AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	FIPLE CONSTRUCTION NG:	(X3) DATE SURVE COMPLETED
		HCA-0031	B. WING		02/01/201
NAME O	F PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE	02/01/201
LINAC	SERVICES, INC	6856 EA	STERN AVE	ENUE, NE. SUITE 320A	
(X4) ID	SUMMARY ST	TEMENT OF DEFICIENCIES	NGTON, DC	200 100 100	79 3
PRÉFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	DE LODIO
H 00	INITIAL COMMEN	rs	H 000		
	26, 2017, through F compliance with Titl (Home Care Agency provid hundred thirty-nine one hundred eighty-of the survey were that administrative records, two (2) disceighteen (18) emplo complaints, five (5) I telephone interviews patients/family and second compliants.	ras conducted from January bebruary 1, 2017, to determine e 22B DCMR, Chapter 39 les Regulations). The Home es home care services to one (139) patients and employs nine (189) staff. The findings based on a review of ds, eight (8) active patient charged patient records, yee records, five (5) nome visits, ten (10) patient and interviews with taff.		Corrective Actions The board will write a report on each complaint during their annual meeting. Henceforth the board of directors will he	
	HCA - Home Care A HHA - Home Health	gency Aide		evidence to show that all complaints we reviewed and resolved.	re
H 054	3903.2(c)(2) GOVER	NING BODY	H 054	Systemic Changes	10/30
1	The governing body s	shall do the following:		Administrator will notify the chairman of	of the
19	(c) Review and evalua	ate, on an annual basis, all		board of the need to compile report of	
	determine the extent	to which services promote		complaints annually	
6	effective and efficient	propriete, adequate, This review and evaluation	1	The board will be mandated to discuss, c	ompile
ľ	nust include the follow	ving:		and write report on all complains.	ĺ
1.0	omplaints made or re	all include a review of all eferred to the agency,	1	Monitoring	
l H	ncluding the nature of gency's response the	each complaint and the	į	A 100% review of all complaints.	
	and a technica tile	A GIO.	1	Annual review of the report of the board	
ĺΤ	his Statute is not me on & Licensing Administra	t as evidenced by:		meeting by the quality assurance team.	

Health	Regulation & Licensi	ing Administration			FOR	M APPROVE
SIATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY
			A. BUILDING		COR	MPLETED
		HCA-0031	B: WING_		02	01/2017
NAME OF	PROVIDER OR SUPPLIER	O (I I I	ADDRESS, CITY,	STATE, ZIP CODE		0 1720 17
LINAC S	BERVICES, INC	6856 E WASHI	astern aver Ngton, DC 2	IUE, NE, SUITE 320A		
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H 054	Continued From pa	ge 1	H 054	DLI IO/ENGY)		-
- 1	to the agency, include all of the agency, included to the agency, included complaint and the a five (5) complaints of annual evaluation of the finding includes		of			
	review of the agency agency had five (5) of agency since the pre the surveyor was pro	7, beginning at 10:16 a.m., a "s complaints revealed the complaints referred to the evilous survey. At 12:30 p.m., evided with a copy of HCA's eeting minutes held on				
E e e e e e e e e e e e e e e e e e e e	Min the agency's adr Board of Directors re and made some revis administrator was asl the governing body wan evaluation of the re- complaints and the ac-	, at 12:45 p.m., interview ministrator revealed that the viewed the HCA's policies sions. When the ked if she was aware that as also required to include eview of all the HCA's gency's response, she if no knowledge of that				
th	ieeting minutes lacke lat all complaints and	vey, the annual board and documented evidence of the resolutions of the evaluated by the governing sis.				
125 39	906.1(f) CONTRACT	OR AGREEMENTS	H 125			-
lf : pro- ag	a home care agency ovided by a third par treements between t	offers a service that is ty or contractor, he home care agency and				
Regulation	1 & Licanoina Administrator	In a				- 1

