

Health Regulation Administration FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA 0000	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED  04/22/2010
NAME OF PROVIDER OR SUPPLIER  BERHAN HOME HEALTH CARE AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p><b>INITIAL COMMENTS</b></p> <p>On March 29, 2010, during a monitoring visit at another Health Care Agency, Surveyors interviewed a patient who revealed that his Personal care Aide (PCA)/ Home Health Aide (HHA) was providing services beyond his/her scope of practice. Interview with the PCA/HHA revealed that he/she had been employed by Berhan Home Health.</p> <p>Based on this finding, an investigation was initiated to determine if Berhan Home Health was providing appropriate nursing services to Pateint #1.</p>	H 000	<p><i>Received 4/22/10</i></p> <p><b>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST. N.E., 2ND FLOOR WASHINGTON, D.C. 20002</b></p>	
H 013	<p><b>3900.7 GENERAL PROVISIONS</b></p> <p>Each home care agency shall post its license in a conspicuous place within the District of Columbia operating office.</p> <p>This Statute is not met as evidenced by: Based on an observation and interview, it was revealed that the agency failed to post it's license in a conspicuous place in it's operating office.</p> <p>The finding includes:</p> <p>An observation on March 29, 2010, at approximately 9:30 a.m., revealed that the agency's license was not posted in a conspicuous place within the operating office.</p> <p>A face to face interview with the Director of Nursing on March 29, 2010, at approximately 9:35 a.m., confirmed finding.</p> <p>However, after being made aware of the above listed regulation, the CEO posted the agency's</p>	H 013	<p><b>3900.7 GENERAL PROVISIONS</b></p> <p>The deficiency was corrected prior to completion of the survey and the license was posted in a conspicuous place. Berhan Home Health Care Agency will ensure that the agency's license remains posted in a conspicuous place within the operating office.</p> <p>The CEO will monitor this activity daily to ensure consistent compliance with this statute.</p> <p>No clients were affected by the deficient practice.</p>	06/03/10

Health Regulation Administration

TITLE

(X6) DATE

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

STATE FORM

6899

1X1211

If continuation sheet 1 of 21

Health Regulation Administration FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
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H 013	Continued From page 1 license in a conspicuous location that could be visible by the public at approximately 10:00 a.m., on March 29, 2010.	H 013	3904.1 DIRECTOR	08/09/10	
H 070	<p>3904.1 DIRECTOR</p> <p>The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained.</p> <p>This Statute is not met as evidenced by: Based on interview, observations and record review, the agency's Director failed to manage and direct the agency's operation and failed to ensure that one of one staff member was adequately and appropriately trained. (Employee #1 (HHA))</p> <p>The finding includes:</p> <p>On March 19, 2010, at approximately 9:30 a.m., during a face to face interview, Patient #1 stated "she (HHA -employee #1) gives me my pills and my insulin shots, takes care of my dressings because I'm blind and I can't do it. She also cooks for me, takes me to the doctors and does my shopping."</p> <p>On March 19, 2010, at approximately 9:50 a.m., face to face interview with Employee #1 revealed that she administers medications, performs dressing changes, and administers insulin injections for Patient #1. She admitted she performed the aforementioned services because Patient #1 is blind and needs assistance with</p>	H 070	<p>The Governing Body shall recruit and appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained. The Director shall:</p> <ol style="list-style-type: none"> <li>1. Direct the daily operations of the agency in compliance with the agency's policies and procedures and state and federal regulations.</li> <li>2. Review job descriptions with staff and ensure that staff function within the scope of their job descriptions.</li> <li>3. Review infection control measures with the staff.</li> <li>4. Inservice /train staff on the conditions of participation governing the Plan of Care and ensuring compliance with the plan of care and other conditions of participation governing home care.</li> <li>5. Ensures that staff is adequately and appropriately trained.</li> <li>6. At least on a quarterly basis perform assessment and evaluation of the documentation submitted by the staff , as well as the staff's performance in the provision of services.</li> </ol>		

