

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

*Received
03/30/17
CW*

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 000 INITIAL COMMENTS

An initial survey was conducted from January 12, 2017 through January 18, 2017, 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 for five (5) patients and employs fourteen (14) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, five (5) active patient records, one (1) discharged patient record, fourteen (14) employee records, four (4) home visits and interviews with patients/family and staff.

Please Note, Listed below are abbreviations used in the body of this report.

- CPR -- Cardiopulmonary Resuscitation
- COPD --- Chronic Obstructive Pulmonary Disease
- DNR -- Do Not Resuscitate
- HOB -- head of the bed
- POC -- plan of care

H 000

INITIAL COMMENTS

Lifeline Inc has reviewed the initial licensure deficiencies noted in the survey conducted on January 12th-18th, 2017.

A plan of Correction has been developed for each deficiency identified for your review and approval in order to ensure that the agency maintains compliance with professional standards and District of Columbia licensure regulations.

Abbreviations used in the body of this report are as follows:

- CPR--Cardiopulmonary Resuscitation
- DNR--Do not Resuscitate
- HbA1c--Hemoglobin A1 C
- O2--Oxygen
- SOC--Start of Care
- POC--Plan of Care
- PCP--Primary Care Physician
- DON--Director of Nursing
- CD--Clinical Director

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 record review, interview and observation, the HCA failed to ensure that a clinical record included an order for the skilled nurse to administer and/or manage oxygen therapy for one (1) of one (1) patients in sample

H 265

3911.2(e) CLINICAL RECORDS

What corrective action(s) will be accomplished to address the identified deficient practice:

- The Clinical Director has obtained a physician order on January 12th, 2017 for Patient#1:O2 at 3 Liters per nasal cannula continuously. No other patient was affected by this deficiency. 01/12/2017

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

R. M. Sindle

TITLE

Administrator

(X6) DATE

3/30/2017

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 265 Continued From page 1
receiving oxygen.

The finding includes:

On January 12, 2017, at 10:00 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of December 8, 2016, and a certification period of December 6, 2016 to February 3, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses to include chronic obstructive pulmonary disease with acute exacerbation. Continued review of the clinical record revealed a skilled nursing visit note dated January 4, 2017, that indicated the skilled nurse (clinical director) decreased the patient's oxygen from 3 liters to 2.5 liters per nasal cannula. The record, however, lacked documented evidence of a physician order for the skilled nurse to administer and/or manage the patient's oxygen.

On that same day, at 11:00 a.m., review of the agency's administrative records lacked documented evidence of lacked evidence of an "Oxygen Therapy" policy.

On January 12, 2017, at 11:30 a.m., interview with the skilled nurse (clinical director) revealed that he did not have an order to administer/manage the patient's oxygen. The skilled nurse (clinical director) indicated the he would get an order to administer and/or manage the patient's oxygen therapy. Continued interview with the skilled nurse (clinical director) verified that the agency did not have an Oxygen (medication administration) Policy, but he would ensure that a policy was developed.

On January 13, 2017, at 10:00 a.m., a second interview with the skilled nurse (clinical director)

H 265

What Measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

- Lifeline has developed Oxygen Administration Policy that was approved by the Governing Body. Lifeline will ensure patient with O2 therapy receive appropriate physician order on SOC (See attached O2 Therapy Policy-See Attachment #1).

1/20/2017

In the event that patient has no physician order for O2, the admitting nurse will obtain physician order from PCP immediately and follow the order strictly as recommended without adjustment.

All clinical staff have be trained on Lifeline's O2 therapy policy.

1/31/17

How the corrective action(s) will be monitored to ensure the deficient practice will not recur:

- Lifeline will conduct quarterly audit of all clinical records to monitor compliance of clinical staff on obtaining relevant and updated physician orders. The internal audit will be conducted by Lifeline Quality Assurance Consultant. Compliance with his regulation will be monitored by Lifeline Administrator as a component of Lifeline's Quarterly Quality Review.

