

Received 2/26/11

Department of Health
 Health Regulation & Licensing Administration
 Intermediate Care Facilities Division
 800 North Capitol St., N.E.
 Washington, D.C. 20002

PRINTED: 02/17/2011
 FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2011
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7828 EASTERN AVENUE NW, SUITE 408 WASHINGTON, DC 20012
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H 000 INITIAL COMMENTS

An annual licensure survey was conducted at your agency on February 8, 2011, through February 9, 2011, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of nine (9) active clinical records and one (1) discharge clinical record based on a census of fifty-four (54) patients, ten (10) personnel files based on a census of sixty (60) employees, and three (3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review of clinical and administrative records and observations.

H 000

3903.2(c)(2) GOVERNING BODY
H 054

03/28/11

The involved staff were contacted regarding the identified deficiencies and were insourced by the Administrator on the need to ensure that the annual report of the agency's operations includes documented evidence of the review and evaluation of all complaints made or referred to the agency, to include the nature of each complaint and the agency's response thereto.

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 determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:

H 054

All complaints/incidents will be documented on the Incident Report/Complaint Form to include the investigation and resolution of the complaint. Each incident/complaint will be classified by category and monitored and evaluated using established indicators and thresholds. Even when the care or service is consistent with the expected patterns or outcomes, further or follow-up evaluation of the indicator will be done and documented to identify ways to continually improve it.

(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.

The Administrator will review the annual report prepared by the Director of Nursing (DON) or designee for accuracy and regulatory compliance and make corrections to the report, if necessary. The report will be presented to the governing body at the assigned annual evaluation meeting. This is done to promote the client's interests and well-being; to ensure that the client's civil and religious liberties are not

This Statute is not met as evidenced by:
Based on a record review and interview, it was determined that the agency failed to include a review of complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto in its annual evaluation.

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM	TITLE Administrator	(X6) DATE 02/22/11
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If continuation sheet 1 of 12

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H 054	Continued From page 1 The finding includes: A record review on February 9, 2011, at 10:00 a.m., revealed no documented evidence of the agency's response to complaints made or referred to the agency. A face to face interview with the Director Of Nursing and the Administrator on February 9, 2011, at 3:30 p.m. confirmed the findings.	H 054	3903.2(c)(2) GOVERNING BODY H 054 (continued) infringed upon; and to assure clients of their basic rights as human beings with emphasis placed on human relations, interdependence of expression, concern for personal dignity, self-determination and quality care. The governing body will review and discuss the report and review information about the mechanism for the initiation, investigation, resolution and review and evaluation of complaints/incidents to identify problem areas in the provision of services; to evaluate the quality of services rendered; to develop strategies for improving the quality of services; and to include recommendations for modifications of the agency's overall policies and procedures, as appropriate to the provision of high quality services.	03/28/11
H 055	3902.2(c)(3) 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 determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following: (3) A written report of the results of the evaluation shall be prepared and shall include recommendations for modifications of the agency's overall policies or practices, if appropriate. This Statute is not met as evidenced by: Based on a record review and interview, the Governing Body failed to include recommendations for modifications of the agency's overall policies or practices, if appropriate, in it's annual evaluation report. The finding includes: Review of Home Health Care Agencies Advisory	H 055	Recommendations for modifications of the agency's overall policies and procedures provided by the governing body will be incorporated into the agency's minutes of the meeting as well as the agency's policies and procedures, where identified. Recommended actions will include, but not be limited to: (1) System changes such as communication channels and reporting pathways, organizational structures and procedures, staffing, equipment, and forms revision; (2) Knowledge enhancement such as continuing staff education in-service training; and (3) Behavioral changes such as peer review, informal or formal performance appraisal, and assignment changes.	

