

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HEALTHCARE RESOURCES I	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WISCONSIN AVENUE, NW, SUITE 300 WASHINGTON, DC 20007
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(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)	(X6) COMPLETE DATE
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H 000 INITIAL COMMENTS

An annual survey was conducted from April 12, 2016, through April 19, 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 four hundred forty-seven (447) patients and employs seven hundred ninety-three staff (793) to include professional and administrative staff. The findings of the survey were based on a review of administrative records, twenty-five (25) active patient records, five (5) discharged patient records, twenty-seven (27) employee records, (22) 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:

- CPR-Cardiopulmonary Resuscitation
- DOH/HLRA/ICFD - Department of Health/Health Regulation Licensing Administration/Intermediate Care Facilities Division
- DON - Director of Nursing
- HCA - Home Care Agency
- HHA - Home Health Aide
- ID-Identification
- OT - Occupational Therapist
- POC - Plan of Care
- PT - Physical Therapist
- SN - Skilled Nurse
- ST - Speech Therapist

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 000

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In October of 2015, PHR did re-launch a revised policy 298 Elder Abuse and Neglect. Between October and present, extensive education was performed with clinical staff. Clinical and Administrative staff have been educated on this policy, which includes financial exploitation, and the requirement to report such allegations to the DOH as soon as possible. The enhanced policy on Elder Abuse/Neglect with specific procedures to follow should there be a suspicion or confirmation of abuse/neglect is now part of new hire orientation as of January 2016.

PHR identified that it failed to properly report an incident of exploitation of funds by agency employees or contract personnel. The incident happened in May 2015, prior to our policy revision and education.

As a new practice, PHR will discuss at each monthly care conference, patient issues which could eventually lead to or qualify as abuse as a way to ensure timely reporting and also to reinforce to staff the importance of identifying such cases, reporting to proper authorities and investigating all concerns to ensure the protection of our vulnerable population.

May 19, 2016 and ongoing

H 050

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Thomas Wright, Administrator

TITLE
Thomas Wright (Signature)
140, MSW 5/18/16

(X6) DATE

Health Regulation & Licensing Administration

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NAME OF PROVIDER OR SUPPLIER
PROFESSIONAL HEALTHCARE RESOURCES

STREET ADDRESS, CITY, STATE, ZIP CODE
**1010 WISCONSIN AVENUE, NW, SUITE 300
WASHINGTON, DC 20007**

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H 050	Continued From page 1 This Statute is not met as evidenced by: Based on record review and interview, the governing body failed to implement their policy and procedures to ensure that DOH was notified of each exploitation of funds by agency employees or contract personnel for one of one patient. (Patient #26) The finding includes: On April 12, 2016, beginning at 12:08 p.m., review of an investigation report dated June 5, 2015, revealed that HHA #9 memorized Patient #26's pin number, then withdrew a total of \$400 from the patient's bank account. According to the investigation, HHA #9 informed the patient and returned the money. The patient then reported the aforementioned incident to the social worker. On April 13, 2016, at 11:00 a.m., review of the agency's policy and procedures revealed that when an investigation leads to termination of an employee, "the employee practice issue or suspected abuse is reported to the appropriate state licensing board." On April 13, 2016, at 12:08 p.m., interview with the patient staffing coordinator revealed that the aforementioned incident was not reported to the licensing board as required.	H 050	H054 3903.2(c)(2) GOVERNING BODY The governing body shall do the following: (c)(2) Review and evaluate on an annual basis all policies governing the agency to include each complaint and the agency's response thereto. PHR does keep track of complaints on a quarterly basis and an aggregate summary is developed and reviewed with Branch Administrator to identify trends or problems. Aggregate data is provided to the Board of Directors as part of the Annual Program Evaluation. As a corrective action, PHR will send at the conclusion of each quarter all complaints details as well as the aggregate summary to the CEO/President for detailed review and provision to the Board of Directors.	Quarterly
H 054	3903.2(c)(2) GOVERNING BODY The governing body shall do the following: (c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to	H 054	H 148 3907.2 (d) PERSONNEL Each HCA shall maintain accurate personnel records which shall include the following: (d) Documentation of current CPR certification. PHR had identified that personnel files were not in proper condition in December 2015, and began a corrective action at that time.	12/2015
			In January, we engaged a full time temporary staff member to work with the Branch Administrator and the corporate Director of Human Resources to address this matter. 100% review of all personnel files for all active staff commenced, and at	1/2016 to 5/19/2016