Quarterly/
Ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B WING _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 265	<p>Continued From page 2</p> <p>revealed an order was received for the patient to receive Oxygen at 3 liters per nasal cannula continuously. Continued interview with the skilled nurse (clinical director) revealed that he had also instructed the patient to increase his/her oxygen from 2.5 liters to 3 liters nasal cannula continuously.</p> <p>On January 17, 2017, at 10:00 a.m., observation of Patient #1's home revealed that the patient was receiving continuous Oxygen at 3 liters per nasal cannula.</p> <p>At the time of the survey, the agency failed to have an order for the skilled nurse to administer/manage the patient's oxygen prior to January 12, 2017.</p>	H 265		
H 354	<p>3914.3(c) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(c) The goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, the HCA failed to ensure goals were specific for nursing services provided for six (6) of six (6) patients in the sample. (Patients #1, #2, #3, #4, #5 and #6)</p> <p>The finding includes:</p> <p>1. On January 12, 2017, at 10:00 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of December 6, 2016, and a</p>	H 354	<p>3914.3(c) PATIENT PLAN OF CARE</p> <p>What corrective action(s) will be accomplished to address the identified deficient practice:</p> <ul style="list-style-type: none"> The DON has developed specific goals for five of six patients to include expected outcome based on the immediate and long-term needs of each patient. The POC for each patient has been updated to include specific goals based on physician's parameters for blood pressure and blood sugar. Patient # 6 had been discharged on 1/4/17. <p>What Measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> DON has conducted an In-Service training with all clinical staff on proper documentation and how to develop specific goals for each patient. 	<p>2/10/17</p> <p>2/14/17</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER: **LIFELINE, INC**
STREET ADDRESS, CITY, STATE, ZIP CODE: **2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001**

(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)	(X6) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 354 Continued From page 3

H 354

certification period of December 8, 2016 to February 3, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including type II diabetes mellitus and hypertension secondary to endocrine disorder. Additionally, the aforementioned POC documented the skilled nursing goal as, "patient will maintain a good range of blood pressure and blood sugar in three months." The record lacked documented evidence of the specific blood pressure and blood sugar levels Patient #1 was to maintain.

2. On January 13, 2017, at 10:00 a.m., review of Patient #2's clinical record revealed a POC with a start of care date of November 17, 2016, and a certification period of November 17, 2016 to January 15, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including hypertension secondary to endocrine disorder. Additionally, the aforementioned POC documented the skilled nursing goal as, "patient will maintain a good range of blood pressure in three months." The record lacked documented evidence of the specific blood pressure Patient #2 was to maintain.

3. On January 13, 2017, at 11:00 a.m., review of Patient #3's clinical record revealed a POC with a start of care date of December 8, 2016, and a certification period of December 8, 2016 to February 5, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including hypertension secondary to endocrine disorder and type II diabetes mellitus. Additionally, the aforementioned POC documented the skilled nursing goal as, "patient will maintain a good range of blood pressure and blood sugar in three

Scheduled monthly visit for each patient during which the nurse will assess pertinent physician's parameters and progress of the specific goals. Any reading outside the set parameters will be reported to the PCP. Results and action taken shall be documented accordingly in the nursing notes.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur:

- To avert deficiency recurrence, Lifeline Inc will conduct quarterly audit of all patient's POC to monitor progress of identified and specific goals. The internal audit will be conducted by Lifeline Clinical Director. Compliance with this regulation will be monitored by Lifeline Administrator as a component of Lifeline's Quarterly Quality Review.

