STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: HCA-0081	(X2) MUL A BUILD B. WING		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER		ABORES OF	PU OTATE DATA	December 01/18/2017
LIFELINE, INC	2833 G	EORGIA AV	TY, STATE, ZIP CODE ENUE, NW, SUITE B1	63/30/1
		NGTON, DO	20001	O/
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE COMPL O THE APPROPRIATE DATE
H 000 INITIAL COMMENT	S	H 000	INITIAL COMMENTS	
compliance with the Care Agency Regula	conducted from January 12, ry 18, 2017, to determine District of Columbia's Home ations (Title 22 8 DCMR		Lifeline Inc has reviewed deficiencies noted in the January 12th-18th, 2017 A plan of Correction has	survey conducted on
employs fourteen (14 professional and adm of the survey were ba	ninistrative staff. The findings ased on a review of		each deficiency identified approval in order to ensu- maintains complaince wi standards and District of regulations.	d for your review and are that the agency th professional
records, one (1) disci fourteen (14) employ	ls, five (5) active patient harged patient record, ee records, four (4) home with patients/family and staff.		Abbreviations used in the report are as follows:	e body of this
in the body of this rep			CPRCardiopulmonary DNRDo not Resuscita HbA1cHemoglobin A1	ite
CPR Cardiopulmon COPD Chronic Ob- Disease DNR Do Not Resus-	structive Pulmonary		O2Oxygen SOCStart of Care POCPlan of Care	
HOB head of the be POC plan of care	d		PCPPrimary Care Phy DONDirector of Nursin CDClinical Director	rsician
1265 3911.2(e) CLINICAL R	ECORDS	H 265	3911.2(e) CLINICAL RE	CORDS
Each clinical record sh information related to t	all include the following he patient:		What corrective action(s) will be address the identified deficient	pe accomplished to t practice:
(e) Physician's orders;			The Clinical Director has ob- order on January 12th, 2017 at 3 Liters per nasal cannua	7 for Patient#1:02
This Statute is not met Based on record review observation, the HCA fa clinical record included nurse to administer and	r, interview and siled to ensure that a an order for the skilled for manage oxygen		No other patient was affecte	o by this deficiency.
therapy for one (1) of or egulation & Licensing Administration	ie (1) patients in sample			

Heall

TITLE

(X6) DATE

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

Administrator

3 30 2017 If continuation sheet 1 of 15

Health Regulation & Licens	ing Administration			FOR	M APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DAT	TE SURVEY MPLETED
	HCA-0081	8 WING		04	14012047
NAME OF PROVIDER OR SUPPLIER	STREET AL	DORESS, CIT	Y, STATE, ZIP CODE	1 01	/18/2017
LIFELINE, INC			ENUE, NW, SUITE B1		
	WASHING	GTON, DC	20001		
PREFIX (FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	IL LO HIE	(X5) COMPLETE DATE
H 265 Continued From pa	ige 1	H 265	ANCHOR - WE HAVE TO A THE STATE OF		
receiving oxygen.		17 200	What Measures will be put into place o systemic changes you will make to ens deficient practice does not recur.	r what ure that the	ę
The finding includes					
On January 12, 201 Patient #1's clinical start of care date of certification period of February 3, 2017. Fr aforementioned POI had multiple diagnos obstructive pulmona exacerbation. Contin	7, at 10:00 a.m., review of record revealed a POC with a December 6, 2016, and a of December 6, 2016 to urther review of the C revealed that the patient ses to include chronic ry disease with acute tued review of the clinical		 Lifeline has developed Oxygen Admir Policy that was approved by the Gove Lifeline will ensure patient with O2 the receive appropriate physician order or (See attached O2 Therapy Policy-See Attachment #1). In the event that patient has no physic for O2, the admitting nurse will obtain order from PCP immediately and follow strictly as recommended without adjust 	erning Bod erapy in SOC a cian order physician w the order stment.	
(clinical director) dec from 3 liters to 2.5 literecord, however, lact a physician order for	itled nursing visit note dated it indicated the skilled nurse creased the patient's oxygen ers per nasal cannula. The ked documented evidence of the skilled nurse to		All clinical staff have be trained on Life therapy policy How the corrective action(s) will be mon ensure the deficient practice will not reci	ilared to ur.	1/31/17
On that same day, at agency's administrati documented evidence "Oxygen Therapy" po On January 12, 2017, with the skilled nurse that he did not have a administer/manage the skilled nurse (clinical would get an order to the patient's oxygen the with the skilled nurse that the agency did not (medication administrations are that a policy was	e of lacked evidence of an licy. at 11:30 a.m., interview (clinical director) revealed in order to be patient's oxygen. The director) indicated the he administer and/or manage nerapy. Continued interview (clinical director) verified it have an Oxygen lation). Policy, but he would		 Lifeline will conduct quarterly audit of a records to monitor compliance of clinic on obtaining relevant and updated phy orders. The internal audit will be conduct. Lifeline Quality Assurance Consultant. Compliance with his regulation will be in by Lifeline Administrator as a component Lifeline's Quarterly Quality Review. 	al staff sician cled by	Quarterly/ Ongoing
interview with the skills	at 10:00 a.m., a second ed nurse (clinical director)				

