

Received 6/21/10

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

PRINTED: 06/10/2010
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HCA-0019

HEALTH REGULATION ADMINISTRATION
815 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY
COMPLETED

05/12/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPECTRUM HOME HEALTH CARE SERVICES,

3019 GEORGIA AVENUE, NW
WASHINGTON, DC 20010

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
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TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

H 000 INITIAL COMMENTS

An annual survey was conducted at your agency from May 11, 2010, through May 12, 2010, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a sample of two (2) clinical records based on a census of two (2) patients, six (6) personnel files based on a census of six (6) employees and two (2) 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.

H 000

3905.2(e) POLICIES AND PROCEDURES

07/31/10

The policy governing Record Retention and Disposal was implemented and is included as **Attachment #1.**

All staff will be inserviced by the Director of Nursing or designee on the policies and procedures governing Records Retention and Disposal. Director of Nursing or designee will track the inservice roster on a monthly basis to ensure that all staff are inserviced on this policy and to provide the instructions to those whose records reflect that they have not received this instruction and documentation of such will be placed in the personnel file of the staff who are then responsible for informing the client of this policy.

Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.

H 095 3905.2(e) POLICIES AND PROCEDURES

Written policies and procedures shall be developed for, at a minimum, the following:

(e) Records retention and disposal;

H 095

This Statute is not met as evidenced by:
Based on record review and interview, the Home Care Agency (HCA) failed to ensure policies and procedures were developed for records retention and disposal.

The finding includes:

Record review of the HCA's policies and procedures on May 11, 2010, beginning at 3:24 p.m., revealed the agency failed to provide evidence of a policy and procedure for record retention and disposal.

During a face to face interview with the Director

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE 6/21/10

(X6) DATE

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29U711

If continuation sheet 1 of 15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2010
NAME OF PROVIDER OR SUPPLIER SPEQTRUM HOME HEALTH CARE SERVICES,		STREET ADDRESS, CITY, STATE, ZIP CODE 3019 GEORGIA AVENUE, NW WASHINGTON, DC 20010	

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H 095	Continued From page 1 of Quality Assurance on May 11, 2010, beginning at 5:15 p.m., it was acknowledged, there was no evidence that a policy and procedure had been developed for record retention and disposal. At the time of the survey, there was no documented evidence that a policy and procedure had been developed for record retention and disposal.	H 095	3907.2(c) PERSONNEL All staff were contacted regarding the identified deficiencies. All staff will be oriented by the Director of Nursing or designee prior to assignment on any cases. Attachment #2 (a)(b)	07/31/10
H 147	3907.2(c) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency failed to maintain accurate personnel records, which included documentation of resumes of education for five (5) of six (6) employees in the sample. (Staff #1, Staff 2, Staff #3, Staff #4 and Staff #5). Additionally, there was no evidence of orientation for the aforementioned five (5) of six (6) staff in the sample. The findings include: 1. Review of personnel records on May 11, 2010, beginning at approximately 3:08 p.m. revealed no documentation of resumes of education for Staff #1, Staff 2, Staff #3, Staff #4 and Staff #5 in their personnel records.	H 147	The Director of Nursing or designee will review all personnel files of all staff to ensure that staff has been oriented and the completed orientation checklist is incorporated into the staff's personnel file. Staff will be notified of the findings and if deficient, will be requested to correct/submit the deficient documents. Staff whofail to correct the deficiency will be suspended until the required documents are submitted. Speqtrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	

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H 147	Continued From page 2 During a face to face interview with the Director of Quality Assurance on May 11, 2010 beginning at approximately 5:15 p.m., it was acknowledged the aforementioned employees did not have documentation of resumes of education in their personnel records. At the time of survey, there was no documented evidence of resumes of education in employee's personnel records. 2. Review of personnel records on May 11, 2010, beginning at approximately 3:08 p.m. revealed no evidence of orientation for Staff #1, Staff 2, Staff #3, Staff #4 and Staff #5 in their personnel records. During a face to face interview with the Director of Quality Assurance on May 11, 2010 beginning at approximately 5:15 p.m., it was acknowledged the aforementioned staff did not have documentation of participation/attendance of orientation training. At the time of the survey, there was no documented evidence in the personnel records of participation/attendance of the HCA's orientation.	H 147	3907.2(f) PERSONNEL All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Director of Nursing or designee on the need to have all credentials and other employment documents maintained current at all times. Verification of previous employment and references will be completed as outlined in Attachment #2(a) and the documentation will be incorporated into the staff's personnel file. The Director of Nursing 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 previous employment was verified and reference checks were completed and incorporated into the staff's personnel file.	07/31/10
H 150	3907.2(f) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (f) Verification of previous employment; This Statute is not met as evidenced by: Based on record review and interview, it was	H 150		

