Health	Regulation & Licensir	ng Administration			FORM APPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		HCA-0030	B. WING		04/07/004
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	04/07/2014
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H 363	2014, through April compliance with Titl (Home Care Agency provid hundred seventy-five two hundred seventy-five two hundred seventy-five two hundred nine (2) of the survey were the reviews and intervieed in this report.  Skilled Nurse (SN) Plan Of Care (POC) Home Care Agency Home Health Aide (Included Practical Name of Practical Name of Care Name (Included Practical Name of Care Shared Nurse (Included Practical Name of Care Shared Name of Care (POC) included in Charge of managing twenty (20) of twenty (Patients #1, #2, #3, #11, #12, #13, #14, ##20).  The finding includes:	as conducted from April 3, 7, 2014, to determine e 22 DCMR, Chapter 39 es Regulations). The Home es home care services to four e (475) patients and employs 09) employees. The findings passed on observations, record ws with patients and staff.  below are abbreviations used  (CA) HHA) Jurse (LP) In linclude the following: Inployees in charge of any situations;  met as evidenced by: Interest as evidenced by:	H 363	H363 3914.3 (I) PATIENT PLAN OF CARI (I) Identification of employees in charge of managing emergency situations  A. Corrective Actions for patier found to be affected by these deficiencies:  1. All personal care Plans of Care are affected by this deficiency.  B. Identification of other patient having the potential to be affected by this deficiency:  1. All current personal care patients are affected by this deficiency.  C. Systemic Changes to ensure deficient practice does not recur:  1. Plans of care will be updated to inclust the statement that "All staff are responsible for managing emergency situations".  2. The Administrator is responsible for training staff in managing emergency situations at orientation.	nt e  ts  e  ire  t de 5/2/2014
ealth Regula	tion & Licensing Administr	ation			
BORATORY	DIRECTOR'S OR PROVIDER  Scott / LD	R/SUPPLIER REPRESENTATIVE'S SIGN/		TITLE Vice President of Home He	(X6) DATE alth 61512014
TATE FORM		38			f continuation sheet 1 of 8

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		E SURVEY PLETED
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H 363	oonanded 1 form pa		H 363	D. Monitoring of Corrective Action		
	April 3, 2014, beging p.m. and on April 4, to 5:00 p.m., failed to responsible for man During an interview administrator on April 2:00 p.m., it was ackidentification of empemergency situation Care for Medicaid P. Health Skilled Servic #4, #5, #6, #7, #8, # #15, #16, #17, #8, # The administrator incomplete The Programme The	il 7, 2014, at approximately knowledged that the loyees in charge of managing is were not on the "Plan of ersonal Care Aide and Home res" for Patients #1, #2, #3, 9, #10, #11, #12, #13, #14, 19, and #20.  dicated that the agency would fon in the POC and obtain its on the POCs.		<ol> <li>This monitoring standard will be included in quarterly clinical recreviews.</li> <li>Results are reported and publist to Administrator, and Vice President of Home Health, Professional Advisory Committee and Governing Board.</li> </ol>	cord hed	6/30/2014 & quarterly ongoing
		II include the following:	H 364	H 364 3914.3(m) PATIENT PLAN OF CARE The patient plan of care shall includ the following:	e	
	(m) Emergency proto	ocols; and		(m) Emergency Protocols		
	care agency failed to Plan of Care (POC) i protocols for twenty ( patients in the review	ew and interview, the home ensure that each patient's ncluded emergency 20) of the twenty (20) sample. (Patients #1, #2, 8, #9, #10, #11, #12, #13.		In previous surveys we implemented the statement and policy on the Plan of Care to state "The staff is instruct to call 911 in emergency situations" our emergency protocol.	s ed	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HCA-0030 B. WING 04/07/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WISCONSIN AVENUE, NW. SUITE 300 PROFESSIONAL HEALTHCARE RESOURCES ( WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 2 H 364 Based on surveyor's current guidance will The finding includes: update instructions as below: Review of Patients #1's through #20's POC on A. **Corrective Actions for patient** April 3, 2014, beginning at 11:00 a.m. to 4:30 found to be affected by this p.m. and on April 4, 2014, beginning at 8:30 a.m. deficiency: to 5:00 p.m., failed to include the agency's emergency protocol. 1. All current signed Plans of Care will be To be completed updated with following statement of During a face to face interview with the 5/15/2014 emergency protocols: "Staff are administrator on April 7, 2014, at approximately instructed to call 911 in emergency 2:10 p.m., it was acknowledged that the POC did situations and report to the RN/ not include an emergency protocol for Patients #1 Administrator any significant change in through #20. The administrator indicated that the a patient's condition." agency would revise the POCs to include the aforementioned requirement. B. Identification of other patients having the potential to be affected by this This is a repeat deficiency. deficiency: 1. All Plans of Care will include the H 459 3917.2(i) SKILLED NURSING SERVICES H 459 5/2/2014 revised statement of emergency protocols. Duties of the nurse shall include, at a minimum, ongoing the following: Systemic changes to ensure this (i) Patient instruction, and evalutaion of patient deficiency does not recur: instruction; and 1. All staff who develop and review Completed POC's will be educated by 5/6/2014 Administrator/Clinical Manager to This Statute is not met as evidenced by: assure this statement is present in Based on interview and record review, the home all POC's. care agency's (HCA) skilled nursing staff failed to provide documented evidence that the Annually Staff will receive annual education instructions given to patients were understood, for on the management of emergency nine (9) of the twenty (20) patients in the sample. situations from (Patients #1, #2, #4, #5, #6, #7, #8, #9 and # 10). Administrator/Clinical Manager. The findings include:

