

Received 3/22/18

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FORM APPROVED

Health Regulation & Licensing Administration			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2018
NAME OF PROVIDER OR SUPPLIER INTEGRATED COMMUNITY SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6323 GEORGIA AVENUE NW WASHINGTON, DC 20011	
(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)
H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from 02/06/18 through 02/12/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency provides home care services to two hundred fifty-seven (257) patients and employs six hundred seventy-eight (678) staff. The findings of the survey were based on a review of fifteen (15) active patient records, five (5) discharged patient records, twenty-nine (29) employee records, and three (3) complaints. The findings were also based on five (5) home visits, ten (10) telephone interviews, and interviews with patients/family and staff.</p> <p>Listed below are abbreviations used throughout the body of this report.</p> <p>ADL – Activites of Daily Living BSN – Bachelor of Science in Nursing CPR – CardioPulmonary Resuscitation DNR – Do Not Resuscitate HCA – Home Care Agency PCA – Personal Care Aide POC – Plan of Care RN – Registered Nurse SOC – Start of Care SN – Skilled Nurse</p>	H 000	<p>Integrated Community Service (ICS) endeavors to comply with the plan of correction and ensure that the response to this plan will be implemented as outlined.</p>
H 123	<p>3906.1(d) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(d) The procedure for submitting clinical and</p>	H 123	

Health Regulation & Licensing Administration
LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator
TITLE

3-22-18
(X6) DATE

*Received
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H 123	<p>Continued From page 1</p> <p>progress notes, periodic patient evaluation, scheduling of visits, and other designated reports;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to include the procedure for submitting clinical and progress notes in its contractor agreements for four (4) of eight (8) contractor agreements in the sample (RNs #3, #4, #7 and #8).</p> <p>Findings included:</p> <p>Review of the contract agreements for RNs #3, #4, #7 and #8 on February 6, 2018 at 12:48 PM showed that the contracts did not include the procedure for submitting clinical and progress notes. After discussion with the Clinical Director on February 12, 2018 at 2:34 PM, he stated that the procedures for submitting clinical and progress notes would be added to the aforementioned individuals' contractual agreements.</p> <p>At the time of the survey, the HCA failed to include the procedure for submitting clinical and progress notes as part of the contractual agreements for RNs #3, #4, #7, and #8.</p>	H 123	<p>H123 3906.1 (d) CONTRACTOR AGREEMENT</p> <p>The procedure for submitting clinical and progress notes for contractors: RNs #3, #4 #7 and #8 have been corrected. ICS reviewed all contractor agreements and corrected the form to include procedures for submitting clinical and progress notes.</p> <p>To prevent this deficiency from recurring, Integrated Community Services (ICS) shall henceforth ensure that all contractor agreements include the procedure for submitting clinical and progress notes. Each contract shall be reviewed by the quality assurance group before it becomes effective.</p> <p>Quality Assurance Team (QA) that include the HR Director, The Administrator and the Clinical Director shall review each contractor agreement and ensure that they include procedure for submitting clinical and progress notes. The QA team shall conduct regular but quarterly review of all contractual agreements to ensure that they contain procedures for submitting clinical and progress notes.</p>	4/30/2018
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>	H 268		

