

Sent via Email and US Mail

SEP 21 2018

Wehiba Kalifa
Administrator
Palisades Health Care Partners, Inc.
d/b/a ASAP Services
1822 Jefferson Place, NW
Washington, D.C. 20036

Re: 1822 Jefferson Place, NW (HCA-0069)

Dear Ms. Kalifa:

On September 19, 2018, a licensure survey was completed. Deficiencies were identified that requires your submission of a Plan of Correction (PoC) to respond to each deficiency. While a reasonable period may be allowed for actual correction of these deficiencies, it is imperative that your plan be signed with a specific date for anticipated completion and returned to this office prior to **September 30, 2018**. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms. NOTE: "Corrected" is not an accepted reply. The plan MUST also include the following.

- **What corrective action(s) will be accomplished to address the identified deficient practice;**
- **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and**
- **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

PLEASE NOTE: Plans of Correction not adhering to the above requirements will not be considered acceptable. 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. As a result of continued non-compliance, civil monetary penalties may be issued. If you have any questions regarding this matter, please contact Caitlin Houck, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division on (202) 442-4736 or at caitlin.houck@dc.gov.

Sincerely,



Sharon H. Mebane
Program Manager

Enclosure (1)
Statement of Deficiency

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2018
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NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D,	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from 09/11/18 through 09/18/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provided home care services to 224 patients and employed 355 staff. The findings of the survey were based on a review of ten current patient records, five discharged patient records, 20 employee records, and 13 complaints. The findings were also based on five home visits, ten current patient telephone interviews, and patient/staff interviews.</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>DON - Director of Nursing ER - Emergency Room GB - Governing Body HCA - Home Care Agency PCP - Primary Care Physician POC - Plan of Care SN - Skilled Nurse</p> <p>During the survey, an allegation of assault made by Patient #2 was investigated. Interview with the DON and Administrator confirmed that the agency was aware of the allegation and initiated an investigation.</p> <p>Allegation: Patient #2 alleged that HHA #12 punched her in the left eye.</p> <p>Findings: During the HCA's investigation, HHA #12 was removed from the patient's home. It was also stated by the DON that the patient's daughter arrived at the patient's home when the aide was about to leave and the daughter assaulted the aide in the lobby of the building in</p>	H 000		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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H 000	<p>Continued From page 1</p> <p>the presence of the security guard. The police were called, and the matter is currently under investigation by the police department. Thus, the investigation is on-going as stated by the agency DON.</p> <p>A home visit to Patient #2 was conducted by the surveyors on 09/17/18 at 12:30 PM. During the home visit, this surveyor observed the patient's left eye lids swollen and discolored (black and blue). Interview with the patient revealed that she asked the aide to leave her home after an argument. The patient further stated that the aide came into her room and punched her in the eye. The patient said that she called her daughter and the police, and was taken to the hospital.</p> <p>Conclusion: Based on the observed swelling and discoloration of Patient #2's left eyelids, it was evident that the patient sustained an injury to the left eye.</p>	H 000		
H 054	<p>3903.2(c)(2) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to 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>	H 054		

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H 054	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to provide evidence that the governing body had reviewed all complaints received by the agency during the governing body's annual meeting since the last survey in August 2017.</p> <p>Findings included:</p> <p>On 09/11/18 at 10:15 AM, a review of the HCA's complaints showed that the agency had received 13 complaints since the previous survey on 08/23/17. At 10:40 AM, the surveyor was provided a copy of HCA's GB Board Meeting Minutes held on 01/29/18.</p> <p>On 09/12/18 at 11:05 AM, the agenda and the HCA's GB minutes were reviewed and failed to show a review of the agency's complaints as a part of the meeting.</p> <p>On 09/13/18 at 9:40 AM during an interview with the HCA Administrator, it was stated that future reviews of all the complaints received by the HCA would be documented in the GB meeting minutes.</p> <p>At the time of the survey, the annual GB board meeting minutes lacked documented evidence that all complaints and the corresponding resolutions of the complaints had been evaluated by the governing body.</p>	H 054		
H 452	<p>3917.2(b) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(b) Coordination of care and referrals;</p>	H 452		

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H 452	<p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that the skilled nurse coordinated care with other providers if needed and the physician's office for two of ten active patients in the sample (Patients #1 and #5).</p> <p>Findings included:</p> <p>1. On 09/11/18 at 10:30 AM, review of Patient #1's clinical record showed a physician approved POC with a certification period of 02/26/18 through 12/31/18 and diagnoses of Chronic Pain due to Trauma, Bipolar Disorder, Osteo-Arthritis Generalized, and Major Depression. Further review of the POC showed that the SN was to, "visit the patient monthly for skilled nursing assessment, coordinate care with other providers, and call PCP with out-of-range values."</p> <p>Review of the nursing note dated 07/11/18 showed that the SN visited the patient following a reported fall. The nursing note stated that the patient had a Right Knee Arthroscopy and High Tibial Osteotomy surgery (date not mentioned), and the right knee was completely bandaged. Further review of the nursing note showed that the patient complained of pain to the right knee on a scale of 4/10 and the SN advised the patient to go to the ER if pain persisted. There was no documented evidence that the SN contacted the PCP following the 07/11/18 visit to coordinate care with the PCP following the surgery and the reported fall.</p> <p>Continued review of the clinical record showed a SN note dated 07/17/18, which further documented that the patient had the above</p>	H 452		
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H 452	<p>Continued From page 4</p> <p>mentioned surgery on 07/10/18, fell on the night of 07/10/18, and was sent via 911 to Washington Hospital Center on 07/11/18 by a neighbor. Patient #1 was discharged home on 07/12/18 with a prescription for pain control medication.</p> <p>During interview with the DON and Administrator on 09/13/18 at 3:00 PM, the DON stated that another HCA was providing skilled care to the patient. The DON also stated that following the agency's knowledge of the fall that occurred on 07/10/18, the SN visited the patient on 07/11/18 and 07/17/18 for assessment and evaluation. There was no documented evidence that the SN coordinated care with the PCP or HCA providing skilled care.</p> <p>2. On 09/12/18 at 12:30 PM, review of Patient #5's clinical record showed a physician approved POC with a certification period of 08/01/17 through 07/31/18 and diagnoses of History of Breast Cancer, Leukocytosis and Hypertension. The POC also contained physician orders for the SN to, "visit the patient monthly for skilled nursing assessment, coordinate care with other providers, and call PCP with out-of-range values".</p> <p>Review of the nursing note dated 04/20/18 revealed a statement by the SN that the patient would be receiving chemotherapy every Monday. The subsequent nursing note, dated 05/04/18, contained no documented evidence in the clinical record that the SN coordinated care with the PCP regarding the patient's care following chemotherapy.</p> <p>During interview with the DON and Administrator on 09/13/18 at 3:20 PM, the DON stated that all nurses would be in-serviced on the importance of coordination of care with the PCP when patients</p>	H 452		
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H 452	Continued From page 5 have a condition change and when patients require increased supervision due to treatment changes.	H 452		