Monthly and ongoing

Quarterly/ Ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 354	<p>Continued From page 4</p> <p>months." The record lacked documented evidence of the specific blood pressure and blood sugar levels Patient # 3 was to maintain.</p> <p>4. On January 13, 2017, at 12:00 p.m., review of Patient #4's clinical record revealed a POC with a start of care date of December 9, 2016, and a certification period of December 9, 2016 to February 6, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including hypertension secondary to endocrine disorder. Additionally, the aforementioned POC documented the skilled nursing goal as, "patient will maintain a good range of blood pressure three months." The record lacked documented evidence of the specific blood pressure Patient # 4 was to maintain.</p> <p>5. On January 13, 2017, at 1:00 p.m., review of Patient #5's clinical record revealed a POC with a start of care date of November 17, 2016, and a certification period of November 17, 2016 to February 14, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including hypertension secondary to endocrine disorder. Additionally, the aforementioned POC documented the skilled nursing goal as, "patient will maintain a good range of blood pressure three months." The record lacked documented evidence of the specific blood pressure Patient # 5 was to maintain.</p> <p>6. On January 13, 2017, at 2:00 p.m., review of Patient #6's clinical record revealed a POC with a start of care date of November 17, 2016, and a certification period of November 17, 2016 to February 14, 2017. Further review of the aforementioned POC revealed that the patient</p>	H 354	<p>Patient # 6 was discharged on January 4th, 2017.</p>	
-------	---	-------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 354 Continued From page 5 H 354

had multiple diagnoses including hypertension secondary to endocrine disorder. Additionally, the aforementioned POC documented the skilled nursing goal as, "patient will maintain a good range of blood pressure three months." The record lacked documented evidence of the specific blood pressure Patient # 6 was to maintain.

On January 13, 2017, at 3:00 p.m., interview with the clinical director revealed that the DON did not include on the aforementioned POCs the specific blood glucose and blood pressure levels the patients' were to maintain. Additionally, the clinical director revealed that going forward they would ensure goals on the POCs are patient specific.

At the time of the survey, the agency failed to ensure blood pressures and blood glucose level were patient specific.

H 358 3914.3(g) PATIENT PLAN OF CARE H 358

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 record review and interview, the HCA failed to ensure that a POC included all pertinent diagnoses for one (1) of six (6) patients in the sample. (Patient #5)

The finding includes:

On January 17, 2017, at 10:00 a.m., review of the

3914.3 (9) PATIENT PLAN OF CARE

What corrective action(s) will be accomplished to address the identified deficient practice:

- The DON has updated POC for Patient #5 to include all pertinent diagnoses including dysphagia. No other patient was affected by this deficiency

2/10/17

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

- DON has conducted an In-service training for all clinical staff on proper documentation of all current and pertinent diagnoses for each patient

2/14/17

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 358 : Continued From page 6

Patient #5's clinical record revealed a physician order dated December 8, 2016, that documented the patient had a diagnosis of dysphagia. Continued review of the record revealed a POC with a start of care of November 17, 2016, and a certification period of November 17, 2016 to February 14, 2017. The POC lacked documented evidence of the dysphagia diagnosis.

On January 17, 2017, at 2:00 p.m., interview with the clinical director revealed that the dysphagia diagnosis would be added to the patient's POC.

At the time of the survey, the agency failed to ensure all pertinent diagnoses were include in Patient #5's POC.

H 358

How the corrective action(s) will be monitored to ensure the deficient practice will not recur:

- DON and CD will conduct monthly audit of all patient's POC to ensure that all documentation are accurate for all pertinent diagnoses. Monthly and ongoing

Compliance with this regulation will be monitored by Lifeline Administrator as a component of Lifeline's Quarterly Quality Review. Quarterly/ Ongoing

H 364 3914.3(m) PATIENT PLAN OF CARE

The plan of care shall include the following:

(m) Emergency protocols; and...

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure emergency protocol for CPR was patient specific for six (6) six (6) patients POCs reviewed.

(Patients #1, #2, #3, #4, #5 and #6)

The finding includes:

On January 12, 2017 through January 17, 2017 starting at 10:00 a.m. through 3:00 p.m., review of Patients #1, #2, #3, #4, #5 and #6 clinical records revealed all POCs documented, "emergency situation while in the patient's home all staff to initiate CPR, if applicable."