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H 054	<p>Continued From page 2</p> <p>determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include all complaints made or referred to the agency, including the nature of each complaint and the agency's response to the complaints in the agency's annual evaluation for 2015.</p> <p>The finding includes:</p> <p>On April 13, 2016, beginning at 10:53 a.m., a review of the agency's complaints and incident reports revealed the agency had twenty two complaints referred to the agency since the previous survey. Continued review of the facility records revealed no evidence that the complaints and incidents had been evaluated by the governing body on at least an annual basis.</p> <p>During an interview with the branch administrator on April 19, 2016, at approximately 11:30 a.m., the branch administrator indicated that going forward the agency will include all of their complaints and resolution of the complaints in their board meeting minutes.</p> <p>At the time of this survey, the annual board meeting minutes lacked documented evidence of all complaints and their resolutions.</p>	H 054	<p>this time is 100% complete. All deficient records have been flagged. A new Office Manager was also hired, and fully trained for his responsibility for obtaining all required documents at the time of hire, and to use the company Event Master report to track expiring documents and obtain them in advance of expiry, or notify management if key items, that allow the staff to work, such as health documents, are not present, and the staff member is removed from patient care until this is rectified. The auditor will provide reports of missing documents to the Branch Administrator, who will, through the Office Manager and Clinical Managers, execute a process to obtain all missing documents. Then all personnel files will be completely converted to an electronic format, as per company standard, for easier monitoring and oversight. The new hire checklist has been extensively revised to ease the creation and maintenance of a correct and complete personnel file on all staff at all times. The Director of Human Resources has reevaluated the practice for contract employees and will now maintain individual files.</p> <p>The Branch Administrator and the corporate Director of Human Resources will ensure all personnel files are complete by May 19, 2016.</p> <p>The Branch Administrator will ensure that this systemic change for personnel file management is put into place by 5/19/2016.</p>	<p>5/19/2016</p> <p>5/19/2016</p>
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H 148	3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to maintain accurate personnel records, which included documentation of current CPR certification, for one (1) of twenty-seven (27) employees in the sample. (HHA #4). The finding includes: On April 13, 2016, at 11:05 a.m., review of HHA #4's personnel file failed to evidence a current CPR certification. During a face-to-face interview with the human resource director at 4:15 p.m., it was indicated that the agency was automating their system and the paper file may contain the missing document. The human resource director was given to the close of business on April 14, 2016, to provide the document. The document was not received at DOH/HRLA.	H 148	The Branch Administrator will monitor this corrective action plan in several ways: 1. The Office Manager will audit the electronic record of 100% of newly hired personnel May 15-June 15, 2016 and report to the Branch Administrator. 2. The Office Manager will maintain compliance with expiring documents through use of the Corner Event Master, which will be reviewed twice per month at Workforce meetings and PRN. 3. The Branch Administrator and the Corporate Director of Human Resources will perform audits of 20 personnel files in July and August 2016, and continue monthly until all audited records are 100% complete.	5/15-6/15/2016 Twice monthly (ongoing) July & August 2016 & monthly thereafter until 100% complete
H 150	3907.2(f) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (f) Verification of previous employment;	H 150	H150 3907.2 (f) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include (f) Verification of previous employment. PHR had identified that personnel files were not in proper condition in December 2015, and began a corrective action at that time. In January, we engaged a full time temporary staff member to work with the Branch Administrator and the corporate Director of Human Resources to address this matter. 100% review of all personnel files for all active staff commenced, and at this time is 100% complete. All deficient records have been flagged. A new Office Manager was also	12/2015 1/2016 to 5/19/2016