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H 268	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure signed and dated personal care aides activity records (time sheets) were in the clinical record for seven of 17 current patients in the sample (Patients #1, #2, #3, #5, #6, #10, and #14).</p> <p>Findings included:</p> <p>Review of the patients mentioned above current POC showed that the PCA were to assist the patients with the following:</p> <ul style="list-style-type: none"> - ADLs; - light housekeeping; - meal preparation; - maintain safety; and - accompany to doctor's appointment. <p>1. Review of Patient #1's clinical record on 02/06/18 at 11:30 AM showed a POC with a Start SOC date of 06/23/17 and a certification period of 06/23/17 to 06/22/18. Further review of the POC showed that the patient's diagnoses included: Hypertension, Lipid Storage Disorder, Major Depressive Disorder, Osteoarthritis, Diabetes-Type II, Transient Ischemic Attack, Obesity, and Monoplegia. The POC also showed that PCA services were to be provided 14 hours a day, seven days a week. Continued review of the clinical record showed that there was no documented evidence of PCA activity records (time sheets) for 07/10/17 to 07/23/17 and 01/15/18 to 01/31/18.</p> <p>2. Review of Patient #2's clinical record on 02/06/18 at 2:00 PM showed a POC with a SOC</p>	H 268	<p>3911.2 (h) CLINICAL RECORD Patient #1</p> <p>Personal care aide (PCA) services were provided as evidenced by ITEM #1 Except on 7/10/17, PCA service was provided for 12 hours and 35 minutes and from 7/11/17 to 7/23/17, PCA hours were provided for 13 hours per day. On 7/24/17, Agency discovered through routine quality assurance review that services had not been provided in accordance with the plan of care. This was immediately corrected and personal care aide services resumed in accordance with the plan of care for 14 hours per day x 7 days per week</p> <p>Integrated Community Service (ICS) Clinical and Administrative team shall henceforth conduct regular but at least monthly review on ongoing patient staffing to ensure that personal care aide services are being provided in accordance with the plan of care. Training shall be provided to Agency staff on a regular but at least twice a year to focus on timely reporting of any service suspension for prompt follow up and resolution to ensure patient safety. Training shall also focus on accurate review of activity records. Agency shall require personnel action as necessary to prevent this deficiency from recurring.</p> <p>Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct regular but at least quarterly review of clinical charts to ensure that ordered services are provided in accordance with the plan of care.</p> <p>3911.2 (h) CLINICAL RECORD Patient # 2</p> <p>Personal care aide (PCA) services were provided as evidenced by ITEM #2 Except on 8/28/17 when service was not provided. Services were provided on 1/20/18 and 1/21/18. However, the Personal Care Aide wrote and signed the time sheet with a wrong date as evidenced by ITEM #2A.</p>	4/30/2018
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H 268 Continued From page 3

date of 06/23/17 and a certification period of 06/23/17 to 06/22/18. Further review of the POC showed that the patient's diagnoses included: Hypertension, Cerebral Infarction, Dementia without Behavioral Disturbance, Hyperlipidemia, Systemic Lupus Erythematosus, Artificial Left Knee, and Postlaminectomy Syndrome. The POC also showed that PCA services were to be provided eight hours a day, seven days a week.

Continued review of the clinical record showed that there was no documented evidence of PCA activity records (time sheets) for 07/10/17 to 07/23/17, 08/28/17, 09/09/18, 01/20/18, and 01/21/18.

3. Review of Patient #3's clinical record on 02/06/18 at 3:00 PM showed a POC with a SOC date of 03/28/17 and a certification period of 03/28/17 to 03/27/18. Further review of the POC showed that the patient's diagnoses included: Nonrheumatic Aortic (Valve) Stenosis, Hypo-osmolality, Chronic Kidney Disease, Dizziness, and Acquired Absence of Left Breast and Nipple. The POC also showed that PCA services were to be provided 24 hours a day, seven days a week.

Continued review of the clinical record showed that there was no documented evidence of PCA activity records (time sheets) for 03/28/17 to 04/14/17, 06/26/17 to 07/23/17, and 10/27/17 to 10/29/17.

Additionally, the clinical record lacked documented evidence of PCA activity records (time sheets) that 24 hours of PCA services were provided for the following dates:

H 268 3911.2 (h) CLINICAL RECORD Continued 4/30/2018

Patient # 2
Integrated Community Service (ICS) Clinical and Administrative team shall henceforth conduct regular but at least monthly review on ongoing patient staffing to ensure that personal care aide services are being provided in accordance with the plan of care. Training shall be provided to staff on regular basis but at least twice a year to focus on timely reporting of any service suspension for prompt follow up to ensure patient safety and to document timely on the clinical record. Training shall also focus on accurate review of activity records. Agency shall require personnel action as necessary to prevent this deficiency from recurring.

Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct regular but at least quarterly review of clinical charts to ensure that ordered services are provided in accordance with the plan of care.

4/30/2018

3911.2 (h) CLINICAL RECORD
Patient # 3

Personal care aide services (PCA) were provided as evidenced by ITEM #3
Except on 5/11/17, PCA service on the 3-11pm was not provided. On 5/6/17 and 5/7/17, the weekend personal care aide did not work because patient went out with family.