TGD311

Health Regulation & Licensii STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIII	TIPLE CONSTRUCTION (X3	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		DATE SURVE COMPLETED
	HCA-0081	8 WING		
NAME OF PROVIDER OR SUPPLIER				01/18/201
			TY, STATE, ZIP CODE	
IFELINE, INC	2833 GI WASHIN	EORGIA AV IGTON, DC	ENUE, NW, SUITE B1	
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPI COMPI E DAT
H 265 Continued From pag	ge 2	H 265	1	
revealed an order wa	as received for the patient to			
receive Oxygen at 3	liters per pasal canqual		T.	
continuously Contin	ued interview with the skilled			
nurse (clinical directo	or) revealed that he had also		1	
instructed the patient	to increase his/her ovugen			
from 2.5 liters to 3 liters to	ers nasal cannula			
Somm woday.			1	
On January 17, 2017	at 10:00 a.m., observation		1	
of Patient #1's home	revealed that the nations			
was receiving continu	ious Oxygen at 3 liters per			
nasal cannula.	,3			
have an order for the	/ey, the agency failed to skilled nurse to e patient's oxygen prior to			
354 3914.3(c) PATIENT PI	AN OF CARE	H 354	3914.3(c) PATIENT PLAN OF CARE	
The plan of care shall	include the following:		What corrective action(s) will be accomplished	to
(c) The goals of the se	nings to be assisted		address the identified deficient practice:	
including the expected	outcome, based upon the		The DON has developed specific goals for five	
immediate and long-tel	rm needs of the patient;		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	
This Statute is not met	as evidenced by:		on physician's parameters for blood pressure	
failed to eccure as the	ew and interview, the HCA		and blood sugar. Patient # 6 had been	
failed to ensure goals w	vere specific for nursing		discharged on 1/4/17.	
the sample. (Patients #	x (6) of six (6) patients in	1		
#4, #5 and #6)	1, 112, 113,		What Measures will be put into place or what	
The finding includes:			systemic changes you will make to ensure that the deficient practice does not recur:	
			DON has conducted an In-Service training with	3
Patient #1/2 elipient	at 10:00 a.m., review of	1	all clinical staff on proper documentation and	2/14/17
start of care data of De-	rd revealed a POC with a		how to develop specific goals for each patient.	
start of care date of Dec	revealed a POC with a		how to develop specific goals for each patient.	

TGD311

Health Regulation & Licensia STATEMENT OF DEFICIENCIES	g Authinisti attori	****		FORM APPROV
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION IG.	(X3) DATE SURVEY COMPLETED
	HCA-0081	8 WING		04/48/2047
NAME OF PROVIDER OR SUPPLIER	STREET A	JODESC CITY	/. STATE, ZIP CODE	01/18/2017
IFELINE, INC				
areline, inc	WASHIN	GTON, DC	NUE, NW, SUITE B1	
TAG REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING RIFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLE
rebruary 3, 2017. Finaforementioned POC had multiple diagnosis mellitus and hypertecndocrine disorder, aforementioned POC nursing goal as, "patrange of blood pressimonthis." The record evidence of the specification period of January 13, 201 Patient #2's clinical restart of care date of the certification period of January 15, 2017. Furtification period of January 15, 2017. Furtification period of January 15, 2017, aforementioned POC had multiple diagnoses secondary to endocrine the aforementioned Pocarification period of Lineary 13, 20th Patient #3's clinical recitation of care date of Decertification period o	of December 6, 2016 to urther review of the Corevealed that the patient session secondary to Additionally. The Coocumented the skilled lent will maintain a good ure and blood sugar in three I lacked documented iffic blood pressure and blood #1 was to maintain. 17, at 10:00 a.m., review of ecord revealed a POC with a lovember 17, 2016, and a November 17, 2016 to urther review of the revealed that the patient es including hypertension he disorder. Additionally, OC documented the skilled ent will maintain a good are in three months." The ented evidence of the e Patient #2 was to 7, at 11:00 a.m., review of cord revealed a POC with a lecember 8, 2016, and a Necember 8, 20	H 354	Scheduled monthly visit for ea which the nurse will assess per parameters and progress of the Any reading outside the set per reported to the PCP. Results a shall be documented according notes. How the corrective action(s) will ensure the deficient practice will. To avert deficiency reoccurrent will conduct quarterly audit of to monitor progress of identifier goals. The internal audit will be Lifetine Clinical Director. Come regulation will be monitored by Administrator as a component Quarterly Quality Review.	artinent physician's and ongoing standers will be and action taken gly in the nursing to emonitored to not recur. The Lifetime Inc. all patient's POC and and specific econducted by pliance with this y Lifetime.
nursing goal as, "patien	t will maintain a good			
nursing goal as, "patien	at will maintain a good and blood sugar in three	1		

AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SE COMPLE	
	HCA-0081	B. WING		01/18/	/20
NAME OF PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, S	TATE, ZIP CODE		
LIFELINE, INC	2833 GEO WASHING	ORGIA AVENU	E, NW, SUITE B1 001		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX FAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COA
H 354 Continued From pa months." The recor	d lacked documented	H 354			
evidence of the spe- sugar levels Patient	cific blood pressure and blood # 3 was to maintain.				
Patient #4's clinical i	017 at 12:00 p.m., review of record revealed a POC with a				
rebruary 6, 2017. F	December 9, 2016, and a f December 9, 2016 to urther review of the				
had multiple diagnos secondary to endocri	revealed that the patient es including hypertension ne disorder Additionally,				
the aforementioned financing goal as, "pati range of blood pressi record lacked docum specific blood pressu	POC documented the skilled ent will maintain a good are three months." The ented evidence of the				
maintain. 5. On January 13, 201 Patient #5's clinical restart of care date of Nicerlification period of February 14, 2017. Fraforementioned POC frad multiple diagnose secondary to endocrin	17, at 1:00 p.m., review of cord revealed a POC with a ovember 17, 2016, and a November 17, 2016 to urther review of the revealed that the patient is including hypertension e disorder. Additionally, DC documented the skilled at will maintain a good three months." The inted evidence of the				
6 On January 13, 2017 Patient #6's clinical reconstant of care date of No certification period of No February 14, 2017, Fur	ovember 17, 2016 to	Patie 2017	ent # 6 was discharged on Jan	uary 4th,	

TG0311

Health	Regulation & Licens	ing Administration				FOR	M APPROVE
STATEME	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) Adl	II TIDI E	CONSTRUCTION		
AND FOR	N OF CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
	The state of the s	HCA-0081	B WING	3			74.010.0 (m)
NAME OF	PROVIDER OR SUPPLIER	STREET	nneess o	ITV CTA	VE, ZIP CODE	01	/18/2017
LIFELIN	E INC				, NW, SUITE 81		
TAL ESTA	E, 114G	WASHIN	GTON, D	C 2000	, NW, SUITE 81		
(X4) ID PREFIX TAG	LEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	DE	(X5) COMPLETE DATE
H 354	Continued From pa	ige 5	H 354	-			
	secondary to endoc the aforementioned nursing goal as, "pa range of blood press record lacked docur specific blood press maintain. On January 13, 2011 the clinical director in include on the aforeit blood glucose and b patients" were to mai clinical director reveal would ensure goals of specific. At the time of the suir	rine disorder. Additionally, POC documented the skilled attent will maintain a good sure three months." The mented evidence of the sure Patient # 6 was to 7, at 3:00 p.m., interview with evealed that the DON did not mentioned POCs the specific lood pressure levels the intain. Additionally, the aled that going forward they on the POCs are patient over, the agency failed to res and blood glucose level					
H 358 3	1914.3(g) PATIENT F	PLAN OF CARE	H 358	3914	3 (9) PATIENT PLAN OF CARE		
T	he plan of care shall	I include the following:		What	corrective action(s) will be accomplished to the identified deficient practice:	ed to	
a	agnoses;	ent, including all pertinent		• The	DON has updated POC for Patient #5 ude all pertinent diagnoses including phagia. No other patient was affected be ciency.		2/10/17
fa di	illed to ensure that a	et as evidenced by: ew and interview, the HCA POC included all pertinent of six (6) patients in the		What i	measures will be put into place or what nic changes you will make to ensure the ficient practice does not recur:	at	
	e finding includes:			Chul	N has conducted an In-service training I cal staff on proper documentation of all ent and pertinent diagnoses for each pa		2/14/17
Or	January 17, 2017,	at 10:00 a.m., review of the		i			
				9			

