

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  05/15/2017
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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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H 000 INITIAL COMMENTS

H 000

An annual licensure survey was conducted from May 10, 2017 through May 15, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (home care agencies regulations). The home care agency provides home care services to two hundred-twenty five (225) patients and employs four hundred-thirty (430) staff. The findings of the survey were based on a review of administrative records, sixty-three (63) complaints, thirteen (13) active patient records, two (2) discharged patient records, twenty-five (25) employee records, five (5) home visits and (5) telephone interviews with patients/family and staff.

The following are abbreviations used within the body of this report:

- CPR - cardio-pulmonary resuscitation
- DON - director of nursing
- HCA - home care agency
- HHA - home health aide
- POC - plan of care
- RN - registered nurse
- SN - skilled nurse
- SOC - start of care

*Received  
6/14/17*

*06/30/17*

H 054 3903.2(c)(2) GOVERNING BODY

H 054

The governing body shall do the following:

(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:

(2) The evaluation shall include a review of all

**3903.2 (C) (2) GOVERNING BODY**

Alliance Home Health Care acknowledges the deficient practice that it lacked to present the compliant made by the patient, immediate family member and its employees to its members during the board meeting held in September of 2016.

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*E. M. M. M. M. M. M.*

*ADMINISTRATOR*

*06/19/17*

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complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.

This Statute is not met as evidenced by:  
Based on record review and interview, the HCA's governing body failed to review and evaluate all complaints made, including the nature of each complaint and the agency's response, for the one (1) of one (1) meeting held by the agency's governing body in the past twelve (12) months.

The finding includes:

On May 10, 2017, beginning at approximately 1:30 p.m., review of a complaints log book that was maintained by the agency's administrator revealed that 63 complaints were documented since the last licensure survey (completed March 4, 2016). Twelve (12) of the complaints came from either a patient or the patient's immediate family. Forty-nine (49) complaints were documented by HHAs and two (2) complaints were documented by agency nurses.

On May 11, 2017, beginning at 4:25 p.m., review of the minutes taken during the HCA's annual board of directors meeting, dated September 23, 2016, revealed the administrator informed the board that it reviewed "some grievances from the patients and in some cases from employees too." A board member then "asked if there is a systemic way to address the grievances made by the patients," to which the administrator stated "we have addressed all the issues by first contacting the affected parties and provided solutions that is followed (sic) with resolution and follow-up... Depending on the nature of the grievance, some may be resolved quickly and

The agency also acknowledges that merely stating about the compliant to the board members is not appropriate venue to come up with a better way to handle the complaints.

Going forward, the agency will make accessible to all board members all compliant logs without reservation. It will also break it down or categorize in groups the nature of the compliant for easy clarification to the board. The agency will incorporate any valuable suggestion and feedback by the members as part of a mechanism to resolve complaints in the future.

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others take some time to further investigate and come up with a solution." There was no evidence, however that the board reviewed and evaluated each individual complaint that was received by agency.

On May 12, 2017, while the issue was discussed during the exit conference, at approximately 4:30 p.m., the administrator confirmed that the governing body had discussed incidents and complaints in general terms and had not asked to review and evaluate each individual incident.

At the time of the survey, the agency failed to show evidence that the governing body reviewed and evaluated each incident and complaint, in accordance with this regulation.

**3907.2 (d) PERSONNEL**

**Employee affected by the deficient practice**

**HHA #1**

Alliance Home Health Care acknowledges that the CPR for HHA #1 is missing. This deficiency was later corrected by contacting the referenced employee and was able to obtain the missing CPR from the employee chart.

The employee was counseled the need for compliance and timely submission of the required documents before expiry date. Employee verbalized understanding that continued employment can only be secured when complying with the rules set forth by the agency.

06/30/17

H 148 3907.2(d) PERSONNEL

H 148

Each home care agency shall maintain accurate personnel records, which shall include the following information:

(d) Documentation of current CPR certification, if required;

This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to maintain accurate personnel records, which included documentation of current CPR certification, for one (1) of twenty-five (25) employees in the sample. (HHA #1).

The finding includes:

On May 11, 2017, at approximately 3:02 p.m.,

**Systemic change:**

The HR personnel responsible for obtaining required documents from employees, will generate a monthly report using the agency health care software (HHC 3000) to determine which employee's document is due for expiration.

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review of HHA #1's personnel file failed to evidence a current CPR certification.  
  
During a face-to-face interview with the DON on May 12, 2017, at approximately 3:31 p.m., it was acknowledged that the CPR certification was not in HHA #1's personnel file. Further interview revealed that the DON would contact HHA #1 to submit her current CPR certification card as soon as possible.  
  