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HCA-0030 B. WING 04/07/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WISCONSIN AVENUE, NW, SUITE 300 PROFESSIONAL HEALTHCARE RESOURCES ( WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 459 Continued From page 3 H 459 D. **Monitoring of Corrective** 1. On April 3, 2014 at approximately 11:15 a.m. Action Patient #1's POC for the certification period October 7, 2013 through April 3, 2014 revealed 1. This standard will be included in the 6/30/2014 the patient had diagnoses that included bilateral quarterly chart reviews for identification of further deficiencies. above knee amputation and paraplegia. Further quarterly review of the POC revealed that the SN was to ongoing manage and evaluate care and supervise the The Administrator will report to the personal care aide (PCA). Review of Patient #1's Vice President of Home Health any As clinical record on April 3, 2014, at approximately reoccurrence and trending for needed 11:15 a.m., revealed a skilled nurse routine visit potential further Corrective Action (SN-RV) form, dated October 7, 2013. The form Plans indicated that the SN provided education on "pain management and skin care," but failed to document the specific aspects of the health H 459 instructions and the specific level of the patient's 3917.2 (i) SKILLED NURSING SERVICES understanding of the pain management and skin Duties of the nurse shall include, at a care. minimum, the following: On April 3, 2014 at approximately 11:35 a.m. Patient instruction and Patient #2's POC for the certification period evaluation of patient August 16, 2013, through February 11, 2014. instruction: revealed that the SN was to manage and evaluate care and supervise the PCA. Review of This is noted as a repeat deficiency. Patient #2's clinical record on April 3, 2014, at Improvement in the documentation approximately 11:35 a.m., revealed an SN-RV of the subject taught and the form, dated December 12, 2013. The form description of understanding of the indicated that the SN provided education on "med patient has been seen in internal teaching/management and safety precautions," reviews; however, the surveyor but failed to document the specific aspects of the provided additional instruction on the med teaching and the specific level of the expectations of the licensure patient's understanding of the medication regulations, and improvement teaching. opportunities still exist. 3. On April 3, 2014 at approximately 12:15 p.m. Patient #4's POC for the certification period August 6, 2013 through January 3, 2014 revealed the patient had diagnoses that included memory impairment, HIV and weakness. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: \_ COMPLETED HCA-0030 B. WING 04/07/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WISCONSIN AVENUE, NW, SUITE 300 PROFESSIONAL HEALTHCARE RESOURCES ( WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 459 Continued From page 4 H 459 care aide (PCA). Review of Patient #4's clinical **Corrective Actions for patients** record on April 3, 2014, at approximately 12:15 found to be affected by this p.m., revealed SN-RV forms (notes) dated deficiency. November 5, 2013, and December 19, 2013. The notes indicated that the SN reviewed Administrator shared deficiency and medications with the patient and reported no 5/7/2014 recommendation with staff with recent changes. The notes however, failed to education and guidance on indicate the specific aspects of the medication performance expectations. reviewed and the specific level of the patient's understanding of his medication. 2. Administrator will ensure personal care patient visits for all patients 5/7/2014 --4. On April 3, 2014 at approximately 12:35 p.m. identified to be deficient will receive a 6/7/2014 Patient #5's POC for the certification period skilled visit within the next 30 days November 22, 2013, through May 20, 2014, and visit will include specific topics of revealed the patient had diagnoses that included education and specific responses. Alzheimer's disease and incontinence. Further review of the POC revealed that the SN was to B. Identification of other patients manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #5's having the potential to be affected clinical record on April 3, 2014, at approximately by this deficiency: 12:35 p.m., revealed SN-RV forms (notes) dated November 22, 2013, and January 29, 2014. The 1. All visits to be performed from date of notes indicated that the SN reviewed medications survey will adhere to the standard 5/7/2014 with the patient and reported no recent changes. documented in the deficiency The notes however, failed to indicate the specific ongoing statement. aspects of the medication reviewed and the specific level of the patient's understanding of his C. Systemic Changes to ensure this medication. deficiency does not recur: 5. On April 3, 2014 at approximately 1:00 p.m. Standard will be included in Patient #6's POC for the certification period July orientation for all new staff. Completed 18, 2013, through January 13, 2014, revealed the patient had diagnoses that included fibromyalgia, 2. Staff will receive semi-annual carpal tunnel syndrome, knee pain, weakness education by the and difficulty in ambulation. Further review of the 5/2014 Administrator/Clinical Manager on POC revealed that the SN was to manage and & 11/2014 documentation requirements to evaluate care and supervise the personal care ongoing include this standard. aide (PCA). Review of Patient #6's clinical record on April 3, 2014, at approximately 1:00 p.m., revealed SN-RV forms (notes) dated October 1,

