Health Regulation & Licensin	ng Administration			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY
	- IVIII IONI IONI II III III III III III III	A. BUILD	ING:	COMPLETED
	HCA-0026	B WING		05/19/2017
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	TY, STATE, ZIP CODE	05/18/2017
HUMAN TOUCH HOME HEALT	H CARE AGENC 1416 9T	H STREET,	NW	
(X4) ID SUMMARY STATE PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION 45.7
TAG REGULATORY OR LS	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE COMPLETE
2017, through May 1 compliance with Title (Home Care Agency) care agency provides three hundred-twelve five hundred (500) st. survey were based or records, fifteen (15) a (5) discharged patien employee records and (10) patient telephone with patients/family ar The following are abb body of this report: HCA - Home Care Age Mg - Milligrams	as conducted from May 17, 8, 2017, to determine 222B DCMR, Chapter 39 as Regulations). The home is home care services to 2 (312) patients and employs aff. The findings of the in a review of administrative active patient records, five the records, twenty (20) at five (5) home visits, ten a interviews and interviews and staff.	H 000	Human Touch Home Health has Licensure Survey Report dated 2017 and all record and results visits conducted during the Lice Survvey for May 17-18, 2017.	May 18, of home
POC - Plan of Care SN - Skilled Nurse SOC - Start of Care	AN OF CARE	11.250		
	(1)	H 358	3914.36 PATIENT PLAN OF CARE Human Touch Home Health Policy	
The plan of care shall i (g) Physical assessment diagnoses;	nclude the following: nt, including all pertinent		Definitions:1. Plan of Care: The clini of care includes petinent diagnosis All delinquent POC's missing specific parameters for specific diagnosis has corrected.	cal plan c
failed to ensure the POG parameters for monitori and (II) parameters for r (temperature, pulse, res pressure) as part of the four (4) of fifteen (15) ac	and interview, the HCA Cs specified (I) ng blood glucose levels monitoring vital signs spirations and blood physical assessment for ctive patients in the		 Corrective Actions. Upon recieving the admission as of the clinician, a case conference occur between the clinician and the Supervisor or Designee to assurare covered, all pertinent diagnolinical parameters are included if and intervention with each visit by Each visit note will be reviewed by 	e will he Clinical e all needs osis, n the POC's the clinician.
Regulation & Licensing Administratio TORY DIRECTOR'S OR PROVIDER/SU	IN IPPLIER REPRESENTATIVE'S SIGNAT	URF		
- Hillow PN	DON		S/17	(X6) DATE
ORM	Genu		05F11 #	

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If continuation sheet 2 of 10

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Health Regulation & Licensi				FORM APPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING:	***************************************	COMPLETED
	HCA-0026	B. WING		05/18/2017
IAME OF PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, S	STATE, ZIP CODE	1 00/10/2017
IUMAN TOUCH HOME HEAL	TH CARE AGENC 1416 9TH	I STREET, NV	v	
	WASHING	GTON, DC 20	0001	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE COMPLE THE APPROPRIATE DATE
H 358 Continued From pa	ge 2	H 358		
every 60 days. How documented eviden parameters for mon	rever, there was no ce the POC specified litoring blood glucose levels.			
the aforementioned	t 4:00 p.m., interview with the ted the HCA would request patients' physicians to specify itoring blood glucose levels			
At the time of the su specify parameters f levels on the POCs.	rvey, the HCA failed to for monitoring blood glucose			
 The HCA failed to specified parameters levels, as evidenced 	ensure patients' POCs for monitoring vital sign by:			
review of Patient #1's had hypertension and According to the POC evaluate the patients' home visits every 60	beginning at 10:15 a.m., s POC indicated Patient #1 I type II diabetes mellitus. c, the SN was to assess and vital signs during one to two days. However, there was nee the POC specified oring vital sign levels.			
 On May 17, 2017, review of Patient #2's had hypertension and mellitus. According to assess and evaluate to during one to two hom However, there was no 	beginning at 10:26 a.m., POC indicated Patient #2 insulin dependent diabetes the POC, the SN was to he patient's vital signs			
3. On May 17, 2017, be review of Patient #4's F	eginning at 11:20 a.m.,			

Health Regulation & Licensing Administration

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If continuation sheet 3 of 10