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MOU	TIPLE CONSTRUCTION		MAPPROVE
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		NG:		E SURVEY IPLETED
		HCA-0081	B WING		01/	18/2017
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CIT	Y, STATE, ZIP CODE	1 017	10/201/
LIFELINE	E, INC	2833 GE		ENUE, NW. SUITE B1		
(X4) ID PREFIX TAG	LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	DRE	(X5) COMPLETE DATE
i d	order dated Decemb the patient had a diag Continued review of with a start of care of certification period of February 14, 2017. To evidence of the dyspi On January 17, 2017 he clinical director re liagnosis would be act the time of the surv	ecord revealed a physician er 8, 2016, that documented gnosis of dysphagia the record revealed a POC November 17, 2016, and a November 17, 2016 to the POC lacked documented.	Н 358	How the corrective action(s) will be mon ensure the deficient practice will not recise DON and CD will conduct monthly au patient's POC to ensure that all document accurate for all pertinent diagnose Compliance with this regulation will be by Lifetine Administrator as a compone Lifetine's Quarterly Quality Review	ur: idit of all nentation is.	Monthly an ongoing Quarterly/ Ongoing
	914.3(m) PATIENT P	LAN OF CARE	H 364	3914.3 (m) PATIENT PLAN OF CAR	RE	
Ti	ne plan of care shall	include the following:		What corrective action(s) will be accomplisaddress the identified deficient practice:	shed to	
Th Ba fail pal rev	ed to ensure emerge	t as evidenced by: v and interview, the HCA ency protocol for CPR was 6) six (6) patients POCs		Lifeline DON has developed specific emprotocol for each patient. Patient #1, #3, have standing DNR orders. Patient #2 a have CPR protocol. The description of the emergency protocol for CPR on each parent POC has been revised to ensure complete with this regulation. (See All DNR orders patient #1, #3, #5- Attachment #2). What measures will be put into place or which systemic changes you will make to ensure.	#5 nd #4 ne tient's ance i for	2/10/17
The	e finding includes:			deficient practice does not recur:	mot vie	
Pati reve	ents #1, #2, #3, #4, ealed all POCs docu	rough January 17, 2017 rough 3:00 p.m., review of #5 and #6 clinical records mented, "emergency ient's home all staff to a."	THE PARTY OF THE P	 Lifeline DON has trained all clinical staff of to identify and document each patient's emergency specific protocol for CPR. Per Lifeline policy, unless the physician has written a specific order, every patient will r CPR. (See Lifeline Policy on CPR-Attachment #3) 	is	2/14/17

Health	Regulation & Licens	ing Administration			FORM	APPROVE
STATEME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE	SURVEY
		1104 2004	1		COMP	CCTED
HALIE OF	DDC	HCA-0081	8 WING		01/1	8/2017
NAME OF	PROVIDER OR SUPPLIER	OTHER! AL		Y, STATE, ZIP CODE		
LIFELIN	E, INC	2833 GEO WASHING	ORGIA AVI	ENUE, NW, SUITE B1		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				
PREFIX TAG	REGULATORY OF L	Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	MAE	(XS) COMPLETE DATE
H 364	Continued From pa		H 364	How the corrective action(s) will be more ensure the deficient practice will not rec	itored to	
	(5) patients had DN clinical director indical director indices the continued and should cardiac arrest. Furth would ensure all PC relates to the patien. At the time of the su	17, at 2:00 p.m., interview with revealed that none of the five IR orders. Additionally, the cated that all staff were CPR perform CPR if a patient is in her interview revealed that he ICs are patient specific as it it's resuscitation status.		Lifeline Clinical Director will conduct I Admission Record Audit as a compor Quality Review Process on a quarter This action shall be monitored by Life	nent of the	Quarterly/ Ongoing
H 411	3915.11(f) HOME HE AIDE SERVICE	EALTH & PERSONAL CARE	H 411	3915.11 (f) HOME HEALTH & PERS CARE AIDE SERVICE	ONAL	
1	fome health aide du ollowing:	ities may include the		What corrective action(s) will be accompli- address the identified deficient practice:	shed to	
£	f) Observing, record ratient's physical con oppearance;	ing, and reporting the adition, behavior, or		 Lifeline Inc has updated its Home Hea weekly log Observation documentation patient's physical condition, behavior, appearance (See revised HHA Weekli Atlachment #4) 	n include	1/19/2017
fa re co si #3	illed to ensure that e ecorded and reported andition, behavior or	ew and interview the HCA		What measures will be put into place or w systemic changes you will make to ensure deficient practice does not recur. The DON has conducted an In-service for Lifetine HHA on adequate observation, in and reporting on patient's physical conditionary, and appearance as component weekly timesheet.	or all 1/ecording,	20/2017
Oi sta	n January 12, 2017 (arting at 10:00 a.m. (through January 17, 2017, through 3:00 p.m., review of 4, #5 and #6 clinical records	1	Lifeline Staff Coordinator conducts week timesheet review of all HHA documentati ensure compliance with this regulation.		eekly/ going

