MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC QUANTIAL COMMENTS H 000 INITIAL COMMENTS An annual survey was conducted from September 14, 2016, through September 15, 2016, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 27 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 27 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Regulations (Title 28 B DGMR Chapter 39). The Home Care Agency Home Ca	AND	TEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION DING:	(X3) DATE SUF
MAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D. (A) ID (A) ID (A) ID (EACH DEFICIENCE TO EXECUTE A SUMMARY STATEMENT OF DEPICIENCES TO THE PREFIX TAG (EACH DEFICIENCE TO SUMMARY STATEMENT OF DEPICIENCES TO THE PREFIX TAG (EACH DEFICIENCY MUST BE PREFIX TAG (EACH DEFICIENCE THE STATE OF THE PROPERTIES THE PROVIDER OF THE PROPERTIES THE PROPERTIES THE PROVIDER OF THE PROPERTIES			HCA 0050			COMPLET
PALISADES HEALTH CARE PARTNERS, INC D. (X4) ID PREFIX (PACHE PARTNERS, INC D. 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20038 (PACHE PACIFIC PACE) PROVIDED THE APPROPRIATE PACE PACE PACE PACE PACE PACE PACE PAC	NAM	E OF PROVIDER OR SUPPLIER				09/15/2
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) H 000 INITIAL COMMENTS An annual survey was conducted from September 14, 2016, through September 15, 2016, to determine compliance with the District of Columbia's Home Care Agency provides home care services for two hundred thirty-four (234) patients and employs four hundred whenty (420) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, thirden (13) active patient records, wo (2) discharged patient records, fifteen (15) employee records, (82) complaints, 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: DME - Durable Medical Equipment DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide PCA - Personal Care Aide PCC - Plan of Care SOC - Start of Care SN - Skilled Nurse SOC - Start of Care SN - Skilled Nurse SOC - Start of Care This Statute is not met as evidenced by: Based on record review and interview the HCA and the procession of the home care agency.			ARTNERS, INC D. 1822	IEFFERSON	N PLACE, NW	
An annual survey was conducted from September 14, 2016, through September 15, 2016, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency Provides home care services for two hundred thirty-four (234) patients and employs four hundred twenty (420) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, thirteen (13) active patient records, fifteen (15) active patient records, to (2) discharged patient records, fifteen (15) employee records, (82) complaints, 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: DME - Durable Medical Equipment DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide PCA - Personal Care Aide PCC - Plan of Care SN - Skilled Nurse SCC - Start of Care 1050 3903.1 GOVERNING BODY Each home care agency shall have a governing body that shall be responsible for the operation of the home care agency. Sack on record review and interview, the HCA is a specific or the operation of the home care agency.	PRE	G REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	ION SHOULD BE CO
HHA - Home Health Aide PCA - Personal Care Aide POC - Plan of Care SN - Skilled Nurse SOC - Start of Care H 050 3903.1 GOVERNING BODY Each home care agency shall have a governing body that shall be responsible for the operation of the home care agency. H 050 Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3903.1 Governing Body. Each home care agency shall have a governing body that shall be responsible for the operation of the home care agency. This Statute is not met as evidenced by: Based on record review and interview the HCA	н	An annual survey was September 14, 2016 2016, to determine of Columbia's Home Citize B DCMR Chapter Agency provides hor hundred thirty-four (2 four hundred twenty professional and adm of the survey were bandministrative record records, two (2) disch fifteen (15) employee five (5) home visits, to interviews and interviews taff. The following are abbridged from the survey were bandwing to the	as conducted from the through September 15, compliance with the District of the Agency Regulations (Title 39). The Home Care ne care services for two (34) patients and employs (420) staff to include ininistrative staff. The finding used on a review of started patient records, thirteen (13) active patient arged patient records, records, (82) complaints, and (10) patient telephone lews with patients/family and reviations used within the all Equipment sing	of le	Palisades Health Care ASAP Services Home has reviewed the Licer Report dated Sept. 20, records during the Lice	Partners DBA Health Agency sure Survey 2016 and all nsure Survey
Regulation & Licensing Administration		HHA - Home Health Air PCA - Personal Care A POC - Plan of Care SN - Skilled Nurse SOC - Start of Care 3903.1 GOVERNING B Each home care agency body that shall be response the home care agency. This Statute is not met a Based on record review	ODY y shall have a governing insible for the operation of the operation of the evidenced by: and interview the HCA	H 050	ASAP Services Home Heal comply with 3903.1 Govern Each home care agency sh governing body that shall be	th Care will ing Body. all have a