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H 150	Continued From page 4 This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that all personnel records included documentation showing verification of previous employment, for two (2) of three (3) consultants in the sample. (PT #2 and ST #1) The findings include: 1. The HCA's personnel records were reviewed on April 13, 2016, at 11:40 a.m.. The review revealed PT #2 was employed in January 2010. There was no documented evidence that the HCA received verification of previous employment for PT #2. 2. The HCA's personnel records were reviewed on April 13, 2016, at 11:45 a.m., The review revealed there was no documented evidence that the HCA had received verification of previous employment for ST #1. During a face to face interview with the human resource director on April 14, 2016 at 4:15 p.m., he/she indicated the employee was from another agency and they would contact the agency to ascertain the necessary verification. Further interview indicated that the agency should have checked previous employment references. At the time of the survey, the HCA failed to provide the documents.	H 150	hired, and fully trained for his responsibility for obtaining all required documents at the time of hire, and to use the company Event Master report to track expiring documents and obtain them in advance of expiry, or notify management if key items, that allow the staff to work, such as health documents, are not present, and the staff member is removed from patient care until this is rectified. The auditor will provide report of missing documents to the Administrator, who will, through the Office Manager and Clinical Managers, execute a process to obtain all missing documents. Then all personnel files will be completely converted to an electronic format, as per company standard, for easier monitoring and oversight. The new hire checklist has been extensively revised, to ease the creation and maintenance of a correct and complete personnel file on all staff at all times. The Director of Human Resources has reevaluated the practice for contract employees and will now maintain individual files. The Branch Administrator and the corporate Director of Human Resources will ensure all personnel files are complete by May 19, 2016. The Branch Administrator will ensure that this systemic change for personnel file management is put into place by May 19, 2016 The Branch Administrator will monitor this corrective action plan in several ways:	5/19/2016 5/19/2016
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information:	H 152	1. The Office Manager will audit the electronic record of 100% of newly hired personnel May 15-June 15, 2016 and report to the Branch Administrator.	5/15 to 6/15/2016

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H 152	Continued From page 5 (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on review of personnel records and interview, the HCA failed to ensure that each employee personnel records included completed annual evaluations, for three (3) of twenty seven (27) employees in the sample. (OT #2, ST #1 and SN #7) The finding includes: On April 13, 2016, at 11:55 a.m., a review of OT #2, ST #1 and SN #7's personnel records failed to evidence a current annual evaluation. During an interview with the human resource director on April 14, 2016, at 4:20 p.m., the human resource director indicated the records would be forwarded to the DOH/HRLA because the agency was still conducting annual evaluations, however no documents were received.	H 152	2. The Office Manager will maintain compliance with expiring documents through use of the Cerner Event Master, which will be reviewed twice per month at Workforce meetings and PRN. 3. The Branch Administrator and the Corporate Director of Human Resources will perform audits of 20 personnel files in July and August 2016, and continue monthly until all records audited are 100% complete. H 152 3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include: (h) Copies of completed annual evaluations. PHR had identified that personnel files were not in proper condition in December 2015, and began a corrective action at that time. In January, we engaged a full time temporary staff member to work with the Branch Administrator and the corporate Director of Human Resources to address this matter. 100% review of all personnel files for all active staff commenced, and at this time is 100% complete. All deficient records have been flagged. A new Office Manager was also hired, and fully trained for his responsibility for obtaining all required documents at the time of hire, and to use the company Event Master report to track expiring documents and obtain them in advance of expiry, or notify management if key items, that allow the staff to work, such as health documents, are not present, and the staff member is removed from patient care until this is rectified. The auditor will provide report of missing documents to the Branch Administrator, who will, through	Twice monthly & ongoing July & August 2016 & Then monthly Until 100% complete 12/2015 1/2016 to 5/19/2016
H 157	3907.2(m) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (m) Documentation of acceptance or declination of the Hepatitis Vaccine; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined the HCA failed to ensure that all personnel records maintained included	H 157		

