STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HCA-0026 03/26/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 Human Touch Home Health has reviewed the 04/12/2015 Licensure Survey Report dated April 2, 2015 and all records and results of the home visits An annual survey was conducted from March 24. conducted during the Licensure Survey for 2015 through March 26, 2015, to determine March 24-26, 2015. compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provided home care services to three hundred and thirty-one (331) patients and employed five hundred and eighteen (518) 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 Care Agency - HCA Personal Care Aide - PCA Plan of Care - POC Registered Nurse - RN Start of Care - SOC 04/12/2015 H 355, 3914.3(d) PATIENT PLAN OF CARE H 355 H 355 3914.3(d) Patients Plan of Care The plan of care will include the following: (d) a description of the services to be provided including: the The plan of care shall include the following: frequency, amount, and expected duration; dietary requirements; medication administration, including (d) A description of the services to be provided, dosage; equipment; and supplies. including: the frequency, amount, and expected Finding: The HCA failed to include the description of services to be provided including: frequency and duration; dietary requirements; medication expected duration on the POC. administration, including dosage; equipment; and 1. Corrective Actions. Policy No. 2-019 Physician supplies; Participation in the Plan of Care states: Physician (or other authorized licensed independent practitioner) orders will be individualized, based on patient's needs, and include: a. Treatments and/or procedures needed, including type, frequency, duration, and goals an in-service training was This Statute is not met as evidenced by: conducted on 4/10/15 related to completeness of orders Based on a record review and interview, the HCA to include frequency, duration and specific orders for all failed to include the description of services to be services. provided, including: frequency and expected Verbal/supplemental orders have been written to clarify duration on the POC's for one (1) of fifteen (15) the specific orders for the HHA. patients in the sample. (Patient #3) Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

resident

If continuation sheet 1 of 8

917211

Health Regulation & Licensing Administration

STATE FORM

Health	Regulation & Licensing	g Administration				
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPF IDENTIFICATION					E SURVEY PLETED
HCA-0026			B. WING		03/	26/2015
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY	, STATE, ZIP CODE		
HUMAN	TOUCH HOME HEALT	H CARE AGENCE	STREET, I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
Н 355	a.m., review of Patie certification period of May 9, 2015, failed duration of the PCA During a telephone at approximately 1:0	e: ent #3's POC with a of March 11, 2015 through to evidence the expected	H 355	2. Identifying similar deficiencies. All active path have been reviewed for similar deficiencies and verbal/supplemental orders have been written to specific orders for the HHA if missing in the plan 3. Quality Assurance Program. The DON and/or manager will review the plan of care for complet orders, making sure they include frequency, durspecific orders, prior to signing the 485. 4. Monitoring Corrective Actions. Weekly chart conducted on all active patient records to assure completeness of orders in each record. Should a comply with the requirements the DON and Adn be notified immediately and the individual will be disciplinary action. Patient #3 has a verbal order written for the PCA duration of services.	o clarify the of care. clinical eness of ation and audits will be the clinician not hinistrator will e subject to	
	by a physician within of care; provided, he personal care aide sapproved and signed registered nurse. If a revised by a telepho shall be immediately shall be signed by the days. This Statute is not in Based on record reversalled to ensure that approved and signed (30) days of the SOO patients in the sample The finding includes: 1. On March 25, 201 a.m., review of Patients	hall be approved and signed thirty (30) days of the start owever, that a plan of care for ervices only may be do by an advanced practice a plan of care is initiated or the order, the telephone order reduced to writing, and it e physician within thirty (30) the tas evidenced by: iew and interview, the HCA patients POC's were do by a physician within thirty control of the patients for two (2) of fifteen (15) e. (Patients #7 and #8)	H 366	H 366 3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by within thirty (30) days of the start of care; provided, however, that a plan of care fo care aide services only may be approved and sign advanced practice registered nurse. If a plan of care or revised by a telephone order, the telephone or immediately reduced to writing, and it shall be sign physician within thirty (30) days. Finding: The HCA failed to ensure the patients PCA approved and signed by a physician within thirty. 1. Corrective Actions. All delinquent 485's have by the doctor. A stricter Policy and Procedure (PSA "Physician's Verbal orders / Plan of Treatment Sign been enforced. Per the PSAP, the DON/Clinical Manotified of any 485 not signed and returned within daily phone call will be placed to the physician sign within 21 calendar days, after 5 consecutive days office, will be referred to the DON for follow up are of compliance. 2. Identifying similar deficiencies. All patient rebeen reviewed to identify similar problems and a laggressive approach has been implemented to assof the 485 in a timely manner. Any 485 not signed returned within 14 days, a daily phone call will be the physician until receipt. Any 485 not received by physician signed and dated within 21 calendar day consecutive days of calling the office, will be refered DON for follow up and assurance of compliance	personal ed by an re is initiated der shall be ned by the OC's were days of SOC. been signed der) for nature" has nager is to be n 14 days, a id receipt. ed and dated of calling the id assurance cords have more ure signature and placed to ack from the s, after 5	04/12/2015