At the time of the survey, the HCA failed to ensure that HHA #1's personnel record reflected a current CPR certification.

H 148

Although it is the responsibility of the employees to bring their documents on time, Alliance as a courtesy remind them ahead of time to produce their documents within the period of two weeks. Employees who failed to submit their documents within the specified period of time will be suspended until they comply with the request.

H 333 3913.3 COMPLAINT PROCESS  
  
The telephone number of the Home Health Hotline maintained by the Department of Health shall be posted in the home care agency's operating office in a place where it is visible to all staff and visitors.  
  
This Statute is not met as evidenced by:  
Based on observation and interview, the HCA failed to post the Department of Health's "Home Health Hotline" telephone number in its operating office in a place where it was visible to visitors.  
  
The finding includes:  
  
On May 10, 2017, at 1:30 p.m., observations in the front desk area of the agency's main office failed to show evidence that the Department of Health's hotline number was posted. This observation was immediately brought to the attention of the agency's receptionist. The receptionist stated that they did not get visitors to their office, ever. However, on May 11, 2017, at

H 333

Employee with the history of failure to submit documents on time will receive a longer suspension including up to termination of employment with the agency.

**Quality assurance measure:**  
  
In addition to generating reports to determine the expiry dates, the agency will look at an individual employee chart to ensure the documents in the charts reconcile with the documents entered as received in the HHC 3000 system. If there is any discrepancy during the verification process, the employee will be requested to produce them within two weeks period.

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11:13 a.m., review of a complaint report revealed that Patient #20's brother "came yesterday evening" to request a change of aide for the morning shift. At 11:33 a.m., interview with the HCA's staffing coordinator revealed that she recalled the brother coming to the main office and discussing his concerns. Upon request, a brief moment later, the staffing coordinator and administrator looked around the main office and acknowledged that the Department of Health's "Home Health Hotline" telephone number was not posted where it would be visible to visitors. The administrator described it as "rare" that they received visitors and that most inquiries came by telephone. At 4:25 p.m., the administrator directed the surveyor's attention to a notice that was posted in the front area of the main office, showing evidence that the Department of Health's "Home Health Hotline" telephone number was now posted where visitors could see it.

When discussed at the exit conference on May 12, 2017, at approximately 4:35 p.m., the administrator and DON acknowledged that the hotline number initially was not posted.

At the time that the survey was initiated, the HCA failed to have posted the Home Health Hotline where it would be visible to staff and visitors.

H 333

**3913.3 COMPLIANT PROCESS**

Alliance Home Health Care acknowledges that it failed to post the Home Health Hotline at the time the survey was being conducted in its facility. This deficient practice was brought to the office attention by Mr. Roland Follot a surveyor from DOH HRLA.

The agency always put the hot line number in the admission package when patients are admitted bur never posted the notice in the office. *06/30/17*

The administrator later on the same day posted the notice on a visible area and discussed the correction with Mr. Follot.

Going forward, the notice will be displayed indefinitely in the office so consumer will be informed of their rights.

H 366 3914.4 PATIENT PLAN OF CARE

Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order

H 366

**3914.4 PATIENT PLAN OF CARE**

**Background:**

After the Home Health Care Agencies were instructed by the Department of Health Care Finance (DHCF) not to

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shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.

This Statute is not met as evidenced by:  
Based on record review and interview, the HCA failed to ensure that patients' POCs were approved and signed by a physician, within thirty (30) days of the SOC, for eight (8) of thirteen (13) active patients in the sample. (Patients #3, #5, #6, #8, #9, #11, #12 and #13)

The findings include:

1. On May 10, 2017 starting at 11:50 a.m., review of Patient #3's clinical record revealed a POC with a SOC of December 8, 2016, and a certification period from December 8, 2016 through November 17, 2017. The POC was signed by the physician on February 22, 2017, seventy-six (76) days after the certification period began.
2. On May 10, 2017 starting at 12:46 p.m., review of Patient #5's clinical record revealed a POC with a SOC of May 23, 2014, and a certification period from November 23, 2016 through August 22, 2017. The POC failed to evidence a physician's signature.
3. On May 10, 2017 starting at 2:30 p.m., review of Patient #6's clinical record revealed a POC with a SOC of October 26, 2009, and a certification period from April 26, 2016 through May 31, 2017. The POC failed to evidence a physician's signature.
4. On May 10, 2017 starting at 12:46 p.m., review of Patient #8's clinical record revealed a POC

H 366

directly admit Medicaid patients, Delmarva Foundation which contracted out with DC government started processing the admission of patients and assigning them to different home care agencies based on the choice the beneficiary makes. During this time, Delmarva sends out a Prescription Order Form (Please see attachment #1) to the patients' primary care physician which is similar in function to the existing plan of care (485). In addition, if the patient is EPD waiver client the form 1728 (level of care) is also sent to the patient primary care physician. This process caused a lot of confusion to physician while asked to sign a plan of care which is somewhat creating redundancy and causing doctors to be reluctant to sign the Plan of Care.

