| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                     | PLE CONSTRUCTION   | (X3) DATE SURVE                   |
|--|--|---------------------|--|-----------------------------------|
|  | DENTI IOMION NOMBEN.   | A, BUILDIN          | 1G:  | COMPLETED                         |
| W-141  | HCA-0088   | B WING_             |  | 07/20/201                         |
| AME OF PROVIDER OR SUPPLIER  | STREET A   | DDRESS, CITY        | , STATE, ZIP CODE  |                                   |
| FELINE, INC  |  |                     | AVENUE, NE   |                                   |
| 011141471477   |  | IGTON, DC           |  |                                   |
| REFIX (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)   | JLD BE COMP                       |
| H 000 INITIAL COMMEN   | TS   | H 000               |  |                                   |
| through 07/20/18 to<br>the District of Colur<br>Regulations (Title 2<br>Home Care Agency   | vas conducted from 07/16/18 o determine compliance with mbia's Home Care Agency 12 B DCMR Chapter 39). The v (HCA) provides home care  |                     | Lifeline has reviewed the annual su<br>reports and deficiencies noted in th<br>conducted from 7/16/18 through 07   | e survey<br>/20/18                |
| services to 120 pati The findings of the review of nine curre discharged patient i and seven complair based on five home   | ients and employs 199 staff, survey were based on a ent patient records, one record, 14 employee records, ats. The findings were also e visits, ten current patient s, and patient/staff interviews. |                     | A plan of correction has been devel<br>each deficiency identified for your re<br>approval to ensure that the agency<br>compliance with professional stands<br>State Medicaid Home Care Agency<br>Regulations.  | eview and<br>maintain<br>ards and |
|  | breviations used throughout  |                     |  |                                   |
| DON - Director of N<br>DNR - Do Not Resu<br>HCA - Home Care A<br>HHA - Home Health<br>PCA - Personal Care<br>POC - Plan of Care<br>RN - Registered Nur<br>SN - Skilled Nurse | scitate<br>geпcy<br>Aide<br>e Aide   |                     |  |                                   |
| H 294: 3912.2(c)(2) PATIEN<br>RESPONSIBILITIES   |  | H 294               | Lifeline has updated its admission p<br>to include whether services are cov<br>health insurance, Medicaid, Medicar   | ered by                           |
| Each home care age<br>ensure that each pat<br>services has the follo   | ency shall develop policies to ient who receives home care owing rights:   |                     | other sources, and the extent of unc<br>expenses for which the beneficiary r<br>liable. A copy of the updated admiss<br>consent was sent to all beneficiaries  | overed<br>nay be<br>ion           |
| (c) To be informed or following:   | ally and in writing of the   |                     | services from Lifeline Inc. See attached the Admission Packag  | e                                 |
| insurance, Medicaid,   | are covered by health Medicare, or any other ent of uncovered expenses   |                     | , and the second |                                   |

RHODA STATE FORM

|   | Regulation & Licensin   |  |                         |  |  |
|---|---|--|-------------------------|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | 1  | PLE CONSTRUCTION<br>IG: | (X3) DATE SURVEY<br>COMPLETED  |  |
|   |   | HCA-0088   | B. WING _               |  | 07/20/2018   |
| NAME O  | F PROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY             | , STATE, ZIP CODE  | '  |
| LIFFLI  | NE, INC   | 1615 KEN   | ILWORTH                 | AVENUE, NE   |  |
|   | <b>4</b> E, 1146  |  | STON, DC                |  |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY  | FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)   | LD BE COMPLETE   |
| H 294   | Continued From pag  | ge 1   | H 294                   |  |  |
|   | Based on record rev<br>failed to inform the p<br>services are covered<br>Medicaid, or any oth<br>uncovered expenses<br>be liable for nine of r                      | met as evidenced by: fiew and interview, the HCA featients in writing whether d by health insurance, er sources, and the extent of s for which the patients may hine patients in the sample ratients #1, 2, 3, 4, 5, 6, 7, 8   |                         | To avert re-occurence of this deficience.  Lifeline will ensure all admitting nurseach beneficiary whether services a covered by health insurance, Medic Medicare, or anyother sources, and extent of uncovered expenses for whether the services are serviced to be a service of the services.              | ses inform Ongoing<br>are<br>aid,<br>I the<br>hich the |
|   | 3, 4, 5, 6, 7, 8 and 9<br>07/18/2018 between<br>PM, revealed a docui<br>"Admission Consent.<br>documents revealed<br>"authorization for pay<br>patient has Medicare | a section entitled ment," which states if the Part A, the Medicare   |                         | All admitting nurses received In-serv training on proper documentation of package to include informing each be whether services are covered by hea insurance, Medicaid, Medicare, or ar sources, and the extent of uncovered expenses for which the beneficiary miliable.  See attached the attendance sheet | admission<br>eneficiary<br>alth<br>ny other<br>d       |
|   | payments will be accellent further review of the show any additional distribution whether services are other insurance, and it                                      | epted as payment in full. clinical records failed to ocumentation explaining covered by Medicaid or the extent of uncovered patients may be liable.  |                         | The Director of Nursing and QA dire-<br>review 25% of all new admission pac<br>completed on a Monthly basis to ens<br>compliance with proper documentati-<br>completion of admission package un<br>is achieved.  | ckage Ongoing<br>sure<br>on and                        |
|   | DON and Administrate that the admitting nurs admission documenta whether services are cother insurance, and the services for which the The DON further state        | proximately 3:00 PM, the presence of stated during interview sees failed to complete the tion informing each patient covered by Medicaid or the extent of uncovered patients may be liable. It does not be that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff, reiterating the general that an in-service will be nitting staff. |                         | Compliance with this regulation will to monitored by Lifeline Administrator a component of Lifeline's Quarterly QA   | isa ′  |