Health	Regulation & Licensin	g Administration	_		TORWAFFROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED		
		A. BUILDING.			
		HCA-0026	B. WING _		03/26/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY	, STATE, ZIP CODE	
HUMAN	TOUCH HOME HEALT		I STREET, I GTON, DC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
H 366	Continued From page	ge 2	H 366	3. Quality Assurance Program. The DON and/or cl	linical
	2015. This was fifty-SOC. During an interview 2014, starting at app DON stated that the because it was diffic	the physician March 21, nine (59) days after the with the DON on March 25, proximately 10:30 a.m., the POC was not signed sult getting in touch with the		manager will conduct weekly meetings with the 485 specialist to determine further actions needed for 48 signed within 21 days. 4. Monitoring Corrective Actions. Bi-weekly chart will be conducted on 50% of active patient records b Nurse for compliance with this policy. The chart audi tracking tool will be utilized to monitor the level of compliance. The results will be reported at monthly quarterly meetings with the DON, QI officer and Seni Management Team. Patient #7 Plan of Care signed and in patient file	audits by the QA it and ior
	a.m., review of Patie #8's record revealed February 24, 2015. The approval by and sign During an interview of March 25, 2014, start a.m., the administrative	a POC with a SOC date of The POC failed to evidence		Patient #8 Plan of Care is now signed and in patient fi	le -
	have the POC signed	d. Further interview revealed sician was out of the office		H 409 3915.11(d) HOME HEALTH & PERSONAL CARE	
H 409	AIDE SERVICE	EALTH & PERSONAL CARE	H 409	Home health aide duties may include the following: (d assisting the patient with self-administration of medical Finding: The HCA failed to ensure that the home health	04/12/2015) ation
	Home health aide du following:	ties may include the		only assisted in self-administration of medications. 1. Corrective Actions. The PCA has been reprimanded/counseled on duties of aide and that taki medications out of the bottle and giving to patient to the second self-administration.	ing
	medication;	ent with self-administration of		not allowed. The family and caregivers have been instr that the PCA is not allowed to administer medications patient. A pill box must be filled by the family with appropriate medications if the PCA is to remind the pat to take medications. The Personal Care Aide Job Descr states: "The personal care assistant will not function in	ructed to the tient ription
	determined that the h	et as evidenced by: and record review, it was ome care agency failed to health aide only assisted in		manner viewed as the practice of nursing according to State's Nurse Practice Act. Specifically, the personal ca assistant will not administer medications" The Waive PCA Supervisory Visit Form has been modified to includ questions specifically about how the patient takes their medications.	re er- le