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H 070	<p>Continued From page 2 using his hands.</p> <p>Observations conducted on March 19, 2010, at approximately 10:20 a.m., evidenced employee #1 inadequately performing dressing change for a stage 3 wound to Patient #1's left index finger. Employee #1 failed to maintain infection control while performing wound care. She was observed doing the following task list below:</p> <ul style="list-style-type: none"> <li>- She did not wash her hands before donning gloves to perform wound care.</li> <li>- After she removed previous dressing, she did not wash her hands or change her gloves.</li> <li>- She cleansed wound with opened undated Saline. She admitted that the patient has had the saline for approximately 10 months.</li> <li>- While applying Mupirocin ointment to the wound, she touched the wound with the tip of the tube.</li> </ul> <p>During further observation, Employee #1 demonstrated how she administers Patient #1's insulin in his deltoid muscle, which is not the site prescribed by the physician.</p> <p>Further observation revealed Patient #1 had approximately 16 filled insulin syringes in a coffee mug in the refrigerator. During the face to face interview with Employee #1, she admitted that a nurse from another agency filled the syringes.</p> <p>Review of Patient #1's clinical record on March 29, 2010, at approximately 10:00 a.m., revealed a documented entitled, "Medication Profile" undated, that indicated that the patient was prescribed lantus insulin 30 units to be given</p>	H 070	<p><b>3904.1 DIRECTOR (Continued)</b></p> <ol style="list-style-type: none"> <li>7. Interviews, screens, and employs qualified personnel.</li> <li>8. Ensures accuracy of public information and materials</li> <li>9. Ensures quality and safe delivery of services and compliance with organizational policies and procedures and State and federal rules and regulations.</li> <li>10. Reports to the Board of Directors on all functions of the organization, and maintains on file minutes of all meetings.</li> </ol> <p>The Director reviews reports of the Quality Assurance Committee on a quarterly basis to provides for review of services and staff and the process followed in the provision of services; and provides feedback to staff regarding their performance and client outcomes.</p> <p>The director will be disciplined if he/she fails to perform with the requirements of the position description.</p> <p>BHCA 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>	