Health Regulation & Licensing Administration

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H 157	Continued From page 6 documentation of acceptance or declination of the Hepatitis B vaccine, for one (1) of twenty-seven (27) employees' in the sample. (ST #1) The finding includes: On April 13, 2016, a review of ST #1's personnel record starting at 12:05 p.m., revealed the acceptance or declination of the Hepatitis Vaccine document was not in the personnel record. During the interview with the human resource director at 2:00 p.m., it was stated that the information requested would be forwarded to our office by the close of business on April 14, 2016. It should be noted DOH/HRLA did not receive the aforementioned employees' acceptance or decline Hepatitis B vaccine form.	H 157	the Office Manager and Clinical Managers, execute a process to obtain all missing documents. Then all personnel files will be completely converted to an electronic format, as per company standard, for easier monitoring and oversight. The new hire checklist has been extensively revised, to ease the creation and maintenance of a correct and complete personnel file on all staff at all times. The Director of Human Resources has reevaluated the practice for contract employees and will now maintain individual files. The Branch Administrator and the corporate Director of Human Resources will ensure all personnel files are complete by May 19, 2016. The Branch Administrator will ensure that this systemic change for personnel file management is put into place by May 19, 2016.	5/19/2016 5/19/2016
H 158	3907.2(n) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (n) Documentation of liability insurance, if applicable. This Statute is not met as evidenced by: Based on record review and interview, the HCA personnel records failed to ensure documentation of liability insurance for two (2) of twenty-seven (27) employees, included in the sample. (LPN #1 and LPN #2). The findings include:	H 158	The Branch Administrator will monitor this corrective action plan in several ways: 1. The Office Manager will audit the electronic record of 100% of newly hired personnel May 15-June 15, 2016 and report to the Branch Administrator. 2. The Office Manager will maintain compliance with expiring documents through use of the Cerner Event Master, which will be reviewed twice per month at Workforce meetings and PRN. 3. The Branch Administrator and the Corporate Director of Human Resources will perform audits of 20 personnel files in July and August 2016, and continue monthly until all records audited are 100% complete.	5/15-6/15/2016 Twice monthly July & August 2016 then monthly until 100% complete

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H 158: Continued From page 7

Interview with the human resource director at 2:11 p.m., revealed that LPN#1 and LPN #2 were independent contractors. Review of the personnel records at the same time failed to evidence documentation of liability insurance for the aforementioned contracted staff.

During a face to face interview with the human resource director on April 14, 2016, at 4:40 pm, it was indicated that the employees missing documentation would be forwarded to DOH/HRLA by the close of business on April 19, 2016. At the time of survey, however, the information was not received.

H 163: 3907.7 PERSONNEL

Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.

This Statute is not met as evidenced by:
Based on record review and interview, the agency failed to ensure that three (3) of twenty-seven (27) employees in the sample had been screened for communicable diseases. (PT #3, OT #1 and SN #7)

The finding includes:

1. On April 13, 2016, at 10:44 a.m., review of PT #3's personnel record revealed the PT was hired January 2010. There was no evidence that PT #3 had been screened for communicable diseases since March 2015.

H 158

H 157 3907.2(m) PERSONNEL

Each home care agency shall maintain accurate personnel records, which shall include:
(m) Documentation of acceptance or declination of the Hepatitis Vaccine

PHR had identified that personnel files were not in proper condition in December 2015, and began a corrective action at that time.

In January, we engaged a full time temporary staff member to work with the Administrator and the corporate Director of Human Resources to address this matter. 100% review of all personnel files for all active staff commenced, and at this time is 100% complete. All deficient records have been flagged. A new Office Manager was also hired, and fully trained for his responsibility for obtaining all required documents at the time of hire, and to use the company Event Master report to track expiring documents and obtain them in advance of expiry, or notify management if key items, that allow the staff to work, such as health documents, are not present, and the staff member is removed from patient care until this is rectified. The auditor will provide report of missing documents to the Administrator, who will, through the Office Manager and Clinical Managers, execute a process to obtain all missing documents. Then all personnel files will be completely converted to an electronic format, as per company standard, for easier monitoring and oversight. The new hire checklist has been extensively revised, to ease the creation and maintenance of a correct and complete personnel file on all staff at all times.

12/2015

1/2016 to 5/19/2016

H 163

Health Regulation & Licensing Administration

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H 163	Continued From page 8 2. On April 13, 2016 at 10:50 a.m. review of OT #1's personnel record revealed the OT was hired October 2005. There was no evidence that OT #1 had been screened for communicable diseases since February 2015. 3. On April 13, 2016 at 10:55 a.m. review of SN #7's personnel record revealed the SN was hired August 2004. There was no evidence SN #7 had been screened for communicable diseases. During a face to face interview with the Human Resource director on the same day at 3:45 p.m., it was indicated the documents would be forwarded to DOH/HRLA by the close of business on April 19, 2016, however, no documents were received.	H 163	The Director of Human Resources has reevaluated the practice for contract employees and will now maintain individual files. These missing documents were incorporated into their files on 4/21/2016. The Branch Administrator and the corporate Director of Human Resources will ensure all personnel files are complete by May 19, 2016. The Branch Administrator will ensure that this systemic change for personnel file management is put into place by May 19, 2016. The Branch Administrator will monitor this corrective action plan in several ways:	4/21/2016 5/19/2016 5/19/2016
H 170	3907.11 PERSONNEL Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient. This Statute is not met as evidenced by: Based on observation and interview, the HCA staff failed to present a valid agency ID card or badge prior to entering the home of each patient, for two (5) of five (5) HHA's observed and interviewed during home visits. (HHA #10 and #11) The finding includes: On April 18, 2016, observations conducted during	H 170	1. The Office Manager will audit the electronic record of 100% of newly hired personnel May 15-June 15, 2016 and report to the Branch Administrator. 2. The Office Manager will maintain compliance with expiring documents through use of the Cerner Event Master, which will be reviewed twice per month at workforce meetings and PRN. 3. The Branch Administrator and the Corporate Director of Human Resources will perform audits of 20 personnel files in July and August 2016, and continue monthly until all records audited are 100% complete. H 158 3907.2(n) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include (n) Documentation of Liability insurance. PHR does obtain liability insurance and this	5/15 - 6/15/2016 Twice Monthly July & August 2016 then monthly until complete