PRINTED: 04/01/2015 FORM APPROVED

	Regulation & Licensi		,		WIAFFROVEL
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026		(X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 03/26/2015	
HUMAN	TOUCH HOME HEAL	IN CARE AGENC	STREET, N STON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 409	the self administrat of the five (5) patier visits. (Patient #1) The finding include: During a home visit 2015, at 11:53 a.m. conducted with HHz #1 revealed that Hrout the bottle and a him/her. At approximated that he should medications to the phouse" asked him to medications. Interview with the ac 2015, at approximate HHA's are not a	ion of medications, for one (1) nts observed during homes	H 409	2. Identifying similar deficiencies. All supervisory visits completed after April 10th will include questions specifically about how the patient takes their medications. "Does the patient use a medication/pill box? Yes or no; how does the patient take their medications? Patient takes independently aide reminds patient to take, aide administers medication, other" 3. Quality Assurance Program. The DON/Clinical Manager will review the Waiver-PCA Supervisory Visit Form, when the nurse turns it in, for completeness. Any incomplet documentation will not be accepted and returned to the nurse for immediate correction. Any answers of "the PCA Administers Medication" will result in disciplinary action for the PCA. 4. Monitoring Corrective Actions. Bi-weekly chart audits will be conducted on 50% of active patient records by the QANURSE for compliance with this policy. The chart audit tracking tool will be utilized to monitor the level of compliance. The results will be reported at monthly and quarterly meetings with the DON, QI officer and Senior Management Team. Patient #1 family and caregivers have been instructed that the PCA is not allowed to administer medications to the patient. A pill box must be filled by the family with appropriate medications. Employee #5 has been reprimanded/counseled on duties of aide and that taking medications out of the bottle and giving to patient to take is not allowed.	e
	Each home care age evaluate the skilled patient at least even days. A summary resent to the patient's This Statute is not researched to have documented to have documented evaluations of the patients at least extent a summary reported.	ency shall review and services provided to each y sixty-two (62) calendar port of the evaluation shall be physician. met as evidenced by: riew and interview, the HCA nented evidence of reviews he skilled services provided very sixty-two (62) days and ort of the evaluation was sent ician for three (3) of fifteen	H 430	H 430 3916.1 SKILLED SERVICES GENERALLY 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. Finding: The HCA failed to have documented evidence of reviews and evaluations of the skilled services provided to patients at least every 62 days and that a summary of the report was sent to the physician. 1. Corrective Actions. Policy No. 2-037 60-Day Summary states: A 60-day summary will be completed for each patient at the end of the episode when the patient will be recertified. The summary will be forwarded to all physicians involved in the patient's care. An in-service training was conducted on 4/10/15 related to completing the 60 day summary.	04/12/2015