TG0311

Health F	Regulation & Licensi	ng Administration			FORM APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION (X	(3) DATE SURVEY
		The state of the s	A. BUILD	DING:	COMPLETED
		HCA-0081	B WING		04/40/004
NAME OF P	ROVIDER OR SUPPLIER	STREFT A	DDBESS CI	TY, STATE, ZIP CODE	01/18/2017
LIFELINE	INIC			ENUE, NW, SUITE B1	
CII CLII42		WASHING	GTON, DO	20001	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	E (X5) E COMPLETE NTE DATE
H 411	Continued From pa	ge 8	H 411	14	
		esheets from December 8.		How the corrective action(s) will be monitore ensure the deficient practice will not recur	ed to
p a a	2016 through Janua focumented eviden patient's physical co appearance, Further forementioned time	ry 6, 2017, that lacked ce the HHA observed the indition, behavior, or		 Internal Quarterly Audit will be conducted Quality Assurance Consultant to ensure adequate HHA documentation. Compliand this regulationwill be monitored by Lifeline Administrator. 	Ongoing se with
pa Fu do At Hi- pa	at the HHA's were a attent's condition, be urther interview reve ocument as required the time of survey.	the agency failed to ensure			
H 451 30	(7.7(a) SWILLES N			3917.2 (a) SKILLED NURSING SERVICES	
1401 38	17.2(a) SNILLED N	URSING SERVICES	H 451		
Dut	ies of the nurse sh following:	all include, at a minimum,		What corrective action(s) will be accomplished address the identified deficient practice:	
(a)	Initial assessment	and evaluation;		 A new initial Comprehensive Assessment To has been developed and approved by the Governing Body which is now included in Lifeline's Admission package. Henceforth, 	ool 1/27/2017
faile the (6) p	d to ensure that the required initial asse	t as evidenced by: w and interview, the HCA e skilled nurse conducted essment for five (5) of six ole. (Patients #1, #2, #3,		Lifeline skilled nurse will complete a comprehensive assessment for each patient SOC. (See New Comprehensive Assessmen Form- Attachment # 5) What measures will be put into place or what systemic changes you will make to ensure that	nt.
The	finding includes:			To maintain consistency, each Patient's Admission Package now include a Comprehensive Assessment Tool to be	1/27/17
egulation &	Licensing Administration	20		completed at SOC.	1

Health Regulati	on & Licensir	ng Administration		F	FORM APP	ROVE
STATEMENT OF DEF AND PLAN OF CORE	FICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUI A BUILD	TIPLE CONSTRUCTION (X3	OMPLETE	/EY
		HCA-0081	8 WING		04140100	4.00
NAME OF PROVIDER	OR SUPPLIER	STREET AL	ODRESS CO	TY, STATE, ZIP CODE	01/18/20	17
LIFELINE, INC			ORGIA AV	ENUE, NW, SUITE B1		
(X4) ID PREFIX (EA TAG REG	CH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COL	(X5) MPLETE DATE
On January Starting Patients lacked of	at 10.00 a.m s #1, #2, #3, a documented	ge 9 7 through January 17, 2017, 1. through 3:00 p.m., review of #4 and #5 clinical records evidence of a skilled nurse ve) assessment.	H 451	Clinical staff have been trained by the DON how to complete the newly developed Comprehensive Assessment package How the corrective action(s) will be monitored ensure the deficient practice will not recur:		4/17
On Janu the clinic skilled n nursing	rary 13, 2017 cal director re urse did not (comprehens	7, at 2:00 p.m., interview with evealed that the agency's conduct initial skilled sive) assessments, but they		 Internal Quality Assurance auditing will be conducted by Lifeine DON and/or CD to en completion of initial comprehensive assess of all patients on SOC. 	nsure One sment	arteriy/ going
At the tin	ne of the sur	yey, the agency failed required initial		Compliance with this regulation will be moni as a component of Lifetine's Quarterly Quali Review. This action will be monitored and ensured by Lifetine Administrator.	ifored Quar ity Ong	rterly/ joing
H 454 3917 2(d	SKILLED N	URSING SERVICES	H 454	3917.2 (d) SKILLED NURSING SERVICES		
Duties of the follow	the nurse sh	nall include, at a minimum,		What corrective action(s) will be accomplished address the identifier deticient practice:	d to	
This Statu	rocedures; ite is not me	et as evidenced by: w and interview, the HCA		• Lifeline CD contacted the current PCP for Patient #1, and #3 to obtain their baseline la value of HbA1c. The physician for Patient #1 #3 had forwarded the last HbA1c. Other set parameters were obtained accordingly for ea patient. The POC for patient #1, and #3 have been updated to reflect the set parameters for each physician. No other patient is affected to	1. ach e	17
nursing pr health con	sing staff fail ocedures to idition, for	led to provide preventive a patient related to his/her its. (Patients #1 and #3)		What measures will be put into place or what systemic changes you will make to ensure that deficient practice does not recur:		
The finding	j includes:			 Lifeline DON conducted an In-Service training for all clinical staff on "Lifeline Diabetes Polic and Procedures" Training included how skill nurse should obtain baseline lab values for 	CV	7
On Januar	y 13, 2017, a	it 11:00 a.m., review of		HBA1C and parameters of blood sugar from PCP for accurate record keeping.		