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H 170 Continued From page 9
home visits at 9:35 a.m., and 10:55 a.m., revealed HHA #10 and #11 failed to present their ID cards prior to entering Patients #6 and #7's home.

Interview with HHA #10 and #11 on the same day between 9:35 a.m. to 10:55 a.m. revealed that they had an agency ID card, but left the ID card at home.

At the time of survey, the agency failed to ensure that each HHA's presented a valid agency ID prior to entering the home of each patient.

H 170 practice will continue. This data was provided to DOH Surveyor, Ted Lomax, on April 19, 2016 via email. Mr. Lomax acknowledged it was overlooked via email on April 25, 2016. The document is provided here again for review for LPN #1 and LPN #2. This is not a deficiency and should not be cited.

4/19/2016

H 163 3907.7 PERSONNEL
Each employee shall be screened for communicable diseases annually according to guidelines issued by CDC, and shall be certified free of communicable diseases.

H 271 3911.2(k) CLINICAL RECORDS

Each clinical record shall include the following information related to the patient:

(k) Discharge summary, including the reason for termination of services and the effective date of discharge;

This Statute is not met as evidenced by:
Based on record review and staff interview, the HCA failed to have a discharge summary in the clinical record for one (1) of five (5) discharged patients in the sample. (Patient #5)

The finding includes:

On April 12, 2016, at 2:56 p.m., review of Patient #5's clinical record revealed that the patient was discharged on September 30, 2015. There was no discharge summary in the clinical record that identified the reason for termination of services.

H 271 PHR had identified that personnel files were not in proper condition in December 2015, and began a corrective action at that time.

12/2015

In January, we engaged a full time temporary staff member to work with the Branch Administrator and the corporate Director of Human Resources to address this matter. 100% review of all personnel files for all active staff commenced, and at this time is 100% complete. All deficient records have been flagged. A new Office Manager was also hired, and fully trained for his responsibility for obtaining all required documents at the time of hire, and to use the company Event Master report to track expiring documents and obtain them in advance of expiry, or notify management if key items, that allow the staff to work, such as health documents, are not present, and the staff member is removed from patient care until this is rectified. The auditor will provide report

1/2016 to 5/19/2016

Interview with the Director of Quality and

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HEALTHCARE RESOURCES (STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WISCONSIN AVENUE, NW, SUITE 300 WASHINGTON, DC 20007
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H 271	Continued From page 10 Outcome on April 13, 2016, at approximately 11:00 a.m., revealed the agency was not able to locate a discharge summary for Patient #5.	H 271	of missing documents to the Branch Administrator, who will, through the Office Manager and Clinical Managers, execute a process to obtain all missing documents. Then all personnel files will be completely converted to an electronic format, as per company standard, for easier monitoring and oversight. The new hire checklist has been extensively revised, to ease the creation and maintenance of a correct and complete personnel file on all staff at all times. The Director of Human Resources has reevaluated the practice for contract employees and will now maintain individual files.	
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each POC included the expected duration of the HHA services to be provided, for three (3) of twenty-five (25) patients in the sample. (Patients #6, #15 and #25) The findings include: Review of the clinical records on April 13, 2016, through April 14, 2016, revealed the following: 1. On April 13, 2016, at 11:10 a.m., review of Patient #6's medical record revealed a POC with a certification period of February 16, 2016, through August 13, 2016. The POC revealed that Patient #6 was to be provided HHA services for eight (8) hours, seven (7) days a week. However, the POC failed to include the expected duration of the HHA services to be provided by the agency. 2. On April 14, 2016, at 10:30 a.m., review of	H 355	The Branch Administrator and the corporate Director of Human Resources will ensure all personnel files are complete by May 19, 2016. The Branch Administrator will ensure that this systemic change for personnel file management is put into place by May 19, 2016. The Branch Administrator will monitor this corrective action plan in several ways: 1. The Office Manager will audit the electronic record of 100% of newly hired personnel May 15-June 15, 2015 and report to the Branch Administrator. 2. The Office Manager will maintain compliance with expiring documents through use of the Cerner Event Master, which will be reviewed twice per month at Workforce meetings and PRN.	5/19/2016 5/19/2016 5/15-6/15/2016 Twice/monthly