PRINTED: 04/01/2015 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER HUMAN TOUCH HOME HEALTH CARE AGENC (X4) ID PREFIX TAG STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW WASHINGTON, DC 20001 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW WASHINGTON, DC 20001 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMIT TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STATEME	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
HUMAN TOUCH HOME HEALTH CARE AGENC 1416 9TH STREET, NW WASHINGTON, DC 20001 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COME CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NAME 05	COOLINGS OF SUPPLIED			OTATE 212 0005] 03/2	20/2015
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) WASHINGTON, DC 20001 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMING CROSS-REFERENCED TO THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE APPROPRI	NAME OF	PROVIDER OR SUPPLIER					
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMING TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	HUMAN	TOUCH HOME HEALT	IN LARP AGENL				
	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
2. Identifying similar deficiencies. All active patient (15) patients in the sample. (Patient #6, #7, and #9) The findings include: 1. On March 24, 2015, starting at approximately 3:00 p.m., a review of Patient #6's record revealed a POC with a certification period of October 29, 2014 through April 27, 2015. The POC documented that the skilled nurse was to provide service every 30 days to conduct "skilled assessment and evaluation of systems" Review of the patient's record failed to provide evidence that the agency evaluated the patient's skilled nursing services at least every 62 days and reported it to the patient's physician. During a face-to-face interview, on March 24, 2015, starting at approximately 3:30 p.m., the DON indicated that Patient #6 was receiving PCA services and not considered a "skilled patient". 2. On March 25, 2015, starting at approximately 11:45 a.m., a review of Patient #7's record revealed a POC with a certification period of January 13, 2015 through July 11, 2015. The POC documented that the skilled nurse was to provide skilled saressment and evaluation of systems". **Review of the patient's record failed to evidence that the agency evaluated the patient's skilled nursing services are ceiving PCA services and not considered a "skilled patient". 2. On March 25, 2015, starting at approximately 11:45 a.m., a review of Patient #7's record revealed a POC with a certification period of January 13, 2015 through July 11, 2015. The POC documented that the skilled nursing services at least every 62 days and reported it to the patient's record failed to evidence that the agency evaluated the patient's skilled nursing services at least every 62 days and reported it to the patient's record failed to evidence that the agency evaluated the patient's skilled nursing services at least every 62 days and reported it to the patient's record failed to evidence that the agency evaluated the patient's skilled nursing services at least every 62 days and reported that Patient #7's record failed to		(15) patients in the #9) The findings included 1. On March 24, 20 3:00 p.m., a review revealed a POC with October 29, 2014 th POC documented the provide service every assessment and every revidence that the against and reported it to the During a face-to-face 2015, starting at app DON indicated that it services and not correctly an areview revealed a POC with January 13, 2015 the POC documented the provide skilled assessment systems" Review to evidence that the patient's skilled nursidays and reported it During a face-to-face 2015, starting at app DON indicated that PCA services with or	sample. (Patient #6, #7, and estable) 15, starting at approximately of Patient #6's record in a certification period of trough April 27, 2015. The nat the skilled nurse was to make a conduct "skilled aluation of systems". In the second failed to provide gency evaluated the patient's ces at least every 62 days a patient's physician. The interview, on March 24, proximately 3:30 p.m., the Patient #6 was receiving PCA in a certification period of the patient #7's record in a certification period of the skilled nurse was to be every 30 days to conduct and evaluation of the patient's record failed agency evaluated the ing services at least every 62 to the patient's physician. The patient #7 had been recieving all the patient #7 had been recieving all the patient with the patien	H 430	records have been reviewed for similar deficie supervisory nurses have been instructed to co day summaries upon the next monthly superv The Plan of Care Specialist has been instructed every 60 day summary to the MD. 3. Quality Assurance Program. The DON/Clinic will review the 60 Day Summary form, when the turns it in, for completeness. Any incomplete documentation will not be accepted and return nurse for immediate correction. 4. Monitoring Corrective Actions. Bi-weekly chewill be conducted on 50% of active patient reconstruction will be conducted on 50% of active patient reconstruction will be utilized to monitor the levent compliance. The results will be reported at monitor the levent compliance. The results will be reported at monitor the levent management Team. Patient #6 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #7 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent to the Patient #9 now has a review and evaluation of set provided and the 60 day summary was sent	encies and implete 60 isory visit. If to send call Manager the nurse ned to the interest audits ords by the chart audit el of onthly and d Senior rvices e physician. rvices e physician. rvices	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: HCA-0026 03/26/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG **DEFICIENCY**) H 430 Continued From page 5 H 430 On March 25, 2015, starting at approximately 1:40 p.m., a review of Patient #9's record revealed a POC, with a certification period of October 15, 2014 through April 13, 2015. The POC documented that the skilled nurse was to provide skilled service every 30 days to conduct "skilled assessment and evaluation of systems...". Review of the patient's record failed to evidence that the agency evaluated the patient's skilled nursing services at least every 62 days and reported it to the patient's physician. During a face-to-face interview, on March 25, 2015, starting at approximately 2:00 p.m., the DON indicated that Patient #9 was recieving PCA services, and not considered a "skilled patient". H 453 3917.2(c) SKILLED NURSING SERVICES H 453 H 453 3917.2(c) SKILLED NURSING SERVICES 04/12/2015 Duties of the nurse shall include, at a minimum, the Duties of the nurse shall include, at a minimum, following: (c) Ensuring that patient needs are met in the following: accordance with the plan of care Finding: The skilled nurse failed to ensure that the patients' needs were met in accordance with their POC. (c) Ensuring that patient needs are met in 1. Corrective Actions. Policy No. 2-005 Admission Criteria accordance with the plan of care; and Process states "the patient will be referred to other resources if the organization cannot meet his/her needs." An in-service training was conducted on 4/10/15 related to Admission Criteria and Process. A female aide has been This Statute is not met as evidenced by: assigned to the patient and is providing care. Based on record review and interview, it was 2. Identifying similar deficiencies. All active skilled patient determined that the skilled nurse failed to ensure records have been reviewed for similar deficiencies and no that the patient's needs were met in accordance additional patients have been found. 3. Quality Assurance Program. The DON/Clinical Manager with their POC for one (1) of fifteen (15) patients will review skilled referrals, prior to accepting, for ability to in the sample. (Patient #3) staff all services ordered. If the agency is unable to provide all services ordered the agency will not accept the patient. The finding includes: The referral source will be notified for placement elsewhere. On March 24, 2015, at approximately 11:30 a.m., review of Patient #3's POC with the certification period of March 11, 2015 through May 9, 2015

