

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HUMAN TOUCH HOME HEALTH CARE AGENC	STREET ADDRESS, CITY, STATE, ZIP CODE 1416 8TH STREET, NW WASHINGTON, DC 20001
---	--

(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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted at your agency from March 1, 2011, through March 2, 2011, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of fifteen (15) clinical records based on a census of two hundred twenty-five (225) patients, fifteen (15) personnel files based on a census of two hundred seventy-nine (279) 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 3/18/11</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
H 399	<p>3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care 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 Personal Care Aides (PCA's) recorded, and reported on the patient's physical condition, behavior or appearance for seven (7) of seven (7) patients who were receiving PCA services in the sample. (Patient #9, Patient #10, Patient #11, Patient #12, Patient #13, Patient #14 and Patient #15).</p> <p>The findings include:</p> <p>Review of Patient #9, Patient #10, Patient #11,</p>	H 399	<p>H399 3915.10 (f) Home Health and Personal care aide service: Corrective Actions to be accomplished for all Personal Care Aides employed with Human Touch Home Health Care Agency.</p> <ul style="list-style-type: none"> All telephony clock in and clock out Personal Care Aides will leave a narrative documenting the detail of the patient's physical condition, behavior and appearance on a daily basis. This dictation will then be transcribed, validated and made a part of the electronic data set in the recording system. All Personal Care Aides that submit time sheets will document in writing on the reverse side of the time sheets, the patients physical condition, behavior and appearance. 	3/17/11

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<p>TITLE <i>Melissa L. Spadaro</i></p>	(X6) DATE <i>3/18/11</i>
---	--	-----------------------------

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
--	--	--	--

NAME OF PROVIDER OR SUPPLIER HUMAN TOUCH HOME HEALTH CARE AGENC	STREET ADDRESS, CITY, STATE, ZIP CODE 1416 8TH STREET, NW WASHINGTON, DC 20001
--	--

(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 399 Continued From page 1

Patient #12, Patient #13, Patient #14 and Patient #15's medical records on March 1, 2011, approximately between 12:25 p.m. and 3:00 p.m., revealed the PCA's (Personal Care Aides) had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.

During face to face interviews with the Director of Nursing (DON) and Operations Manager on March 1, 2011, at approximately 3:30 p.m., the surveyor informed the provider of the above and it was acknowledged the PCA's had not recorded and reported on Patient #9, Patient #10, Patient #11, Patient #12, Patient #13, Patient #14 and Patient #15's physical condition, behavior, or appearance to the agency.

There was no documented evidence the PCA's recorded and reported the patient's physical condition, behavior, or appearance to the agency.

H 399

- A Telephonic Broadcast announcement was made on March 17, 2011, informing all home health aides of the changes in regards to patient status documentation. An agency wide in-service for began on 3/17/11 and all Personal Care Aides will be fully trained on the recording and reporting process by March 31, 2011.
- The staff member in charge of daily reconciliation of telephony will transcribe the dictation from the system on a daily basis and it will become part of the patients permanent record. Should a personal care aide not comply with the requirements the DON and Operations Manager will be notified within 24 hours and the individual will be subject to disciplinary action.

3/17/11

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 facility's skilled nursing staff failed to ensure documentation of evaluation of patient instruction for one (1) of seven (7) patients receiving skilled care in the sample. (Patient #6)

The finding includes:

H 459

H459 3917.2 (i) Skilled Nursing Services, patient Instructions and evaluation of patient instructions: According to Human Touch's Joint Commission Policy and Procedure No. 2-044 Patient Education Process:

- Documentation of patient and family/caregiver education will consist of:
 - o Describing what was taught to the patient (if using preprinted materials, document the name of the handout)

3/3/11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
NAME OF PROVIDER OR SUPPLIER HUMAN TOUCH HOME HEALTH CARE AGENC		STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW WASHINGTON, DC 20001		
(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 459	Continued From page 2 Review of Patient # 6's Plan of Treatments (POC) dated February 21, 2011 to April 21, 2011 on March 1, 2011, at approximately 1:10 p.m., revealed the Registered Nurse (RN) was to instruct Patient #6 on medication management and disease processes. During a face to face interview with the Director of Nursing (DON) on March 1, 2011, at approximately 2:15 p.m., it was acknowledged Patient #6's nursing visit note did not specifically evaluate the patient instructions given to the caregiver. There was no documented evidence of the evaluation of patient #6 instructions.	H 459	<ul style="list-style-type: none"> o Describing the patient's response to the teaching, including the level of understanding and the ability to repeat or demonstrate what was taught o Describing any additional learning needs not currently met o Describing teaching planned for subsequent visits <ul style="list-style-type: none"> • An agency-wide in-service was given on 3/3/11 and 3/4/11 in regards to Policy No. 2-044 documenting the response to teaching provided to the clients and/or caregivers in the daily visit note. • Weekly chart audits will be conducted on all active patient records to assure that documentation of the patients and/or caregiver's response to teaching is completed in each record. Should a clinician not comply with the requirements the DON and Operations Manager will be notified immediately and the individual will be subject to disciplinary action. 	3/3/11