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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H 355	Continued From page 11 Patient #15's medical record revealed a POC with a certification period of April 1, 2016, through September 27, 2016. The POC revealed that Patient #15 was to be provided HHA for services 8 hours, 7 days a week. However, the POC failed to include the expected duration of the HHA services to be provided by the agency. 3. On April 14, 2016, at 2:45 p.m., review of Patient #25's medical record revealed a POC with a certification period of October 26, 2015, through April 22, 2016. The POC revealed that Patient #25 was to be provided HHA services for twelve (12) hours, 7 days a week. However, the POC failed to include the expected duration of the HHA services to be provided by the agency. During a face to face interview with the DON on April 14, 2016, at approximately 3:00 p.m., it was stated that the staff would be re-trained on how to include the duration of the HHA services provided on the POC. At the time of the survey the the HCA failed to include documented evidence that all POCs for HHA services included the duration of the HHA services provided by the agency.	H 355	3. The Branch Administrator and the Corporate Director of HR will perform audits of 20 personnel files in July and August 2016 and continue monthly until all records audited are 100% complete. H 170 3907.11 PERSONNEL Each home care agency shall ensure that each employee or contract worker shall present valid agency identification prior to entering the home of a patient. PHR issues identification badges on hire and as needed to all employees who misplace or damage their identification badge. The supervisor did contact the involved employees who did not have proper identification and counseled them regarding policy 409 Dress and Appearance. Corrective action begins by PHR obtaining Identification badges for all employed and contracted staff that needs them. This will occur by May 19, 2016. Once complete, staff will be reeducated by way of in person in-services done at various times to reinforce PHR policy and clinical expectation of wearing ID badges at all times. The supervisory visit note will be updated to ensure RN's check this on each Personal Care supervisory visit, and document same. The Joint visit evaluation tool will also be used as a monitoring tool. Compliance will be monitored in several ways: via random and scheduled supervisory visits, by retraining and refresher teachings done via care conference meetings, and finally through peer to peer monitoring.	July & Aug 2016 monthly until 100% complete by 5/19/2016
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the POC included an emergency protocol based on	H 364		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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H 364	Continued From page 12 the patient's individualized health care needs for twenty-five (25) of twenty-five (25) patients in the sample. (Patients #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24 and #25) The findings include: On April 13, 2016, through April 14, 2016, between the hours of 10:00 a.m., to 4:00 p.m., review of Patients #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24 and #25's POCs revealed that the staff have been instructed to call 911 in any emergency situation. Further review revealed that the POCs were not based on the aforementioned patient's individualized health care needs. During a telephone interview with the Vice President on April 14, 2016, at approximately 2:15 p.m., it was stated the agency wanted to comply with the state licensure regulations. However, the agency stated that they wanted to have a meeting with DOH/HRLA/ICFD regarding the emergency protocol. At the time of the survey, there was no documented evidence that the aforementioned patients POCs included an emergency protocol based on the patient's individualized health care needs.	H 364	H 271 3911.2(k) CLINICAL RECORDS Each Clinical record shall include the following information: (k) Discharge summary including the reason for the termination of services and the effective date of discharge as well as location of patient after discharge. With regard to this specific deficiency, while one record of five was identified as missing a discharge summary, it is important to note that all of the discharge data points such as effective date of discharge, time of discharge, status upon discharge, location upon discharge are in the electronic record for all patients. Corrective action includes implementing changes to discharge summary template to include effective date of discharge and patient location after discharge. This will be completed by May 19, 2016. To ensure deficient practice will not happen again, PHR will re-train all clinical staff on update during in-services and also during care conference. For monitoring, PHR Administrator and Clinical Managers will perform 30 random chart audits at 4 week intervals beginning upon completion of training or May 15, whichever is sooner, and continuing through September 2016, and as part of quarterly PI reviews thereafter. The Discharge Summary Audit Tool and Summary audit tool synopsis (attached) will be used for this purpose.	5/19/2016 5/15/2016 then every 4 weeks through 9/30/2016
H 457	3917.2(g) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (g) Recording progress notes at least once every	H 457		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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H 457	<p>Continued From page 13</p> <p>thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the SN documented a progress note at least every thirty (30) days for three (3) of twenty-five (25) patients in the sample. (Patients #20, #24 and #25)</p> <p>The findings include:</p> <ol style="list-style-type: none"> On April 14, 2016, starting at 1:00 p.m., review of Patient #20's medical record revealed a certification period of October 25, 2015, through April 21, 2016. Further review of the medical record failed to provide documented evidence of a skilled nursing progress note for December 2015. On April 14, 2016, starting at 1:45 p.m., review of Patient #24's medical record revealed a certification period of November 5, 2015, through May 2, 2016. Further review of the medical record failed to provide documented evidence of skilled nursing progress notes for January 2015, February 2015 and March 2015. On April 14, 2016, starting at 1:45 p.m., review of Patient #25's medical record revealed a certification period of October 26, 2015, through April 22, 2016. Further review of the medical record failed to evidence skilled nursing progress notes for February 2015 and March 2015. <p>During a face to face interview with the DON on April 14, 2016, starting at approximately 2:46 p.m., it was stated that the SNs would be</p>	H 457	<p>H 355 3914.3(d) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(d) A description of the services to be provided including, frequency, amount, and expected duration.</p> <p>This deficiency was cited only for personal care plans of care, where a manual form mandated by DHCF is utilized. Our Home Health plans of care are created within a computer system, which does not allow this omission. The corrective action shall include updating personal care POC template to include duration of services within the template. This was completed on 5/3/2016.</p> <p>To ensure the deficient practice does not recur, PHR will provide in-service to all PC staff regarding the new template and the changes made. Monitoring will be done to ensure corrective action is successful. Administrator and PC staff will review 100% of POC's returned from May 15 through September 1 to ensure duration of services is included on all POC's. After such time, Administrator and PC staff will perform 30 random chart audits each quarter to ensure continued success. See Personal Care POC template form attached.</p>	5/3/2016 5/15/2016 to 9/1/2016 then quarterly

