PRINTED: 09/26/2018 FORM APPROVED 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-0031 01/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A LINAC SERVICES, INC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual survey was conducted from January 7, 2015, through January 9, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to sixty-one (61) patients and employs eighty (80) 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. Administrator (RN #1) Home Health Aide (HHA) Home Care Agency (HCA) Plan of Care (POC) H 293 3912.2(c)(1) PATIENT RIGHTS & H 293 RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (c) To be informed orally and in writing of the following: (1) Services to be provided by the agency.

Health Regulation & Licensing Administration

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

including any limits on service availability;

This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to inform the Patients' in writing the services to be provided by the agency, including any limits on services available for four (4) of thirteen (13) patients in the sample. (Patients #1, #2, #4 and #7)

TITLE

(X6) DATE

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		HCA-0031	B. WING		01/09/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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H 293	Continued From page 1		H 293				
	#4 and #7 on Janual identify documented informed the Patien writing of the service agency, including an availability. The Administrator as	al records of Patients' #1, #2, ary 7 and 8, 2015, failed to devidence that the HCA ts (#1, #2, #4, and #7) in the set of the provided by the ary limits on services to be provided by the ary limits on services to be provided the finding the interview on January 8, 2015					
	ensure that each pa services has the foll (c) To be informed of following: (2) Whether services insurance, Medicaid sources, and the exifor which the patient This Statute is not repart to the patients of th	ency shall develop policies to tient who receives home care owing rights: rally and in writing of the s are covered by health, Medicare, or any other tent of uncovered expenses	H 294				

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED	
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	(Patients #1, #2, #4	13) patients in the sample. and #7)				
	The findings include	9 .				
	#4 and #7 on Janual identify documented informed the Patien writing whether servinsurance, Medicaid	al records of Patients' #1, #2, ary 7 and 8, 2015, failed to devidence that the HCA ts (#1, #2, #4, and #7) in vices are covered by health the Medicare, or any other tent of uncovered expenses t may be liable.				
		cknowledged the finding e interview on January 8, 2015 80 p.m.				
Н 300	3912.2(d) PATIENT RESPONSIBILITIES		H 300			
		ency shall develop policies to tient who receives home care owing rights:				
		nent, care and services agency/patient agreement and in of care;				
	Based on interview a determined that the policy on patient righ ensure that all patien	met as evidenced by: and record review, it was HCA failed to implement their ats and responsibilities to ats receive HHA services in POC for one (1) patient who ares. (Patient #6)				

Health Regulation & Licensing Administration

PL3311

PRINTED: 09/26/2018 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: __ B. WING HCA-0031 01/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE. SUITE 320A LINAC SERVICES, INC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) H 300 Continued From page 3 H 300 The finding includes: On January 7, 2015, at approximately 2:00 p.m., review of Patient #6's POC with a certification date of December 3, 2014, to January 31, 2015, revealed that Patient #6 was to receive home health aide (HHA) services six (6) hours a day, Monday through Friday and eight (8) hours a day on Saturday and Sunday for sixty (60) days. On January 7, 2015, at approximately 2:00 p.m., review of the HHA notes dated December 22, 2014, to December 28, 2014, and from December 29, 2014, to January 4, 2015, revealed that the HHA had consistently worked eight hours a day from 7:00 a.m. to 3:00 p.m., on the above mentioned dates. During a face to face interview with the Administrator (RN #1) on January 8, 2015, at 2:30 p.m., the Administrator stated that the HHA should not have been working eight (8) hours daily as indicated in the time sheet. The Administrator further stated that he/she will in-service all HHAs' on the importance of providing care as ordered on the POC.

Health Regulation & Licensing Administration

disabilities.

AIDE SERVICE

H 390 3915.6 HOME HEALTH & PERSONAL CARE

This training shall include a component specifically related to the care of persons with

After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. H 390

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:			(X3) DATE SURVEY COMPLETED		
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H 390	Continued From pa	age 4	H 390					
H 390	This Statute is not Based on record refailed to ensure that HHA's complete at continuing education annually for two (2) sample. (Employee The finding include On January 8, 2018 11:00 a.m., review record revealed that HCA on August 29, documented evider in-service training son January 8, 2018 12:30 p.m., review record revealed that HCA on December documented evider twelve (12) hours of year 2014. During an interview January 8, 2015, at Administrator stated that the HHA's were of in-service annual stated that he/she were continued to the the twelve of the t	met as evidenced by: eview and interview, the HCA at after the first year of service, least twelve (12) hours of on or in-service training of three (3) HHA's in the es' #7 and #12)	H 390					
	receive the required							

Health Regulation & Licensing Administration