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H 070	Continued From page 3  subcutaneously daily at bedtime. Further review of the record revealed the Plan of Care (POC) from January 19, 2010 through March 19, 2010, in which the doctor order for a skilled nurse (RN/LPN) to cleanse right lateral thigh ulcer with with normal saline, apply silvadene cream, and cover with 4 x 4 daily until resolved. The POC also had a diagnosis of Blindness in both eyes for Patient #1.  On March 29, 2010, at 10:41 p.m., review of Employee #1's personnel record revealed, that the employee was a certified Home Health Aide (HHA). There was no documented evidence in the record that Employee #1 was adequately and appropriately trained to administer medications, administer insulin injections, and perform wound care.	H 070	<b>3907.2(c) PERSONNEL</b>  All staff were contacted regarding the identified deficiencies. All staff will be oriented by the Clinical Manager/Director of Nursing prior to assignment on any cases. <b>Attachment #2 (a)(b)(e)</b>  The Clinical Manager/Director of Nursing will review all personnel files of all staff to ensure that staff submits all required credentials, receive an orientation as per policy, 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 who fail to correct the deficiency will be suspended until the required documents are corrected.	08/09/10
H 147	<b>3907.2(c) PERSONNEL</b>  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, the agency failed to maintain accurate personnel records, which included documentation of resume of education and evidence of attendance at orientation for two of five employees in the sample. (Registered Nurse #4 and #5)  The findings include:	H 147	  Berhan Home Health Care Agency 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 4  1. On March 29, 2010, at 11:38 a.m., review of Registered Nurse (RN) #3's personnel file revealed no documentation of resume of education and evidence of attendance at orientation in the personnel record. Interview with the Director of Nursing (DON) on the same day at approximately 1:30 p.m., acknowledged RN #3 did not have documentation of resume of education and evidence of attendance at orientation.  2. On March 29, 2010, at 11:55 a.m., review of Registered Nurse (RN) #4's personnel file revealed no documentation of resume of education and evidence of attendance at orientation in the personnel record. Interview with the DON on the same day at approximately 1:31 p.m., acknowledged RN #4 did not have documentation of resume of education and evidence of attendance at orientation.	H 147	3911.2(e) CLINICAL RECORDS  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 Clinical Manager/Director of Nursing on the need to comply with physician's orders and to obtain verbal orders signed by the physician for any new or changed treatment regimen and to place these orders in the clinical record.  The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. Staff who fail to correct the deficiency will be suspended until the required documents are submitted.	08/19/10
H 265	3911.2(e) CLINICAL RECORDS  Each clinical record shall include the following information related to the patient:  (e) Physician's orders;  This Statute is not met as evidenced by: Based on interviews, record reviews and a observation, the agency failed to ensure that physician order's for one of one patients were in the clinical record. (Patients #1)  The findings include:  On March 19, 2010, at approximately 11:00 a.m.,	H 265	Berhan Home Health Care Agency 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 265	Continued From page 5 observation of Patient #1's home revealed an ointment named "Mupirocin".  During a face to face interview with patient #1 on March 19, 2010, at approximately 11:10 a.m., it was revealed that the "Mupirocin" ointment was ordered by his physician on March 18, 2010, to be used on his left index finger wound.  On March 29, 2010, at approximately 12:30 a.m., of Patient #1 record revealed a nursing note date March 19, 2010, in which the nurse documented " Altered skin integrity related to bed ulcer on left finger". The nurse indicated that he had cleansed the left finger wound with normal saline, patted it dry, applied silvadene ointment, and covered the wound with a 4X4.  Further review of the record revealed there was no documented evidence of a physician order for the Mupirocin ointment or the aforementioned wound care to the left finger that the nurse provided on March 19, 2010.	H 265	3911.2(h) CLINICAL RECORDS  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 Clinical Manager/Director of Nursing on the need to ensure that all clinical, progress and summary notes are signed and dated by the appropriate involved discipline.  The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. Staff who fail to correct the deficiency will be suspended until the required documents are submitted and/or corrected.	08/09/10	
H 268	3911.2(h) CLINICAL RECORDS  Each clinical record shall include the following information related to the patient:  (h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff,  This Statute is not met as evidenced by: Based on a record review, the agency failed to ensure that the clinical, progress and summary notes in the clinical record for one of one patient were signed and dated by professional staff. (Patient #1)	H 268	Berhan Home Health Care Agency 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 268	<p>Continued From page 6</p> <p>The finding includes:</p> <p>On March 29, 2010, at approximately 11:30 a.m., review of Patient #1's record revealed a document entitled "General Assessment (Non-Oasis) dated September 23, 2009. The document failed to evidence a nurse's signature. Further review of Patient #1's record revealed several other documents which were entitled "Visit Assessment" dated from September 29, 2009, through March 12, 2010, that also failed to have a nurse's signatures.</p> <p>During a face to face interview with the Director of Nursing on March 29, 2010, at approximately 12:00 p.m., it was revealed that the aforementioned documents were RN monthly assessments which were stored on their computer system.</p> <p>There was no documented evidenced that the aforementioned assessments were signed and dated by a RN.</p>	H 268	<p>3913.3 COMPLAINT PROCESS</p> <p>The policy governing the Complaint Process was amended and implemented and is Included as <b>Attachment #8</b>. The telephone number of the Home Health Hotline maintained by the Department of Health has been posted in a conspicuous area in the agency's operating office.</p> <p>The CEO will monitor this activity daily to ensure consistent compliance with this statute.</p>	08/09/10
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, 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>	H 333	<p>Berhan Home Health Care Agency 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>	

