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7/26/17*

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FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/20/2017
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NAME OF PROVIDER OR SUPPLIER HSC HOME HEALTH CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1731 BUNKER HILL ROAD, NE WASHINGTON, DC 20017
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H 000	INITIAL COMMENTS An annual survey was conducted from June 19, 2017, through June 20, 2017, to determine compliance with Title 228 DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to eighty-three (83) patients and employs one hundred seventy-three (173) staff. The findings of the survey were based on a review of administrative records, (1) complaint, six (6) active patient records, two (2) discharged patient records, fifteen (15) employee records, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff. The following are abbreviations used within the body of this report: COO - Chief Operating Officer HCA- Home Care Agency OT - Occupational Therapy PT - Physical Therapy POC - Plan of Care TS - Therapeutic Speech	H 000		
H 123	3906.1(d) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports; This Statute is not met as evidenced by:	H 123	H 123; 3906.1(d) CONTRACTOR AGREEMENTS The procedure for submitting clinical and progress notes was included in the Pediatric Center contract for OT, PT, and ST services A meeting to review regulatory requirements related to contractor agreements was held with the Director of Clinical Services (DCS) and Director Project Management (DPM) on July 19, 2017 by the Chief Operating Officer (COO). The DPM and Clinical Quality Analyst (CQA) met with the Health Administration Manager (HAM) on July 21,	July 25, 2017 July 21, 2017

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

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TITLE

7/26/2017
(X6) DATE

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H 123	<p>Continued From page 1</p> <p>Based on interview and record review, the HCA failed to include the procedure for submitting clinical and progress notes in its contractor agreement for one (1) of one (1) contractor agreements in the sample. (Consultants #11 and #14)</p> <p>The findings include:</p> <p>On June 19, 2017, at 12:44 p.m., interview with the COO/Administrator revealed that the HCA has a contract with their pediatric center for OT, PT, and TS services, however, at the time of the survey, patients were only receiving OT and TS services.</p> <p>At 3:50p.m., review of the contract agreements for Consultants #11 and #14 revealed no documented evidence of a procedure for submitting clinical and progress notes in the contract. On June 20, 2017, at 4:15p.m., an interview with the COO/Administrator verified that the procedure for submitting clinical and progress notes was not included in the contract. She further stated that the contractors had been informed that the notes should be entered in an electronic health record within twenty-four (24) hours of the visit. She also indicated that they would make an addendum to the contract to include the procedure for submitting clinical and progress notes, periodic patient evaluations, scheduling of visits and other designated reports.</p> <p>At the time of the survey, the HCA failed to include in their contract the agency's procedure for submitting any reports for Consultants #11 and #14.</p>	H 123	<p>Continued From page 1</p> <p>2017 to develop an audit tool to be used by the HAM on all new contracts for home care services to ensure the required components of agency contracts meet the standard set forth in the Statute 3906.1 (d) which includes the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports. The tool will be presented to the HSC Home Care leadership team. Upon approval, the tool will be immediately used and data will be presented the Quality/Compliance Advisory Council on a quarterly basis.</p> <p>The CQA developed a quality indicator to support the review of every contractor agreement for home care services inclusive of all aspects of the statute. The quality indicator with the established bench mark of 100% compliance will apply to each contract for home care services inclusive of the one (1) current contract that was revised and effective July 25, 2017. Audit findings will be reported on a quarterly basis to the Quality and Compliance Advisory Council as well as the Governing Body until the agency has achieved 100% compliance for four (4) consecutive quarters. If there are no contract areas executed during the quarter, the minutes will reflect no new contracts available to review.</p> <p>All effective contractor contracts were reviewed to support full compliance. All effective contractor contracts are 100% compliant.</p>	July 25, 2017