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H 055	Continued From page 2 Board Meeting minutes on February 9, 2011, at approximately 10:00 a.m., revealed that the most recent review by the Governing Body had been performed on March 12, 2010. An interview with the Director Of Nursing (DON), revealed that she had reviewed the policies and gave a presentation on the status of medicare patients. There were suggestions that the agency needed to strengthen response mechanisms to address complaints through follow up and documentation processes such as incident reports. There was not however a systemic plan recommending modifications of the agency's overall policies or practices to the address the complaint issues. A face to face interview was conducted with the Director Of Nursing (DON), and the Administrator on February 9, 2011 at approximately 3:30 p.m. and the findings were confirmed.	H 055	3903.2(c)(2) GOVERNING BODY H 054 (continued) The plan of modification will include the following: (1) Who or what is expected to change; (2) Who is responsible for implementing the action plan; and (3) Where the change is expected to occur Alliance Home Health & Equipment Services recognizes that any identified deficient practice may potentially affect other clients and/or staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of care rendered.	03/28/11
H 153	3907.2(i) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (i) Documentation of any required criminal background check; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of any required criminal background check for two (2) of ten (10) employees in the sample. (Home Health Aide's #9, and #10) The findings include:	H 153	3902.2(c)(3) GOVERNING BODY H 055 Cross reference 3903.2(c)(2) Governing Body H 054 3907.2 (i) PERSONNEL H 153 All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inservices by the DON on the need to	03/28/11 03/28/11

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H 153	Continued From page 3 A review of Home Health Aide's #9, and #10's personnel files on February 9, 2011, at approximately 2:00 p.m., and 2:45 p.m. respectively, revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. During a face to face interview with the Administrator on February 9, 2011 at approximately 3:30 p.m the findings were confirmed.	H 153	3907.2 (i) PERSONNEL H 153 (continued) ensure that Criminal Background Checks reflect all jurisdictions within which the employee had worked or resided within the last seven years prior to the background check. The DON or designee will review all personnel files of staff on a quarterly basis and maintain a roster of the expiration dates of credentials and other documents required of staff and ensure that criminal background checks are completed as per regulatory timeframes and are incorporated into the staff's personnel file. Staff will be notified of the findings and the original copy of the deficient documents will be requested. Alliance Home Health Care & Equipment Services will make a copy of the original document and incorporate the copy into the staff's personnel file. Staff who fail to comply will be suspended until the required documents are submitted.	03/28/11
H 227	3909.2 DISCHARGES TRANSFERS & REFERRALS Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of. This Statute is not met as evidenced by: Based on record review and interview, it was revealed that the Home Care Agency (HCA) failed to provide seven (7) days written notice of discharge for one (1) of their discharged patient's included in the sample of nineteen patients. (Patient #6) The finding includes: On February 8, 2011, a record review of Patient #6's record at approximately 10:00 a.m., revealed	H 227	Alliance Home Health & Equipment Services recognizes that any identified deficient practice may potentially affect other clients and/or staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of care rendered.	

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H 227	Continued From page 4 an occupational therapy clinical note dated December 24, 2010. According to the note, the therapist had discussed discharge plans with the patient, however at the time of the survey, there was no documented evidence of a seven (7) day written notice of discharge. During the exit interview with the Administrator and the DON on February 9, 2011, beginning at approximately 3:54 p.m., the finding was acknowledged.	H 227	3909.2 DISCHARGES TRANSFERS & REFERRALS H 227 All professional staff were contacted regarding the identified deficiencies and the referenced documents were requested. All professional staff will be inservices by the DON on the policy that a written notice of discharge must be given to the client at least seven (7) days prior to the action and that staff must provide documented evidence of a seven (7) days written notice to the client/ caregiver of the pending discharge date. The DON will review the staff's documentation at least on a quarterly basis to ensure compliance with this policy. Staff will be notified of the findings and requested to correct or submit the deficient documentation. Staff who fail to comply will be suspended until the required documents are submitted. Alliance Home Health & Equipment Services recognizes that any identified deficient practice may potentially affect other clients and/or staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of care rendered.	03/28/11
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure documentation of training and education given to the patient and the patient's caregivers for one (1) of ten (10) patients in the sample. (Patient #2) The finding includes: Review of Patient #2's record on February 9, 2011, at approximately 1:06 p.m., revealed a Plan of Care (POC) dated January 18, 2011, through March 18, 2011. Further review of the POC revealed the skilled nurse was to instruct Patient #2/Caregiver on disease process and disease management. Review of Patient #2's Nursing Clinical Notes	H 279		