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H 268	<p>Continued From page 4</p> <ul style="list-style-type: none"> - 04/14/17 and 04/15/17; - 05/06/17, 05/07/17, and 05/11/17; - 06/03/17, 06/04/17, and 06/25/17; - 07/29/17 and 07/30/17; - 11/08/17 and 11/09/17; - 12/08/17, 12/15/17, 12/17/17, 12/29/17, 12/30/17, and 12/31/17; and - 01/01/18, 01/16/18, 01/18/18. <p>It should be noted that 12 to 16 hours of PCA services were provided on these dates.</p> <p>4. Review of Patient #5's clinical record on 02/08/18 at 10:30 AM showed a POC with a SOC date of 07/05/17 and a certification period of 07/05/17 to 07/04/18. Further review of the POC showed that the patient's diagnoses included: Hypertensive Heart Disease with Heart Failure, Arthritis, Automatic (Implantable) Cardiac Defibrillator, Old Myocardial Infarction, Idiopathic Peripheral Autonomic Neuropathy, Diabetes-Type II with Hyperglycemia, Major Depressive Disorder, and Fibromyalgia. The POC also showed that PCA services were to be provided eight hours a day, seven days a week.</p> <p>Continued review of the record showed that there was no documented evidence of PCA activity records (time sheets) that showed PCA services were provided on the weekends from 07/10/17 to 01/27/18.</p> <p>It should be noted that PCA services were provided five days a week versus seven days a week as outlined in the POC.</p> <p>Additionally, the record showed that there was no documented evidence that PCA services were provided on the following dates:</p>	H 268	<p>3911.2 (h) CLINICAL RECORD Continued Patient # 3</p> <p>Integrated Community Service (ICS) Clinical and Administrative team shall henceforth conduct regular but at least monthly review on ongoing patient staffing to ensure that personal care aide services are being provided in accordance with the plan of care. The clinical team shall document any suspension of services on timely basis. Designated registered nurse will inform the primary care physician.</p> <p>Training shall be provided to staff on regular, but at least twice a year to focus on timely reporting of any service suspension for prompt follow up and resolution to ensure patient safety. Training shall also focus on accurate review of activity records and to ensure that the information is filed timely on the clinical records. Agency shall require personnel action as necessary to prevent this deficiency from recurring.</p> <p>Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct regular but at least quarterly review of clinical charts to ensure that ordered services are provided in accordance with the plan of care.</p> <p>3911.2 (h) CLINICAL RECORD Patient # 5</p> <p>Patient was approved to receive 8 hours/day x 7 days/week but opted to receive 8 hours/day x 5 days/week from start of care. The plan of care has been updated to reflect current personal care aide hours as evidenced by ITEM #5. In addition, services were provided on weekdays from 8/28/17 to 9/22/17as evidence by ITEM#5B.</p> <p>Integrated Community Service (ICS) shall ensure that when patient opt-out to receive personal care aide hours other than the hours approved by Delmarva, the patient signs an opt-out form. The plan of care will then be updated to reflect the patient's choice. Designated office registered nurse is specifically assigned to ensure this implementation.</p>	4/30/2018
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H 268	<p>Continued From page 5</p> <ul style="list-style-type: none"> - 08/28/17 to 09/01/17; - 09/04/17 to 09/08/17; - 09/11/17 to 09/15/17; - 09/18/17 to 09/22/17; and - 09/22/17 to 09/24/17. <p>5. Review of Patient #6's clinical record on 02/08/18 at 11:30 AM showed a POC with a SOC date of 03/29/17 and a certification period of 03/29/17 to 03/28/18. Further review of the POC showed that the patient's diagnoses included Paraplegia and Personal History of Physical Injury. The POC also showed that PCA services were to be provided 12 hours a day, seven days a week.</p> <p>Continued review of the record showed that there was no documented evidence of PCA activity sheets (time sheets) for the following dates:</p> <ul style="list-style-type: none"> - 04/22/17 to 04/23/17; - 06/02/17; - 06/26/17 to 07/23/17; - 08/07/17 to 08/11/17; - 08/14/17 to 08/18/17; and - 01/18/18 to 01/21/18. <p>Additionally, the record showed that PCA services were provided eight hours versus 12 hours a day for the following dates:</p> <ul style="list-style-type: none"> - 03/08/17 to 04/21/17; - 04/24/17 to 04/30/17; - 05/01/17 to 06/01/17; - 06/03/17 to 06/25/17; - 07/24/17 to 08/08/17; - 08/12/17 to 08/13/17; - 08/19/17 to 01/17/18; and - 01/22/18 to 01/28/18. 	H 268	<p>3911.2 (h) CLINICAL RECORD Continued Patient # 5</p> <p>Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct regular but at least quarterly review of clinical charts to ensure that actual service being provided is reflected on the plan on care.