

Health Regulation & Licensing Administration

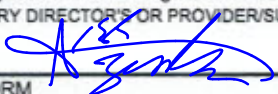
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2023
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NAME OF PROVIDER OR SUPPLIER REVIVAL HOMECARE, DC	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 50TH STREET NW #307 WASHINGTON, DC 20016
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H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 07/25/2023, and 07/27/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The findings of the survey were based on the review of administrative records, seven active patient records, four discharged patient records, and seven personnel records. and a review of the agency's response to complaints and incidents received.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>DON- Director of Nursing HHA - Home Health Aide POC - Plan of Care SN- Skilled Nurse SOC- Start of Care</p>	H 000	<p>H148</p> <p>During the survey it was identified that Employee #2 was missing a CPR certification in their personnel file, in 1 of 7 personnel files reviewed. The Agency's Governing Body met to Review Its policies on CPR Certification and Personnel Files. The Governing Body appointed an individual who will be responsible for maintaining all aspects/requirements for personnel files for the agency including but not limited to ensuring that all agency clinicians have current CPR certifications and that the required documentation is maintained in the personnel file and that CPR recertifications are received by the agency and updated in the personnel files prior to expiration. The designated HR representative will notify clinicians at least 60 days in advance of the need to renew CPR. The HR representative and clinical management team reviewed the personnel files of all agency clinicians to ensure a valid CPR certification exists in all personnel files. Clinicians found to be lacking a valid CPR certification including clinicians identified during survey as having missing certifications (Employee #2) were required to attend a CPR certification course and submit documentation of successful</p>	8/18/23
H 148	<p>3907.2(d) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(d) Documentation of current CPR certification, if required;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on personnel record review and staff interview, the agency staff failed to ensure the Registered Nurse Clinical Manager (Employee # 2), maintained current cardiopulmonary resuscitation certification, for one of seven personnel records reviewed.</p> <p>Findings included:</p>	H 148	<p>During the survey it was identified that Employee #2 was missing a CPR certification in their personnel file, in 1 of 7 personnel files reviewed. The Agency's Governing Body met to Review Its policies on CPR Certification and Personnel Files. The Governing Body appointed an individual who will be responsible for maintaining all aspects/requirements for personnel files for the agency including but not limited to ensuring that all agency clinicians have current CPR certifications and that the required documentation is maintained in the personnel file and that CPR recertifications are received by the agency and updated in the personnel files prior to expiration. The designated HR representative will notify clinicians at least 60 days in advance of the need to renew CPR. The HR representative and clinical management team reviewed the personnel files of all agency clinicians to ensure a valid CPR certification exists in all personnel files. Clinicians found to be lacking a valid CPR certification including clinicians identified during survey as having missing certifications (Employee #2) were required to attend a CPR certification course and submit documentation of successful</p>	

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



TITLE (X6) DATE

Chief Executive Officer 08/18/2023

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H 148	Continued From page 1 Review of Agency personnel records on 07/27/2023 at 11:00 AM showed Employee #2's (RN Clinical Manager) file lacked evidence of current CPR certification. Employee #2 acknowledged and confirmed the finding at the time of the review.	H 148	H148 continued completion. The HR representative placed the CPR certifications in the personnel files of applicable clinicians. The Director of Clinical Services or RN Designee will audit 100% of personnel files for agency clinicians monthly utilizing a personnel file audit tool to ensure that CPR certifications are current and existing on the personnel files of all clinicians. The Director of Clinical Services or RN Designee will	8/18/23
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on personnel record review and staff interview, the agency failed to ensure annual reviews were completed and located in the personnel record, for one of seven personnel records reviewed, (Employee #11). Findings included: On 07/27/2023 at 11:15 AM, a review of the personnel record for Employee # 11 lacked evidence of an annual review. Per conversation with Employee #2, Clinical Director, the employee had an annual review 04/2023, and it should be in the personnel record. The findings were acknowledged and confirmed at the time of the review.	H 152	report findings to the QAPI Committee on a quarterly basis for recommendations. A member of the governing body will attend all QAPI Meetings to ensure follow through. H152 During survey it was identified that annual evaluation was missing on 1 of 7 records reviewed (Employee #11) The Agency's Governing Body met to Review Its policies on Employee Evaluations and Personnel Files. The Governing Body appointed an individual who will be responsible for maintaining all aspects/requirements for personnel files for the agency including but not limited to ensuring that all agency employees have an annual evaluation and that the required documentation is maintained in the personnel file.	8/18/23
H 156	3907.2(l) PERSONNEL	H 156		

