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If continuation sheet 1 of 5

AND PLA	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVE COMPLETED	
***************************************		HCA-0069	B. WING_	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP CODE	10/0	//201	
PALISA	DES HEALTH CARE P	ARTNERS INC D. 1822 J	efferson P NGTON, DC	AAT ANA	D OCT 2 9 20	4.	
(X4) ID	SUMMARY STA	TEMENT OF DESIGNATION	ID	20036	0 001 2 9 20	14	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	MOULDE	COM D/	
H 000	INITIAL COMMENT	S	H 000	^		***************************************	
	compliance with Title (Home Care Agency provide hundred (200) patier and eighty (280) staf and professional star were based on observecord reviews.	s conducted from October 2, per 7, 2014, to determine a 22 DCMR, Chapter 39 es Regulations). The Home es home services to two nts and employs two hundred ff to include administrative ff. The findings of the survey reations, interviews and pelow are abbreviations used		Palisades Health Care Pa DBA ASAP Services Hom Agency has reviewed the I Survey Report October 22 and all records during the Licensure Survey conduct October 02, 2014 through 07, 2014.	Licensure 2, 2014		
H 399 3	Personal care aide dui Dillowing:	OON) HCA) HA)  ALTH & PERSONAL CARE ties may include the	H 399	Palisades Health Care Part DBA ASAP Services Home Health Care will comply wi 3915.10 (f) Home Health & Personal Care Aide Service The deficiency was reviewe and on September 18 <sup>th</sup> , 19 <sup>th</sup> , 20 <sup>th</sup> ASAP's Director of Nur	th s d, and		
a	(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;			and Administrator has alread conducted an extensive inservice which included observing, recording, and	ly		
de He	etermined that the ago ome Health Aides (Hi	v and interview, it was ency failed to ensure that HAs) recorded the patient's avior or appearance for		reporting patient's physical condition, behavior, and appearance on the Daily Acti Sheet/Timesheet for Personal Care Aides (PCAs).	vity		

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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-0069 10/07/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D. WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 399 Continued From page 1 H 399 ASAP is continuing to conduct (Patients #1, #2, #5, #8, and #11). make-up in-service for those PCAs that were unable to attend The findings include: the above dates. They received detailed instructions on the Review of Patients records #1, #2, #5, #8, and different categories of patients' #11 on October 3, 2014, between the hours of 10:00 a.m. and 2:00 p.m., revealed HHA time care plan activities, physical sheets that indicated the dates and times the condition, behavior and HHA provided care to their patients. There was appearance. no documented evidence that the HHAs observed their patients' physical condition, behavior or To monitor compliance and appearance. ensure comprehensive During a face to face interview with the DON on documentation, ASAP will October 3, 2014, at approximately 2:00 p.m., it perform ten (10) random audits a was acknowledged by the DON that the HHAs week of the Daily Activity time sheets did not contain documented evidence Sheets/Timesheets for Personal that the HHAs observed the patients' physical Care Aides (PCAs), which will condition, behavior or appearance. Additionally, be the point of reference for any the DON stated that the agency recently conducted an in-service with the HHA's regarding amendment of audits moving the importance of documenting in the HHA time forward. This audit will be sheets the patients physical condition, behavior or overseen by the Director of appearance. Nursing/Administrator. H 459 3917.2(i) SKILLED NURSING SERVICES H 459 Palisades Health Care Partners Duties of the nurse shall include, at a minimum, **DBA ASAP Services Home** the following: Health Care will comply with 3917.2 (i) Skilled Nursing (i) Patient instruction, and evalutaion of patient instruction; and Services This Statute is not met as evidenced by: Based on interview and record review, the home care agency's (HCA) skilled nursing staff failed to provide documented evidence that the