</p> <p>3911.2 (h) CLINICAL RECORD Patient # 6</p> <p>Personal care aide (PCA) service was provided for 8 hours/day x 7 days/week from start of care (see plan of care on (ITEM# 6) as evidenced by attached ITEM #6A and ITEM# 6B (original time sheet is missing but services were provided). On 2/29/2017, patient was assessed for increased PCA hours to 12 hours /day x 7 days/week reflecting current plan of care. The certification period on the current plan of care has been corrected to be 12/29/2017 to 12/28/2018. However, patient had been refusing the additional PCA hours and continues to receive 8 hours/day x 7 days/week. Amendment to plan of care is attached on ITEM#6C.</p> <p>Moving forward, Agency shall ensure that the plan of care is updated timely to reflect actual PCA hours being provided. The Director of Nursing (DON) or designated office registered nurse is tasked to ensure that when client refuses ordered services, an order is promptly sent to the primary care physician. Training shall be provided to ensure that activity records are appropriately filed on time on the clinical records.</p> <p>Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct regular but at least quarterly review of clinical charts to ensure that ordered services are provided in accordance with the plan of care in addition to ensuring that when client refuses service, the information is promptly documented, the plan of care is updated, and the primary care physician is notified.</p>	4/30/2018
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H 268	<p>Continued From page 6</p> <p>6. Review of Patient #10's clinical record on 02/12/18 at 2:00 PM showed a POC with a SOC date of 08/15/17 and a certification period of 08/15/17 to 10/13/17. Further review of the POC showed that the patient's diagnoses included: Hypertension, Alzheimer's with early onset, Secondary Malignant Neoplasm of Breast, Anxiety, Hypothyroidism, Primary Osteoarthritis. The POC also showed that PCA services were to be provided eight hours a day, seven days a week.</p> <p>Further review of the record lacked documented PCA services were provided for the following dates:</p> <ul style="list-style-type: none"> - 11/06/17 to 11/12/17; - 11/20/17 to 11/26/17; - 01/01/18 to 01/07/18; and - 01/15/18 to 01/31/18. <p>Additionally, the record showed that PCA services were provided between five and six hours a day versus eight hours a day for the following dates:</p> <ul style="list-style-type: none"> - 11/13/17 to 11/19/17; - 11/27/17 to 12/31/17; and - 01/06/18 to 01/14/18. <p>7. Review of Patient #14's clinical record on 02/12/18 at 2:00 PM showed a POC with a SOC date of 08/15/17 and a certification period of 08/15/17 to 10/13/17. Further review of the POC showed that the patient's diagnoses included: Hypertension, Alzheimer's with early onset, Secondary Malignant Neoplasm of Breast, Anxiety, Hypothyroidism, Primary Osteoarthritis. The POC also showed that PCA services were to be provided eight hours a day, seven days a week. Further review of the record showed that</p>	H 268	<p>3911.2 (h) CLINICAL RECORD Patient # 10</p> <p>The plan of care that reflected 8 hours/day x 7 days/week was an error. Patient was approved for 6 hours/day x 7 days/week. Personal care aide (PCA) services were provided for 6 hours/day x 5 days/week and 5 hours/day x 2 days/week as evidenced by attached ITEM#10. Except, from 11/20/17 to 11/26/17 when patient requested PCA service to be placed on hold because he was traveling out of state (see ITEM#10B). PCA hours from start of care was being provided for 6 hours/day x 5 days and 5 hours/day x 2 days. Patient is currently in a rehab facility since 2/18/17. Agency will ensure that patient receive his full PCA hours upon discharge from the facility. The plan of care has been updated to reflect 6 hours/day x 7 days/week. (see ITEM#10C).</p> <p>Integrated Community Service (ICS) Clinical and Administrative team shall ensure that patient plan of care reflects actual PCA hours being provided and ensuring that patient receive all PCA hours as authorized by Delmarva. A designated registered nurse (RN) is specifically tasked to ensure that Agency provides all PCA hours that has been authorized. In addition, the designated office RN shall ensure that the plan of care reflects actual PCA hours being provided.</p> <p>Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct regular but at least quarterly review of clinical charts to ensure that patients are receiving their PCA hours in accordance with the plan of care.</p> <p>4/30/2018</p> <p>3911.2 (h) CLINICAL RECORD Patient # 14</p> <p>Personal care aide (PCA) service were provided as evidenced by attached ITEM# 14. Except from 8/23/17 to 9/1/17 when patient was hospitalized. Personal care aide services resumed on 9/2/17 and PCA services are currently being provided in accordance with the plan of care.</p>	5/30/2018