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H 279	Continued From page 5 dated January 18, 20th, 22nd, 26th, and 28th, 2011, revealed no evidence that the skilled nurse documented training and education given to Patient #2 on disease process and disease management. During the face to face interview with the Administrator and the DON on February 9, 2011 beginning at approximately 3:54 p.m., the finding was acknowledged.	H 279	3911.2(s) CLINICAL RECORDS H 279 A)) professional staff were contacted regarding the identified deficiencies and the referenced documents were requested. All professional staff will be inservices by the DON on the need for compliance with the policy governing documentation of training and education given to the patient and the patient's caregiver on disease process and disease management and their understanding of the information that was taught. Client's and their families will be provided with information necessary to make decisions and to take responsibility for self-management activities related to their needs. The education and training for patients and families will target the client/ caregiver's ability to improve outcomes through promotion of healthy behavior and involvement in their care, treatment and service decisions. Staff will be encouraged to use Patient Teaching Materials as specific to the teaching and training ordered in the client's plan of care to assist in providing documented instructions to the client which can also be used as a reference source for the client. A copy of the teaching material will be signed and dated by the involved professional staff and incorporated into the client's record.	03/28/11
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 Home Care Agency (HCA) failed to ensure the Plan of Care (POC) included the description, frequency, amount and expected duration; medication administration, including dosage, equipment and supplies for two(2) of ten (10) POC's reviewed. (Patients #5 and #7) The findings include: 1. On February 9, 2011, a record review of Patient #5's record at approximately 2:17 p.m. revealed a physician's verbal order for occupational therapy dated February 1, 2011. Further review of the order revealed no	H 355		

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H 355	Continued From page 6 documented evidence of the frequency, amount and expected duration of services to be provided. Continued review of the patient's record also revealed a "Medication Profile" that included Avelox 400 mg QD (once a day) for seven (7) days. Review of the patient's Plan of Care (POC) dated January 27, 2011 through March 27, 2011, failed to evidence the aforementioned medication. At the time of the survey, the HCA failed to ensure the frequency for occupational therapy services was included on Patient #5's verbal order and failed to include the patient's medication (Avelox 400 mg QD (once a day) on the POC. During a face to face interview with the Director of Nursing (DON) on February 9, 2011, at approximately 2:40 p.m., the findings were acknowledged. 2. On February 9, 2011, a record review of Patient #7's record at approximately 2:48 p.m. revealed a Plan of Care (POC) for October 20, 2010 through April 20, 2011. One of the medications ordered for the patient was Timolol. Review of Patient #7's Medication Profile included Timolol, one drop both eyes daily, however, further review of the POC only revealed one (drop), it failed to include both eyes daily. During a face to face interview with the Administrator and DON on February 9, 2011, beginning at approximately 3:54 p.m., the finding was acknowledged.	H 355	3911.2(s) CLINICAL RECORDS H 279 (continued) The DON will review the staff's documentation at least on a quarterly basis to ensure compliance with this policy. Staff will be notified of the findings and requested to correct or submit the deficient documentation. Staff who fail to comply will be suspended until the required documents are submitted. Alliance Home Health & Equipment Services recognizes that any identified deficient practice may potentially affect other clients and/or staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of care rendered. 3914.3 (d) PATIENT PLAN OF CARE H 355 All professional staff were contacted regarding the identified deficiencies and the referenced documents were requested. All professional staff will be inservices by the DON on the need for compliance with the policies governing compliance with the Patient's Plan of Care with emphasis on specific documentation of teaching and training activities and specific evaluation of the client/caregiver's understanding of instructions that were given to include:	03/28/11

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H 359	Continued From page 7	H 359	3914.3 (d) PATIENT PLAN OF CARE H 355 (continued) (1) Documented evidence of the frequency, amount and expected duration of services to be provided; (2) Documented congruency of the medication profile with the plan of care to include the name, dose, route, frequency and purpose of all medications; (3) Documented prognosis and rehabilitation potential; (4) Documented evidence that the patient's plan of care and/or physician's verbal order is approved and signed by the physician within thirty (30) days of the start of care or the date of prescription of the verbal order provided. Should the physician not indicate the date of signature, the agency shall document on the POC or the verbal order the date on which the document was received by the agency. The DON will review the staff's documentation at least on a quarterly basis to ensure compliance with this policy. Staff will be notified of the findings and requested to correct or submit the deficient documentation. Staff who fail to comply will be suspended until the required documents are submitted. Alliance Home Health & Equipment Services recognizes that any identified deficient practice may potentially affect other clients and/or staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of care rendered.	03/28/11
H 359	3914.3(h) PATIENT PLAN OF CARE The plan of care shall include the following: (h) Prognosis, including rehabilitation potential; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA's) Plan of Care (POC) failed to include prognosis, including rehabilitation potential for one (1) of ten (10) patients in the sample. (Patient #4) The finding includes: On February 8, 2011, a record review at approximately 12:26 p.m. revealed a Plan of Care (POC) for Patient #4 with a certification period of December 1, 2010 through June 1, 2011. Further review of the POC revealed that it failed to include the patient's prognosis, including rehabilitation potential. During a face to face interview with the Director of Nursing (DON) on February 8, 2011, at approximately 2:48 p.m., the finding was acknowledged.	H 359		
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30)	H 366		