Health	Regulation & Licens	sing Administration		F	FORM APPR	OVE
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULT) DATE SURVE	
		HCA-0081	B WING			
NAME OF	PROVIDER OR SUPPLIES	REDUCET A	DOBEDO OF	V 42	01/18/201	7
		orrice; A		Y, STATE, ZIP CODE ENUE, NW, SUITE B1		
LIFELIN	IE, INC	WASHIN	GTON, DC	20001		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X. COMP JE DA	LETE
	revealed that the "s baseline lab value of parameters of blood physician prior to in accurate record kee	etes Policy and Procedures" skilled nurse [was] to obtain of hemoglobin A1C and d sugar from referring silial visit for adequate and	H 454	The baseline values and parameters have be included in the POC. Skilled nurse will mon these parameters during monthly nursing viand report abnormal reading to the PCP accordingly in order to adhere to standardize preventive and rehabilitative nursing care. How the corrective action(s) will be monitored ensure the deficient practice will not recur.	itor ongom isit red	
	1. On January 12, 2 Patient #1's clinical start of care date of certification period of February 3, 2017 F	017, at 10:00 a.m., review of record revealed a POC with a December 6, 2016, and a of December 6, 2016 to urther review of the C revealed that the patient		 Internal Audit will be conducted by the Clinic Director to ensure that preventive and rehabilitative procedures are properly implemented. Compliance with this regulation will be monit as a component of Lifeline's Quarterly Qualit 	Ongoi	ing dy/
e e e	had multiple diagnos mellitus. The POC, he evidence of paramet blood glucose monito	ses including type II diabetes nowever, tacked documented ters set by the physician for pring. Review of the patient's I documented evidence of		Review. This action shall be monitored and ensured by the Administrator		
2 P si cr at ha m ev blo	atient #3's clinical related of Care date of Care date of Cartification period of ebruary 5, 2017. Further the care distribution of the care date of the care dat	117, at 11:40 a.m., review of ecord revealed a POC with a December 8, 2016, and a December 8, 2016 to other review of the revealed that the patient es including type It diabetes owever, lacked documented as set by the physician for ring. Review of the patient's documented evidence of				
the	January 13, 2017, clinical director revenues patients' physicians	at 2:00 p.m., interview with realed that he would contact is for blood sugar				

Health	Regulation & Licensi	ng Administration			ORM APPROV
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION (X3) ING:	DATE SURVEY COMPLETED
		UCA CON			COMPLETED
14445 00		HCA-0081	B WING		01/18/2017
VAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CIT	Y, STATE, ZIP CODE	
LIFELIN	IE, INC	2833 GE	ORGIA AV	ENUE, NW, SUITE 81	
200 00 000		WASHING	GTON, DC	20001	
(X4) ID PREFIX TAG	(ENGH DEFICIENC)	CEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLE E CATE
H 454	Continued From pa	ge 11	H 454	The state of the s	
	hemoglobin A1C.				
	ensure (tertiary) pre blood sugar monitor to the patients' diagr mellitus.	urvey, the agency failed to ventive nursing measures for ing was conducted as related nosis of type II diabetes			
H 458		NURSING SERVICES	H 458	3917.2 (h) SKILLED NURSING SERVICES	
	Duties of the nurse s the following:	shall include, at a minimum,		What corrective action(s) will be accomplished to address the identified deficient practice:	
	This Statute is not m	let as evidenced by		Lifetime CD confacted the physician for Patient #1 #5 to report changes in each patient's condition respectively. CD has obtained and documented it 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 orde (See attached updated POCs for Patient #1, #4, a #5- Attachment #6)	ne
6	nurse railed to inform	the physician of a change in hree (3) of six (6) nations in		What measures will be put into place or what system changes you will make to ensure that the deficient practice does not recur:	
	The findings include:			 All Clinical staff have been trained by the DON on how to report changes in the patient's condition to patient's physician. 	1/31/17 the
S	attent #1's clinical re- lart of care date of Di	17, at 10:00 a.m., review of cord revealed a POC with a ecember 6, 2016, and a December 6, 2016 to		Lifetine skilled nurse will visit each patient every this days and report blood pressure tower or greater that the set parameters to the PCP. Skilled nurse shall document action taken on any abnormal changes a blood pressure in the nursing notes.	ongoing
a h; ac cl da nu	torementioned POC in ad multiple diagnoses cute exacerbation. Co inical record revealed ated January 4, 2017 urse (clinical director)	revealed that the patient is including COPD with continued review of the id a skilled nursing visit note that indicated the skilled decreased the patient's		Lifetine skilled nurses have been trained on Lifetine' OZ therapy policy by the DON. Lifetine skilled nurse shall obtain OZ order for all patients on OZ and recome the POC. Skilled Nurse will adjust patient's OZ rat per physician order only. Any abnormal changes in respiratory status that requires OZ adjustment will be reported to and authorized by the PCP.	rd e
Γŀ	lygen from 3 liters to	5 liters per nasal cannula, acked evidence that the		Lifetine 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 pressu	Ongoing re.