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O IVI PIME	Regulation & Licensing ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) 441 11 710-1	E CONOTOLICE :		
AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	LE CONSTRUCTION		E SURVEY IPLETED
		HCA-0026	B. WING		05/	18/2017
IAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE	1 00	10/2017
IUMAN	TOUCH HOME HEALT		H STREET, NV NGTON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETI DATE
H 358	Continued From pag	je 3	H 358	***************************************		
i v	March 27, 2017, through the POC indicated Patienhistory of cerebral variente POC, the SN was patients' vital signs devery 60 days. Howe documented evidence parameters for monital. On May 17, 2017, review of Patient #15 and hypertension. Across to assess and evigns during one to the lays. However, there	e the POC specified oring vital sign levels. beginning at 3:15 p.m., is POC revealed the patient cording to the POC, the SN raluate the patients' vital to home visits every 60 was no documented ecified parameters for				
th pa Po	dministrator indicated ie aforementioned pa arameters for monito OCs. the time of this survi	:05 p.m., interview with the ithe HCA would request itients' physicians to specify ring vital sign levels on the ey the HCA failed to specify ring vital sign levels on the				
PC	DCs. 17.2(c) SKILLED NU		H 453			
Du		Il include, at a minimum,	11400			
(c)	Ensuring that patient cordance with the pla	t needs are met in				

Health Regulation & Licensing Administration STATE FORM

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If continuation sheet 4 of 10

ejection pr, DON

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING: COMPLETED HCA-0026 B. WING 05/18/2017 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 (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 453 Continued From page 4 H 453 3917.2 (c) Skill Nursing Services Duties of 7/30/17 the nurse shall include, at a minimum, the This Statute is not met as evidenced by: following: (c) Ensuring that patient needs are Based on record review and interview, it was met in accordance to the plan of care. determined the HCA failed to ensure the patient's needs were met in accordance with their POC for 1. Corrective Actions: four (4) of fifteen (15) active patients in the Upon recieving the admission assessment sample. (Patient #1, #2, #14 and #15) of the clinician, a case conference will occur between the clinician and the Clinical The findings include: Supervisor to ensurw all needs are provided. Each visit note will be reviewed by the Quality The agency failed to ensure all SNs performed a Assurance personnel for completeness and skilled assessment of the endocrine system in issuing that all needs of the patient is being accordance with the POC, as evidenced by: provided and documented (vital signs, weight, Glucose blood sugar and etc.) . A weekly case 1. On May 17, 2017, beginning at 10:15 a.m., conference will be conducted between the review of Patient #1's POC revealed a SOC date of May 28, 2013, and a certification period from Clinical Supervisor or designee and the clinician(s) and or patients that are November 21, 2016, through May 19, 2017. The problematic. POC indicated Patient #1 had type II diabetes A mandatory educational in-service will be mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine conducted to educate all Nurses with blood system during one (1) to two (2) home visits sugar taking, taking of patient weights and monitoring vital signs. every 60 days. On May 17, 2017, at 10:18 a.m., review of a Nursing Intervention visit note, dated March 3. 2. Quality Assurance Program: 2017, revealed the SN failed to provide The DON/Clinical Manager will have a weekly documented evidence a blood glucose level was meeting with the Quality Assurance Personnel to discuss findings with the visit notes Audit performed on Patient #1. and determine if clinician needing further 2. On May 17, 2017, beginning at 10:26 a.m., education, which will be provided or if this is a review of Patient #2's POC revealed a SOC date performance issue, the individual will be of March 26, 2017, and a certification period from disciplinary action. March 20, 2017, through November 30, 2017. The POC indicated Patient #2 had insulin 3. Monitoring Corrective Action: dependent diabetes mellitus. According to the A bi-weekly Chart Audit 50% of the active POC, the SN was to perform a skilled skill and 25% of the Active Non-skill patient assessment of the endocrine system during one charts by the QA nurse and or DON, using to two home visits every 60 days. Additionally, the the the chart audit tool. The result will be POC indicated the SN was to teach the reported to the DON, QI officer and Senior patient/caregiver how to perform and record daily management team during the Quarterly

STATE FORM

Health Regulation & Licensing Administration

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If continuation sheet 5 of 10

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Meeting.

