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-0015 11/22/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO COMMUNITY SERVICE BLDG POTOMAC HOME HEALTH CARE WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual survey was conducted at your agency from November 20, 2013 through November 22. 2013, to determine compliance with Title 22 Health Regulation & Licensing Administration DCMR, Chapter 39 (Home Care Agencies The the constitution of the facilities of the fa Regulations). The Home Care Agency provides home care services to one hundred-ten (110) mediate Capitol St. N.E. patients and employs twenty-two (22) staff to Machington, D.C. 50005 include registered nurses, home health aides. physical therapists, occupational therapists, speech language pathologists and other administrative staff. The findings of the survey were based on a random sample of nine (9) current patient records, and one (1) discharge patient record. Four (4) home visits and seven (7) telephone interviews were conducted with current patients. Please Note: Listed below are abbreviations used in this report. Activities of Daily Living (ADL) Director of Professional Services (DPS) District of Columbia (D.C.) Home Care Agency (HCA) Home Health Aide (HHA) Plan of Care (POC) Skilled Nurse (SN) Skilled Nurses Note (SNN) H 300 3912.2(d) PATIENT RIGHTS & H 300 H300 (3912.2) RESPONSIBILITIES The SN was counseled and re-educated on Each home care agency shall develop policies to the process of notifying PHHC when HHA ensure that each patient who receives home care services are not provided in accordance services has the following rights: with the Plan of Care. 11/22/13 (d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care; Health Regulation & Licensing Administration

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HCA-0015 11/22/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO COMMUNITY SERVICE BLDG POTOMAC HOME HEALTH CARE WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 300 | Continued From page 1 H 300 H 300 (3912.2) A mandatory in-service was held with all HHA's providing care for PHHC patients to This Statute is not met as evidenced by: educate HHA's that all initial visits will be Based on interview and record review, it was provided within 24 hours of receiving the determined that the HCA failed to implement their policy on patient rights and responsibilities to referral in accordance with the POC ensure that all patients receive HHA services in frequency. Any missed visits or inability to accordance with the POC for one (1) of two (2) provide visits will be reported to the DPS at patients who received HHA services. (Patient #3) the time of occurrence. The finding includes: HHA's will contact each patient the night before to set up the visit and to inquire Review of Patient #3's POC with a certification about parking if applicable. date from October 19, 2013 to December 17, 2013, on November 21, 2013 at approximately 1:25 p.m., revealed that Patient #3 was to receive HHA services one (1) to three (3) times per week for eight (8) weeks. Review of the SNN, dated October 24, 2013, on November 21, 2013, at approximately 1:30 p.m., indicated that the HHA was not present during the SN's visit. Review of the SNN dated October 26, 2013, on November 21, 2013, at approximately 1:35 p.m., indicated that the HHA was not present during the SN's visit. Additionally the SN documented that the agency was notified that HHA services had not been provided as ordered by the POC. Review of the SNN dated October 31, 2013, on November 21, 2013, at approximately 1:40 p.m. indicated that the HHA "still never showed up". Additionally, the SN documented that the agency was again informed that HHA services had not been provided to Patient #3 as ordered by the POC. Review of the HHA note dated November 1,

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