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H 355	Continued From page 2	H 355	Continued From page 2	
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the POC identified a description of the services to be provided including medication administration and the dosage for one (1) of six (6) active patients in the sample. (Patient #5) The finding includes: On June 19, 2017, at 2:00p.m., review of Patient #5's clinical record revealed a POC with a certification date of May 23, 2017, through July 21, 2017. The POC revealed that the patient had a diagnosis of moderate developmental delay. Further review of the POC revealed a physician's order for physical therapy one (1) time a week for nine (9) weeks for therapeutic exercises, but failed to provide a description of the exercises and the medication administration as well as dosage. On June 19, 2017, at 3:30p.m., interview with the clinical director confirmed that the physical therapist failed to complete the POC to include a description of the services to be provided and whether the patient was receiving any medication as well as dosage. The clinical director further	H 355	H 355; 3914.3(d) PATIENT PLAN OF CARE The POC with a certification date of May 23, 2017 through July 21, 2017 for patient #5 was revised and signed by the physician to include a description of the services to be provided including medication administration and the dosage. The Director of Clinical Services (DCS) held a meeting with the therapy supervisor on June 23, 2017 to discuss Plan of Care requirements and detail treatment interventions to support care provided to the client and medically necessary services inclusive of description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies. In-service will be held for all therapists on July 28, 2017 on expected documentation on the plan of care regarding services to be provided including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies. As of July 24, 2017, the Clinical Quality Analyst (CQA) will perform a quarterly audit of 100% of active therapy records to determine POC's compliance levels with required elements of documentation. Audit findings will be reported on a quarterly basis to the Quality and Compliance Advisory Council as well as the Governing Body until the agency has achieved 100% compliance for four (4) consecutive	June 22, 2017 June 23, 2017 July 28, 2017 July 24, 2017

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<p>H 355</p>	<p>Continued From page 3 stated that a new POC will be created to include the above mentioned missing information, and will be sent to the physician for signature. At the time of the survey the agency failed to include a description of the services to be provided and whether the patient was receiving any medication, as well as dosage, in the patient's POC.</p>	<p>H 355</p>	<p>Continued From page 3 quarters.100% of active therapy Plans of Care (PT, OT, ST) reviewed on 7/24/2017 contained required elements of documentation including: services to be provided – the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies.</p>	
<p>H 360</p>	<p>3914.3(i) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Activities permitted or precluded because of functional limitations; This Statute is not met as evidenced by: Based on record review and interview the HCA failed to ensure the POC identified the functional limitations for one (1) of six (6) active patients in the sample. (Patient #5) The finding includes: On June 19, 2017, at 2:00p.m., review of Patient #S's clinical record revealed a POC with a certification date of May 23, 2017, through July 21, 2017. The POC revealed that the patient had a diagnosis of moderate developmental delay. Further review of the POC failed to identify the patient's functional limitations. On June 19, 2017, at 3:30p.m., interview with the clinical director confirmed that the physical therapist failed to document the patient's functional limitations on the POC. The clinical director further stated that a new POC will be</p>	<p>H 360</p>	<p>H360; 3914.3(i) PATIENT PLAN OF CARE The POC with a certification date of May 23, 2017 through July 21, 2017 for patient #5 was revised and signed by the physician to include functional limitations. The Director of Clinical Services (DCS) held a meeting with the therapy supervisor on June 23, 2017 to discuss Plan of Care requirements and detail treatment interventions to support care and medically necessary services inclusive of functional limitations. An in-service will be held for all therapists on July 28, 2017 on expected documentation on the plan of care including a description of functional limitations. As of July 24, 2017, the Clinical Quality Analyst (CQA) will perform quarterly audits of 100%, of active therapy records to determine POC documentation compliance levels, i.e. all required elements of documentation. Audit findings will be reported on a quarterly basis to the Quality and Compliance Advisory Council as well as the Governing Body until the agency has achieved 100% compliance for four (4) consecutive quarters.</p>	<p>June 22, 2017 June 23, 2017 July 28, 2017 July 24, 2017</p>

