

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2011
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NAME OF PROVIDER OR SUPPLIER POTOMAC HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO COMMUNITY SERVICE BLDG WASHINGTON, DC 20016
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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
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted at your agency from February 18, 2011, through February 23, 2011, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of eight (8) active clinical records based on a census of one hundred-four (104) patients, two (2) discharge clinical records, and fourteen (14) personnel files based on a census of forty (40) employees, and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.</p>	H 000	<p><i>Received 3/17/11</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St., N.E. Washington, D.C. 20002</p>	
H 163	<p>3907.7 PERSONNEL</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to ensure that all employees were screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and was certified free of communicable disease for, two (2) of fourteen (14) staff in the sample. (Staff #1 and #2)</p> <p>The findings include:</p> <p>On February 23, 2011, at 11:03 a.m., review of the personnel records revealed there were no documented evidence of annual screenings for</p>	H 163	<p>Human Resources (HR) will conduct a 100% audit of all personnel files.</p> <p>This audit will include matching the paper personnel file data with the computer Event Report to make sure all information is accurate. Those individuals found to not be in compliance with any health clearance records will be given notification of said deficiency and will be required to submit health certificates to HR within 30 days of notification.</p>	3/7/11

Health Regulation Administration
LABDRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

[Signature]

TITLE
CEO

(X6) DATE
3-16-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2011
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H 163	Continued From page 1 communicable disease in Staff #1's and #2's personnel files. During a face to face interview with the director of nursing (DON) on February 23, 2011, at approximately 3:30 p.m., the aforementioned findings were acknowledged.	H 163	Those that do not comply will be removed from patient visits until certification of health clearance is produced. Ongoing compliance will then be monitored by the HR department by running Event Reports to ensure that all staff remain in compliance.	4/7/11
H 360	3914.3(i) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Activities permitted or precluded because of functional limitations; This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included the activities permitted or precluded because of functional limitations for one (1) of eight (8) patients in the sample. (Patient #3) The finding includes: Review of Patient #3's plan of care (POC) on February 23, 2011, at approximately 2:32 p.m., revealed the POC did not include the patient's functional limitations. During a face to face interview with the Director on February 23, 2011, beginning at approximately 3:45 p.m., it was acknowledged Patient #3's POC did not include the patient's functional limitations.	H 360 H360	The individual responsible for this deficiency will be counseled by their Clinical Supervisor regarding the need to identify Functional Limitations and document those limitations on the plan of care. The Quality Improvement RN will do 100% review of all Starts of Care and Re-Certifications to ensure the Functional Limitations have been identified and documented by the clinician on the plan of care. Those clinicians found to not be in compliance will be counseled by their Clinical Supervisor.	Ongoing 2/24/11
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE	H 411	Amendments will be made to include the patient's physical condition, behavior,	

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NAME OF PRDVIDER OR SUPPLIER POTOMAC HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO COMMUNITY SERVICE BLDG WASHINGTON, DC 20016
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H 411	<p>Continued From page 2</p> <p>Home health aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance:</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for one(1) of ten (3) patients in the sample. (Patient #3).</p> <p>The findings include:</p> <p>Review of Patient #3's clinical record on February 23, 2011, approximately between 1:19 a.m. - 2:35 p.m., revealed the home health aides (HHA) had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.</p> <p>During a face to face interview with the Director on February 23, 2011, beginning at approximately 3:45 p.m., it was acknowledged Patient #3's POC did not include the patient's functional limitations.</p>	H411	<p>and appearance.</p> <p>The Home Health Aide staff will then be in-serviced on the correct way to document on the Checklist.</p> <p>Ongoing compliance will be monitored by the Quality Improvement nurse weekly as the Home Health Aide Checklists are turned in.</p>	<p>3/10/11</p> <p>3/31/11</p> <p>Ongoing</p>
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