HCA-0031 B. WING	E SURVEY PLETED	(X3) DATE : COMPL	PLE CONSTRUCTION G:		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	ENT OF DEFICIENCIES N OF CORRECTION	AND PLAN
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC SUMMARY STATEMENT OF DEFICIENCIES PREDIATORY OF LOS DEPICIENCY THE SUMMARY STATEMENT OF DEFICIENCIES PREDIATORY OF LOS DEPICIENCY THE COntinued From page 2 the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (f) The procedures used for managing and monitoring the work of personnel employed on a contractual basis; This Statute is not met as evidenced by: Based on record review and interview, the HCA agency falled to include the procedure used for managing and monitoring the work of personnel employed on a contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Contractual basis in it's "Independent Co	D1144 D-187771	10012020		1	HCA-0031		- II. II. IA
LINAC SERVICES, INC 6855 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012 PROVIDERS PLAN OF CORRECTION FREEDLY (EACH DEFICIENCY MUST HE PRECEDED BY PULL TAG TAG Continued From page 2 the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (f) The procedures used for managing and monitoring the work of personnel employed on a contractual basis; This Statute is not met as evidenced by: Based on record review and interview, the HCA agency failed to Include the procedure used for managing and monitoring the work of personnel employed on a contractual basis in it's "independent Contractual Employed on a contractual basis in it's "independent Contractual Employed on a contractual basis in it's "independent Contractual Employed on a contractual basis in it's "independent Contractual Employed on a contractual basis in it's "independent Contractual Employed on a contractual base in it's "independent Contractual Employed on a contractual base in it's "independent Contractor Sperment" for six (6) of six (6) contracts included in the sample. Employees #1, #2, #3, #4, #5 and #6) The findings include: On January 26, 2017, beginning at 12:48 p.m., review of the personnel files revealed that their nursing personnel had "independent Contractor Agreements." Further review of the contractor agreement to include the management and monitoring of the work done by all contractor Systemic Changes Meeting of the Administration and the contractors to discuss monitoring measures to instituted, Monitoring Linac will use the GPS Clock-In and Out System to ascertain that the services are rendered as at when due at the appropriate rendered as at when due at the ap	01/2017	02/01		-		PROVIDER OR SUPPLIER	NAME OF
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Interview with the human resources director verified that all the agency's nursing personnel had independent contractor agreements. The interview revealed that Employees #1, #2, #3, #4		nts by the	monthly review of the documents by t				Francis .
had independent contractor agreements. The interview revealed that Employees #1, #2, #3, #4	*	surance	Clinical supervisors. Quality assurance		an resources director	iterview with the hum.	[In
Interview revealed that Employees #1, #2 #3 #4		two months.	review of the documents every two mo		actor agreements. The	ad independent contri	l na
		ry six months.	Patients satisfactory survey every six r	1	Employees #1, #2 #3 #4	iterview revealed that	[In
progress notes, patient evaluations, etc., but nothing regarding procedures for managing and Annual contractor's evaluation will also be used	į.			10.	evaluations, etc., but	regress notes, patient	pr
monitoring their work. Further interview with the human resources director revealed that he was		lling	o monitor compliance to this ruling		Further interview with the	ionitoring their work.	Im