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H 150	<p>Continued From page 3</p> <p>determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of verification of previous employment for one (1) of six (6) employees included in the sample. (Staff #5)</p> <p>The finding includes:</p> <p>Record review on May 11, 2010, beginning at approximately 3:50 p.m., revealed that there was no documentation of verification of previous employment for the LPN, Staff #5 in her personnel record.</p> <p>During a face to face interview with the Director of Quality Assurance, (DQA) on May 13, 2010, at approximately 5:15 p.m., it was acknowledged Staff #5 did not have documentation of verification of previous employment in her personnel record.</p> <p>At the time of the survey, there was no documented evidence of verification of previous employment in Staff #5's personnel record.</p>	H 150	<p>3907.2(f) PERSONNEL (continued)</p> <p>Staff will be notified of the findings and requested to correct/submit the deficient documents.</p> <p>Staff who fail to correct the deficiency will be suspended until the required documents are submitted.</p> <p>Speqtrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p>	07/31/10	
H 151	<p>3907.2(g) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(g) Documentation of reference checks;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of reference checks for one (1) of six (6) employees included</p>	H 151	<p>3907.2(g) PERSONNEL Cross reference 3907.2(f) PERSONNEL</p>	07/31/10	

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H 151	Continued From page 4 In the sample. (Licensed Practical Nurse, (LPN) Staff #5) The finding includes: Record review on May 11, 2010, beginning at approximately 3:50 p.m., revealed that there was no documentation of reference checks for the Staff #5 in her personnel record. During a face to face interview with the Director of Quality Assurance, (DQA) on May 11, 2010, at approximately 5:15 p.m., it was acknowledged Staff #5 did not have documentation of reference checks in her personnel record.	H 151	3907.2(k) PERSONNEL All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Director of Nursing or designee on the need to have a valid job description (Attachment #2(a)(b)) The Director of Nursing or designee will review all personnel files of staff on a quarterly basis and ensure that all staff's personnel file contain a valid position description which is signed and dated by the staff and the supervisor. Staff will be notified of the findings and requested to comply with this policy. Staff who fail to correct the deficiency will be suspended until the required documents are completed and/or submitted.	07/31/10
H 155	3907.2(k) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (k) A position description; This Statute is not met as evidenced by: Based on a record review and interview, the Home Care Agency (HCA) failed to maintain a position description in the personnel records of one (1) of six (6) employees included in the sample. (Staff #3). The finding includes: Review of the personnel records on May 11, 2010, at approximately 3:33 p.m., revealed no evidence of a position description in Staff #3's personnel record.	H 155	Speqtrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients/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 services rendered.	

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H 155	Continued From page 5 During a face to face interview with the Director of Quality Assurance (DQA) on May 11, 2010, at approximately 5:15 p.m., it was acknowledged HCA, Staff #3 did not have position description on file. At the time of the survey, there was no documented evidence of a position description for Staff #3 in her personnel record.	H 155		
H 157	3907.2(m) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (m) Documentation of acceptance or declination of the Hepatitis Vaccine; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain personnel records, which included documentation of a acceptance or declination of the Hepatitis Vaccine for one (1) of six (6) employees included in the sample. (Staff #3) The finding includes: Review of Staff #3's personnel record on May 11, 2010, beginning at approximately 3:33 p.m., revealed no documentation of acceptance or declination of the Hepatitis Vaccine. During a face-to-face interview with the Director of Quality Assurance (DQA) on May 11, 2010, at approximately 5:15 p.m., it was acknowledged there was no documentation of an acceptance or	H 157	3907.2(m) PERSONNEL All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Director of Nursing or designee on the need to submit evidence of obtainment of the hepatitis vaccine or to complete the Acceptance or Declination of the Hepatitis Vaccine form (Attachment #2(a)(b)) The DON or designee will review all personnel files of staff on a quarterly basis and ensure that all staff's personnel file contain documentation of acceptance or declination of the hepatitis vaccine and is signed and dated by the staff. Staff will be notified of the findings and requested to comply with this policy. Staff who fail to correct the deficiency will be suspended until the required documents are completed and/or submitted. Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients/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 services rendered.	07/31/10