	Regulation & Licensia				FORWAPPROVE
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			A BUILDI	NG:	COMPLETED
		HCA-0069	B. WING_		09/15/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CIT	Y, STATE, ZIP CODE	
DALIGAL	DES HEALTH CARE PA	4000 155		PLACE, NW	
FALISAL	DES HEALTH CARE PA		STON, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE
		***	1710	DEFICIENCY)	FRIATE BATE
H 050	Continued From page	ge 1	H 050	Palisades Healthcare Partners, Inc.	'e Ry Lawe
	failed to have a nove	erning body that was		has been amendid to include more	than one
	responsible for the o	operation of the HCA, for		officer to it's Governing body member	ers and
	two-hundred thirty-fo	our (234) of 234 patients		also PalisadesHealthcare Partners,	DBA
	served by the agend	ev.		ASAP Services amended it's policy	and
				procidure of the Governing Body un	der
	The finding includes	:		Compline Committee to include the	language
				of Washington, DC Regulation (390) See attachment (1)	3.2).
	On September 14, 2	016, at 10:46 a.m., review of		dec attachment (1)	
	the HCA's policy and	procedures manual		The Governing body has Profession	al
1	revealed the policy n	nanual was approved by the		Advisory Committee (PAC) to review	and
6	2014 Further review	dministrator on December 2, of the manual revealed that		to develop official policies and procd	ures,
	prior to December 2	2014, the manual was		prepare an annual evaluation of Pali	sades
16	signed by the Execut	tive Director, Chairperson		Healthcare Partners, DBA ASAP Se	rvices,
	Professional for the A	Advisory Committee and the		and assist in identifying goals and m	easuring
	Governing Body Rep	resentative on March 21,		accomplishment of the organization's operation to appropriate care to each	S
	2014. At 11:30 a.m.,	review of the HCA's policy		See attachment (1) last meetting hel	r patient, d on
	entitled "Governing B	ody Policy No. 4-004.1,		9/1/16.	d OII
- 1	evealed that the gov	erning body should be			
C	comprised of a chairp	person, president and a			1
	secretary/treasurer.				
	On Contambas 44, 00	140 -140 05 - 1 - 1		Measure put into place:	
	with the Evecutive/Ad	216, at 12:25 p.m., interview ministrator on the same day		To address this deficiency the Govern	ning
r	evealed that the area	ncy had not had a working		body will have an annual meeting.	
o	overning body in ove	er a year and a half. The			
a	dministrator further r	evealed that he/she had		Monitored:	
		the governing body. The		All Governing body, Compliance Com	ımittaa
а	dministrator stated th	nat the HCA was in the		and PAC members meetings will be	IIIIII.CC
		g a working governing body.		scheduled at the end of fourth quarter	rof
				each year, and all Governing body, C	ompliance
Α	t the time of this sur	ey the HCA failed to have a		Committee and PAC members will re-	ceive
g	overning body as req	uired. Additionally, the		information as to the scheduled meeti	
a	gency failed to estab	lish a governing body to		Meeting notes will be taken to provide	
		valuation of services was		documentation of topics discussed in	
CC	ompleted and include	ed the following:		meetings will be field manually for rev by government officials.	lew
(1	Feedback from a re	epresentative sample		2 G - Comment attraction	
CC	ensisting of either ten	percent (10%) of the total			

6KPC11

Health Regulation & Licens	ing Administration			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION IG:	(X3) DATE SURVEY COMPLETED
	HCA-0069	B, WING_	***************************************	09/15/2016
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP CODE	00/10/2010
PALISADES HEALTH CARE F	MRINERA ING D	FFERSON P	·	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
H 050 Continued From pa	ge 2	H 050		
of Columbia patien	ts;			
made or referred to nature of each com response; (3) A written report of and recommendation agency's overall pol	ghty-two (82) complaints the agency, including the plaint and the agency's of the results of the evaluation ans for modifications of the icies or practices; and port presented to, and acted			
The results of the ac body was not docum available for review H 350 3914.1 PATIENT PL		H 350		
participation of each representative, a wripatient.	tten plan of care for that		Palisades Health Care Partners I ASAP Services Home Health Car comply with 3914.1 PATIENT PL OF CARE. Each home care ager shall develop, with the participation	e will AN acy an of
determined that the I	ew and interview, it was ICA failed to develop a 1) of fifteen (15) patients in		each patient or his or her represe a written plan of care for that pati Corrective Action: ASAP has completed POC and H been returned signed by the phys	ent.
The finding includes:			0 7 F J-	
the medical records f	or 16, at 12:30 p.m., review of cor Patient #5, revealed that called to provide documented or the patient.			
On September 14, 20	16, at approximately 5:40			