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HCA-0030 B. WING 04/07/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WISCONSIN AVENUE, NW, SUITE 300 PROFESSIONAL HEALTHCARE RESOURCES ( WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 459 Continued From page 5 H 459 2013 and December 3, 2013. The notes D. **Monitoring of Corrective Action** indicated that the SN conducted medication teaching and management, pain management This standard will be included in the 1. June 30. and safety precautions. The notes however, quarterly chart reviews for 2014 & failed to indicate the specific aspects of the identification of further deficiencies. quarterly medication teaching and management, specific ongoing aspects of pain management and safety The Administrator will report to the precautions taught and the specific level of the Vice President of Home Health any patient's understanding of the teaching. reoccurrence and trending for potential further Corrective Action Plans. 6. On April 3, 2014 at approximately 1:20 p.m. Patient #7's POC for the certification period January 1, 2014, through July 5, 2014, revealed the patient had diagnoses that included rheumatoid arthritis, osteoporosis, hypertension and visual impairment. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #7's clinical record on April 3, 2014, at approximately 1:20 p.m., revealed an SN-RV form (note) dated January 7, 2014. The note indicated that the SN reviewed medication with the Patient. The note however, failed to indicate the specific aspects of the medication reviewed and the specific level of the patient's understanding of the medication reviewed. 7. On April 3, 2014 at approximately 2:00 p.m. Patient #8's POC for the certification period January 20, 2014, through July 18, 2014. revealed the patient had diagnoses that included glaucoma and colon cancer. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #8's clinical record on April 3, 2014, at approximately 2:00 p.m., revealed an SN-RV form (note) dated March 27, 2014. The note indicated that the SN provided medication teaching and management

Health Regulation & Licensing Administration

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H 459	Continued From page	ge 6	H 459			
	teaching and the specific understanding of the	e note however, failed to aspects of the medication ecific level of the patient's emedication.  at approximately 2:30 p.m.				
	Patient #9's POC for January 24, 2014, th	r the certification period				
	gouty arthritis, difficu	had diagnoses that included alty ambulating and pain. POC revealed that the SN				
	was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #9's clinical record on April 3, 2014, at approximately 2:00 p.m., revealed an SN-RV form (note) dated March 13, 2014. The note indicated that the SN provided teaching on medication, pain management, safety and fall precaution. The note however, failed to indicate					
ı	the specific aspects of the medication teaching, safety and fall precautions, and the specific level of the patient's understanding of the teaching.					
	9. On April 3, 2014 a	it approximately 3:00 n m				
	13, 2013, through No the patient had diagn	r the certification period May vember 8, 2013, revealed oses that included				
į ·	the POC revealed tha	eakness. Further review of at the SN was to manage d supervise the personal				
	care aide (PCA).  Re record on April 3, 201	view of Patient #10's clinical 4, at approximately 2:00 -RV form (note) dated				
	October 10, 2013.  The reviewed medications	ne note indicated that the SN with the patient and				
1	failed to indicate the s	anges. The notes however, specific aspects of the and the specific level of the and of his medication.				
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PRINTED: 04/29/2014 FORM APPROVED

Health Regulation & Licensi STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY
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H 459	Continued From pa	age 7	H 459			
	During a face to fa	ice interview with the				
	administrator and o	linical manager on April 7				
ļ	2014, at approxima	ately 2:15 p.m., it was				
	be re-trained on do	the skilled nursing staff would cumenting specific aspects of				
	the instructions pro	vided and/or the specific level				
	of the patient's/care	ediver understanding of the				
	aforementioned tea	acning.				
	This is a repeat def	iciency.				
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## Government of the District of Columbia Department of Health Health Regulation and Licensing Administration



Intermediate Care Facilities Division

Sent Via Email and US Mail

July 23, 2014

Patricia Kelley, RN
Professional Healthcare Resources of Washington DC
1010 Wisconsin Avenue, N.W.
Suite 300
Washington, D.C. 20007

Re: Home Care Agency (HCA-0030)

Dear Ms. Kelly:

We have reviewed and accepted your Plan of Correction for the deficiencies cited during the licensure survey completed on April 7, 2014.

Surveyors from our office may visit your facility at a future date to determine progress made towards the correction of deficiencies as provided for in your plan.

If you have any questions regarding this matter, please contact Staci Mason, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division, on (202) 442-4781 or <a href="mailto:Staci.Mason2@dc.gov">Staci.Mason2@dc.gov</a>.

Sincerely,

Sharon H. Mebane Program Manager