Y88Z11

| He   | alth Regulation & Licensin  | ng Administration  |                     | FORI   | VI APPROVEL              |
|------|---|--|---------------------|--|--------------------------|
|      | TEMENT OF DEFICIENCIES PLAN OF CORRECTION                                     | (X1) PROVIDER/SUPPLIER/CLIA  | (X2) MULT           |  | E SURVEY                 |
| 1    | TE WOOD GOTTINE OF THE TE   | IDENTIFICATION NUMBER:   | A. BUILDIN          | IG:  | MPLETED                  |
| 1    |   |  |                     | 1  |                          |
|      |   | HCA-0088   | B, WING_            | 07   | /20/2018                 |
| NAM  | E OF PROVIDER OR SUPPLIER   | STREET A   | ODRESS, CIT         | Y, STATE, ZIP CODE   |                          |
| LIFE | ELINE, INC  | 1615 KE  | NILWORTH            | AVENUE, NE   |                          |
|      |   |  | IGTON, DC           | 20019  |                          |
| PRE  | FIX (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE |
| Н    | 294 Continued From pag  | ge 2   | H 294               |  |                          |
|      | Medicaid or other in<br>uncovered services<br>liable.                         | surance, and the extent of for which the patients may be   |                     |  |                          |
| Н    | 355; 3914.3(d) PATIENT The plan of care sha                                   | PLAN OF CARE   | ₩ H 355             | Patient #1 clinical record has been updated to include the expected amount, frequency and duration of the PCA services to be provided.   | 7/25/18                  |
|      | including: the freque<br>duration; dietary requ                               | he services to be provided,<br>ncy, amount, and expected<br>uirements; medication<br>ding dosage; equipment; and       |                     | See attached a sample Plan of Care  To avert deficiency practice reoccurence:  | 1                        |
|      | This Statute is not m   | et as evidenced by   |                     | Lifeline will ensure all clincal records include<br>the expected amount, frequency and duration<br>of the PCA services to be provided  | Ongoing                  |
|      | Based on record revi<br>failed to ensure each<br>amount, frequency ar         | ew and interview, the HCA POC included the expected and duration of the PCA ed, for one of nine active                 |                     | Staff members preparing the POCs received In-service on the importance of including the expected amount, frequency and duration of the PCA services to be provided.  | 7/24/18                  |
|      | Findings included:  |  |                     | See attached Attendance Sheet.   |                          |
|      | order for the PCA to "a<br>dressing, grooming, n<br>review of the clinical re | POC with a physician's assist with bathing, neal preparation" Further ecord failed to show quency, and duration of the |                     | The Director of Nursing and QA director will review 25 % all Plan of Cares completed on a Monthly basis to ensure compliance with proper documentation and completion of the expected amount, frequency and duration of PCA services to be provided in the clincal records until 100% is achieved. |                          |
|      | typographical error and preparing the POCs w importance of including          | uring interview that it was a  |                     | Compliance with this regulation will be monitored by Lifeline Administrator as a component of Lifeline's Quarterly QA review   | Quarterly                |