Health Regulation	n & Licens	ing Administration			FORM APPROVE
STATEMENT OF DEFI AND PLAN OF CORRI	CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION (X:	3) DATE SURVEY COMPLETED
		HCA-0069	B WING_		09/15/2016
NAME OF PROVIDER	OR SUPPLIER	STREETA	DDRESS, CITY	/, STATE, ZIP CODE	00/10/2010
PALISADES HEAL	TH CARE P		FFERSON P		
PREFIX (EAC	H 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 APPROPRIA DEFICIENCY)	(X5) E COMPLETE TE DATE
aforeme medical putting the vacation. At the time develop were record were record with the plan (d) A description of the plan (d) A description of the provide the sample on failed to end to be provide the sample of the poc for failed to do	erview with ntioned pat record becare data into the of this survitten POC eiving service of care shad eription of the frequent dietary requalion, included the is not mare each d, for one (e. (Patient # includes: her 14, 20 or Patient # cument all the patient's	the DON revealed that the ient's POC was not in the ause the staff responsible for the computer was on arvey, the HCA failed to a for all the patients that agency. PLAN OF CARE Il include the following: The services to be provided, and, amount, and expected airements; medication ling dosage; equipment; and all the the total poor included the DME to to of fifteen (15) patients in	H 355	Measure put into place: In house processes have been chanto include cross training with office sin order to assure POCs' are created a timely manner. Monitored: moving forward 100% of admissions will be reviewed by in hot clinical personnel and given to the datentry staff member responsible for ensuring that the POC is created, fax and filed in chart within 48-72 hours. Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3914.3 (d) PATIENT PLAN OF CARE. The plan of care sinclude the following: (d) A description of the services to be provided, including the frequency, amount and expected duration; dieta requirements; medication administratincluding dosage, equipment; and medical supplies. Corrective Action: ASAP has sent a VO to the physician include the DME – Walker that was leading of one on one to assure all DMER is included on the OASIS form	iged 9/15/16 taff tin all use ata ced hall e ry tion,
On Septem	ber 14, 201 ecutive Dire	16, at 4:34 p.m., interview ector/Administrator staff would be re-trained		so that it can be entered on the 485.	

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Health Regulation & Licens	ing Administration			FORM	/ APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG:		E SURVEY IPLETED
	HCA-0069	B WING_		00/	15/2016
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	', STATE, ZIP CODE	03/	13/2016
PALISADES HEALTH CARE	PARTNERS INC D. 1822 JEF		LACE, NW		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETE DATE
H 355 Continued From pa	-	H 355	Monitored: 100% of all POC will	be	
At the time of this s document all pertin	nt the aforementioned patient's POC. urvey, the HCA failed to ent information regarding the medical equipment on the		reviewed for completeness and accurateness by RN before signing and being faxed or mailed to phy for signature.	ing off	
This Statute is not in Based on record rev failed to document th POC, for two (2) of fi sample. (Patient #13 The findings include: On September 14, 20 3:00 a.m. and 4:00 p. Patients #13 and #15 failed to include the p On September 14, 20 with the Executive Dir revealed that the HCA on how to include the psychosocial needs of the page 14 and 15 and	all include the following: ds of the patient; net as evidenced by: iew and interview, the HCA ne psychosocial needs on the fteen (15) patients in the and #15) 016, between the hours of m., review of the POCs for revealed that the POCs atient's psychosocial needs. 116, at 5:30 p.m., interview rector/Administrator a staff would be re-trained aforementioned patient's in the POC.	H 361	Palisades Health Care Partners E ASAP Services Home Health Care comply with 3914.3(j) Patient Plan Care The Plan of care shall include following: (j) Psychosocial needs of patient; Corrective Action: Both patient #*Patient#15 have in the written portion the staffs' assessment included the psychosocial finding during the initial evaluation, but these were not entron the OASIS assessment form its Measure put into place: Reeducation the field staff during staff meeting on one to ensure that psychosocial included on the OASIS form so the can be entered on the 485. Monitored: 100% of all POC will be reviewed for completeness and accurateness by RN before signing and being faxed or mailed to physifor signature.	re will on of the of th	9/28/16