H 364

3914.3 (m) PATIENT PLAN OF CARE

What corrective action(s) will be accomplished to address the identified deficient practice:

- Lifeline DON has developed specific emergency protocol for each patient. Patient #1, #3, #5 have standing DNR orders. Patient #2 and #4 have CPR protocol. The description of the emergency protocol for CPR on each patient's POC has been revised to ensure compliance with this regulation. (See All DNR orders for patient #1, #3, #5- Attachment #2). 2/10/17

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

- Lifeline DON has trained all clinical staff on how to identify and document each patient's emergency specific protocol for CPR. 2/14/17

Per Lifeline policy, unless the physician has written a specific order, every patient will receive CPR. (See Lifeline Policy on CPR- Attachment #3)

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 364 Continued From page 7

H 364

On January 17, 2017, at 2:00 p.m., interview with the clinical director revealed that none of the five (5) patients had DNR orders. Additionally, the clinical director indicated that all staff were CPR certified and should perform CPR if a patient is in cardiac arrest. Further interview revealed that he would ensure all POCs are patient specific as it relates to the patient's resuscitation status.

At the time of the survey, the agency failed to ensure that the emergency protocol for CPR was patient specific.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur:

- Lifeline Clinical Director will conduct Internal Admission Record Audit as a component of the Ongoing Quality Review Process on a quarterly basis. This action shall be monitored by Lifeline DON. Quarterly/

H 411 3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE

H 411

3915.11 (f) HOME HEALTH & PERSONAL CARE AIDE SERVICE

Home health aide duties may include the following:

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

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each HHA observed, recorded and reported on the patient's physical condition, behavior or appearance, for six (6) of six (6) patients in the sample. (Patients #1, #2, #3, #4, #5 and #6)

The finding includes:

On January 12, 2017 through January 17, 2017, starting at 10:00 a.m. through 3:00 p.m., review of Patients' #1, #2, #3, #4, #5 and #6 clinical records

What corrective action(s) will be accomplished to address the identified deficient practice:

- Lifeline Inc has updated its Home Health Aide weekly log. Observation documentation include patient's physical condition, behavior, and appearance. (See revised HHA Weekly Log-Attachment # 4) 1/19/2017

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

- The DON has conducted an In-service for all Lifeline HHA on adequate observation, recording, and reporting on patient's physical condition, behavior, and appearance as components of the weekly timesheet. 1/20/2017

Lifeline Staff Coordinator conducts weekly timesheet review of all HHA documentation to ensure compliance with this regulation. Weekly/ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
--	--

(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 411 Continued From page 8

revealed HHA's timesheets from December 8, 2016 through January 6, 2017, that lacked documented evidence the HHA observed the patient's physical condition, behavior, or appearance. Further review of the aforementioned timesheets revealed that the HHAs only documented on ADL's and IADL's they performed.

On January 13, 2017, at 3:00 p.m., interview with the clinical director revealed that he was unaware that the HHA's were required to document on the patient's condition, behavior, or appearance. Further interview revealed that the HHA's would document as required going forward.

At the time of survey, the agency failed to ensure HHA's observed, recorded, and reported the patients physical condition, behavior or appearance.

H 411

How the corrective action(s) will be monitored to ensure the deficient practice will not recur:

- Internal Quarterly Audit will be conducted by the Quarterly Quality Assurance Consultant to ensure adequate HHA documentation. Compliance with this regulation will be monitored by Lifeline Administrator.

Quarterly Ongoing

H 451 3917.2(a) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the following:

(a) Initial assessment and evaluation;

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that the skilled nurse conducted the required initial assessment for five (5) of six (6) patients in the sample. (Patients #1, #2, #3, #4, and #5).

