

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0032 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/19/2012 |
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| NAME OF PROVIDER OR SUPPLIER ALERE WOMEN'S AND CHILDREN'S HEALTH I | STREET ADDRESS, CITY, STATE, ZIP CODE 601 PENNSYLVANIA AVENUE, NW, SOUTH BLDG SUITE WASHINGTON, DC 20004 |
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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 | INITIAL COMMENTS An annual survey was conducted at your agency on October 18, 2012 to October 22, 2012, to determine compliance with Title 22 DCMR, Chapter 39 Home Care Agencies Regulations. The following deficiencies were based on record reviews, staff interview, and patient interviews. The sample sizes were eight (8) active patients based on a census of twenty-six (26), two (2) discharge patients, nine (9) employees based on a census of nine (9) employees, two (2) patient home visits and eight (8) patient telephone interviews. | H 000 | <p style="text-align: center;"><i>Received 11/8/12</i></p> <p style="text-align: center;">Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> | |
| H 363 | 3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; 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 identification of employees in charge of managing emergency situations for two (2) of eight (8) patients in the sample. (Patients #1 and #7) The findings include: 1. On October 18, 2012, review of Patient #1's POC dated July 2, 2012, at approximately 11:10 a.m., revealed no documented evidence the POC included identification of employees in charge of managing emergency situations. | H 363 | <p>What corrective action(s) will be accomplished to address the identified deficient practice;</p> <p>PPOT templates are now available which include the necessary information. They will be used for all DC PPOTs.</p> | 11-2012 |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robin Stanley, RN* TITLE
STATE FORM 6098 7D2711 (X6) DATE 11-8-2012
If continuation sheet 1 of 3

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| H 363 | Continued From page 1 2. On October 18, 2012, review of Patient #7's POC dated July 13, 2012, at approximately 1:45 p.m., revealed no documented evidence the POC included identification of employees in charge of managing emergency situation. During an interview with the home care agency director on October 18, 2012, at approximately 2:10 p.m., it was acknowledged that the identification of employees in charge of managing emergency situations was not listed on patient #1 and #7's POC. The director indicated she had instructed the staff to include persons in charge of emergency situations on all POCs. | H 363 | What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; Director will check each signed PPOT and return any that are missing information that is mandatory to the referral team for resubmission. 11-2012 |
| H 364 | 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... 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 emergency protocols for one (1) of eight (8) patients in the sample. (Patients # 1 and #7) The findings include: 1. On October 18, 2012, a review of Patient #1's POC dated July 2, 2012, at approximately 11:10 a.m., revealed no documented evidence the POC include emergency protocols. 2. On October 18, 2012, a review of Patient #7's POC dated July 13, 2012, at approximately 1:45 p.m., revealed no documented evidence the POC | H 364 | 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; A quality assurance initiative is in place tracking all PPOTs for mandatory information. It will be reviewed monthly and reported on quarterly. 11-2012 |

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| H 364 | Continued From page 2 included emergency protocols. During a face to face interview with the Director of the D.C. office at approximately 2:10 p.m., it was acknowledged the POCs for patients #1 and #7 did not include emergency protocols. The director indicated she had instructed the staff to include emergency protocols on all POC's. | H 364 | |