H	ealth	Regulation & Licensin	ng Administration			FORM APPROVED
		ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TPLE CONSTRUCTION NG:	(X3) DATE SURVEY COMPLETED
_			HCA-0069	B. WING		09/15/2016
NAI	VIE OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE	
PA	LISA	DES HEALTH CARE PA		EFFERSON I NGTON, DC		
PR	4) ID EFIX AG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE
ŀ	362	Continued From pag	je 5	H 362	Palisades Health Care Partners D	DBA
ŀ	1 362	2 ₃ 3914.3(k) PATIENT	PLAN OF CARE	H 362	ASAP Services Home Health Car comply with 3914.3(k) Patient Pla	
		The plan of care sha	Ill include the following:	1	Care. The plan of care shall inclufollowing:(k) Safety measures req	ide the
		(k) Safety measures patient from injury;	required to protect the		protect the patient from injury	uneu to
		This Statute is not meased on interview a failed to ensure the Fermeasures required to injury, for one (1) of fermeasures required to injury, for one (1) of fermeasures required to injury, for one (1) of fermeasures required to ensure the patient #14's POC resinct #14's POC resinct #14's POC resinct #14's POC resinct the patient from injury. On September 14, 20 with the Executive Dimervealed that the HCA on how to include the aforementioned patien required to protect the At the time of this surverties.	nd record review, the HCA POC included the safety of protect the patient from lifteen (15) patients in the protect the patients in the life, at 3:00 p.m., review of wealed that the POC did not assures required to protect life, at 5:36 p.m., interview ector/Administrator listaff would be re-trained safety measures on the life POC that would be patient from injury.		Corrective Action: Patient #14 the issues were found written on the 0 but the information was not data a specifically under the 485 orders. ASAP sent VO to physician to included issues that were left off 485. Measure put into place: Reeducat of the field staff during staff meeting one on one to ensure that psychostis included on the OASIS form so can be entered on the 485. Monitored: 100% of all POC will be reviewed for completeness and accurateness by RN before signing and being faxed or mailed to physifor signature.	OASIS, entered lude the 5. cion ng or social 9/28/16 that it
Н 3	63 3 T ()	914.3(I) PATIENT PLATIENT PLAT	AN OF CARE nclude the following: loyees in charge of	H 363	Palisades Health Care Partners DB ASAP Services Home Health Care comply with3914.3(I) Patient Plan of The plan of care shall include the following: (I) Identification of employ in charge of managing emergency situations.	will of Care

_	Health Regulation & Licensi	ng Administration			FORM APPROVED
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG:	(X3) DATE SURVEY COMPLETED
		HCA-0069	B. WING		09/15/2016
	NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE P	ARTNERS, INC D. 1822 JI	EFFERSON	Y, STATE, ZIP CODE PLACE, NW	33,10,20.10
	PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	NGTON, DC ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	BE COMPLETE
	Based on record revialled to ensure that identification of empemergency situation patients in the samp #9, #10, #11, #13, # The findings include On September 14, 2 10:00 a.m., to 4:00 p #4, #6, #8, #9, #10, # revealed that the PO employees responsit situation. During a face to face Director/Administrato approximately 5:15 p agency in the future videntification of the employees responsitely 5:15 p	met as evidenced by: view and interview, the HCA the POC included loyees in charge of managings, for ten (10) of fifteen (15) le. (Patients #3, #4, #6, #8, 14 and #15) 016, between the hours of m., review of Patients #3, #11, #13, #14, #15 POCs Cs failed to include the ole for managing emergency interview with the Executive r on September 14, 2016, at m., it was revealed that the		Patients #3, #4, #6, #8, #9, and #1 all had identified person on their Emergency preparedness plan for information to be included on the PC Correction during their next PCA recertification. Patients #13-15 had been discharged from services. Measure put into place: a) On admission an Emergency Preparedness Plan form is comple the employee who is responsible for managing emergency situations with name of the caregiver who will be responsible for the patient in case of emergency. The name of the identitiperson will be included on the POC Every certification (q 6 months) the primary caregiver agreement will be signed and the name of the responsaregiver during an emergency will updated as needed on the POC. b) Staff has been in serviced in regard to the updating of the caregiver agreement every 6 months, or more often if the person identified has characteristics.	ted by for ith the of an 9/28/16 ified c. e sible be ards
	patients POCs include employees who would managing emergency	e that the aforementioned ed the identification of the I be responsible for situations.		Monitored: 100% of admission and recertification will be audited by clini office staff to ensure that the needer forms are included, updated and included on the POC before it is sign off by the RN.	ical d
	H 364 3914.3(m) PATIENT F The plan of care shall (m) Emergency protoc	include the following:	H 364	Palisades Health Care Partners DBA ASAP Services Home Health Care w comply with3914.3(m) Patient Plan o The plan of care shall include the following: (m) emergency protocols	/ill

