirement of completing their CE hours in the future.		
This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that after the first year of service each HHA obtained at least twelve (12) hours of continuing education or in-service training annually for three (3) of seven (7) certified HHAs in the sample. (HHA#1, #2 and #3)			All HHA's will be re-educated as stated above by Field Support Staff Business Development Manager by letter to their home address as well verbal communication when they come into the office.		

Health Regulation & Licensing Administration

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STATEM AND PL	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0008	B WING_		03/07/2016	
NAME O	F PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
MAYIN	HEALTHCARE SERVICE	CDEC EAC		NUE, NW, SUITE 220		
INICALIA	HEALTHCARE SERVIC	4 E-3	GTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
H 39	The findings include: On March 2, 2016, starting at 1:42 p.m., review of the aforementioned HHA employee records revealed the following: 1. HHA #1 was hired on March 28, 2014; he/she had six (8) hours of training for 2015. 2. HHA #2 was hired on January 16, 2014; he/she had six (8) hours of training for 2015. 3. HHA #3 was hired on June 2, 2014; he/she had no documented hours of training for 2015.		During each quarterly audit internal Field Support team members specifically our Field Support Specia will review and audit employees file and see if they are tracking for their completed requirements hours. If no tracking appropriately employees we be contacted with the conversations logged and additional training assigned During monthly meetings on employ requirements Field Support team with review employee files and pending information. During review we will also incorporate checks on their transcript and amount of training hours completed. If found to be tracking negatively employees will be logged in the employee files.	ialist les ir not will ns oyee 03/17/2016 will Ongoing		
	During an interview with the business development manager om March 3, 2016, at 2:30 p.m. he/she stated that the agency is aware that each HHA has not completed the required twelve (12) hours of training. The business development manager also stated that disciplinary action form had been issued to all non-compliant employees.					
H 458	the following:	nall include, at a minimum,	H 458	We will continue to follow the company corrective action policy concerning yearly CE requirements the beginning of each new year all Maxim employees will be checked completion of the CE credits and if found out of compliance will be disciplined per policy.		
	determined that the LF physician of a change	w and interview, it was				

Health Regulation & Licensing Administration (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING **B000-A2H** 03/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW, SUITE 220 **MAXIM HEALTHCARE SERVICES** WASHINGTON, DC 20012 (X5) COMPLETE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 458 Continued From page 2 H 458 (Patient #6) H 458 The findings include: 3/7/16 Clinical Supervisors were re-educated On March 3, 2016, starting at 2:00 p.m., a review by Director of Clinical Services on vital of Patient #6's POC with certification period of December 26, 2015 through February 23, 2016, sign ranges and communication to revealed that the patient had diagnoses of MD's as identified on the Plan of Care. chronic respiratory failure, quadriplegia, and gastro-esophageal reflux disease. Further review 3/14/16 Clinical Nurses on this case reof the POC revealed that the physician ordered educated by Clinical Supervisors and the skilled nursing services sixteen (16) to twenty Director about following Plan of Care four (24) hours per day for five (5) to seven (7) days per week. The POC documented to notify vital signs ranges, documentation, to physician if the patient's temperature is greater communication and interventions per than 100.6 degrees Fahrenheit; pulse less than policy. 70 beats per minute or greater than 110 beats per minute; and a respiratory rate less than 20 4/8/16 Director of Clinical Services to review breaths per minute or greater than 30 breaths per Ongoing adherence of Plan of Care with new minute. employee's during weekly orientation On the following date, Patient #6's pulse was as well as with all clinical staff by letter outside of the prescribed range: sent to their home addresses and when they enter the office on a - December 29, 2015 (126 beats/minute at at 8:00 a.m.) weekly basis while focusing on vital - December 30, 2015 (130 beats/minute at at signs parameters with notification. 12:30 a.m.) - December 30, 2015 (127 beats/minute at at 6:00 a.m.) - December 31, 2015 (121 beats/minute at at 12:30 a.m.) - December 31, 2015 (115 beats/minute at at 10:30 a.m.) January 1, 2016 (120 beats/minute at at 9:00 a.m.) January 2, 2016 (112 beats/minute at at 6:00 January 6, 2016 (112 beats/minute at at 6:00 a.m.)