TGD311

Health Regulation & Licensi	ng Administration			FURI	APPRO
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
	HCA-0081			0.00	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS CO	r, State, ZIP Code	01/18/2017	
LIFELINE, INC	2833 GEO	RGIA AVE	NUE, NW, SUITE B1		
(V () ID CURNING CO	WASHING	STON, DC	20001		
TAG REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULDEE	(XS) COMPLI DATE
On January 13, 2017 with the skilled nurse that he decreased the patient's COPD diagrange (clinical director made the physician a made to the patient's It should be noted that director) received a physician and the patient's It should be noted that director) received a physician and the patient's It should be noted that director) received a physician and the patient #4's clinical restart of care date of Directification period of Efebruary 6, 2017 Furth aforementioned POC in had multiple diagnoses secondary to endocrine documented that the singular than 175/90 to review of the clinical review of the clinical different in the patient's B/P was 13 however, lacked documented diastotic B/P of On January 13, 2017, at 15 and 15	In director) made the physician ased the patients oxygen ased the patients oxygen ased the patients oxygen ased the patients oxygen because of the mosts. Additionally, the skilled or) indicated that he had not aware of the rate change he oxygen. In the skilled nurse (clinical hysician order dated oxygen at 3 liters via nasal oxygen at 5 liters via nasal oxygen	H 458	How the corrective action(s) will be ensure the deficient practice will not be ensure proper reporting of change condition to physician. Compliant regulation will be monitored as a Lifetine's Quarterly Quality Reviewill be monitored and ensured by Administrator.	by the DON to ges in patient's ce with this component of w. This action	Quarter
the skilled nurse (clinica he had not made the physicalion & Licensing Administration	vsician aware of the	Į.			
ORM	8820	TGD	5744		

Health	Regulation & Licens	ing Administration				FORM	APPROVE	
SIALEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	JLTIPLE (CONSTRUCTION	Va. 64		
TO SO THE CHOICE		IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED		
		HCA-0081	8 WING	3				
VAME OF	PROVIDER OR SUPPLIER					01/1	8/2017	
		SINCE			TE, ZIP CODE			
LIFELIN	E, INC	WASHI	NGTON, D	VENUE	, NW, SUITE B1			
(X4) fD	SUMMARY ST	ATEMENT OF DEGICIENCIES	ID.	2000				
PREFIX TAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	N SHOULD BE COMPLETE EAPPROPRIATE DATE		
H 458	Continued From pa		H 458					
	aforementioned elevated diastolic B/P because			1				
the patient had a diagnosis of hypertension.								
	3. On January 17, 2	2017, at 10:00 a.m., review of						
	Patient #5's clinical	record revealed a POC with .	9	*				
	start of care date of	November 17, 2016, and a						
	February 14, 2017	of November 17, 2016 to Further review of the						
	aforementioned PO	C revealed that the nation!		1				
	nao multiple diagno:	ses including hypertension		1				
	secondary to endoci	rine disorders. The POC also						
(A)	patient once every the	skilled nurse was to visit the nirty days and report B/Ps		1				
	greater than 1/5/90	to the physician Continued						
	eview of the clinical	record revealed a "Murcino						
10	visit Note" dated De	ecember 14, 2017, in which						
	The same of the sa	director) documented that						
5	ne patients B/P was	140/100. The second		1				
2	lowever, lacked doc	umented evidence that the						
P	nysician was made levated diastolic B/F	aware of the patient's		1111				
	icrated diastolic DIF	OF 100.						
C	In January 17, 2017	, at 2:00 p.m., interview with					- 1	
51	ie skilled nurse (clin	ical director) revealed that		i			1	
a	forementioned eleve	physician aware of the sted diastolic B/P because						
tin	e patient had a diag	nosis of hypertension.						
							- 1	
fa	iled to inform the Dr	rey, the clinical director CP timely about the change					1	
in	status of the aforen	rentioned patients		ii			1	
				2			1	
459 39	9917.2(i) SKILLED NURSING SERVICES		H 459		2 (i) SKILLED NURSING SERVICES			
Dţ	ities of the nurse sh	all include, at a minimum,		addres	corrective action(s) will be accomplished is the identified deficient practice:	l to		
the	following:	on morous, at a minimum,			requent monthly visit to patient #1, Lifetine C	0. 0.	2/47	
, (i)	Patient instruction, a	and evalutaion of patient		leact	requent monthly visit to patient #1, Lifetine C valed patient #1 level of understanding of all hing provided. The evaluation was document e nursing notes as evidence of patient's		3/17	
tegulation	& Licensing Administrat			unde	estanding of teaching.			