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H 157	Continued From page 6 declination of the Hepatitis Vaccine on file for Staff #3. At the time of the survey, the HCA failed to provide documented evidence of an acceptance declination of the Hepatitis Vaccine on file for Staff #3.	H 157		
H 263	3911.2(c) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (c) Initial assessment and on-going evaluation; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to have a initial assessment in the clinical record for one (1) of two (2) patients. (Patient #2) The finding includes: Review of Patient #2's, Home Health Certification and Plan of Care (POC) on May 11, 2010, at approximately 4:00 p.m., revealed no copy of the initial assessment in the clinical record. During a face to face interview with the Administrator on May 11, 2010, at approximately 4:12 p.m., it was acknowledged the initial assessment were not in Patient #2 's medical records. There was no documented evidence of copies of the initial assessment in the clinical record.	H 263	3911.2(c) CLINICAL RECORDS All professional staff were contacted regarding the identified deficiencies and the referenced documents were requested. The staff will be inserviced by the Director of Nursing on the need to ensure that copies of initial comprehensive assessments of the client are thoroughly completed and incorporated into the clinical record. The Director of Nursing or designee will review all documentation on a quarterly basis to determine compliance with the conditions of participation for home care. Staff will be notified of the findings and requested to correct/submit the deficient documents. Staff who fail to correct the deficiency will be suspended until the required documents are submitted. Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients/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 services rendered.	07/31/10

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H 268	Continued From page 7			
H 268	<p>3911.2(h) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined the agency failed to ensure Clinical, progress, and summary notes, were signed and dated as appropriate by skilled nursing staff for one (1) of two (2) patients in the sample. (Patient #1)</p> <p>The finding includes:</p> <p>Review of Patient # 1's skilled nursing note dated April 21 and April 24, 2010, on May 11, 2010, at approximately 3:25 p.m., revealed the Registered Nurse (RN) did not sign the documents.</p> <p>During a face to face interview with the Administrator on May 11, 2010, at approximately 3:30 p.m., the surveyor informed the provider of the above and it was acknowledged the RN had not signed Patient # 1's skilled nursing notes.</p> <p>There was no documented evidence all of the clinical, progress, and summary notes, were signed and dated as appropriate by skilled nursing staff.</p>	H 268 H 268	<p>3911.2(h) CLINICAL RECORDS</p> <p>All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Director of Nursing or designee on the need to ensure that all clinical, progress and summary notes and activity records are signed and dated by the appropriate professional and direct care staff.</p> <p>The Director of Nursing or designee will review all documentation on a quarterly basis to determine compliance with the conditions of participation for home care. Staff will be notified of the findings and requested to correct/submit the deficient documents. Staff who fail to correct the deficiency will be suspended until the required documents are corrected/submitted.</p> <p>Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p>	07/31/10
H 279	<p>3911.2(s) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p>	H 279		