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H 268	<p>Continued From page 7</p> <p>there was no documented evidence of PCA activity records (time sheets) for 08/23/17 to 08/31/17 and 01/15/18 to 01/31/18.</p> <p>During an interview on 02/12/18 at 2:30 PM, the Clinical Director stated that the PCA services were provided for the patients in the sample, but he was unable to locate the PCA activity record (timesheet). Additionally, the Clinical Director stated that he would ensure that Patients #3, #5, #6, and #10 receive PCA services as outlined in their POCs.</p> <p>At the time of the survey, the HCA failed to ensure that signed and dated PCA activity records (time sheets) were in the clinical records for seven of 15 current patients in the sample.</p>	H 268	<p>Integrated Community Service Clinical and Administrative team shall ensure that a designated registered nurse (RN) is specifically tasked to ensure that the primary care physician is notified when services are suspended as result of hospitalization. The designated RN must also follow up to ensure that the supervisory RN completes post hospitalization visit upon discharge prior to resumption of personal care aide service. In addition, the designated office RN shall ensure that the plan of care reflects actual PCA hours being provided.</p> <p>Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct regular but at least quarterly review of clinical records to ensure documented evidence of suspended services and post hospitalization visits are promptly filed on the clinical records.</p>	4/30/2018
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: Based on record review and interview, HCA failed to ensure that their (medical) emergency protocol was patient specific for 17 of 17 patient POCs reviewed (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17).</p> <p>Findings included:</p> <p>Review of current POCs for Patients #1 - #17's current POCs starting on 02/06/18 to 02/12/18 12, showed that the POCs documented the following:</p>	H 364	<p>3914.3 (m) PATIENT PLAN OF CARE: Emergency Protocol: Patients #1 through #17.</p> <p>Integrated Community Service (ICS) shall update its emergency protocol and ensure that the plans of care includes emergency protocol that is specific to each patient on #1 through #17. Review of patients #1 through #17 indicate that each of the patients identified is a "full code". All staff in the home for patients #1 through #17 will contact emergency service at 911 and initiate CPR until help arrives.</p> <p>Integrated Community Service shall henceforth ensure that emergency protocol for plans of care shall be patient- specific to reflect actual patient code status. All plans of care shall indicate patient code status and will indicate appropriate intervention based on the code status. The Director of Nursing (DON) or designate shall ensure that employees responsible for plans of care generation are required to include the specified patient-specific emergency protocol on all plans of care.</p> <p>The Quality Assurance Team will monitor each plan of care at the point of generation to ensure that each plan of care includes patient-specific emergency protocol before it is sent to the primary care physician for review and signature.</p>	4/30/2018