sing Administration			FORM	APPROVE	
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:			(X3) DATE SURVEY COMPLETED	
HCA-0081	B. WING		0444		
STREET A	DDRESS CIT	Y STATE ZIP CODE	01/	18/2017	
2833 GE	ORGIA AVE	ENUE, NW, SUITE B1			
ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES	RE	(X5) COMPLETE DATE	
age 14	H 459	What measures will be put into place or w	hat that the	2	
rnet as evidenced by: view and interview, the skilled uate the teaching provided for tients' in the sample (Patient		method of patient's teaching, evaluation documentation. Training specifically deta to report evidence of patient's understant teaching provided in the nursing notes. I training was conducted by the DON.	, and siled how iding of The	1/31/17	
7, at 10:00 a.m., review of record revealed a "Nursing muary 4, 2017, that indicated		evaluated through verbal or nonverbal or graded by percentile method per each vi-	ues and	Monthly and going	
nical director) instructed the the HOB to facilitate in compliance, and adequate rsing note, however, facked fled nurse evaluated the ing of the teaching he		Internal audit will be conducted by the DO ensure proper evaluation and documentary.	ON to	Quarterly/ Ongoing	
, at 11:15 a.m., interview (clinical director) revealed patient's level of teaching provided, but he		as a component of Lifeline's Quarterly Qual	lify i	Quarterly/ Ongoing	
ey, the agency's skilled evidence that an					
	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0081 R STREET AI 2833 GE WASHINI ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION) age 14 The tas evidenced by view and interview, the skilled late the teaching provided for tients' in the sample (Patient T, at 10:00 a.m., review of record revealed a "Nursing musty 4, 2017, that indicated hical director) instructed the the HOB to facilitate in compliance, and adequate rising note, however, tacked filed nurse evaluated the ing of the teaching he at 11:15 a.m., interview (clinical director) revealed patient's level of teaching provided, but he	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE (X2) MUST BE PRECEDED BY PULL (X2) MUST BE PRECEDED BY PULL (X3) MUST BE PRECEDED BY PULL (X4)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HCA-0081 STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 20001 ATEMENT OF DEFICIENCIES APPROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD CROSS-REFERENCE TO THE APPROPRIATE ACTION SHOULD CROSS-REFERENCE TO SHOULD CROSS-REFERENCE TO SHOULD CROSS-REFERENCE TO THE APPROPRIATE ACTION SHOULD CROSS-REFERENCE TO THE APPROPRIAT	(X1) PROVIDERSUPPLIERICITA (DENTIFICATION NUMBER: HCA-0081 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2833 GEORGIA AVENUE, NW, SUITE B1 WASHINGTON, DC 2001 ATEMENT OF DEPICIENCIES YOUNG'S REPERCISED BY PULL USC IDENTIFYING INFORMATION) AGE 14 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 evided in the mursing 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 viext. This will be documented in the monthly nursing notes. T, at 10:00 a.m., review of record revealed a "Nursing many 4, 2017, that indicated hical director) instructed the the HOB to facilitate in compliance, and adequate the HOB to facilitate the nonpliance, and adequate the hop to facilitate the compliance, and adequate the hop to facilitate the compliance, and adequate the hop to facilitate the HOB to facilitate the compliance, and adequate the hop to facilitate the compliance, and adequate the hop to facilitate the compliance with this regulation 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.	