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	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG:	(X3) DATE SURVEY COMPLETED
	77	HCA-0069	B. WING		09/15/2016
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE	00/10/2010
PALISAI	DES HEALTH CARE PA	ARTNERS, INC. D. 1822 JE		PLACE, NW	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
H 366 3: E. by of pe ap	Based on record revidetermined that the IPOC included an emitthe patient's individuaten (10) of fifteen (15) (Patients #3, #4, #6, and #15) The findings include: On September 14, 20, 10:00 a.m., to 4:00 p. #4, #6, #8, #9, #10, #revealed that the POCHCA's emergency proceeded that the ageron how to include an epoch of the time of this survice forementioned patient mergency protocol. At the time of this survice forementioned patient mergency protocol. 914.4 PATIENT PLAN ach plan of care shall y a physician within the care; provided, howeersonal care aide sent proved and signed by gistered nurse. If a plysiced by a telephone	net as evidenced by: iew and interview, it was HCA failed to ensure that the tergency protocol based on alized health care needs, for b) patients in the sample. #8, #9, #10, #11, #13, #14 116, between the hours of m., review of Patients #3, 11, #13, #14 and #15 POCs cs failed to identify the btocol. 16, at 5:30 p.m., interview ector/Administrator acy would re-train the staff emergency protocol on the rey, there was no that the tts POCs included an N OF CARE The approved and signed airty (30) days of the start ever, that a plan of care for	H 364	Corrective Action: For patients #3, #4, #6, #8, #9, #10 All plan of cares has updated to reflect that all employ ASAP are responsible for contact in life threatening, non-life threate and disasters. The staff has always been aware of the emergency prohowever, it was an oversight that not included on the POC. Patient #11-15 have been discharged an plan of care were not update prior discharge. Measure put into place: a) Staff in-serviced on Emergency Preparedness Plan and updating Caregiver Agreement as needed the recertification for PCA service b) Addition of verbiage on the POC each patient to include the agency emergency protocol. Monitor: 100% of all admission an recertification paper work will be a by clinical staff to ensure that eme protocol is included on the POC presending to physician for signature. Palisades Health Care Partners DE ASAP Services Home Health Care comply with3914.4 Patient Plan of Each plan of care shall be approve and signed by a physician within the (30) days of the start of care;	ees at ting 911 ening, ays otocol; it was ts d their r to y the during s. 9/28/16 C for y's d iudited ergency rior to BA e will Care ed

Health	Regulation & Licensi				FORM APPROVE
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION (X	3) DATE SURVEY COMPLETED
		HCA-0069	B WING_		00/45/0046
IAME OF	PROVIDER OR SUPPLIER	STREET AL	DDDESS CITY	A CTATE TIP CODE	09/15/2016
				Y, STATE, ZIP CODE PLACE, NW	
ALISAI	DES HEALTH CARE P		GTON, DC		
(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 APPROPRIA DEFICIENCY)	(X5) E COMPLETE ITE DATE
H 366	Continued From pa	ge 8	H 366		
	Shall be signed by the days. This Statute is not in Based on record reversely failed to ensure that and signed by a physof the SOC, for four	met as evidenced by: riew and interview, the HCA each POC was approved sician within thirty (30) days (4) of fifteen (15) patients in is #4, #6, #10 and #11)	11300	provided, however that the plan of c for personal care aide services only be approved and signed by an adva practice registered nurse. If a plan of care is initiated or revised by a telep order, then telephone order shall be immediately reduced to writing, and shall be signed by the physician with thirty (30) days.	may nced of hone, it
	the samples (Fallerii	.s #4, #6, #10 and #11)		Corrective Action:	
	The findings include:			Patient #4, while there was not a PO	С
,	2016 revealed the fo			back within 30 days, we did have a V for the PCA service provided and returned prior to the 30 days from the SOC.	
	of Patient #4's POC o January 26, 2017, rev approved and signed	2016, at 11:40 a.m., review dated July 27, 2016 through vealed the POC was not by a physician within thirty		Patient #10 the recertification visit was on 7/25/16 and the POC was signed the physician on 8/16/16.	
2	30) days of the SOC On September 14, Patient #6's POC d	2016, at 11:49 a.m., review ated August 8, 2016.		Patient # 14 Initial visit made 8/21/16 the POC was signed and dated by physician 9/2/16.	3 and
n d	ot approved and sigr ays of the SOC.	017, revealed the POC was ned by a physician within 30		Measure put into place: For all documentation needing a physicians' signature, ASAP faxed the	e
of D ap	f Patient #10's POC o ecember 31, 2016, r	2016, at 3:27 p.m., review dated July 1, 2016, through evealed the POC was not by a physician within 30		document within 48-72 hours from the time it is turned in. Within the week if not received the physicians' office is called weekly until received. If not received by the third week, the order is hand carried to the physician's affice the	9/26/16 s
Pa Fe ap	atient #14's POC dat ebruary 1, 2017, reve	at 3:10 p.m., review of ed August 2, 2016, through ealed the POC was not by a physician within 30		hand carried to the physician's office t obtain the signed order.	0