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NAME OF PROVIDER OR SUPPLIER INTEGRATED COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6323 GEORGIA AVENUE NW WASHINGTON, DC 20011
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H 364	<p>Continued From page 8</p> <p>"Staff and caregivers to assist beneficiary (patient) during the time of emergency and during [a] change in health status. Staff and caregivers to call emergency services at 911 and initiate CPR except when a valid DNR order is in place and continue CPR until help arrives."</p> <p>During an interview on 02/12/18 at 3:00 PM, the Clinical Director stated that he was unsure what patients had a DNR order, but he would email the list to the surveyor. It should be noted that the surveyor did not receive the list.</p> <p>At the time of the survey, the HCA failed to ensure that their (medical) emergency protocol was patient-specific for Patients #1 - #15 POCs.</p>	H 364		
H 391	<p>3915.7 HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Each home health or personal care aide shall be supervised by a registered nurse or other health professional for performing tasks specific to that profession. On-site supervision of skilled services shall take place at least once every two (2) weeks. On-site supervision of all other services shall take place at least once every sixty-two (62) calendar days.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that the RN conducted on-site supervisory visits for each PCA working with one of 17 active patients in the sample (Patient #3).</p> <p>Findings included:</p>	H 391		

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H 391	<p>Continued From page 9</p> <p>Review of Patient #3's clinical record on 02/06/18 at 3:00 PM showed a POC with a SOC date of 03/28/17 and a certification period of 03/28/17 to 03/27/18. Further review of the POC showed that the patient's diagnoses included: Nonrheumatic Aortic (Valve) Stenosis, Hypo-osmolality, Chronic Kidney Disease, Dizziness, and Acquired Absence of Left Breast and Nipple. Continued review of the POC showed that the RN (skilled nurse) was to visit the patient once a month and as needed to instruct and supervise the PCA on assisting the patient with personal care and activities of daily living. The POC also showed that PCA services were to be provided 24 hours a day, seven days a week. Further review of the record showed that the RN conducted an on-site supervisory visit for two of the seven PCA's working with the patient from 04/27/17 to 01/10/18.</p> <p>During a telephone interview on 02/07/18 at 12:30 PM, Patient #3's RN stated that she started working with the patient on 03/28/17 and she assess the patient monthly. The RN also stated that she had conducted an on-site supervisory visit for two of the seven PCAs working with Patient #3.</p> <p>At the time of this survey, the HCA failed to ensure that the RN conducted an on-site supervisory visit at least once every 62 days for five of seven PCA's working with Patient #3.</p>	H 391	<p>3915.7 HOME HEALTH & PERSONAL CARE AIDE SERVICE Patient #3</p> <p>Integrated Community Service (ICS) conducted training to all registered nurses and instructed them to ensure that each personal care aide is supervised at least every sixty-two (62) days.</p> <p>ICS Clinical Team or designate shall review the visiting records of all field registered nurses regularly but at least bi-weekly to ensure that personal care aides are supervised every sixty-two (62) days.</p> <p>The Quality Assurance (QA) team that include the Clinical Director, Director of Nursing, and the Assistant Director of nursing shall review all clinical records regularly but at least quarterly to ensure that there are documented evidence on the clinical records that each personal care aide is supervised every sixty-two (62) days.</p>	4/30/2018
H 430	<p>3916.1 SKILLED SERVICES GENERALLY</p> <p>Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be</p>	H 430		