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: HCA-0008 B. WING 03/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW. SUITE 220 MAXIM HEALTHCARE SERVICES WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Clinical Supervisor will contact the MD H 458 Continued From page 3 H 458 3/14/16 for patient # 6 immediately as well as Ongoing - January 9, 2016 (121 beats/minute at at 6:00 MD for all patients to review the vital sign ranges identified and change - January 10, 2016 (116 beats/minute at at 8:00 range or include sustained vital sign over a timeframe in the Plan of Care January 13, 2016 (115 beats/minute at at 6:00 a.m.) per MD orders to be completed by - January 15, 2016 (120 beats/minute at at 4:15 calling MD and reiterate at the time of p.m.) next supervisory visit or recertification - January 16, 2016 (150 beats/minute at at 3:00 period. a.m.) - January 16, 2016 (112 beats/minute at at 6:00 Director of Clinical Services will do a a.m.) 3/14/16 - January 20, 2016 (115 beats/minute at at 12:00 second review of all Plan of Care for **Ongoing** a.m.) contents of appropriate vital sign - January 20, 2016 (123 beats/minute at at 6:00 ranges prior to sending to MD for a.m.) signature. On the following date, Patient #6's respirations were outside of the prescribed range: QI nurse will do ongoing weekly 3/9/16 monitoring during Focus chart review Ongoing - December 29, 2015 (34 breaths/minute at 8:00 for 100% of nursing documentation a.m.) submitted and follow up - December 30, 2015 (38 breaths/minute at 12:30 communication of vital signs a.m.) - January 1, 2016 (40 breaths/minute at at 9:00 parameters that are outside of the a.m.) Plan of Care per MD orders. QI nurse - January 2, 2016 (38 breaths/minute at at 6:00 to review Nurse flowsheets and rea.m.) educate staff nurses as needed and January 2, 2016 (32 breaths/minute at at 8:00 give focus review to Director of Clinical a.m.) Services. January 6, 2016 (36 breaths/minute at at 6:00 - January 9, 2016 (38 breaths/minute at at 6:00 Director of Clinical Services, Clinical 5/31/16 Supervisors and QI Nurse to complete - January 10, 2016 (38 breaths/minute at at 6:00 a 100% skilled nursing flowsheet audit of completion of vital signs parameters - January 13, 2016 (38 breaths/minute at at 6:00 and notification of outside of the - January 16, 2016 (38 breaths/minute at at 3:00 ranges through communication to MD a.m.) for the month of April and May 2016.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING **HCA-0008** 03/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW, SUITE 220 MAXIM HEALTHCARE SERVICES WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 458 Continued From page 4 H 458 - January 20, 2016 (38 breaths/minute at at 3:00 a.m.) At the time of review, the record failed to provide evidence that the skilled nurse notified the physician of the patient's elevated respiratory and pulse rate. On March 3, 2016, starting at approximately 3:15 p.m., during a face-to-face interview, the clinical director acknowleged the findings stating that the nurses should have reported the abnormal values to the physician. H 459 3917.2(i) SKILLED NURSING SERVICES H 459 H 459 Duties of the nurse shall include, at a minimum. 3/14/16 Director of Clinical Services rethe following: educated and reiterates all staff (i) Patient instruction, and evalutaion of patient including the staff that provides instruction; and services to Patients #1, 2 and 3, the importance of documenting educational events on the nursing flow sheets. This Statute is not met as evidenced by: Based on interview and record review, the nurse failed to provide patient teaching for four (4) of 3/14/16 Director of Clinical Services refour (4) patients in the sample. (Patients #1, #2, Ongoing educates and gives examples of #3 and #4) nursing flowsheets to new employees The findings include: during new orientation in regards to the importance of documenting On March 3, 2016, starting at 11:14 a.m., a educational events on the Nursing review of Patients #1, #2, #3, and #4's record was conducted. The POC for each patient Flowsheets. documented that the skilled nurse would visit the patient every thirty (30) days and as needed to provide education in all aspects of care. Further review of the records revealed monthly nursing flow sheetsfor each patoents current certification

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING **HCA-0008** 03/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW, SUITE 220 MAXIM HEALTHCARE SERVICES WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 459 Continued From page 5 Clinical Supervisors reiterates the H 459 3/14/16 importance and re-educates the Ongoing perioid that documented details of each nurse visit. The nursing flow sheets failed to document Nursing staff during ongoing that the patient and/or caregivers received Supervisory and Recertification visits. education from the nurse. Spot checks of Nursing Flowsheets for 4/30/16 On March 3, 2016, at 2:15 p.m., during an documentation of educational events Ongoing interview with the Director of Clinical Services, to be monitored once a week by he/she stated that all nurses have been instructed Director of Clinical Services for one to provide and document patient education and their level of understanding. The Director of month. Clinical Services further stated that the agency's nurses would receive additional training for QI nurse will monitor 75% of nursing 4/3/16 patient teaching. flowsheets for documentation of **Ongoing** educational teaching per the Plan of Care during Focus Chart Review on a weekly basis and re-educated nurses as needed for one month.