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H 366	Continued From page 9 beginning at approximately 3:54 p.m., the finding was acknowledged.	H 366	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE H 399 (continued)	03/28/11
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure Personal Care Aides (PCA's) recorded, and reported on the patient's physical condition, behavior or appearance for four (4) of ten (10) patients who were receiving PCA services in the sample. (Patients #7, #8, #9, and #10). On February 8, 2011 beginning at 12:00 p.m., a record review revealed Patients #7, #8, #9, and #10 received services from a PCA. Further review of the record revealed a form entitled "Home Health /Home Care Aide Weekly Visit." Further review of the aforementioned form revealed there was no documented evidence of the agency's PCA's recording, and reporting on the patient's physical condition, behavior or appearance. During a face to face interview with the Director of Nursing (DON) on February 9, 2010 at approximately 1:45 p.m., the finding was acknowledged.	H 399	AHHC on the client's physical condition, behavior or appearance. Staff will be requested to correct and/or submit the deficient documents. Staff who fail to comply will be suspended until the required documents are submitted. Alliance Home Health & Equipment Services recognizes that any identified deficient practice may potentially affect other clients and/or staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of care rendered. 3917.2(c) SKILLED NURSING SERVICES H 453 All nurses, aides, and staffing coordinator were contacted regarding the identified deficiencies and the referenced documents were requested. All involved staff will be inserviced by the DON on the need to ensure that the patient's needs are met in accordance with the plan of care to include provision of services in the type, amount, frequency and duration as ordered. The Registered Nurse (RN) will supervise and evaluate the aide's performance as per policy and ensure the aide's	03/28/11

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H 453	Continued From page 10	H 453		
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, the Home Care Agency's (HCA's) nurse failed to ensure that patient needs are met in accordance with the plan of care (POC) for two (2) of the ten (10) patients included in the sample. (Patients #1 and #8)</p> <p>The finding includes:</p> <p>1. Review of Patient #1's record on February 8, 2011, at approximately 11:02 a.m., revealed a Plan of Care (POC) for the certification period of January 6, 2011, through March 6, 2011. The POC revealed skilled nursing services was ordered for one (1) to three (3) times a week for nine (9) weeks. Further review of the patient's record revealed that the last nursing visit was January 19, 2011. There was no documented evidence that the patient had been seen after that time. At the time of the survey, the HCA's nurse failed to ensure Patient #1's needs were met in accordance with her POC.</p> <p>A face to face Interview was conducted with the Administrator and the Director of Nursing (DON) on February 9, 2011 beginning at approximately 3:54 p.m., the finding was acknowledged.</p> <p>2. Review of Patient #8's record on February 9,</p>	H 453	<p>3917.2(c) SKILLED NURSING SERVICES H 453 (continued)</p> <p>compliance with the established assignment in accordance with the client's plan of care. The nurse and/or staffing coordinator will complete the On-Hold Services form and/or the Missed Visit form to account for the reason for those gaps in services that are known to the agency. The DON or designee will review the clinical records on a quarterly basis to ensure compliance with this policy. Staff will be requested to correct and/or submit the deficient documents. Staff who fail to comply will be suspended until the required documents are submitted.</p> <p>Alliance Home Health & Equipment Services recognizes that any identified deficient practice may potentially affect other clients and/or staff. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of care rendered.</p>	03/28/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2011
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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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)	(X5) COMPLETE DATE
H 453	<p>Continued From page 11</p> <p>2011, at approximately 11:54 a.m., revealed a Plan of Care (POC) for the certification period of January 20, 2011, through July 20, 2011. The POC revealed a Personal Care Aide (PCA) was ordered for eight (8) hours a day for five (5) days a week. Review of the "Home Health /Home Care Aide Weekly Visit Records" revealed no documented evidence that the patient received PCA services on January 17, 2011, January 21, 2011, January 26, 2011, and January 27, 2011. At the time of the survey, the HCA's nurse failed to ensure Patient #8's needs were met in accordance with her POC.</p> <p>A face to face interview was conducted with the Administrator and the Director of Nursing (DON) on February 9, 2011 beginning at approximately 3:54 p.m., the finding was acknowledged.</p>	H 453		