The finding includes:

H 451

3917.2 (a) SKILLED NURSING SERVICES

What corrective action(s) will be accomplished to address the identified deficient practice:

- A new initial Comprehensive Assessment Tool has been developed and approved by the Governing Body which is now included in Lifeline's Admission package. Henceforth, Lifeline skilled nurse will complete a comprehensive assessment for each patient on SOC. (See New Comprehensive Assessment Form- Attachment # 5)

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

- To maintain consistency, each Patient's Admission Package now include a Comprehensive Assessment Tool to be completed at SOC.

1/27/2017

1/27/17

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 451 Continued From page 9

On January 12, 2017 through January 17, 2017, starting at 10:00 a.m. through 3:00 p.m., review of Patients #1, #2, #3, #4 and #5 clinical records lacked documented evidence of a skilled nurse initial (comprehensive) assessment.

On January 13, 2017, at 2:00 p.m., interview with the clinical director revealed that the agency's skilled nurse did not conduct initial skilled nursing (comprehensive) assessments, but they would start conducting the assessments going forward.

At the time of the survey, the agency failed ensure the skilled nurse conducted required initial evaluations.

H 451

Clinical staff have been trained by the DON on how to complete the newly developed Comprehensive Assessment package

How the corrective action(s) will be monitored to ensure the deficient practice will not recur:

- Internal Quality Assurance auditing will be conducted by Lifeline DON and/or CD to ensure completion of initial comprehensive assessment of all patients on SOC. Quarterly/Ongoing
- Compliance with this regulation will be monitored as a component of Lifeline's Quarterly Quality Review. This action will be monitored and ensured by Lifeline Administrator. Quarterly/Ongoing

H 454 3917.2(d) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the following:

(d) Implementing preventive and rehabilitative nursing procedures;

This Statute is not met as evidenced by: Based on record review and interview, the HCA skilled nursing staff failed to provide preventive nursing procedures to a patient related to his/her health condition, for two (2) of six (6) patients. (Patients #1 and #3)

The finding includes:

On January 13, 2017, at 11:00 a.m., review of

H 454

3917.2 (d) SKILLED NURSING SERVICES

What corrective action(s) will be accomplished to address the identified deficient practice:

- Lifeline CD contacted the current PCP for Patient #1, and #3 to obtain their baseline lab value of HbA1c. The physician for Patient #1, #3 had forwarded the last HbA1c. Other set parameters were obtained accordingly for each patient. The POC for patient #1, and #3 have been updated to reflect the set parameters from each physician. No other patient is affected by this deficiency. 2/10/17

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

- Lifeline DON conducted an In-Service training for all clinical staff on "Lifeline Diabetes Policy and Procedures". Training included how skilled nurse should obtain baseline lab values for HBA1C and parameters of blood sugar from PCP for accurate record keeping. 1/31/17

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 454	<p>Continued From page 10</p> <p>the agency's "Diabetes Policy and Procedures" revealed that the "skilled nurse [was] to obtain baseline lab value of hemoglobin A1C and parameters of blood sugar from referring physician prior to initial visit for adequate and accurate record keeping."</p> <p>The agency failed to follow it's policy as evidenced below.</p> <p>1. On January 12, 2017, at 10:00 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of December 6, 2016, and a certification period of December 6, 2016 to February 3, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including type II diabetes mellitus. The POC, however, lacked documented evidence of parameters set by the physician for blood glucose monitoring. Review of the patient's clinical record lacked documented evidence of his/her baseline hemoglobin A1C.</p> <p>2. On January 13, 2017, at 11:40 a.m., review of Patient #3's clinical record revealed a POC with a start of care date of December 8, 2016, and a certification period of December 8, 2016 to February 5, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including type II diabetes mellitus. The POC, however, lacked documented evidence of parameters set by the physician for blood glucose monitoring. Review of the patient's clinical record lacked documented evidence of his/her baseline hemoglobin A1C.</p> <p>On January 13, 2017, at 2:00 p.m., interview with the clinical director revealed that he would contact the patients' physicians for blood sugar parameters and the patients' baseline</p>	H 454	<p>The baseline values and parameters have been included in the POC. Skilled nurse will monitor these parameters during monthly nursing visit and report abnormal reading to the PCP accordingly in order to adhere to standardized preventive and rehabilitative nursing care.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <ul style="list-style-type: none"> Internal Audit will be conducted by the Clinical Director to ensure that preventive and rehabilitative procedures are properly implemented. <p>Compliance with this regulation will be monitored as a component of Lifeline's Quarterly Quality Review. This action shall be monitored and ensured by the Administrator</p>	<p>Monthly and ongoing</p> <p>Quarterly/Ongoing</p> <p>Quarterly/Ongoing</p>
-------	---	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 454 Continued From page 11
hemoglobin A1C.