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H 360	Continued From page 4 created to include functional limitations and will be sent to the physician for signature. At the time of the survey the agency failed to include the patient's functional limitations in the POC.	H 360	Continued From page 4 100% of active therapy Plans of Care (PT, OT, ST) reviewed on 7/24/2017 contained required elements of documentation including functional limitations.	July 24, 2017
H 363	3914.3(1) PATIENT PLAN OF CARE The plan of care shall include the following: (I) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the POC identified the employees in charge of managing emergency situations for one (1) of six (6) active patients in the sample. (Patient #5) The finding includes: On June 19, 2017, at 2:00p.m., review of Patient #5's clinical record revealed a POC with a certification date of May 23, 2017, through July 21, 2017. The POC revealed that the patient had a diagnosis of moderate developmental delay. Further review of the POC failed to identify the employees in charge of managing emergency situations. On June 19, 2017, at 3:30p.m., interview with the clinical director confirmed that the physical therapist failed to document the employees in charge of managing emergency situations on the POC. The clinical director further stated that a new POC will be created to include the	H 363	H 363; 3914.3(1) PATIENT PLAN OF CARE The POC with a certification date of May 23, 2017 through July 21, 2017 for patient #5 was revised and signed by the physician to include employee(s) in charge of managing emergency situations. The Director of Clinical Services (DCS) held a meeting with the therapy supervisor on June 23, 2017 to discuss Plan of Care requirements and detail treatment interventions to support care and medically necessary services inclusive of employee(s) in charge of managing emergency situations. An in-service will be held for all therapists on July 28, 2017 on expected documentation on the plan of care including employee(s) in charge of managing emergency situations. As of July 24, 2017, the Clinical Quality Analyst (CQA) will perform quarterly audits of 100%, of active therapy records to determine POC documentation compliance levels, i.e. all required elements of documentation. Audit findings will be reported on a quarterly basis to the Quality and Compliance Advisory Council as well as the Governing Body until the agency has achieved 100% compliance for four (4)	June 22, 2017 June 23, 2017 July 28, 2017 July 24, 2017

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H 363	Continued From page 5 employees in charge of managing emergency situations and will be sent to the physician for signature. At the time of the survey the agency failed to identify the employees in charge of managing emergency in the POC.	H 363	Continued from page 5 consecutive quarters. 100% of active therapy Plans of Care (PT, OT, ST) reviewed on 7/24/2017 contained all required elements of documentation including the employees in charge of managing emergency situations.	July 24, 2017
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following : (m) Emergency protocols;and... This Statute is not met as evidenced by: Based on record review and interview the HCA failed to ensure the POC identified the agency's emergency protocol for one (1) of six (6) active patients in the sample. (Patient #5) The finding includes: On June 19, 2017, at 2:00p.m., review of Patient #5's clinical record revealed a POC with a certification date of May 23, 2017, through July 21, 2017. The POC revealed that the patient had a diagnosis of moderate developmental delay. Further review of the POC failed to identify the agency's emergency protocol. On June 19, 2017, at 3:30p.m., interview with the clinical director confirmed that the physical therapist failed to document the agency's	H 364	H 364; 3914.3(m) PATIENT PLAN OF CARE The POC with a certification date of May 23, 2017 through July 21, 2017 for patient #5 was revised and signed by the physician to include the agency's emergency protocols. The Director of Clinical Services (DCS) held a meeting with the therapy supervisor on June 23, 2017 to discuss Plan of Care requirements and detail treatment interventions to support care and medically necessary services inclusive of the agency's emergency protocols. An in-service will be held for all therapists on July 28, 2017 on expected documentation on the plan of care including the agency's emergency protocols. As of July 24, 2017, the Clinical Quality Analyst (CQA) will perform quarterly audits of 100% of active therapy records to	June 22, 2017 June 23, 2017 July 28, 2017 July 24, 2017

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H 364	<p>Continued From page 6</p> <p>emergency protocol on the POC. The clinical director further stated that a new POC will be created to include the agency's emergency protocol and will be sent to the physician for signature.</p> <p>At the time of the survey the agency failed to include emergency protocols in the POC.</p>	H 364	<p>Continued from page 6</p> <p>determine POC documentation compliance levels, i.e. all required elements of documentation. Audit findings will be reported on a quarterly basis to the Quality and Compliance Advisory Council as well as the Governing Body until the agency has achieved 100% compliance for four (4) consecutive quarters.</p> <p>100% of active therapy Plans of Care (PT, OT, ST) reviewed on 7/24/2017 contained all required elements of documentation including the agency's emergency protocols.</p>	July 24, 2017

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