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H 156	Continued From page 2 Each home care agency shall maintain accurate personnel records, which shall include the following information: (l) Results of any competency testing; This Statute is not met as evidenced by: Based on personnel record review and staff interview, the agency failed to ensure competency testing was completed for one of seven personnel records reviewed. (Employee # 2). Findings included: Review of agency personnel records on 07/27/2023 at 11:30 AM with Employee #2, Clinical Director, showed no evidence of competency testing for Employee #2. At the time of the review, Employee #2 acknowledged and confirmed the finding.	H 156	H152 (continued) The designated HR representative will notify managers at least 30 days in advance of the need to complete employee evaluations. The clinical manager completed the evaluation for the employee identified during survey as being missing from the personnel file and placed the evaluation in the personnel file. The HR representative and clinical management team reviewed the personnel files of all agency employees to ensure an annual evaluation exists in all personnel files. The Director of Clinical Services or RN Designee will audit 100% of personnel files for agency employees monthly utilizing a personnel file audit tool to ensure that annual evaluations are current and existing on the personnel files of all employees. The Director of Clinical Services or RN Designee will report findings to the QAPI Committee on a quarterly basis for recommendations. A member of the governing body will attend all QAPI Meetings to ensure follow through.	8/18/23
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that the home care agency failed to include emergency protocols specific to patient's diagnoses in the plan of care for two of seven sampled patients (Patients #3 and #7). Findings included:	H 364		

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H 364	<p>Continued From page 3</p> <ol style="list-style-type: none"> On 07/25/2023 at 2:00 PM, review of Patient #3's clinical record showed a start of care (SOC) date of 01/31/2023, with a duration through 03/31/2023. The patient's diagnosis included Diabetes Mellitus Type II, multiple stage three and four pressure ulcers, and hypertension. Skilled nursing orders included blood glucose testing, however there was no evidence of emergency protocols related to diabetes management and glycemic parameters that may warrant emergency intervention. On 07/25/2023 at 3:00 PM, review of Patient #7's clinical record showed a start of care (SOC) date of 01/11/2023, with a duration of 01/11/2023 through 03/11/2023. The patient's diagnosis included chronic obstructive pulmonary disease, hypertension with heart failure, and history of nicotine dependence. Skilled nursing orders included the performance of oxygen saturation levels for signs and symptoms of possible respiratory complications, however there was no evidence of emergency protocols related to respiratory management and oxygen saturation parameters that may warrant emergency intervention. <p>The findings were acknowledged and confirmed by the Clinical Director at the time of the clinical record review.</p>	H 364	<p>H156</p> <p>During the survey it was identified that competency testing was missing from the personnel file of Employee #2 for one of 7 records reviewed. The Agency's Governing Body met to Review Its policies on Employee Competencies and Personnel Files. The Governing Body appointed an individual who will be responsible for maintaining all aspects/requirements for personnel files for the agency including but not limited to ensuring that all agency employees have an annual competency check and that the required documentation is maintained in the personnel file. The designated HR representative will notify managers at least 30 days in advance of the need to complete competency checks. The agency administrator completed the competency check for Employee #2 identified during survey as being missing from the personnel file and placed the competency in the personnel file. The HR representative and clinical management team reviewed the personnel files of all agency employees to ensure competency testing exists in all personnel files. The Director of Clinical Services or RN Designee will audit 100% of personnel files for agency</p>	8/18/23

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H 364	<p>Continued From page 3</p> <p>1. On 07/25/2023 at 2:00 PM, review of Patient #3's clinical record showed a start of care (SOC) date of 01/31/2023, with a duration through 03/31/2023. The patient's diagnosis included Diabetes Mellitus Type II, multiple stage three and four pressure ulcers, and hypertension. Skilled nursing orders included blood glucose testing, however there was no evidence of emergency protocols related to diabetes management and glycemic parameters that may warrant emergency intervention.</p> <p>2. On 07/25/2023 at 3:00 PM, review of Patient #7's clinical record showed a start of care (SOC) date of 01/11/2023, with a duration of 01/11/2023 through 03/11/2023. The patient's diagnosis included chronic obstructive pulmonary disease, hypertension with heart failure, and history of nicotine dependence. Skilled nursing orders included the performance of oxygen saturation levels for signs and symptoms of possible respiratory complications, however there was no evidence of emergency protocols related to respiratory management and oxygen saturation parameters that may warrant emergency intervention.</p> <p>The findings were acknowledged and confirmed by the Clinical Director at the time of the clinical record review.</p>	H 364	<p>H 156 (continued) employees monthly utilizing a personnel file audit tool to ensure that annual competency checks are current and existing on the personnel files of all employees. The Director of Clinical Services or RN Designee will report findings to the QAPI Committee on a quarterly basis for recommendations. A member of the governing body will attend all QAPI Meetings to ensure follow through.</p> <p>H 364 During the survey it was identified that 2 patient records of 7 reviewed failed to include emergency protocols specific to patient's diagnoses in the plan of care (Patients #3 and #7). The agency's governing body met to review agency policy on vital sign parameters and patient's plan of care. The clinical management team overseen by the Director of Clinical Services established a set of generic vital sign parameters including temperature, heart rate, blood pressure (systolic and diastolic), respirations, oxygen saturation levels, fasting and random blood glucose levels and</p>	<p>8/19/23</p> <p>8/18/23</p>

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