	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY
		HCA-0026	B. WING		05/40/004
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS CITY S	TATE, ZIP CODE	05/18/2017
HUMAN	TOUCH HOME HEAL	4440.000	STREET, NV		
		WASHING	GTON, DC 20	001	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMP HE APPROPRIATE DAT
H 453	Continued From pa	nge 5	H 453		
	glucose level check	KS.			
	Nursing Intervention 2017, revealed the	at 10:30 a.m., review of a n visit note, dated April 19, SN failed to provide ice a blood glucose level was nt #2.			
:	review of Patient #1 of April 5, 2017, and May 5, 2017, throug indicated Patient #1 mellitus. According to perform a skilled as:	, beginning at 3:05 p.m., 4's POC revealed a SOC date a certification period from h June 3, 2017. The POC 4 had type II diabetes to the POC, the SN was to sessment of the endocrine visits one to three times a eks.			
6	Intervention visit note April 19, 2017, revea documented evidenc	3:08 p.m., review of Nursing es, dated April 12, 2017, and led the SN failed to provide se blood glucose levels were t #14 on the aforementioned			
re o fr T di w ei	eview of Patient #15 if December 4, 2008 com December 17, 2 ihe POC indicated P iabetes mellitus. Acc as to perform a skill	beginning at 3:15 p.m., 's POC revealed a SOC date, , and a certification period 016, through June 15, 2017. atient #15 had type II cording to the POC, the SN ed assessment of the ing one to two home visits			
of 15 De	Nursing Intervention 5, 2017, February 2, ecember 26, 2016, r	pinning at 3:28 p.m., review n visit notes, dated March 2017, January 4, 2017 and evealed the SN failed to evidence blood glucose			

STATE FORM

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If continuation sheet 6 of 10

Health Regulation & Licens				FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDII	NG:	COMPLETED
	HCA-0026	B WING_		05/18/2017
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CIT	Y, STATE, ZIP CODE	1 00/10/2017
HUMAN TOUCH HOME HEAL		STREET,		
	WASHIN	GTON, DC	20001	
PREFIX (ÉACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
H 453 Continued From pa	age 6	H 453		
levels were perforn aforementioned da	ned on Patient #15 on the ys.			
administrator revea an in-service trainin	at 3:35 p.m., interview with the iled the agency would conduct ig with all the SNs to monitor is as part of the skilled endocrine system.			
to monitor blood glu	urvey the agency's SNs failed cose levels as part of the of the endocrine system.			
H 454 3917.2(d) SKILLED	NURSING SERVICES	H 454	3917.2(d) SKILLED NURSING S	
Duties of the nurse sthe following:	shall include, at a minimum,		Duties of the shall include, at the following. (d) Implementing preventative ar	
(d) Implementing pre	eventive and rehabilitative		nursing procedure.	
nursing procedures;			1. Corrective Action:	
			All Nurses will have a manadator	
			about taking patient weights and scale will be given to each nurse	
This Statute is not m	net as evidenced by:		weights if the patient does not have	
SN failed to ensure p	nd record review, the HCA's		scale.	
procedures were affortheir health conditions	orded to patients related to s, for five of fifteen patients at #1, #3, #4, #14 and #15).		All new Nurses will be given a we and taking patient weight will be a Orientation.	
The findings include:			2. Quality Assurance Program:	marifarra all
_			Quality Assurance Personnel will visit notes for completeness, make	
The agency failed to a	ensure all SNs actually	1	patient weight is documented if pro-	tient weight
as part of the physica	the patient's reported weight assessment as evidenced		taking is required. Any contineou	
by:			documentation will be subjected t action.	o disciplinary
1. On May 17, 2017, F	peginning at 10:15 a.m.,			
review of Patient #1's	POC revealed a SOC date		Monitoring Corrective Action:A biweekly chart Audit will be con	ducted on the
Regulation & Licensing Administra			20 active patient's chart, using th	e tracking tool

Health Regulation & Licensing Administration STATE FORM

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If continuation sheet 7 of 10

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STATEME	Regulation & Licensi ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY
MID FUA	N OF CORRECTION	IDENTIFICATION NUMBER:		G	COMPLETED
		HCA-0026	B WING		DE (49/2047)
IAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE	05/18/2017
HUMAN	TOUCH HOME HEAL	TH CARE AGENC 1416 9TH	STREET, N	1 W	
		WASHING	STON, DC 2	20001	
(X4) ID PREFIX TAG	REGULATORY OR LE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	HOURD BE COMPLETE
H 454	Continued From page	ge 7	H 454		
	November 21, 2016 POC indicated Patie was prescribed Amle (1) tablet once a day According to the PO evaluate the patient's one to two home visi should be noted Aml fluctuations in weight On May 17, 2017, at Nursing Intervention 2017, revealed no do actually weighed Patie	d a certification period from through May 19, 2017. The ent #1 had hypertension and odipine Besylate 10 mg one to lower blood pressure. C, the SN was to assess and s disease processes during its every sixty (60) days. It odipine Besylate may cause t. 10:18 a.m., review of a visit note, dated March 3, cumented evidence SN #1 ent #1 or recorded the ight as part of the physical		will be utilized to monitor lever. The results will be reported in the Quarterly Meetings with to officer and Senior Management.	nonthly and on he DON, QI
P w to the care of	eview of Patient #3's of May 28, 2016, and November 27, 2016, to POC indicated Patient was prescribed Lasix or prevent fluid retentione SN was to assess is ease processes during the Foundation of May 17, 2017, at 1 ursing Intervention viol. 2017, January 25, 2016, revealed no doci	1:10 a.m., review of sit notes dated February 2017, and December 29, umented evidence SN #1			
pa as 3.	itient's reported weigi sessment on the afo On May 17, 2017, be	nt #3 or recorded the ht as part of the physical rementioned dates. eginning at 11:20 a.m.,			