Health	Regulation & Licensi	ng Administration			FORM	APPROV
SIAIFME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE	
			A. BOILD	NG:	COMP	PLETED
		HCA-0069	B. WING		00/4	F/0040
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CIT	Y, STATE, ZIP CODE	09/1	5/2016
ALISA	DES HEALTH CARE P			PLACE, NW		
		WASHIN	GTON, DC	20036		
(X4) ID PREFIX TAG	REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D DE	(X5) COMPLETE DATE
H 366	Continued From page	je 9	H 366	Monitor: On a weekly basis the	modical	
	During a face to face	e interview with the Executive		records coordinator will audit the	nedicar e olan	
	Director/Administrati	OF On September 14, 2016, at		of care log to ensure that docum	nents	
	agency would re-train	D.M., it was revealed that the		have been signed and returned		
	state regulations.	n in accordance with the				
	At the time of this su	rvey there was no				
(documented evidenc	e the POC was approved				
	and signed by a phys	ician within 30 days of the				
•	SOC.					
1 411 (3915.11(f) HOME HE	ALTH & PERSONAL CARE	11.448			
1	AIDE SERVICE	ALITI & PERSONAL CARE	H 411	Palisades Health Care Partners D)BA 	
26	December 1			ASAP Services Home Health Car comply with 3915.11(f) Home Hea	e will	
f	fome health aide dut ollowing:	ies may include the		and Personal Care Aide Service	37(1)	
	Silowing.	+		Home health aide duties may incl	ude the	
(f	Observing, recording	ng, and reporting the		following: Observing, recording, a	nd	
p	atient's physical cond	lition, behavior, or	, i	reporting the patient's physical co	ndition,	
a	ppearance;			behavior, or appearance.		
				The deficiency was reviewed; how	ever	
				ASAP respectfully disputes the de	ficiency.	
Th	nis Statute is not me	t as evidenced by:	1	The present clinical documentation	tool	
B	ased on a record revi	ew and interview, the HCA	1	used by ASAP has been approved	by	
re	iled to ensure that ea	on the patient's physical		the District of Columbia, Departme	nt of	
co	ndition, behavior or a	appearance, for seven (7)		Healthcare Finance for PCA documentation of ADLs, IADL's, an	a l	
Or	the fifteen (15) patier	nts in the sample		documenting patient physical cond	ition	
(Pa	atients #3, #4, #6, #8	#9, #10 and #11)		behavior, or appearance. The clin	cal	
Th	e findings include:			records for patients #3, #4, #6, #8	# 9,	- 1
111	o midniga mende:			#10 and #11do show evidence of		
On	September 14, 2016	6, between the hours of		observing, recording, and reporting	the	
10:	00 a.m., to 4:00 p.m.	. review of Patients #3		patients physical condition, behavious appearance.	or or	- 1
#4,	#6, #8 #9, #10 and a	#11's "PCA Intervention"		арреатапсе.		1
aac	tuments revealed that	it the HHAs failed to	1			- 1
aha	onio and desire	the aforementioned				- 1