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H 279	Continued From page 8 (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 two (2) patients in the sample. (Patient # 1) The findings includes: Review of Patient # 1's Plan of Care (POC) dated April 20, 2010, through June 18, 2010, on May 11, 2010, at approximately 1:50 p.m., revealed the patient has diagnoses that include Diabetes Mellitus Type II. Further review revealed the skilled nurse was to instruct the patient on diabetic care. Review of Patient # 1's skilled nursing notes dated April 21, April 24, April 29 and May 2, on May 11, 2010, at approximately 3:35 p.m., revealed no training and education given to the patient on diabetic care. During a face to face interview with the Administrator on May 11, 2010, at approximately 3:50 p.m., the surveyor informed the provider of the above and it was acknowledged the medical records did not include any training and education given to Patient #1 on diabetic care. There was no documented evidence of training and education given to the patient and the patient's caregivers on diabetic care.	H 279	3911.2(s) CLINICAL RECORDS All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Director of Nursing or designee on compliance with the client's plan of care and the need to ensure documentation of the specific training and education given to the patient and the patient's caregiver and the evaluation of the client/caregiver's specific understanding of the interventions taught such as on: (1)diabetes care and management; (2) wound care and management; (3) medication management; (4) disease processes; (5) dietary/nutrition management; (6)maintaining adequate hydration; (7) maintaining client's hygiene; (8) coordination of care; (9) community resources; (10) safety in the home; (11) compliance with physician's orders as prescribed; (12) Disease process and management; (13)Medication management Clients and their families will be provided with information necessary to make decisions and to take responsibility for self-management activities related to their needs.	07/31/10

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H 333	<p>3913.3 COMPLAINT PROCESS</p> <p>The telephone number of the Home Health Hotline maintained by the Department of Health shall be posted in the home care agency's operating office in a place where it is visible to all staff and visitors.</p> <p>This Statute is not met as evidenced by: Based on an observation and interview, it was determined that the home care agency failed to post the telephone number of the Home Health Hotline maintained by the Department of Health (DOH) in the agency's operating office in a place visible to staff and visitors.</p> <p>The finding includes:</p> <p>During observation at the home care agency on May 11, 2010, at approximately 3:00 p.m., it was observed that the telephone number of the Home Health Hotline maintained by the Department of Health (DOH) was not posted in the operating office in a place visible to staff and visitors.</p> <p>During a face to face interview with the Administrator on May 11, 2010, at approximately 3:10 p.m., it was acknowledged that the telephone number of the Home Health Hotline maintained by the DOH was not posted in the operating office in a place visible to staff and visitors.</p> <p>There was no evidence the telephone number of the Home Health Hotline maintained by the DOH was posted in the home care agency.</p>	H 333	<p>3911.2(s) CLINICAL RECORDS (continued)</p> <p>The education and training for patients and families will target the clients ability to improve outcomes through promotion of healthy behavior and involvement in their care, treatment and service decisions.</p> <p>Staff will be encouraged to use Patient Teaching Materials specific to the teaching and training as 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 nurse and incorporated into the client's clinical record. The nurses must document the client's response to the information taught to include what was understood and retained and what was not understood and/or retained.</p> <p>The Director of Nursing or designee will review all documentation on a quarterly basis to determine compliance with policies governing training and education given to clients and caregivers. Staff will be notified of the findings and requested to correct/submit the deficient documents. Staff who fail to correct the deficiency will be suspended until the required documents are submitted.</p> <p>Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients/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 services rendered.</p>	07/31/10
H 363	<p>3914.3(l) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p>	H 363		

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STATE FORM

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H 363	<p>Continued From page 10</p> <p>(I) Identification of employees in charge of managing emergency situations;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview it was determined the agency failed to include identification of employees in charge of managing emergency situations for two (2) of two (2) patients in the sample. (Patient # 1 and # 2)</p> <p>The findings include:</p> <p>Review of Patient # 1 and # 2's Plan of Care (POC) on May 11, 2010, approximately between 3:20 p.m., to 4:00 p.m., revealed the POC did not include identification of employees in charge of managing emergency situations.</p> <p>During a face to face interview with the Administrator on May 11, 2010, at approximately 4: 10 p.m., the surveyor informed the provider of the above and it was acknowledged it was acknowledged the POC did not include identification of employees in charge of managing emergency situations for Patient # 1 and # 2.</p> <p>There was no documented evidence the HCA included the identification of employees in charge of managing emergency situations on the POC.</p>	H 363	<p>3913.3 COMPLAINT PROCESS</p> <p>The policy governing the Complaint Process was amended and implemented and is included as Attachment #3.</p> <p>All staff will be inserviced by the Director of Nursing or designee on the policies and procedures governing the Complaint Process</p> <p>The Director of Nursing or designee will track the inservice roster to ensure that all professional staff are inserviced on this policy and in turn will review this information with the client throughout the course of care. The client's clinical records will be reviewed quarterly by the DON or designee to ensure the staff's compliance with the policy.</p> <p>Staff who fail to comply will be suspended until they have received the inservice on this policy and complied therewith.</p>	07/31/10
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by:</p>	H 364	<p>Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
HCA-0019