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H 333	Continued From page 7  The finding includes:  During observation at the home health agency on March 29, 2010, at approximately 9:30 am., 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.  During a face to face interview with the Director of Nursing on March 29, 2010, at approximately 9:30 am., it was acknowledged that the telephone number of the Home Health Hotline maintained by the DOH was not posted in the agency's operating office in a place visible to staff and visitors.  An observation on March 29, 2010, at 10:15 a.m., revealed that the agency had posted the Home Health Hotline maintained by the Department of Health (DOH) in it's operating office visible to staff and visitors.	H 333	3914.3(d) 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 Clinical Manager/Director of Nursing on the need to ensure that all orders for home health aide or personal care aide visits include the amount, frequency and expected duration of the visit.  The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. Staff who fail to correct the deficiency will be suspended until the required documents are corrected.	08/09/10
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, it was determined that the agency failed to document the expected	H 355	Berhan Home Health Care Agency 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 355	Continued From page 8 duration of services for one of one patient in the sample. (Patient #1)  The finding includes:  A record review on March 29, 2010, at approximately 10:30 a.m., revealed a Plan of Care with certification period September 23, 2009, through March 21, 2010, in which the physician ordered HHA/PCA Monday thru Friday for eight (8) hours a day.  There was no documented evidence of the expected duration of HHA/PCA services to be provided.	H 355	3914.3(g) 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 Clinical Manager/Director of Nursing on the need to comply with completion of a physical assessment to address: 1. Physical assessment 2. Pertinent diagnoses 3. Ensuring that medications are consistent with diagnoses.	08/09/10
H 358	3914.3(g) PATIENT PLAN OF CARE  The plan of care shall include the following:  (g) Physical assessment, including all pertinent diagnoses;  This Statute is not met as evidenced by: Based on observation, interview, and record review, it was determined that the agency failed to include all pertinent diagnoses on the Plan of Care for one (1) of one patient in the sample. (Patient #1)  The finding includes:  On March 19, 2009, at approximately 10:35 a.m., an observation revealed Patient #1 had a left knee amputation, a right below the knee amputation, and bilateral hand deformity.  Interview with Patient #1 on March 19, 2010, at approximately 10:45 a.m., revealed the deformity	H 358	The Clinical Manager/Director of Nursing will review the clinical records on a monthly basis to ensure compliance with the conditions of participation governing the plan of 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	

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H 358	Continued From page 9 of his hands was related to arthritis.  Review of the Patient #1's record on March 29, 2010, at approximately 10:30 a.m., revealed the following documents:  a. A Plan of Care (POC) dated September 23, 2009, through March 21, 2010, failed to include the following diagnosis:  - Left above the knee amputation - Bilateral hand deformity secondary to arthritis  There was no documented evidence of the aforementioned diagnosis on the above listed POC.  b. A Plan of Care (POC) dated January 19, 2010, through March 19, 2010, failed to include the following diagnosis:  - The right below the knee amputation - Left above the knee amputation - Bilateral hand deformity secondary to arthritis  There was no documented evidence of the aforementioned diagnosis on the above listed POC.	H 358	3914.3(g) PATIENT PLAN OF CARE (Continued)  Berhan Home Health Care Agency 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.	08/09/10
H 363	3914.3(1) 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 a record review, it was determined the agency failed to include identification of	H 363		