Health Regulation & Licensing Administration

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If continuation sheet 8 of 10

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A BUILDING: _ COMPLETED HCA-0026 B. WING 05/18/2017 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 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 454 Continued From page 8 H 454 of April 1, 2015, and a certification period from March 27, 2017, through February 28, 2018. The POC indicated Patient #4 had hypertension and was prescribed Lasix 20 mg 1 tablet once a day to prevent fluid retention. According to the POC. the SN was to assess and evaluate the patient's disease processes during one to two home visits every 60 days. It should be noted Lasix may cause fluctuations in weight. On May 17, 2017, at 11:35 a.m., review of a Nursing Intervention visit note dated April 11, 2017, revealed no documented evidence the SN actually weighed Patient #4 or recorded the patient's reported weight as part of the physical assessment On May 17, 2017, starting at 3:05 p.m., review of Patient #14's POC revealed a SOC date of April 5, 2017, and a certification period from May 5, 2017, through June 3, 2017. The POC indicated Patient #14 had essential hypertension and was prescribed Lasix 40 mg 1 tablet once a day to prevent fluid retention. According to the POC, the SN was to assess and evaluate the patient's disease processes one to three times a week for nine weeks. It should be noted Lasix may cause fluctuations in weight. On May 17, 2017, at 3:08 p.m., review of a Nursing Intervention visit note, dated April 19, 2017, revealed the SN failed to provide documented evidence the SN actually weighed Patient #14 or recorded the patient's reported weight as part of the physical assessment. 5. On May 17, 2017, beginning at 3:15 p.m., review of Patient #15's POC revealed a SOC date of December 4, 2008, and a certification period from December 17, 2016, through June 15, 2017.

Health Regulation & Licensing Administration

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If continuation sheet 9 of 10

