STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ **B. WING HCA-0004** 12/12/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3500 18TH STREET T&N RELIABLE NURSING CARE** WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LOC IDENTIFYING INFORMATION) TÄĞ DEFICIENCY) H 000 H 000 INITIAL COMMENTS RECEIVED DEC 17 2014 An annual survey was conducted from December 9, 2014, through December 12, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to two hundred eighty-two (282) patients and employs four hundred-fifty six (456) employees. The findings of the survey were based on observations, record reviews and interviews with patients and staff. Please Note: Listed below are abbreviations used in this report. Director of Nursing (DON) Home Health Aide (HHA) Administrator H 390 H 390 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities. 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, HHA's complete at least twelve (12) hours of continuing education or in-service training annually for five (5) of eleven (11) HHA's in the sample. (Employees' #10, #11, #12, #16, and #19) Health Regulation & Licensing Administration

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

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Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A BUILDING: _ AND PLAN OF CORRECTION 12/12/2014 **B. WING** HCA-0004 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3500 18TH STREET T & N RELIABLE NURSING CARE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX DESICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE AFT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 12/12/14 H 390 The Human Resources(HR) staff H 390 Continued From page 1 were instructed to review all home health aides files to sought out the The finding includes: July through August, 2014 in-service On December 11, 2014, starting at approximately and write the number of hours on 11:00 a.m., review of Employees' #10, #11, #12, each missing one. #16, and #19 personnel records revealed that the HHA's had attended in-service training that was See attachment #1 conducted by the agency on July 21, 2014 The HR staff, receptionist and the inthrough August 2, 2014 and on December 1, service coordinator were in-serviced 12/12/14 2014 to December 13, 2014. The in-service to ensure that the hours of each indocument dated July 21, 2014 through August 2, 2014 failed to identify the amount of hours for the service training session are written in-service. The in-service document dated on the top sheet of the in-service December 1, 2014 through December 13, 2014 package prior to printing, stated six (6) hours for the in-service. distributing to aides and filing in During an interview with the Administrator and their individual records. DON on December 11, 2014 at approximately The nurses conducting in-service 12/12/14 2:00 p.m., the Administrator stated that the were in-serviced to verify the in-service that was conducted on July 21, 2014 duration of each in-service on the through August 2, 2014, was intended to represent six (6) hours of in-service for the in-service packages prior to HHAs'. Additionally, the Administrator said that distribution at the beginning of each the agency will make the correction to the session. The Quality Assurance document immediately. (QA)Coordinator will ensure effectiveness with each quarterly QA reviews.

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