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NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
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H 363	Continued From page 10 employees in charge of managing emergency situations for one of one patient in the sample. (Patient #1)  The findings include:  1. On March 29, 2010, at approximately 10:30 a.m., review of Patient #1's record revealed a Plan of Care (POC) dated September 23, 2009, through March 21, 2010 failed to include the identification of employees in charge of managing emergency situations.  There was no documented evidence of identification of employees in charge of managing emergency situations on the aforementioned POC.  2. On March 29, 2010, at approximately 10:30 a.m., review of Patient #1's record revealed that the Plan of Care (POC) dated January 19, 2010, through March 19, 2010 failed to include the identification of employees in charge of managing emergency situations.  There was no documented evidence of identification of employees in charge of managing emergency situations on the aforementioned POC.	H 363	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 Clinical Manager/Director of Nursing 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. <b>Attachment #9.</b>  The Clinical Manager/Director of Nursing will review the clinical records on a monthly basis to ensure compliance with this statute. 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.	08/09/10
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, the Home Care Agency (HCA) failed to ensure the plan of care (POC)	H 364	BHHCA 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.	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 364	Continued From page 11 included emergency protocols for one of one patient in the sample. (Patient #1)  The findings include:  1. On March 29, 2010, at approximately 10:30 a.m., review of Patient #1's record revealed that the Plan of Care (POC) dated September 23, 2009 through March 21, 2010 failed to include an emergency protocol.  There was no documented evidence of the emergency protocol on the aforementioned POC.  2. On March 29, 2010, at approximately 10:30 a.m., review of Patient #1's record revealed that the Plan of Care (POC) dated January 19, 2010 through March 19, 2010 failed to include the emergency protocol.  There was no documented evidence of the emergency protocol on the aforementioned POC.	H 364	3914.3(m) 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 Clinical Manager/Director of Nursing on the need comply with the conditions of participation governing the plan of care as it relates to emergency protocols. <b>Attachment #9</b>  The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. Staff who fail to correct the deficiency will be suspended until the required documents are submitted.	08/09/10	
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) days.  This Statute is not met as evidenced by: Based on record review, the agency's Plan of Care (POC) was not approved and signed by a	H 366	Berhan Home Health Care Agency 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.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA 0033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/22/2010
NAME OF PROVIDER OR SUPPLIER  BERHAN HOME HEALTH CARE AGENCY			STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012		
(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 366	Continued From page 12  physician within thirty (30) days of the start of care for one of one patient in the sample. (Patients #1)  The findings include:  1. On March 29, 2010, at approximately 10:00 p.m., review of Patient #1's record, revealed a POC dated September 23, 2009, through March 21, 2010, which had been signed by a physician on March 2, 2010.  There was no documented evidence the POC was approved and signed by a physician within thirty (30) days of the start of care.  2. On March 29, 2010, at approximately 10:00 a.m., review of Patient #1's record, revealed a POC dated January 19, 2010, through March 19, 2010, which had been signed by a physician on March 2, 2010.  There was no documented evidence the POC was approved and signed by a physician within thirty (30) days of the start of care.	H 366	3914.4 PATIENT PLAN OF CARE  All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to comply with physician's orders and to obtain signed physician orders within thirty (30) days of the start of care or date of prescription of a verbal order. A tickler file system will be implemented to track receipt of signed physician orders.  The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. 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 and/or corrected.	08/09/10	
H 435	3916.3 SKILLED SERVICES GENERALLY  Skilled services shall be provided in accordance with a plan of care, as outlined in section 3914.  This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency's staff failed to provide services in accordance with the plan of care for one of one patient's. (Patient #1)	H 435	Berhan Home Health Care Agency 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.		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA 0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/22/2010
NAME OF PROVIDER OR SUPPLIER  BERHAN HOME HEALTH CARE AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012		