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING **HCA-0069** 10/07/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D. WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 459 H 459 Continued From page 2 instructions given to patients were understood, for five (5) of the fifteen (15) patients in the sample. (Patients #2, #3, #8, #9, and #14). The findings include: ASAP will host a mandatory 1. On October 2, 2014 at approximately 11:00 clinicians meeting on November a.m. Patient #2's POC for the certification period July 29, 2014, through January 28, 2014, 08, 2014 to re-educate all revealed a physician order for "SN visits Q 30 clinicians on ASAP's patient days for PCA[Personal Care Aide] supervision teaching tool and more and six (6) PRN home visits in six (6) months for importantly documenting the any medical health related issues....review and patients level of understanding instruct on diet and medications". Further review with the instructions given of Patient #2's clinical record revealed a nursing clinical note dated August 21, 2014. The clinical regarding their health condition. note indicated that the SN provided education on "physiology/disease process and low salt diet," To monitor patient but failed to document the specific level of the instructions and evaluation patient's understanding of the instructions. of patient instructions, a sample size of 10% will be 2. On October 2, 2014 at approximately 11:45 evaluated during quarterly a.m. Patient #3's POC for the certification period medical record reviews to July 11, 2014, through January 10, 2015, determine compliance, and revealed a physician order for "SN visits Q 30 the results will be discussed days for PCA[Personal Care Aide] supervision in the quarterly Professional and six (6) PRN home visits in six (6) months for Advisory Meetings. This any medical health related issues....review and instruct on diet and medications". Further review audit will be overseen of Patient #3's clinical record revealed a nursing directly by the Director of clinical note dated August 26, 2014. The clinical Nursing and Administrator. note indicated that the SN provided education on "physiology/disease process and diet," but failed to document the specific level of the patient's understanding of the instructions. 3. On October 2, 2014 at approximately 2:30 p.m. Patient #7's POC for the certification period

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STATEMENT OF DEFICIENCIES (		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		HCA-0069	B. WING		10/07	7/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
		A MARLIMON INTO D	ERSON PLA			
PALISAD	ES HEALTH CARE P	ARTNERS, INC D. WASHING	TON, DC 20	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 459	Continued From pa	nge 3	H 459			
	-	ough December 12, 2014,		and the second s		
	revealed a physicia	n order for "SN one (1) visit				
	monthly times six (	6) months and PRN visit. Do onal Care Aide] supervisory				
	visit and review me	dications monthly." Further	,			
	review of Patient #7	7's clinical record revealed				
	nursing clinical note	es dated July 9, 2014, and Find that				
	the SN provided ed	lucation on physiology/disease				
	process and diet, b	ut failed to document the				
	specific level of the instructions.	patient's understanding of the				
	mstructions.					
		044 - 4				
	4. On October 2, 2014 at approximately 3:15 a.m. Patient #8's POC for the certification period July 2, 2014, through January 1, 2015, revealed a		See previous page.			
	physician order for	"SN visits Q 30 days for				
	PCA[Personal Care	e Aide] supervision and six (6) six (6) months for any				
	medical health rela	ted issuesreview and				
	instruct on diet and	medications". Further review				
	of Patient #8's clini	cal record revealed a nursing August 21, 2014. The clinical				
	note indicated that	the SN provided education on		•		
	"physiology/disease	e process and diet," but failed				
	to document the sp understanding of the	pecific level of the patient's				
	understanding of th	io monuono.				
	5. On October 2, 2	2014 at approximately 4:00 POC for the certification period				
	April 29, 2014, thro	ough October 28, 2014,				
	revealed a physicia	an order for "SN one (1) visit				
	monthly times six (	6) months and PRN visit. Do sonal Care Aide] supervisory				
	visit and review me	edications monthly." Further				
	review of Patient #	9's clinical record revealed				
	nursing clinical not	es dated August 23, 2014, and 4. The clinical notes indicated				

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Health R	egulation & Licensin	g Administration				
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		10/07	7/2014
NAME OF F	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
PALISAD	ES HEALTH CARE PA		ERSON PLA			
170,070			<del>,</del>	PROVIDER'S PLAN OF CORRECTION	ON I	. (X5)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE
H 459	Continued From pa		H 459			
	that the SN provided education on physiology/disease process and diet, but failed to document the specific level of the patient's understanding of the instructions.					
	p.m. Patient #14's If July 24, 2014, throurevealed a physicial days for PCA[Person and six (6) PRN ho any medical health instruct on diet and of Patient #14's clincled clinical notes dated September 3, 2014 that the SN provide "physiology/disease to document the spunderstanding of the During a face to fac October 3, 2014, at was acknowledged would be re-trained aspects of the instruction."	e process and diet," but failed ecific level of the patient's		See previous page.		,
			:			

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