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED
05/12/2010

NAME OF PROVIDER OR SUPPLIER
SPECTRUM HOME HEALTH CARE SERVICES,

STREET ADDRESS, CITY, STATE, ZIP CODE
**3019 GEORGIA AVENUE, NW
WASHINGTON, DC 20010**

(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 364

Continued From page 11
Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for two(2) of two (2) patients in the sample. (Patient # 1 and # 2)

The findings include:

Review of Patient # 1 and # 2's plan of care (POC) on May 11, 2010 approximately between 3:20 p.m., to 4:00 p.m., revealed the POC did not include emergency protocols.

During a face to face interview with the Administrator on May 11, 2010, at approximately 4:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient # 1 and# 2.

There was no documented evidence the emergency protocol was on the POC.

H 364

3914.3(1) PATIENT PLAN OF CARE

All staff were contacted regarding the identified deficiencies and were requested to correct/submit the referenced deficient documents. All staff will be inserviced by the Director of Nursing or designee on the need to comply with the conditions of participation governing the plan of care to address identification of employees in charge of managing emergency situations and the established protocols as delineated in **Attachment #4**. This information will be incorporated on the client's Plan of Care.

07/31/10

H 399

3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE

H 399

Personal care aide duties may include the following:

(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;

The Director of Nursing or designee will review the clinical records on a monthly basis to ensure compliance with this policy Staff will be notified of the findings and requested to correct and/or submit the deficient documents.

Staff who fail to comply will be suspended until the deficient documents are submitted. Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action plan to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2010
NAME OF PROVIDER OR SUPPLIER SPEQTRUM HOME HEALTH CARE SERVICES,		STREET ADDRESS, CITY, STATE, ZIP CODE 3019 GEORGIA AVENUE, NW WASHINGTON, DC 20010	

(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 12 The findings includes: Review of Patient # 2's Home Health Certification and Plan of Care (POC) dated April 27, 2010, to October 25, 2010, on May 11, 2010, at approximately 4:00 p.m., revealed the patient was to receive Personal Care Aide (PCA) services four (4) hours a day for five (5) days for six (6) months. During a face to face interview with the Administrator on May 11, 2010, at approximately 4:40 p.m., it was the PCA had not recorded, and reported on the Patient #2's physical condition, behavior or appearance. There was no documented evidence the PCA's recorded and reported the patient's physical condition, behavior, or appearance to the agency	H 399	3914.3(m) PATIENT PLAN OF CARE Cross reference 3914.3(1) PATIENT PLAN OF CARE 3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE All aides were contacted regarding the identified deficiencies and the referenced documents were requested. All aides will be inserviced by the Director of Nursing or designee on the need for observing, recording, and reporting the client's physical condition, behavior or appearance to Speqtrum Home Health Services. The registered nurse will supervise and evaluate the aide's performance as per policy and The Director of Nursing or designee will review all clinical records on a quarterly basis to ensure that the aides are complying with reporting the client's physical condition, behavior or appearance. Staff will be notified of the findings and requested to correct and/or submit the deficient documents. Staff who fail to comply will be suspended or terminated. Speqtrum Home Health Services recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered	07/31/10 07/31/10
H 450	3917.1 SKILLED NURSING SERVICES Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure Skilled nursing services were provided in accordance with the patient's plan of care (POC) for one (1) of two (2) patients in the sample. (Patient #1) The finding includes: Review of Patient # 1's POC dated April 20, 2010, through June 18, 2010, on May 11, 2010,	H 450		

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NAME OF PROVIDER OR SUPPLIER SPECTRUM HOME HEALTH CARE SERVICES,		STREET ADDRESS, CITY, STATE, ZIP CODE 3019 GEORGIA AVENUE, NW WASHINGTON, DC 20010	