(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 435	<p>Continued From page 13</p> <p>The finding includes:</p> <p>1. During a face to face interview with Patient #1 on March 19, 2010, at approximately 9: 30 a.m., he indicated that he receives HHA services eight hours a day seven days a week since he started receiving services in March 2009.</p> <p>During a face to face interview with employee #1 (HHA) on March 19, 2010, at approximately 9:50 a.m., it was revealed that she had provided services to Patient #1 eight (8) hours a day seven (7) days a week since March 2009.</p> <p>On March 29, 2010, at approximately 11:00 a.m., review of Patient #1's record revealed a Plan of Care (POC) dated September 23, 2010, through March 21, 2010, revealed that Home Health Aide (HHA)/ Personal Care Aide (PCA) services were ordered by the physician to provide services to Patient #1 (8 hours a day Monday through Friday) to assist client with personal care, Activity of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), accompany patient to primary medical doctor (PMD), meal preparation, assist with medication reminders, light house keeping to include bed making laundry, run errands.</p> <p>Further review of the record revealed documents entitled "Home Health/Home Care Aide Weekly Visit Records", which were on two different letter heads. The first was from "Berhan Home Health Care Agency, Inc. and the second was from "Alliance Home Health Care Agency Inc."</p> <p>The Home Health/Home Care Aide Weekly Visit Records dated:</p> <p>September 27, 2009 through January 10, 2010,</p>	H 435	<p>3916.3 SKILLED SERVICES GENERALLY</p> <p>All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to provide services in accordance with the plan of care and as specified for treatments and services in the amount, frequency and duration as ordered. All documentation must be on the authorized agency's letterhead. The focus of the inservice will address:</p> <ol style="list-style-type: none"> <li>1. Pertinent diagnoses</li> <li>2. Description of types (disciplines) of services to be provided</li> <li>3. Frequency of visits including the amount and expected duration</li> <li>4. Treatments and specific services to be provided             <ol style="list-style-type: none"> <li>a. Wound management</li> <li>b. Assessment and evaluation of system functioning.</li> <li>c. Glucose monitoring</li> <li>d. Diet and hydration</li> <li>e. Pain management</li> <li>f. Immediately reducing physician's orders to writing whenever the plan of care is initiated or revised.</li> </ol> </li> </ol>	08/09/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA 0022	(X2) MULTIPLE CONSTRUCTION A _____ BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED  04/22/2010
NAME OF PROVIDER OR SUPPLIER  BERHAN HOME HEALTH CARE AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012		
(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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 435	<p>Continued From page 14</p> <p>January 16th and 17th 2010; January 23rd and 24th 2010; January 30th and 31st 2010; February 13th and 14th, 2010; February 20th and 21st, 2010; February 27th and 28th, 2010; March 6th and 7th, 2010; March 13th and 14th, 2010; March 20th and 21st, 2010; March 27th and 28th, 2010 and April 3rd and 4th, 2010.</p> <p>On the aforementioned Home Health/Home Care Aide Weekly Visit Records, the HHA indicated she provided services on Saturdays/Sundays. However the physician only ordered HHA services Monday through Friday.</p> <p>During a face to face interview with the Director of Nursing on March 29, 2010, at approximately 11:30 a.m., she indicated that Patient#1 had been receiving HHA services eight (8) hours a day seven (7) days a week since he started with the agency on March 23, 2009. She also admitted that the only physician order in the record was for services to be provided Monday through Friday and not seven days a week.</p> <p>There was no documented evidence that HHA provided service in accordance to the plan of care.</p> <p>2. On March 29, 2010, at approximately 11:00 a.m., review of Patient #1's Plan of Care (POC) with certification period September 23, 2009, through March 21, 2010, revealed the following:</p> <p>a). Skilled nurse to visit the patient three times(3) for one (1) week, two (2) times for four (4) weeks</p>	H 435	<p>3916.3 SKILLED SERVICES GENERALLY (Continued)</p> <p>g. Obtaining physician's orders for all treatments and visit schedules</p> <p>h. Notifying the physician of any problems or changes in the client's condition or if the established goals are not being met.</p> <p>i. Teaching and training activities</p> <p>j. Evaluation of teaching and training activities.</p> <p>5. Types of equipment and supplies needed</p> <p>6. Functional limitations</p> <p>7. Activities permitted</p> <p>8. Nutritional requirements and supplements</p> <p>9. Medications including name, dose, route, frequency, purpose, and side effects.</p> <p>10. Safety measures</p> <p>11. Prognosis</p> <p>12. Rehabilitation potential</p> <p>13. Goals</p> <p>14. Instructions for timely discharge or referral</p> <p>15. Signature and date of signature of the professional staff who has reviewed the Plan of Care.</p>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA 0033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
(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 435	<p>Continued From page 15</p> <p>and one (1) time for four (4) weeks to observe all systems, measure vital signs and notify <b>PMD</b> if BP &gt; 160/90 or &lt; 90/60; Blood sugar &gt;250 &lt; 70 mg/dl; pulse &gt;100 &lt;60; temperture .100.5 &lt; 96.5 and respiration &gt;24 &lt;16;</p> <p>b). RN to instruct on blood glucose monitoring, medication, dosage, route and side effects;</p> <p>c). Cleanse right lateral thigh ulcer with normal saline, apply silvadene cream, cover with 4 x4 daily until resolved;</p> <p>d). RN to instruct on diet and safety; and</p> <p>e). Assess for pain and instruct on diet, safety, hydration, and pain management accordingly.</p> <p>Further review of the records revealed the following:</p> <p>1. The skilled nurse visited the patient five times during the first week of services (January 19th, 20th, 21st, 23rd, and 25th, 2010).</p> <p>There was no documented evidence of a physician order for the skilled nurse to provide services five (5) times in the first week.</p> <p>2. The skilled nurse visited the patient three times during the second week of services (January 27th, 29th, and February 1st, 2010).</p> <p>There was no documented evidence of a physician order for the skilled nurse to provide services three times in the second week.</p> <p>3. The skilled nurse visited the patient three times during the fourth week of services</p>	H 435	<p>3916.3 SKILLED SERVICES GENERALLY (Continued)</p> <p>The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. 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>Berhan Home Health Care Agency 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>	



Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
(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 435	Continued From page 16 (February 9th, 12th, and 15th, 2010).  There was no documented evidence of a physician order for the skilled nurse to provide services three times in the fourth week.  4. The skilled nurse visited the patient two times during the eight week of services (March 12th and 15th, 2010).  There was no documented evidence of a physician order for the skilled nurse to provide services three times in the eight week.  5. The skilled nurse provide wound care on the following dates: January 21st, 23rd, 25th and 27th 2010 February 3rd, 9th, 15th and 23rd 2010 March 1st, 8th, 15th, and 19th 2010  There was no documented evidence the skilled nurse provided wound care daily as ordered by the physician on the aforementioned plan of care.	H 435	3917.2(c) SKILLED NURSING SERVICES  All nurses were contacted regarding the identified deficiencies and were requested to correct/submit the referenced deficient documents.  All nurses will be inserviced by the Clinical Manager/Director of Nursing on the need to ensure that the client's needs are met in accordance with the plan of care. The following issues will be addressed:  1. Compliance with the visit schedule as ordered. 2. Glucose monitoring 3. Wound care management 4. Dietary regimen 5. Hydration 6. Pain management 7. Medication management 8. Safety management 9. Teaching and training activities 10. Use of teaching materials 11. Evaluation of the client's understanding of what was taught. 12. Accurate documentation	08/09/10
H 453	3917.2(c) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (c) Ensuring that patient needs are met in accordance with the plan of care;  This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency's (HCA) nurse failed to ensure that patient needs were met in accordance with the plan of care (POC) for one of one patients. (Patients #1)	H 453		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
(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 17 The findings include:</p> <p>1. On March 29, 2010, at approximately 11:00 a.m., review of Patient #1's Plan of Care (POC) with certification period September 23, 2009, through March 21, 2010, revealed the following: a) Skilled nurse to visit the patient three times (3) for one (1) week, two (2) times for four (4) weeks and one (1) time for four (4) weeks to observe all systems, measure vital signs and notify PMD if BP &gt; 160/90 or &lt; 90/60; Blood sugar &gt;250 &lt; 70 mg/dl; pulse &gt;100 &lt;60; temperture. 100.5 &lt; 96.5 and respiration &gt;24 &lt;16; b) RN to instruct on blood glucose monitoring, medication, dosage, route and side effects; c) Cleanse right lateral thigh ulcer with normal saline, apply silvadene cream, cover with 4 x4 daily until resolved. d) RN to instruct on diet and safety ; and e) Assess for pain and instruct on diet, safety, hydration, and pain management accordingly. 2. Further review of the record revealed documents entitled "Berhan home Health Care Agency Nursing Clinical Note" with the following dates: January 21, 2010; January 23, 2010; January 25, 2010; January 27, 2010; February 3, 2010; February 9, 2010;  February 15, 2010;</p>	H 453	<p>3917.2(c) SKILLED NURSING SERVICES (Continued)</p> <p>The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute.</p> <p>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>Berhan Home Health Care Agency 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>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HSA 0000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	Continued From page 18 February 23, 2010; March 1, 2010; March 8, 2010; March 15, 2010 ; and March 19, 2010.  On all the aforementioned documents, the nurse documented that wound care was provided for Patient #1.  However, there was no documented evidence in the clinical record that the nurse had provided wound care daily as ordered by the physician.  During a face to face interview with the Director of Nursing (DON) on March 29, 2010 at approximately 12:30 p.m., it was revealed that the LPN was to provide wound care to Patient #1 twice a week.  3. Also noted during the record review, there was no documented evidence that the RN had instructed Patient #1 on hydration, pain management, and glucose monitoring during the certification period of January 19, 2010, through March 19, 2010 as order by the physician.	