

Received 5/25/18

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FORM APPROVED

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  04/25/2018
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NAME OF PROVIDER OR SUPPLIER  ALLIANCE HOME HEALTH CARE & EQUIPMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 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
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H 000 INITIAL COMMENTS

H 000

An annual survey was conducted from 04/18/18 through 04/25/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 186 patients and employs 300 staff. The findings of the survey were based on a review of ten current patient records, 5 discharged patient records, 25 employee records, and 12 complaints. The findings were also based on five home visits, ten current patient telephone interviews, and patient/staff interviews.

05/31/18

Listed below are abbreviations used throughout the body of this report:

- DON - Director of Nursing
- HCA - Home Care Agency
- HHA - Home Health Aide
- POC - Plan of Care

H 351 3914.2 PATIENT PLAN OF CARE

H 351

The plan of care shall be approved by the patient's physician.

This Statute is not met as evidenced by:  
Based on record review and interview, the agency failed to ensure that one of ten patients plan of care was approved by the Patient's physician (Patient #6).

Findings included:

1. On 4/18/18, at 10:45 AM, review of Patient #6's clinical record revealed a POC dated 02/04/17 through 08/31/18. The POC showed a physician's order for this HCA to provide HHA

3914.2 PATIENT PLAN OF CARE

Patient affected by deficient practice:

Patient #6

Alliance acknowledges the deficient practice in that it failed to notify the primary care physician of patient#6 and obtain a physician's order indicate the change in service hour that Patient#6 is receiving.

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

*Estelma Malaligon*

ADMINISTRATOR

05/25/18

STATE FORM

8899

YRKQ11

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

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H 351	<p>Continued From page 1</p> <p>service eight hours a day, seven days a week for 12 months for personal care. Continued record review revealed that the HHA visited the patient for 11 hours a day, seven days a week beginning 02/23/18.</p> <p>The Administrator and DON were interviewed on 4/20/18 at 3:00 PM. The administrator stated that the HCA received a prior authorization from the agency responsible for authorizing care to increase the HHA hours from eight hours a day, seven days a week to 11 hours a day, seven days a week. The DON further stated that the HCA failed to obtain a physician order modifying the HHA hours on the POC.</p>	H 351	<p><b>Systemic Change:</b></p> <p>The administrator oriented the intake coordinator on the need to update the DON with any changes in the HHA hour for existing patient so that the DON can notify the primary care physician to obtain a verbal order for the new service hour.</p> <p><b>Quality Assurance:</b></p> <p>The DON will on a monthly basis review the clinical charts to ensure that the HHA hours are in alignment with the prior authorization issued to that patient.</p> <p>If any deviation from the previously issued hours exists, the DON will immediately notify the Primary Care Physician to obtain the revised order reflecting the change in the HHA hour.</p>	05/31/18