In addressing this concern among others, DHCF finally issued a transmittal # 15 - 44 on November 6, 2015 which states that the Plan of Care needs to be signed only once when the patient is initially admitted to the home care agency and thereafter, it is not required to be signed.

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with a SOC of May 8, 2014, and a certification period from May 8, 2016 through August 4, 2017. The POC failed to evidence a physician's signature.

5. On May 11, 2017 starting at 12:24 p.m., review of Patient #9's clinical record revealed a POC with a SOC of April 7, 2017, and a certification period from April 7, 2017 through June 5, 2017. The POC failed to evidence a physician's signature.

6. On May 11, 2017 starting at 2:09 p.m., review of Patient #11's clinical record revealed a POC with a SOC of April 22, 2014, and a certification period from October 22, 2016 through May 30, 2017. The POC failed to evidence a physician's signature.

7. On May 11, 2017 starting at 2:19 p.m., review of Patient #12's clinical record revealed a POC with a SOC of March 16, 2017, and a certification period from March 16, 2017 through May 14, 2017. The POC was signed by the physician on May 2, 2017, forty-seven (47) days after the certification period began.

8. On May 11, 2017 starting at 2:47 p.m., review of Patient #13's clinical record revealed a POC with a SOC of December 7, 2016, and a certification period from December 7, 2016 through December 7, 2017. The POC was signed by the physician on January 9, 2017, forty-seven (47) days after the certification period began.

Interview with the DON on May 10, 2017, at 3:00 p.m., revealed that the agency received notification that they no longer needed a signature on the patient's POC for recertification of services. The DON further stated that, since

Please see attachment #2 transmittal# 15-44 (4) issued by DHCF under the subject:

Notice of Emergency and Proposed Rule for Medicaid Reimbursement for Personal Care Aide Services.

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receiving the notification, the agency only required the patient's physician to sign the original order for home care services.

On May 10, 2017, at 3:29 p.m., the DON presented to the surveyor a transmittal from another government agency, dated November 6, 2015. The transmittal documented that there was a proposed rule that would potentially eliminate the need to have the patient's physician sign POCs subsequent to the initial order.

At the time of this survey, the agency failed to ensure that the patients' (#3, #5, #6, #8, #9, #11, #12 and #13) POCs were approved and signed by a physician, within 30 days of the SOC.

H 366

**3915.11 (d) HOME HEALTH AIDE & PERSONAL CARE AIDE SERVICE**

**Patient affected by the deficient practice:**

**Patient #17**

Alliance Home Health Care acknowledges the deficient practice in that the Personal Care Aide put eye drops in the above reference patient's eye.

06/30/17

**H 409** 3915.11(d) HOME HEALTH & PERSONAL CARE AIDE SERVICE

H 409

Home health aide duties may include the following:

(d) Assisting the patient with self-administration of medication;

This Statute is not met as evidenced by: Based on interview, the HCA failed to ensure that the HHA only assisted the patient with the self-administration of medications, for one (1) of ten (10) patients interviewed in the home or by telephone. (Patient #17)

Alliance Home Care Agency is aware that this practice is not within the scope of duties of a personal care aide/home health aide.

The involved staff was contacted and a one on one training was performed about the role of Personal Care Aide/ Home Health Aide while assisting the patient with self-administered medication. The staff also verbalized understanding and signed attestation that he received the training.

**Please see attachment# 3**

The finding includes:

During a telephone interview on May 15, 2017, at 2:07 p.m., Patient #17 indicated that he/she



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self-administered his/her medications. However, when asked if he/she received any assistance from the HHA (HHA #3), Patient #17 replied "yes, she helps with eye drops... She puts the eye drops in my eyes." When asked what do you (Patient #17) do during the process, he/she paused briefly then indicated that he/she tried to keep his/her eye open.

During a telephone interview on May 15, 2017, at 3:24 p.m., the facility's DON stated that HHAs were "told not to do that, not to give medications" during their orientation training. According to the DON, HHA #3 was hired on January 14, 2015. Further discussion revealed the HCA had not established a written policy regarding the extent to which HHAs may assist a patient with his or her medications.

At the time of the survey, the HCA failed to ensure that the HHA assisted Patient #17 only with self-administration of medications.