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H 430	<p>Continued From page 10 sent to the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to send patients physicians a summary of their review and evaluation of the skilled services provided for five (5) of seventeen active patients' in the sample (Patients #10, #11, #12, #14 and #15).</p> <p>Findings included:</p> <p>Review of the patients mentioned above current Plan of Cares (POC) showed that the Skilled Nurse (SN) was to visit the patients monthly and as needed for the following:</p> <ul style="list-style-type: none"> - assessment and evaluation of all body systems; - assessment of nutritional, hydration, and elimination status; - assessment of overall clinical status and response to current medications and diet; - assessment of home safety response to treatment; and - teaching of disease processes, medication side effects, adverse reactions, and compliance. <p>1. Review of Patient #10's current clinical record on 02/12/18 at 12:00 PM showed a POC with a Start of Care (SOC) date of 11/06/17 and a certification period from 11/06/17 to 01/04/18. Further review of the POC showed that the patient's pertinent diagnoses included: bilateral artificial knee joints, pain in right leg, and other abnormalities of gait and mobility. The record review failed to show that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days.</p>	H 430	<p>3916.1 SKILLED NURSING GENERALLY</p> <p>Patient #10</p> <p>Training has been provided to all registered nurses to ensure that each registered nurse will conduct an evaluation of patient every sixty-two (62) days and information sent to the primary care physician.</p> <p>Integrated Community Service Clinical team shall henceforth ensure that sixty-two (62) days summary of all patients are conducted and information to be sent to the primary care physician for review. Plan of care shall be updated with any significant change.</p> <p>The Quality Assurance (QA) team that include the Clinical Director, Director of Nursing, and the Assistant Director of nursing shall review all clinical records regularly but at least quarterly to ensure documented evidence of sixty-two (62) days summary that has been sent to the primary care physician are maintained on the clinical records.</p>	4/30/2018
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H 430	Continued From page 11 2. Review of Patient #11's current clinical record on 02/12/18 at 1:00 PM showed a POC with a SOC date of 11/10/17 and a certification period from 11/10/17 to 11/09/18. Further review of POC showed that the patient's pertinent diagnoses included: Hypertension, Heart Failure, Cardiac Pacemaker, and Major Depression. The record review failed to show that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days. 3. Review of Patient #12's current clinical record on 02/12/18 at 2:30 PM showed a POC with a SOC date of 11/10/17 and a certification period from 11/10/17 to 11/09/18. Further review of POC showed that the patient's pertinent diagnoses included: Hypertension, Heart Failure, Cardiac Pacemaker, and Major Depression. The record review failed to show that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days. 3. Review of Patient #14's current clinical record on 02/12/17 at 3:30 PM showed a POC with a SOC date of 08/15/17 and a certification period from 08/15/17 to 10/31/17. Further review of the POC showed that the patient's pertinent diagnoses included: Hypertension, Alzheimer's, Secondary Malignant Neoplasm of Breast, Anxiety, Hypothyroidism, and Primary Osteoarthritis. The record review failed to show that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days.	H 430	3916.1 SKILLED NURSING GENERALLY Patient #11 Training has been provided to all registered nurses to ensure that each registered nurse will conduct an evaluation of patient every sixty-two (62) days and information sent to the primary care physician. Integrated Community Service Clinical team shall henceforth ensure that sixty-two (62) days summary of all patients are conducted and information to be sent to the primary care physician for review. Plan of care shall be updated with any significant change. The Quality Assurance (QA) team that include the Clinical Director, Director of Nursing, and the Assistant Director of nursing shall review all clinical records regularly but at least quarterly to ensure documented evidence of sixty-two (62) days summary that has been sent to the primary care physician and maintained on the clinical records. 3916.1 SKILLED NURSING GENERALLY Patient #12 Training has been provided to all registered nurses to ensure that each registered nurse will conduct an evaluation of patient every sixty-two (62) days and information sent to the primary care physician. Integrated Community Service Clinical team shall henceforth ensure that sixty-two (62) days summary of all patients are conducted and information to be sent to the primary care physician for review. Plan of care shall be updated with any significant change. The Quality Assurance (QA) team that include the Clinical Director, Director of Nursing, and the Assistant Director of nursing shall review all clinical records regularly but at least quarterly to ensure that there are documented evidence of sixty-two (62) days summary with evidence that the information was sent to the primary care physician.

