

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING	(X3) DATE SURVEY COMPLETED  03/12/2014
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NAME OF PROVIDER OR SUPPLIER  ALLIANCE HOME HEALTH CARE & EQUIPME	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 408 WASHINGTON, DC 20012
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(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from March 7, 2014, through March 12, 2014, to determine compliance with Title 22 DCMR, Chapter 38 (Home Care Agencies Regulations). The Home Care Agency provides home care services to eighty-one (81) patients and employs ninety-nine (99) employees to include professional and administrative staff. The findings of the survey were based on observations, record reviews and interviews with current patients and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Director of Nursing (DON) Home Health Aide (HHA) Physical Therapist (PT) Plan of Care (POC) Primary Physician (PMD) Signs and Symptoms (S/S) Systolic Blood Pressure (SBP)</p>	H 000		04/30/14
H 156	<p><b>3907.2(1) PERSONNEL</b></p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(l) Results of any competency testing;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include results of competency testing in the personal records for four (4) of ten (10) employees in the sample. (Employees #2, #7, #8 and #9)</p>	H 156	<p><b>3907.2(1) PERSONNEL</b></p> <p>Employee affected by deficient practice: 1). Employee #2, 7, 8, and 9 The referenced employees were contacted in regards to the identified deficiency.</p> <p>Employees understood the need to present Documents showing their inservice training and will bring them as soon as they complete the required amount of hours for the given year.</p> <p>Systemic Change:</p> <p>In addition, Alliance Home Health Care will add the inservice certificate in its software as an "employee required event status report" and run it every month to find out the if employees are compliant with the required document. Staff will be notified of the findings and requested to correct/submit the inservice certificate</p> <p>This policy will be reviewed with all new hire and will be incorporated as part of the hiring orientation. They will be notified of the need to comply with same in order to maintain continued employment with the agency.</p>	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Eske...</i>	TITLE ADMINISTRATOR	(X6) DATE 04/04/14
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H 366	Continued From page 3  During an interview with the DON on March 7, 2014, at approximately 2:45p.m., s/he indicated the POC had not been approved or signed by the patients physician.	H 366		04/30/14
H 390	<p><b>3915.6 HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure after the year of service, each aide obtained at least twelve (12) hours of continuing education or in-service training annually for three (3) of four (4) HHA's in the sample. (Employee #3, #4 and #10)</p> <p>The finding includes:</p> <p>On March 10, 2014, starting at approximately 2:00p.m., review of employee #3, #4 and #10's personnel records revealed that the HHA's only received nine (9) hours of training for 2013.</p> <p>During an interview with the administrator on March 10, 2014, at approximately 2:30p.m., the administrator indicated, they had provided the other three hours of training for the HHA's in January of this year [2014].</p>	H 390	<p><b>3915.6 HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>Employee affected by deficient practice:</p> <p>Employee #3, 4, and 10</p> <p>Alliance Home Care realizes the need for complete 12hrs in-service training for our home health aides within a year. The agency did in fact had four quarters of in-service and the last one was done in January of 2014 due to conflict of schedules.</p> <p>Going forward, the agency will conduct all the in-services within the specific year and there will not be time lapse.</p>	

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H 430	<p><b>3916.1 SKILLED SERVICES GENERALLY</b></p> <p>Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to review and evaluate skilled services provided and send a summary report to the physician at least every 62 days for one (1) of ten (10) patients in the sample. (Patients #4)</p> <p>The finding includes:</p> <p>On March 7, 2014, at approximately 12:00 p.m., review of Patient #4's POC with a documented certification period of January 22, 2014 to July 22, 2014, revealed that the skilled nurse was to perform "skilled observations of all systems during each visit, assess vital signs and notify PMD SBP less than 80 or greater than 160; respiration less than 18 or greater than 24, re-instruct on disease process and management, re-review and update medication, re-instruct on diet/ nutrition, hydration..."</p> <p>During an interview with the DON on March 7, 2014, at approximately 2:35p.m., the DON stated, "We do the evaluation but we don't send it to the physician but we will start now."</p>	H 430	<p><b>3916.1 SKILLED SERVICES GENERALLY</b></p> <p>Patients affected by the deficient</p> <p>Practice:</p> <p>Patient #4</p> <p>Alliance Home Health Care Agency acknowledges that 62 days summary was not sent to the primary care physician of the patients. Going forward, we will be sending out the 62 days summary to the physician for review.</p> <p>Systemic Change:</p> <p>The agency will maintain roster of list of patients with start of care dates and dates for the 62 days summary for them. Upon the completion of the 62 days, it will then send the summary to the appropriate physician for review.</p> <p>Quality Assurance measure:</p> <p>The Director of Nursing will review thirty (30) percent of patient files on a monthly basis to ensure the summaries are done in the patients' charts and sent out to their primary care physicians.</p>	04/30/14
H 453	<p><b>3917.2(c) SKILLED NURSING SERVICES</b></p> <p>Duties of the nurse shall include, at a minimum,</p>	H 453		

## McGee, Cindy (DOH)

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**From:** Mason, Staci (DOH)  
**Sent:** Friday, April 11, 2014 3:38 PM  
**To:** Waters, Theresa (DOH)  
**Cc:** McGee, Cindy (DOH)  
**Subject:** FW: Corrections made to the POC (Alliance)  
**Attachments:** Changes to the Plan of Corrections HRLA 2014.pdf

FYI and review. Thanks!

### **April is National 9-1-1 Education Month!**

Create a Safety Profile for your household at [Smart911.com](http://Smart911.com).  
It's free, 100% private and secure.

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**From:** Eskender Molaligne [<mailto:eskenderm@hotmail.com>]  
**Sent:** Friday, April 11, 2014 3:35 PM  
**To:** Mason, Staci (DOH)  
**Subject:** Corrections made to the POC

Good afternoon Ms. Mason,

As per conversation with Ms. Waters, I made the necessary changes on the POC that was sent on 04/04/14. I apologize for sending them in PDF format.

Please let me know if you have any question.

Thank you,

Eskender Molaligne  
Administrator