6KPC11

Health Regulation & Licens STATEMENT OF DEFICIENCIES	sing Administration		310	FORM APPROVE
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0069	B. WING		09/15/2016
NAME OF PROVIDER OR SUPPLIES	R STREET A	DDRESS, CIT	Y, STATE, ZIP CODE	1 03/13/2016
PALISADES HEALTH CARE	PARTNERS INC D. 1822 JE	FFERSON F	PLACE, NW	
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	IGTON, DC	PROVIDER'S PLAN OF CORRECTI	011
TAG REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.BE COMPLETE
H 411 Continued From page	age 10	H 411	Measure put into place:	
patients physical co	ondition, behavior or		To address this deficiency during	the
appearance in the	clinical records.		scheduled in-service beginning	
Face to face intervi	iew with the Executive	j	12/11/2016, ASAPs Director of N and Administrator will begin re-tra	ursing
approximately 5:40	tor on September 14, 2016, at p.m., revealed that the		of PCAs to add comments/notes.	anning
agency would re-tra	ain the HHAs on how to nts' physical condition,		Monitor: To monitor compliance A	SAP
behavior or appeara	ance on the aforementioned		will do random audits of the Daily	Activity
clinical records.			Sheets/Timesheets for Personal (Aides (PCA's), which will be the p	Jare Joint of
At the time of this so	urvey, there was no evidence		reference for any amendment of a	audits
the HHAs documen	ted the patients' physical or appearance on the clinical		moving forward.	
H 459 3917.2(i) SKILLED N	NURSING SERVICES	H 459	Palisades Health Care Partners [DBA
Duties of the nurse s the following:	shall include, at a minimum,		ASAP Services Home Health Car comply with 3917.2(i) Skilled Nurs Services Duties of the nurse shall	sing
(i) Patient instruction	, and evalutaion of patient		include, at a minimum, the followi	ng:
instruction; and		1	(i)Patient instruction, and evaluati patient instruction and evaluation	on of
			patient instruction.	01
This Statute is not m	net as evidenced by		Corrective action:	
Based on interview a	nd record review, the SN's		Patient #3 One to one meeting with	th I
failed to document the patient's understanding	e specific level of the ng of the instructions given,		nurse involved in case in order to assure proper documentation in	
for five (5) of fifteen (15) patients in the sample		regards to response to teaching.	1
(Patients #3, #8, #11,	#12 and #13)		Patient # 8 and #12 One to one	
The findings include:			meeting with nurse involved in cas order to assure proper documenta	tion
1. On September 14,	2016, at 1:51 p.m., review		in regards to response to teaching	· ‡
of Patient #3's POC w	rith a certification period of			
that the SN was to ins	October 5, 2016, indicated truct the patient on the			
511 1105 to 1115	add the patient on the	- 1		

ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEPOISORIES FIETX (Ach DESIGNEY) WINST BE PRECEDED BY BY ULL AGE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036 JD PROVIDERS PLAN OF CORRECTION OF SHOULD BE CROSS REPERBENCH TO THE APPROPRIATE OAT 1459 Continued From page 11 following: Safety factors; Diet management; Infection control and Medication management At 11:00 a.m., review of Patient #3's skilled nursing notes dated July 22, 2016, July 21, 2016 and May 23, 2016, indicated that the SN provided health teaching instructions on diet/fluid intake, disease management, astely factors and signs and symptoms of infection. However, the SN falled to document Patient #3's specific level of understanding with the aforementioned health teaching instructions. During a face to face interview with the DON on the same day at 5:10 p.m., it was revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records. 2. On September 14, 2016, at 12:05 p.m., review of Patient #3's PCO with a certification period of August 15, 2016, through February 14, 2016, indicated that the SN was to instruct the patient on the following: Safety factors; Dietrification management; Infection control and Medication management At 11:01 a.m., review of Patient #8's skilled nursing notes dated August 15, 2016, indicated that the SN provided health teaching instructions	Health Regulation & Licens	sing Administration			FORM APPROV
ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20035 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL FIELD OF THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL FIELD OF THE APPROPRIATE DATE (FIELD OR STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20035 ID PREMIX TAG REQUIZIONEY OIL SCIENTIFYMO INFORMATION) 1459 Continued From page 11 Following: Safety factors; Diet management; Infection control and Medication management At 11:00 a.m., review of Patient #3's skilled nursing notes dated July 22, 2016, July 21, 2016 and May 23, 2016, indicated that the SN provided health teaching instructions on diet/fluid intake, disease management, safety factors and signs and symptoms of infection. However, the SN fallied to document Patient #3's specific level of understanding with the aforementioned health teaching instructions. During a face to face interview with the DON on the same day at 5:10 p.m., it was revealed that the nursing staff would be re-trained on how to accurrately document the evaluation of the instructions provided in the patient's medical records. 2. On September 14, 2016, at 12:05 p.m., review of Patient #3's PCO with a certification period of August 15, 2016, through February 14, 2016, indicated that the SN was to instruct the patient on the following: Safety factors; Diet/nutrition management, Infection control and Medication management At 11:01 a.m., review of Patient #8's skilled nursing notes dated August 15, 2016, indicated that the SN provided health teaching instructions	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY
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nursing notes dated August 15, 2016, indicated that the SN provided health teaching instructions	At 11:01 a.m., review	of Patient #8's skilled			
that the SN provided health teaching instructions	nursing notes dated A	August 15, 2016, indicated			
Of Medication management, distintular and to	that the SN provided	health teaching instructions			
on medication management, diet intake, safety factors and infection control. However, the SN	on medication manag	Jement, diet intake, safety			