Health	Regulation & Licens	ing Administration		-	FORM.	APPROVE
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG:	(X3) DATE COMP	SURVEY LETEO
		HCA-0031	B. WING		02/6	6100.47
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY	/, STATE, ZIP CODE	02/0	1/2017
LINAC S	BERVICES, INC	6856 EA	STERN AVE	NUE, NE, SUITE 320A		
(X4) ID PREFIX TAG	TEAGH DESIGNATION	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	DE	(X6) COMPLETE DATE
H 125	Continued From pa	ge 3	H 125			
	address a procedur	statement in the contract to e that the HCA will use for		Corrective Actions		
	managing and moni employed on a cont	toring the work of personnel		Linac will correct all affected clients	with	
	At the time of the su			incomplete documentation of the prop	osed	
- 1	documented eviden	ce of how the HCA will r their independent nursing		services and frequency		0
	personnel.	- Promoting				3/30/17
H 293	3912.2(c)(1) PATIEN	IT RIGHTS &	H 293	Systemic Changes		
				Re-Orientation of all supervising Regi	stered	
	ensure that each pat	lent who receives home care		Nurses to complete the proposed service	ces and	
	services has the follo	wing rights:		frequency form.		1
f f	c) To be informed or ollowing:	ally and in writing of the		Review of the forms on submission		1
10	1) Services to be pro	ovided by the agency	i		1	1
ir	Systemic Changes 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, including any limits on service availability; Systemic Changes Re-Orientation of all supervising Register Nurses to complete the proposed services frequency form. Review of the forms on submission to ensure completeness. Non- Compliant Registered Nurse will be relieved of their assignment.	be				
1	'hle Statuta ie not m	at an authority		relieved of their assignment.	of the proposed 3/30/17 rising Registered cosed services and mission Nurse will be ssure ssurance team	
18	lased on record revie	ew and interview if was		Monitoring	11	1
p	adents in writing of the	gency failed to inform the		A monthly chart review to ensure		
a	valiable for one (1) o	ng any limits on services f eight (8) active patients in		completeness of the forms.		
, l	e sample. (Patient#	7)		A chart audit by the quality assurance te	am	
T	ne finding includes:			every 2 months to ascertain compliance	1	
l Pa	atient#/'s clinical red	at 9:00 a.m., review of cord revealed a document	1	A yearly mock survey .		
de	led "Proposed Services)	pes & Frequency Form" proposed (skilled nursing, sical therapy, occupational				

Health	Regulation & Licens	ing Administration				APPROVE
SIAIEM	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL:	FIPLE CONSTRUCTION NG:		E SÚŘVEY PLETED
		HCA-0031	B. WING		02/	04/2047
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE	I UZI	01/2017
LINAC	SERVICES, INC	6856 EA Washin		ENUE, NE. SUITE 320A		3
(X4) ID PREFIX TAG	LEACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PRÖVIDER'S PLAN OF CORRECT	DRE	(X3) COMPLETE DATE
H 293	Continued From pa	ge 4	H 293			
	this form revealed r frequency documen Additionally, the form	equency of the services and services. Further review of to proposed services or ted (the form was blank). In contained the patient and date of November 20, 2014.				
Ese	Responsibility." Und states that the patien	Patient #7's clinical record at titled "Bill of Rights and der #3 of this document, it not has a right "to receive in advance of care, the services			10 10 10	8
	patients to the agence importance of Inform writing of the service	r, at 12:30 p.m., the that the nurses admitting by will be in-serviced on the ing patients orally and in a proposed, the frequency of duration of the services.				
H 294	3912,2(c)(2) PATIEN RESPONSIBILITIES	T RIGHTS &	H 294			1
	Each home care age ensure that each pati services has the folio	ncy shall develop policies to ent who receives home care wing rights:	2	Corrective Actions		
(f	c) To be informed on ollowing:	ally and in writing of the		Linac will correct all affected clients	13	
li s	nsurance, Medicaid, I	are covered by health Medicare, or any other nt of uncovered expenses nay be liable;		incomplete documentation of patien financial responsibility.	ts	
ТВ	his Statute is not me ased on record revie	et as evidenced by: w and interview, it was				