revealed that PCA services were to be provided

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HCA-0026 03/26/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW **HUMAN TOUCH HOME HEALTH CARE AGENC** WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 6 H 453 4. Monitoring Corrective Actions. Bi-weekly chart audits will be conducted on 50% of active patient records by the 1-3 times per week for 9 weeks. The record HCA QA Nurse for compliance with this policy. The chart audit tracking tool will be utilized to monitor the level of failed to evidence PCA service were provided to compliance. The results will be reported at monthly and Patient #3. quarterly meetings with the DON, QI officer and Senior Management Team. During a telephone interview on March 27, 2015, Patient #3 now has a female aide providing care. A verbal order for aide services to be held until female aide available at approximately 1:00 p.m., the administrator dated 3/12/15 is in the patients chart along with an order to revealed that Patient #3 had not been provided resume aide services dated 3/27/15. with PCA services due to unavailability of a female aide. H 456 3917.2(f) SKILLED NURSING SERVICES H 456 H 456 3917.2(f) SKILLED NURSING SERVICES 04/12/2015 Duties of the nurse shall include, at a minimum, the Duties of the nurse shall include, at a minimum, following: (f) Supervision of services delivered by home the following: health and personal care aides and household support staff, as appropriate Finding: The HCA failed to document the supervision of (f) Supervision of services delivered by home services being delivered by each patient's PCA. health and personal care aides and household support staff, as appropriate; Corrective Actions. Policy No. 4-008 Responsibility/Supervision of Clinical Services states: "Supervisory visits will be conducted as often as necessary, as determined by the client's needs, the assessment of the This Statute is not met as evidenced by: registered nurse, but not to exceed ninety (90) days." The Based on record review and interview, the home VA policy for supervision of PCA services provided by an care agency failed to document the supervision of agency is 90 days also. A verbal order has been written to decrease the frequency of the RN visits to every 90 days. services being delivered by each patient's Identifying similar deficiencies. All active patient records personal care aide (PCA) for one (1) of the fifteen have been reviewed for similar deficiencies and (15) sampled patients. (Patient #7) verbal/supplemental orders have been written to clarify the specific orders for the RN visits every 90 days if incorrect in the plan of care. The finding includes: Quality Assurance Program. The DON and/or clinical manager will review the plan of care for completeness of On March 25, 2015, starting at approximately orders, making sure the RN frequency for VA patients is every 90 days prior to signing the 485. 11:45 a.m., review of Patient #7's record revealed Monitoring Corrective Actions. Weekly chart audits will be a POC with a certification period of January 13, conducted on all active patient records to assure the 2015 through July 11, 2015. The POC stated that completeness of orders in each record. Should a clinician not PCA services were ordered for five (5) hours a comply with the requirements the DON and Administrator day for one day and four (4) hours a day for four will be notified immediately and the individual will be subject to disciplinary action. days, five (5) days a week for six (6) months, and supervisory visits by an RN every thirty (30) days. Patient #7 has a verbal order written to decrease RN

Further record review failed to evidence that the

PCA services were supervised by the RN.

frequency for supervision to every 90 days, to comply with

Policy No. 4-008 and the VA policy.

PRINTED: 04/01/2015 FORM APPROVED

Health I	Regulation & Licensii		9			WYW I KOVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
AND FEAT OF CONNECTION		A. BUILDING:		COMPLETED		
		HCA-0026	B. WING		021	2010045
					1 03/	26/2015
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
HUMAN	TOUCH HOME HEAL	I II L.AKE ALSENL.	I STREET, NV GTON, DC 20			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR		COMPLETE DATE
		ikildilili — zazikeo-ina na na niza iliza iz		DEFICIENCY)		
H 45 6	Continued From pa	ge 7	H 456			
-9				81		
		ce interview with the DON, on arting at approximately 12:15				
		eated that Patient #7 recieved				
		only quarterly nursing				
	coverage.	ue to his/her insurance				
	oo to lugo.					
3			1			
j						
			-			
					9	
	15					