**H 409**

**Systemic change:**

The agency Registered Nurses (RNs) while doing supervisory visits to their patients, will on a regular basis address and reinforce to both patients and Personal Care Aides the importance of assisting with self-administered medication and the degree to which it is applied by the Personal Care Aide/Home Health Aide within their scope of duties.

More emphasis on assisting with self-administered medication will be give upon hiring new employees and they all will be notified on the need to comply so they can maintain continued employment with the agency.

06/30/17

**H 453** 3917.2(c) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the following:

(c) Ensuring that patient needs are met in accordance with the plan of care;

This Statute is not met as evidenced by:  
Based on record review and interview, it was determined that SN failed to ensure that the patient's needs were met in accordance with their POC for two (2) of thirteen (13) active patients in the sample. (Patients #4 and #7)

**H 453**

**Quality Assurance Measure:**

On a monthly basis, the Director of Nursing reviews at least 50% of the charts focusing mainly on the supervisor nursing notes to ensure the RN addressed the issue of self-administered medication.

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The findings include:

1. On May 10, 2017, at 12:34 p.m., review of Patient #4's clinical record revealed a POC with a SOC of January 11, 2017, and a certification period from January 11, 2017 through January 10, 2018. The POC indicated that the patient had diagnoses of diabetes, depression, and hypertension. According to the POC, the SN was to visit the patient every 1-2 months for skilled assessment, patient and caregiver teaching, and HHA supervision.

On May 10, 2017, at 12:39 p.m., further review of Patient #4's clinical chart revealed nursing clinical notes for the SN's visits. At the time of review, the record lacked documented evidence that the SN made a visit to the patient since January 11, 2017.

2. On May 10, 2017, at 3:47 p.m., review of Patient #7's clinical record revealed a POC with a SOC of March 20, 2014, and a certification period from March 20, 2017 through May 3, 2018. The POC indicated that the patient had diagnoses of diabetes, asthma, and hypertension. According to the POC, the SN was to visit the patient every 1-2 months for skilled assessment, patient and caregiver teaching, and HHA supervision.

On May 10, 2017, at 4:01 p.m., further review of Patient #7's clinical chart revealed nursing clinical notes for the SN's visits. At the time of review, the record lacked documented evidence that the SN made a visit to the patient since February 22, 2017.

On May 10, 2017, at 3:00 p.m., interview with the DON stated that the nurse attempted to do a visit with Patient #4 on March 24, 2017, but the patient

H 453

Employees who fails consistently to properly address this issue will be suspended or terminated from practicing skilled nursing with Alliance Home Health Care Agency.  
**Date of In-service:**

All employees will receive an in service/training on assisting with self-administered medication and materials for future reference will be provided to them.

The signed attestation for receiving the training will be kept with the agency.

**3917.2 (c) SKILLED NURSING SERVICES**

**Patients affected by the deficient practice**

**Patient #4 and #7**

Alliance Home Health Care acknowledges the deficiency in that it failed to perform the nursing supervisory visit to patient #4 and #7 at a minimum once every 60 days.

06/30/17

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  05/15/2017
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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 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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was not available. She further stated that an aide was with the patient everyday however, the patient had many appointments outside of the home, and was not always available for the nurse to visit. Additionally, the nurse would attempt to see the patient as soon as possible this month.

On May 11, 2017, at 1:24 p.m., interview with the agency's DON revealed that the SN performed at least (2) skilled visits with Patient #7. The DON stated that she would try to reach the nurse to retrieve the visit notes. No further information was provided before the survey ended on May 15, 2017.

At the time of the survey, the agency failed to ensure that SN provided services in accordance with the patients' (#4 and #7) POC.

The involved parties were contacted and they acknowledged the deficiency. A one on one counseling was done to ensure that in the future the supervisory visits is performed as outlined by DC Medicaid regulations.

**Systemic change:**

The agency designates a staff who generates a report on a monthly basis to determine the visit frequency conducted to each patient that it serves. The report will enable to identify which patient's needs to have a visit within that specified period of time which is 60 days at the minimum.

The involved nurse is usually responsible to complete the visit without being reminded by the office. However, the agency report will give an added control mechanism so patients get the nursing visits within the specified time frame.

06/30/17

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**Quality Assurance Measure:**

On a monthly basis, the Director of Nursing (DON) reviews at least 50% of the charts focusing mainly on the supervisor nursing notes to ensure the RNs conducted the visits within the specified time frame.

Employees who fail to complete the supervisory visit accordingly, will be contacted and counseled by the DON and/or Administrator. Continuous failure to follow the visit guidelines, will be a ground for suspension from duty and in some cases may lead to termination.

**Date of In-service:**

By the end of June 2017, all employee conducting supervisory nursing visits will receive an in-service in regards to appropriate visit standards and its importance to providing a quality patient care.

06/30/17