H 454

At the time of the survey, the agency failed to ensure (tertiary) preventive nursing measures for blood sugar monitoring was conducted as related to the patients' diagnosis of type II diabetes mellitus.

H 458 3917.2(h) SKILLED NURSING SERVICES

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;

What corrective action(s) will be accomplished to address the identified deficient practice:

- Lifeline CD contacted the physician for Patient #1, #4, #5 to report changes in each patient's condition respectively. CD has obtained and documented the parameters for O2 (Patient #1 only) and blood pressure for all the patient affected in the POC. Patient # 1 was notified and instructed on the importance of compliance with Physician O2 order. (See attached updated POCs for Patient #1, #4, and #5- Attachment #6) 2/10/17

This Statute is not met as evidenced by:
Based on record review and interview, the skilled nurse failed to inform the physician of a change in a patient's status for three (3) of six (6) patients in the sample. (Patients #1, #4 and #5)

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:

- All Clinical staff have been trained by the DON on how to report changes in the patient's condition to the patient's physician. 1/31/17

The findings include:

1. On January 12, 2017, at 10:00 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of December 6, 2016, and a certification period of December 6, 2016 to February 3, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including COPD with acute exacerbation. Continued review of the clinical record revealed a skilled nursing visit note dated January 4, 2017, that indicated the skilled nurse (clinical director) decreased the patient's oxygen from 3 liters to 5 liters per nasal cannula. The record, however, lacked evidence that the

Lifeline skilled nurse will visit each patient every thirty days and report blood pressure lower or greater than the set parameters to the PCP. Skilled nurse shall document action taken on any abnormal changes in blood pressure in the nursing notes. Monthly and ongoing

Lifeline skilled nurses have been trained on Lifeline's O2 therapy policy by the DON. Lifeline skilled nurse shall obtain O2 order for all patients on O2 and record in the POC. Skilled Nurse will adjust patient's O2 rate per physician order only. Any abnormal changes in respiratory status that requires O2 adjustment will be reported to and authorized by the PCP. 1/31/17

Lifeline skilled nurse will report changes in patient's condition to the patient's physician for necessary adjustment in parameters. Such parameters are not limited to O2 therapy, blood sugar, and blood pressure. Ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 458 Continued From page 12

skilled nurse (clinical director) made the physician aware that he decreased the patients oxygen from 3 liter to 2.5 liters.

On January 13, 2017, at 11 00 a.m., interview with the skilled nurse (clinical director) revealed that he decreased the oxygen because of the patient's COPD diagnosis. Additionally, the skilled nurse (clinical director) indicated that he had not made the physician aware of the rate change he made to the patient's oxygen.

It should be noted that the skilled nurse (clinical director) received a physician order dated January 12, 2017, for oxygen at 3 liters via nasal cannula continuously.

2. On January 13, 2017, at 1:00 p.m., review of Patient #4's clinical record revealed a POC with a start of care date of December 9, 2016, and a certification period of December 9, 2016 to February 6, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including hypertension secondary to endocrine disorders. The POC also documented that the skilled nurse was to visit the patient once every thirty days and report B/Ps greater than 175/90 to the physician. Continued review of the clinical record revealed a "Nursing Visit Note" dated January 5, 2017, in which the skilled nurse (clinical director) documented that the patient's B/P was 130/100. The record, however, lacked documented evidence that the physician was made aware of the patient's elevated diastolic B/P of 100.