Yolun RN, DON

H 454 Continued From page 9 The POC indicated Patin prescribed Allopurinol 30 reduce uric acid. Accord was to assess and evaluations in weight. On May 17, 2017, begins of Nursing Intervention vision 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded the weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	CARE AGENC 1416 9TH WASHING JENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) 19 Joint #15 had gout and was 300 mg 1 tablet daily to ding to the POC, the SN Juste the patient's disease to two home visits every 60 Juste Allopurinol may cause Allopurinol may cause Juste 13:28 p.m., review Juste 13:28 p.m., review Juste 14:2017, January 4, 2017, January 4,	B. WING DDRESS, CITY, S STREET, NV GTON, DC 20 PREFIX TAG H 454		N SHOULD BE COMP E APPROPRIATE DA
(X4) ID PREFIX TAG H 454 Continued From page 9 The POC indicated Patiprescribed Allopurinol 30 reduce uric acid. Accord was to assess and evaluprocesses during one to days. It should be noted fluctuations in weight. On May 17, 2017, begins of Nursing Intervention v 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded the weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	CARE AGENC 1416 9TH WASHING JENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) 19 Joint #15 had gout and was 300 mg 1 tablet daily to ding to the POC, the SN Juste the patient's disease to two home visits every 60 Juste Allopurinol may cause Allopurinol may cause Juste 13:28 p.m., review Juste 13:28 p.m., review Juste 14:2017, January 4, 2017, January 4,	STREET, NV STON, DC 20 ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	DRRECTION (X N SHOULD BE COMP E APPROPRIATE DA
(X4) ID PREFIX TAG REGULATORY OR LSC ID H 454 Continued From page 9 The POC indicated Patiprescribed Allopurinol 30 reduce uric acid. Accord was to assess and evaluprocesses during one to days. It should be noted fluctuations in weight. On May 17, 2017, begins of Nursing Intervention v 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded the weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	CARE AGENC 1416 9TH WASHING JENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) 19 Joint #15 had gout and was 300 mg 1 tablet daily to ding to the POC, the SN Juste the patient's disease to two home visits every 60 Juste Allopurinol may cause Allopurinol may cause Juste 13:28 p.m., review Juste 13:28 p.m., review Juste 14:2017, January 4, 2017, January 4,	STREET, NV STON, DC 20 ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE COMP E APPROPRIATE DA
H 454 Continued From page 9 The POC indicated Patin prescribed Allopurinol 30 reduce uric acid. Accord was to assess and evaluations in weight. On May 17, 2017, begins of Nursing Intervention v 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded the weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	ST BE PRECEDED BY FULL DENTIFYING INFORMATION) gient #15 had gout and was 300 mg 1 tablet daily to ding to the POC, the SN luate the patient's disease to two home visits every 60 d Allopurinol may cause aning at 3:28 p.m., review wisit notes, dated March 5017, January 4, 2017, 6, revealed no the SN actually weighed the patient's reported	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE COMP E APPROPRIATE DA
H 454 Continued From page 9 The POC indicated Patin prescribed Allopurinol 30 reduce uric acid. Accord was to assess and evaluations in weight. On May 17, 2017, begins of Nursing Intervention v 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded the weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	ST BE PRECEDED BY FULL DENTIFYING INFORMATION) gient #15 had gout and was 800 mg 1 tablet daily to ding to the POC, the SN luate the patient's disease to two home visits every 60 d Allopurinol may cause aning at 3:28 p.m., review visit notes, dated March 2017, January 4, 2017, 6, revealed no the SN actually weighed the patient's reported	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE COMP E APPROPRIATE DA
The POC indicated Patin prescribed Allopurinol 30 reduce uric acid. Accord was to assess and evaluation processes during one to days. It should be noted fluctuations in weight. On May 17, 2017, begins of Nursing Intervention village 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded the weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	tient #15 had gout and was 300 mg 1 tablet daily to ding to the POC, the SN luate the patient's disease of two home visits every 60 d Allopurinol may cause uning at 3:28 p.m., review visit notes, dated March 2017, January 4, 2017, 5, revealed no ne SN actually weighed the patient's reported	H 454		
prescribed Allopurinol 30 reduce uric acid. Accord was to assess and evaluation processes during one to days. It should be noted fluctuations in weight. On May 17, 2017, begins of Nursing Intervention v 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded the weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	ding to the POC, the SN luate the patient's disease two home visits every 60 d'Allopurinol may cause ming at 3:28 p.m., review visit notes, dated March 2017, January 4, 2017, 5, revealed no ne SN actually weighed the patient's reported			
of Nursing Intervention v 15, 2017, February 2, 20 and December 26, 2016, documented evidence the Patient #15 or recorded to weight as part of the physiaforementioned days. On May 17, 2017, at 3:50 administrator revealed the	visit notes, dated March 2017, January 4, 2017, 5, revealed no ne SN actually weighed the patient's reported			
administrator revealed the				
weigh or record the patier the aforementioned patier revealed the SNs would be document the patients act on the Nursing Intervention Additionally, the SNs will be body weight scales issued patients during their nursing the time of this survey the documented evidence the recorded the patient's report the physical assessment.	ne POCs would be octions for the SNs to ents reported weights for ents. Further interview be re-trained on how to octual or reported weight on visit notes. be reminded to use the d by the agency to weighting intervention visits.			

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If continuation sheet 10 of 10

ypolin mi, oon

McGee, Cindy (DOH)

From:

Yasmin Schorr, RN, DON <yschorr@humantouchhealth.com>

Sent:

Thursday, June 29, 2017 10:26 AM

To:

McGee, Cindy (DOH)

Cc:

Walker, Ericka (DOH); Sheila Ball, RN, DON; Ruth Amenu; Karen Bush

Subject:

Plan of Correction

Attachments:

Plan of Correction for Survey 5-17-18.pdf

Dear Ms. Mcgee,

I am attaching our Plan of Correction signed and dated. I will be dropping off the original signed papers to the office address to Ms. Sharon Mebane today. Please let me know if you have any questions.



Yasmin Schorr Director of Nursing, Washington DC Human Touch Health 1416 9th St. NW Washington DC 20001

Phone: 202-483-9111 Fax: 202-483-8181