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H 430	Continued From page 12 4. Review of Patient #15's current clinical record on 02/12/18 at 4:15 PM showed a POC with a SOC date of 11/18/17 and a certification period from 11/18/17 to 11/17/18. Further review of the POC showed that the patient's pertinent diagnoses included: Amyotrophic Lateral Sclerosis, Paralytic Syndrome, Slurred Speech, Chronic Pain, Acute Respiratory Failure, and Aspiration of Fluid. The record review failed to show that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days. During an interview on 02/12/18 at 2:00 PM, the Clinical Director stated that the SNs did not conduct reviews or evaluations of the skilled services provided for the patients mentioned above. Additionally, the Clinical Director stated that he would ensure that nurses conduct a review and evaluation of skilled services provided, and he would ensure that the skilled nurse sends the patient's physician a summary of the review. At the time of the survey, the HCA nursing staff failed to conduct reviews and evaluations of skilled services provided for Patients #10, #11, #12, #14 and #15.	H 430	3916.1 SKILLED NURSING GENERALLY Patient #14 Training has been provided to all registered nurses to ensure that each registered nurse will conduct an evaluation of patient every sixty-two (62) days and information sent to the primary care physician. Integrated Community Service Clinical team shall henceforth ensure that sixty-two (62) days summary of all patients are conducted and information to be sent to the primary care physician for review. Plan of care shall be updated with any significant change. The Quality Assurance (QA) team that include the Clinical Director, Director of Nursing, and the Assistant Director of nursing shall review all clinical records regularly but at least quarterly to ensure that there are documented evidence of sixty-two (62) days summary with evidence that the information was sent to the primary care physician.	4/30/2018
H 472	3918.2(b) PSYCHIATRIC NURSING SERVICES Psychiatric nursing services shall be provided by a registered nurse with: (b) A Bachelor of Science in Nursing (BSN) and 1 year of related work experience in an active treatment program for adult or geriatric patients in a psychiatric health care setting;	H 472	3916.1 SKILLED NURSING GENERALLY Patient #15 Training has been provided to all registered nurses to ensure that each registered nurse will conduct an evaluation of patient every sixty-two (62) days and information sent to the primary care physician. Integrated Community Service Clinical team shall henceforth ensure that sixty-two (62) days summary of all patients are conducted and information to be sent to the primary care physician for review. Plan of care shall be updated with any significant change. The Quality Assurance (QA) team that include the Clinical Director, Director of Nursing, and the Assistant Director of nursing shall review all clinical records regularly but at least quarterly to ensure that there are documented evidence of sixty-two (62) days summary with evidence that the information was sent to the primary care physician.	4/30/2018

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H 472	<p>Continued From page 13</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure a Registered Nurse (RN) met the required qualifications to provide care for one (1) of (1) psychiatric patients in the sample (Patient # 8).</p> <p>Findings included:</p> <p>Review of Patient #8's current clinical record on 02/12/18 at 11:00 AM showed a POC with a SOC date of 12/05/17 and a certification period from 12/05/17 to 12/04/18. Further review of the POC showed that the patient had a primary diagnosis of Schizophrenia and a pertinent diagnosis of Major Depressive Disorder. The POC also showed that the SN was to visit the patient once a month and as needed.</p> <p>Review of the personnel file for SN #6's, Registered Nurse, on 02/12/18 at 12:00 PM showed that she had a BSN degree. However, the record failed to show evidence that she had the required "one (1) year of related work experience in an active treatment program for adult or geriatric patients in a psychiatric healthcare setting." The personnel record also showed that there was documented evidence that SN #6 had experience working with psychiatric patients.</p> <p>During an interview on 02/12/18 at 12:00 PM, the Clinical Director stated that SN#6 had a BSN degree, but she did not have the required one year of psychiatric work experience.</p> <p>At the time of the survey, the HCA failed to ensure SN #6 met the required qualifications to provide care for Patient #8.</p>	H 472	<p>3918.2 (b) PSYCHIATRIC NURSING Patient #8</p> <p>Integrated Community Service has identified a registered nurse that meets the qualification under the status to care for this patient and employment application is being processed. Patient #8 will be assigned to the psychiatric nurse as soon as the nurse is hired. If for some unforeseen reason, Agency is unsuccessful to hire a psychiatric nurse by the completion date, Agency shall initiate a discharge for patient #8 ensuring safe discharge.</p> <p>Integrated Community Service (ICS) Clinical Team shall henceforth update its admission criteria to ensure that there is psychiatric nurse that meets the status is actively employed by the Agency before any patient with primary psychiatric diagnoses is admitted.</p> <p>Integrated Community Service (ICS) will develop quality assurance plan that include corrective action to address the identified deficiency. The Quality Assurance team that include the Clinical Director (CD), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) shall conduct review of each patient being reviewed for acceptance to ensure that there is qualified Psychiatric RN staff employed by ICS before decision is made to admit each patient with primary psychiatric diagnoses.</p>	6/30/2018
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