On January 13, 2017, at 2:00 p.m., interview with the skilled nurse (clinical director) revealed that he had not made the physician aware of the

H 458

How the corrective action(s) will be monitored to ensure the deficient practice will not recur:

- Internal audit shall be conducted by the DON to ensure proper reporting of changes in patient's condition to physician. Compliance with this regulation will be monitored as a component of Lifeline's Quarterly Quality Review. This action will be monitored and ensured by the Lifeline Administrator

Quarterly/
Ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 458 Continued From page 13

H 458

aforementioned elevated diastolic B/P because the patient had a diagnosis of hypertension.

3. On January 17, 2017, at 10:00 a.m., review of Patient #5's clinical record revealed a POC with a start of care date of November 17, 2016, and a certification period of November 17, 2016 to February 14, 2017. Further review of the aforementioned POC revealed that the patient had multiple diagnoses including hypertension secondary to endocrine disorders. The POC also documented that the skilled nurse was to visit the patient once every thirty days and report B/Ps greater than 175/90 to the physician. Continued review of the clinical record revealed a "Nursing Visit Note" dated December 14, 2017, in which the skilled nurse (clinical director) documented that the patient's B/P was 140/100. The record, however, lacked documented evidence that the physician was made aware of the patient's elevated diastolic B/P of 100.

On January 17, 2017, at 2:00 p.m., interview with the skilled nurse (clinical director) revealed that he had not made the physician aware of the aforementioned elevated diastolic B/P because the patient had a diagnosis of hypertension.

At the time of the survey, the clinical director failed to inform the PCP timely about the change in status of the aforementioned patients.

H 459 3917.2(i) SKILLED NURSING SERVICES

H 459

Duties of the nurse shall include, at a minimum, the following:

(i) Patient instruction, and evaluation of patient

3917.2 (i) SKILLED NURSING SERVICES

What corrective action(s) will be accomplished to address the identified deficient practice:

- Subsequent monthly visit to patient #1, Lifeline CD evaluated patient #1 level of understanding of all teaching provided. The evaluation was documented on the nursing notes as evidence of patient's understanding of teaching. 2/3/17

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER LIFELINE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001
---	--

(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 459	Continued From page 14 instruction; and This Statute is not met as evidenced by: Based on record review and interview, the skilled nurse failed to evaluate the teaching provided for one (1) of six (6) patients' in the sample. (Patient # 1) The finding includes: On January 13, 2017, at 10:00 a.m., review of Patient #1's clinical record revealed a "Nursing Visit Note", dated January 4, 2017, that indicated the skilled nurse (clinical director) instructed the patient on elevating the HOB to facilitate breathing, medication compliance, and adequate water intake. The nursing note, however, lacked evidence that the skilled nurse evaluated the patient's understanding of the teaching he provided. On January 13, 2017, at 11:15 a.m., interview with the skilled nurse (clinical director) revealed that he evaluated the patient's level of understanding for the teaching provided, but he forgot to document it. At the time of the survey, the agency's skilled nurse failed to provide evidence that an evaluation of the teaching provided to Patient #1 was conducted.	H 459	What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: • All clinical staff have been trained on adequate method of patient's teaching, evaluation, and documentation. Training specifically detailed how to report evidence of patient's understanding of teaching provided in the nursing notes. The training was conducted by the DON. Effectiveness of patient's teaching shall be evaluated through verbal or nonverbal cues and graded by percentile method per each visit. This will be documented in the monthly nursing notes. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: • Internal audit will be conducted by the DON to ensure proper evaluation and documentation of patient's understanding to health teachings provided by skilled nurse. Compliance with this regulation will be monitored as a component of Lifeline's Quarterly Quality Review. This action will be monitored by Lifeline Administrator.	1/21/17 Monthly and going Quarterly/ Ongoing Quarterly/ Ongoing
-------	--	-------	---	--