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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H 457	Continued From page 14 re-trained on how to document progress notes at least every 30 days on their patients according to the state licensure regulations. At the time of the survey, the HCA failed to provide documented evidence that the SNs documented progress notes at least every 30 days on their patients according to the state licensure regulations.	H 457	H 364 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency Protocol that is specific to patient's individual needs. PHR had past deficiencies related to its emergency protocol statement and created plans of correction, accepted by the DOH, for this exact deficiency only to be told the following year on annual survey that our actions and plan of correction were wrong. Because of this, PHR did request a meeting with Ms. Hunte and Ms. Mebane to seek clarification. PHR was educated that its current practice remains incorrect, and that deficiencies stem from the intent of this standard, which has not been documented or provided to us in past years. They acknowledged our concern and fully informed us of the intent to which we are accountable. As a result, the following corrective action will be implemented: in-service all clinical staff on the need for emergency protocols to be patient specific and individualized to each patient's health care needs. Once initial training is complete, re-education on emergency protocol will be conducted at least annually. PHR will create several templates of emergency protocol statements for our top clinical diagnoses. These will be added to care plans to create specific emergency protocols within the care plan sets which clinicians choose from and tailor to the individual patient's disease process and needs. This requires some computer	
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evaluation of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the SN's failed to document the specific level of the patient's understanding of the instructions given for three (3) of the twenty-five (25) patients in the sample (Patient #2, #4 and #5) The findings include: 1. On April 13, 2016, at 11:00 a.m., review of Patient #7's POC with a certification period of October 30, 2015, through April 26, 2016, indicated that SN #1 was to instruct Patient #7 on the following: Disease management; Diet management; Medication management; and Safety management.	H 459		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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H 459	Continued From page 15 On April 13, 2016, at 11:15 a.m., review of Patient #7's skilled nursing notes dated December 16, 2015, January 29, 2016 and February 17, 2016, indicated that SN #1 provided health teaching instructions on low sodium/low fat diet management, the use of assistive devices to prevent falls and blood pressure medication management. However, SN #1 failed to document Patient #7's level of understanding with the aforementioned health teaching instructions. 2. On April 13, 2016, at 11:55 a.m., review of Patient #10's POC with a certification period of February 18, 2016, through April 17, 2016, indicated that SN #3 was to instruct Patient #10 on the following: Wound care management; Pain management; Disease management; and Medication management. On April 13, 2016, at 12:00 p.m., review of Patient #10's skilled nursing notes dated February 29, 2016, March 21, 2016 and April 4, 2016, indicated that SN #4 provided health teaching instructions on wound care, infection control and diabetic disease management. However, SN #4 failed to document Patient #10's level of understanding with the aforementioned health teaching instructions. 3. On April 14, 2016, at 1:38 p.m., review of Patient #20's POC with a certification period of October 25, 2016, through April 21, 2016, indicated that SN #8 was to instruct Patient #20 on the following: Hydration management;	H 459	changes and will be completed by May 19, 2016. To monitor this corrective action, Administrator and QA staff will audit clinical records for all admissions to ensure specific emergency protocol are utilized from May 15 through September. This standard will also be included in quarterly chart reviews for identification of further deficiencies. The Administrator will report to the VP of Clinical Services any trending for potential further corrective action. The Emergency Protocol Audit Tool (attached) will be used. H 457 3917.2(g) SKILLED NURSING SERVICES Skilled nursing services, duties of the nurse at a minimum shall include the following: (g) Recording progress notes at least once every 30 days and Summary notes once every 62 days PHR already has 30-day progress notes for Medicaid waiver patients as well as 60 day summary notes for Home health and personal care patients whose care goes to the 61st day. The Branch Administrator will convene a team of staff and managers to discuss how to track and document 30 progress notes and 60 day summary notes for all patients, by May 19, 2016. Monitoring begins June 15. Monitoring of such notes will be done by Administrator and Clinical Managers by performing random chart audits to ensure compliance. 20 charts will be audited every 2 weeks for an 8-week duration beginning May 15. After which time it will become a standard practice to be included in quarterly PI chart reviews to ensure continued	5/19/2016 5/15 to 9/30/2016 by 5/19/2016 then monitoring starting 6/15/2016 5/15/2016 to July 15, 2016 then quarterly