Health	n Regulation & Licensii	ng Administration			FORM	APPROVED
AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE	SURVEY
L		HCA-0031	B. WING_		02/0	1/2017
NAME O	F PROVIDER OR SUPPLIER	STREETA	ODRESS, CIT	Y, STATE, ZIP CODE	04/0	11/2011
LINAC	SERVICES, INC	6956 EA Washin	STERN AVE GTON, DC	ENUE, NE, SUITE 320A 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL 3C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X6) COMPLETE DATE
H 294	a a real training beg		H 294	Systemic Changes		T
	patient in writing who are covered by the patient of uncovered patient may be liable active patients in the	agency failed to inform the ether the services provided patient's health Insurance, and red expenses for which the p, for one (1) of eight (8) s sample. (Patient #5)		Re-Orientation of all supervising Rep Nurses to include proposed services : Frequency in all their visits.	and	3/30/17
H 399	Patient #5's clinical in titled "Informed Cons a section titled "Rate the cost for services, and what the patient section was left bland. On January 27, 2017 administrator stated to patients to the agenc importance of compleadmission process es informing patients of for service.	r, at 3:00 p.m., review of ecord revealed a document sent." Within this document is s for Service" that identifies what the insurance will pay, may have to pay. This	н зээ	Office clerk to review the forms on so to ensure completeness. Non- Compliance of the completeness of the completeness of the completeness of the completeness of the forms. A chart audit by the quality assurance every 2 months to ascertain compliance yearly mock survey.	ant heir team	
	tailed to ensure PCAs	ng, and reporting the dition, behavior, or				

PRINTED: 02/10/2017 FORM APPROVED

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG:	(X3) DATE	SURVEY
		HCA-0031	B, WING_		02/0	1/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	r, STATE, ZIP CODE	1 0210	1/201/
LINAC S	ERVICES, INC	6856 EAS	STERN AVE	NUE, NE, SUITE 320A		
(X4) ID	SUMMARY ST	WASHING STEMENT OF DEFICIENCIES	STON, DC			
PRÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOUID DE 1	(X5 COMPL DAT
H 399	reported the patient	's physical condition, behavior	H 399	Corrective Actions		
	or appearance for the	NO (2) of eight (8) active one. (Patients #5 and #7)		Linac will correct all affected cli	ients with	
1	The findings include			incomplete documentation as mu	ich as possible	e.
	1. Review of Patient	#5's clinical record on		Systemic Changes		
	January 26, 2017, a time sheets that indi	7, at 3:00 p.m., revealed HHA indicate HHA #17 provided four		In-service for home health aides	with emphase	s
- 10	4) hours of care to Patient #5 on December 11, 2016, through December 17, 2016, and four (4)		on the importance of proper and	complete	3/3	
	December 24, 2016.	mber 24, 2016. There was no documented		documentation of the general co	ndition of	
1.4	vidence that HHA #17 observed, recorded and eported the patient's physical condition, behavior		8	their clients,		1
18	or appearance.	physical condition, behavior		Office clerk to review the forms of	n submission	
2	2. Review of Patient #7's clinical record on lanuary 27, 2017, at 9:00 a.m., revealed HHA sheets that indicate HHA #18 provided eight		to ensure completeness.	_		
1 1			Non-Compliant home health aid	es after the		
2	2017, through Janua	e to Patient #7 on January 2, lanuary 6, 2017. There was no idence that HHA #18 observed, ported the patient's physical		In-service will be relieved of their	assignment.	
116	ecorded and reporte		-	Monitoring		
conginout beliaviou	original, behavior or	appearance,	ĺ	A monthly chart review to ensure	that HHA's	
ੂ ′ਬਾ	Ori January 27, 2017, at 12:30 p.m., the administrator stated that the HHA time sheets	nat the HHA time shoots		notes are complete and contains pl	nysical	
C	ontain an area for do	cumentation of the nationte	1	condition, behavioral and appearar	ice for a goal	
aj	ppearance. She fun	condition, behavior or rther said that the HHAs will	İ	of 95% compliance.		
be in-serviced on proper documentation of t patient's physical condition, behavior and appearance.	dition, behavior and		A chart audit by the quality assurar	ice team		
	ppearance.		every 2 months to ascertain	1		
	Í	. 1	compliance.			
1			į.	A yearly agency mock survey.		
	n & Licensing Administra		1		J	