Health Regulation & Licensin	ng Administration			FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HCA-0069 B. WING		09/15/2016		
NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PA	ARTNERS INC.D. 1822 JEF	DDRESS, CITY FERSON P GTON, DC		03/13/2010	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
During a face to face the same day at 5:20 the nursing staff wou accurately document instructions provided records. 3. On September 14 of Patient #11's POC August 2, 2016, throu indicated that the SN on the following: Safety factors; Diet/nutrition manage Infection control and Medication managem. At 11:03 a.m., review nursing notes dated A 2016 and May 23, 20 provided health teach management, diet/flui safety factors and fall failed to document Pa	Patient #8's specific level of the aforementioned health is. e interview with the DON on D.p.m., it was revealed that all be re-trained on how to the evaluation of the in the patient's medical 2016, at 12:06 p.m., review with a certification period of all period of all period of all period instruct the patient ement;	H 459	Measure put into place: a) During monthly nurses meeting nurses were instructed to continue use the teaching tool that have be given to them, but because these not turned in for filling frequently the need to include in their Nursing Intervention note what was taught by specific and patients response the teaching. b) One to one education with staff fails to document according to plar made evident by proper document noted during review of documentar when first turned in. Monitor: 10% Audit of active charts be done monthly to ensure complia with documentation as well as 10% discharge audit	e to en are ney - to 9/28/16 that n - ation tion s to ance	
During a face to face in the same day at 5:25 put the nursing staff would accurately document the instructions provided in records.	nterview with the DON on o.m., it was revealed that be re-trained on how to ne evaluation of the nation the patient's medical				

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-0069 B. WING 09/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D. WASHINGTON, DC 20036 (X4) ID 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 459 Continued From page 13 H 459 of Patient #12's POC with a certification period of August 25, 2016 through February 13, 2017, indicated that the SN was to instruct the patient on the following: Safety factors: Fall prevention; Signs and symptoms of infection; Diet management: Disease process and Diabetic management At 1:55 p.m., review of Patient #12's skilled See previous page for Plan. nursing notes dated September 15, 2016, indicated that the SN provided health teaching instructions on the indications, frequency, common side effects/adverse effects of medications, medication management and daily pill box management. However, the SN failed to document Patient #12's specific level of understanding with the aforementioned health teaching instructions. During a face to face interview with the DON on the same day at 5:30 p.m., it was revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records. 5. On September 14, 2016, at 2:20 p.m., review of Patient #13's POC with a certification period of August 5, 2016 through October 3, 2016. indicated that the SN was to instruct the patient on the following: Medication management: Pain management: Diet management and Disease process management

TATEME	NT OF DEFICIENCIES	ng Administration (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI I	E CONSTRUCTION	(Va) DATE 51:51:51		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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1 400	Continued From page	ge 14	H 459				
	440.05						
	At 2:25 p.m., review	of Patient #13's skilled					
	that the SN provided	August 8, 2016, indicated the health teaching instructions	£ 1				
	on blood glucose me	onitoring. However, the SN	j 1				
	failed to document F	Patient #13's specific level of					
understanding with the aforementioned health							
	teaching instructions	·.					
- 1	During a face to face	e interview with the DON on		See previous page for Plan.			
i	the same day at 5:45	p.m., it was revealed that		Expression and the Control of the Co			
. ⊤t	the nursing staff wou	ild be re-trained on how to					
ā	accurately document	the evaluation of the					
instructions provided in the patient's medical records.							
'	ecords.		-				
P	At the time of the sur	vey, the HCA failed to					
p	provide documented	evidence that the level of all					
p	patient's understandi	ng of instructions given were	1				
11	n the medical record	s.					
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