Health Regulation & Licensing Administration

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H 459	Continued From page 16 Diet; Disease management and; Safety precautions. On April 14, 2016, at 2:05 p.m., review of Patient #20's skilled nursing notes dated November 2, 2015, January 20, 2016, February 16, 2016, March 14, 2016 and April 4, 2016, indicated that SN #8 provided health teaching instructions on medication management, disease process management, hydration and safety precautions. However, SN #8 failed to document Patient #20's level of understanding with the aforementioned health teaching instructions. During a face to face interview with the DON on April 14, 2016, at approximately 2:55 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. At the time of the survey, the HCA failed to provide documented evidence of the level of the patient's understanding of the instructions given in the medical record.	H 459	compliance. The Progress and Summary Note Audit Tool will be used for this purpose. (see attached) H459 3917.2(i) SKILLED NURSING SERVICES Skilled Nursing services, duties of the nurse shall include, at a minimum: (i) Patient instruction, and evaluation of patient instruction. Corrective action for this deficiency shall include re-training all clinical staff about the requirement to evaluate the patient understanding of each item taught. Clinicians will be taught to document, "patient understood teach of..." " or patient able to teach back..." " or able to return demonstration of" The specific items taught will follow. To ensure the deficiency does not recur, PHR will continue to teach and reinforce the need for evaluation of teaching at each care conference. PHR clinical staff will also be taught to perform peer to peer audits of at least 30 charts (two per clinician) per month starting May 15 through October of 2016 to directly evaluate the compliance with this regulation. Administrator and Clinical Managers will also perform random chart audits of 15 per month beginning May 15 through October 2016 to ensure compliance. The Narrative and Teaching page 1 and 2 audit tool as well as the Peer audit tool synopsis will be used.(see attached)	5/15 to 10/31/2016 5/15 to 10/31/2016
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