H 453	3917.2(h) SKILLED NURSING SERVICES  All nurses were contacted regarding the identified deficiencies and were requested to correct/submit the referenced deficient documents.  All nurses will be inserviced by the Clinical Manager/Director of Nursing on the duties and responsibilities of the nurse (RN and LPN) as follows:  1. The initial assessment home visit is done by the RN. 2. The nurse regularly evaluates the client's needs. 3. The RN initiates the plan of care and any necessary revisions. 4. The nurse furnishes services requiring specialized nursing skills. 5. The nurse performs appropriate preventive and rehabilitative nursing procedures. 6. The nurse counsels the client and family in meeting nursing and related needs. 7. The RN in concert with the physician and the client prepares the plan of care.	08/09/10
H 458	3917.2(h) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (h) Reporting changes in the patient's condition to the patient's physician;  This Statute is not met as evidenced by: Based on observation, interview and record review, the agency's skilled nurse failed to report	H 458		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
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H 458	<p>Continued From page 19</p> <p>changes in the patient's condition to the patient's physician for one of one patients. (Patient #1)</p> <p>The finding includes:</p> <p>On March 19, 2010, at 10:45 a.m., Patient #1 was observed to have a stage 3 wound to his left index finger.</p> <p>On March 19, 2010, at approximately 11:00 a.m., it was revealed that the wound to left index finger had been present for approximately three weeks. Patient #1 also indicated that the skill nurse from Berhan Home Health agency had been into the home four days prior (March 15, 2010) to perform wound care to another area and was made aware of the new area to left index finger, but the skilled nurse did not assess the area.</p> <p>On March 19, 2010, at approximately 11:10 a.m., the patient's HHA (employee #1) was interviewed and revealed that she was aware of the patient's new wound(left index finger) for approximately 3 weeks.</p> <p>A record review on March 29, 2010, at approximately 11:00 a.m., revealed a document entitled "Berhan Home Health Care Agency Nursing Clinical Note" dated March 15, 2010. The document reflected the RN notedd that the patient had only one wound on right upper hip.</p> <p>However further of the record revealed another "Nursing Clinical Note" dated March 19, 2010, the nurse documented "Altered skin integrity related to bed ulcer on left finger wound".</p> <p>There was no documented evidence that the skilled nurse reported the change in Patient #1's condition to the physician.</p>	H 458	<p>3917.2(h) SKILLED NURSING SERVICES (Continued)</p> <ol style="list-style-type: none"> <li>8. The RN reviews, signs and dates the plan of care.</li> <li>9. The RN completes the medication profile and updates it at least every 60-62 days and ensures that it is congruent with the medications on plan of care.</li> <li>10. The RN re-assesses the client at least every 60-62 days and revises the plan of care as necessary.</li> <li>11. The nurse furnishes services in accordance with the agencies policies and procedures and state and federal regulations.</li> <li>12. The nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the clients condition/need</li> <li>13. The nurse assists the client in learning appropriate self-care techniques.</li> <li>14. The RN instructs and supervises the LPN and the aide in the performance of their duties.</li> </ol>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/22/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>		
(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	
			<p>3917.2(h) SKILLED NURSING SERVICES (Continued)</p> <p>The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with this statute. 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>Berhan Home Health Care Agency 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>		