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H 450	<p>Continued From page 13</p> <p>at approximately 1:50 p.m., revealed the patient has diagnoses that include Diabetes Mellitus Type II. Further review revealed the skilled nurse was to monitor Patient #1's blood glucose during each visit.</p> <p>Review of Patient # 1's skilled nursing notes dated April 21, April 24, April 29 and May 2, on May 11, 2010, at approximately 3:35 p.m., revealed Patient #1's blood glucose was only monitored on April 29 and May 2, 2010.</p> <p>During a face to face interview with the Administrator on May 11, 2010, at approximately 3:45 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not monitored Patient #1's blood glucose according to the POC.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p>	H 450	<p>3917.1 SKILLED NURSING SERVICES</p> <p>All nurses were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Director of Nursing or designee on the need for compliance with the policies governing compliance with the physician's Plan of Care with emphasis on: (1) Providing services in accordance with the physician's plan of care .g, monitoring glucose levels on each visit; (2) Complete physical assessment and evaluation of all systems on each visit; (3) Communicating with the physician on any identified problems and/or changes in the client's condition.</p> <p>The Director of Nursing or designee will review all clinical records on a quarterly basis to ensure compliance with this regulation. Nurses will be notified of the findings and requested to correct/submit the deficient documents.</p>	07/31/10
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 interview and record review, the Home Care Agency's (HCAs)nurse failed to ensure that patient needs are met in accordance with the plan of care (POC) for one (1) of two (2) patients in the sample. (Patient #2)</p> <p>The finding includes:</p>	H 453	<p>Nurses who fail to correct the deficiency will be suspended until the required documents are submitted.</p> <p>Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other residents. The corrective action to all identified deficiencies will be applied across the board to all clients to improve the quality of services rendered</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2010
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NAME OF PROVIDER DR SUPPLIER SPECTRUM HOME HEALTH CARE SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE 3019 GEORGIA AVENUE, NW WASHINGTON, DC 20010
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H 453	Continued From page 14 Review of Patient # 2's Home Health Certification and Plan of Care (POC) dated April 27, 2010, to October 25, 2010, on May 11, 2010 at approximately 4:00 p.m., revealed Patient #2 had diagnoses that included polyarthritis of the pelvis, Diabetes Mellitus Type II, hypertension and a sprained right wrist. Further review revealed the patient was to receive Personal Care Aide (PCA) services five (5) times a week for four (4) hours a day. The skilled nurse was to provide PCA supervision once a month and two (2) times whenever necessary for six (6) months. During a face to face interview Patient #2 in her home on May 12, 2010, at approximately 11:05 a.m., it was revealed the patient had not received PCA services since April 30, 2010. Further interview revealed Patient #2 had informed the skilled nurse and the Administrator that PCA services had not been provided during the month of May, 2010. During a face to face interview with the Administrator on May 11, 2010, at approximately 4:40 p.m., It was acknowledged Patient #2 was not provided PCA services according to the POC. There was no documented evidence PCA services were provided according to the POC.	H 453	3917.2 (c) SKILLED NURSING SERVICES All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All RNs will be inserviced by the Director of Nursing or designee on the need for compliance with the policies governing compliance with the physician's Plan of Care with emphasis on: (1) Supervision of the services delivered by the Home Health Aide, Personal Care Aide and the Licensed Practical Nurse and other support staff, to ensure that services are being provided in accordance with the client's plan of care; (2) Documentation of the supervision on the appropriate form(s); (3) Completion of the supervision in the timeframes, as per policy for the supervised disciplines; (4) Addressing, resolving and documenting all identified problems; (5) Ensuring that the client's needs are being met in accordance with the plan of care The Director of Nursing or designee will review all clinical records on a quarterly basis to ensure compliance with this regulation. Registered Nurses who fail to correct the deficiency will be suspended until the required documents are submitted. Spectrum Home Health Services recognizes that any identified deficient practice may potentially affect other residents. The corrective action to all identified deficiencies will be applied across the board to all clients to improve the quality of services rendered For all deficiencies cited in this report, Spectrum Home Health Services will implement quality assurance activities as noted in the policy on quality assurance identified as Attachment #5.	07/31/10