| Health Regul                        | ation & Licensii   | ng Administration  |                     |  | FURIVI APPRUVED               |
|-------------------------------------|--|--|---------------------|--|-------------------------------|
| STATEMENT OF<br>AND PLAN OF CO      | DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                     | IPLE CONSTRUCTION NG:  | (X3) DATE SURVEY<br>COMPLETED |
|                                     |  | HCA-0088   | B, WING_            |  | 07/20/2018                    |
| NAME OF PROVID                      | DER OR SUPPLIER  | STREET   | ADDRESS, CIT        | Y, STATE, ZIP CODE   |                               |
| LIFELINE, INC                       |  |  | ENILWORTH           | AVENUE, NE<br>20019  | ě!                            |
| (X4) ID<br>PREFIX<br>TAG F          | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPI<br>DEFICIENCY)  | BE COMPLETE                   |
| H 355 Cont                          | inued From pa  | ge 3   | H 355               |  |                               |
| provi                               | •  | •  |                     |  |                               |
|                                     |  | PLAN OF CARE   | Н 363               | Lifeline has updated POC to inloude tand Administrator as the empolyees in of managing emergency situations.   | he DON 7/25/18<br>n charge    |
| (I) lde<br>mana                     | entification of el<br>aging emergend                                     | mployees in charge of<br>cy situations;  | i                   | See attached Sample of Plan of Care  To avert deficiency practice reoccurer  |                               |
| Based<br>failed<br>in cha<br>nine d | d on record rev<br>to ensure the large of managir<br>of nine active pa   | net as evidenced by:<br>iew and interview, the HCA<br>POC identified the employees<br>ig emergency situations for<br>atients in the sample | 3                   | Lifeline will ensure all POCs are upda include the assigned employees in chof managing emeregony situations as DON and Administrator.  | arge<br>the                   |
| Findin                              | gs included:   | 5, 6, 7, 8 and 9).   | į.                  | Lifeline staff members preparing the received In-service on the importance including the employess in charge of managing emergency situations in all                                   | of                            |
| 3, 4, 5                             | , 6, 7, 8 and 9  | records for Patients #1, 2,<br>on 07/16/18 through<br>Cs that failed to contain a  |                     | See attached attendance sheet  |                               |
| statem<br>agenc<br>emerg<br>During  | nent identifying<br>y who are in ch<br>ency situations<br>an interview o | the employees within the arge of managing  |                     | The Director of Nursing and QA director review 25% of all Plan of Cares complon a Monthly basis to the employess ir of managing emergency situations in a POCs until 100% is achieved. | eted Ongoing<br>charge        |
| POCs                                | to identify the [<br>ees in charge                                       | OON or Administrator as the of managing emergency  |                     | Compliance with this regulation will be monitored by Lifeline Administrator as component of Lifeline's Quarterly QA r  | a ¹                           |
| The pla                             | an of care shall   | PLAN OF CARE include the following:  | H 364               | Patients #1, 2, 3, 4, 5, 6, 7, 8 and 9 pla<br>cares have been updated to be benefic<br>specific and to include what parameters<br>be considered an emergency to initial 9              | iary-<br>s would              |
| (m) Em                              | ergency protoc   | ols; and   |                     | See attached a sample Plan of Care for Patient #5  |                               |

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0088 B. WING 07/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 KENILWORTH AVENUE, NE LIFELINE, INC WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 364. Continued From page 4 H 364 To avert deficiency practice reoccurence: This Statute is not met as evidenced by: Based on record review and interview, the HCA Lifeline will ensure all POCs are Ongoing failed to ensure that their (medical) emergency beneficiary-specific and to include what protocol was patient-specific for nine of nine parameters would be considered an active patients' POCs reviewed (Patients #1, 2, 3, emergency to initial 911. 4, 5, 6, 7, 8 and 9). Findings included: Lifeline staff members preparing the POCs 7/24/18 received In-service on the importance of On 07/16/18 through 07/18/18, review of current including parameters that would be POCs for Patients #1, 2, 3, 4, 5, 6, 7, 8 and 9 considered an emergency to initial 911. showed that the POCs documented the following: See attached Attendance Sheet "Patient was instructed on the emergency preparedness plan. Patient and caregiver have The Director of Nursing and QA director will Monthly/ been instructed to dial 911 in case of emergency. review 25% all Plan of Cares completed on Ongoing Patient was instructed to call Lifeline after hours a Monthly basis to include parameters are number 202-440-0704." included that would be considered an emergency to initial 911 until 100% is Further review of the POCs failed to show what achieved. parameters would be considered an emergency to initiate 911, i.e., parameters for hyper/hypoglycemia, Congestive Heart Failure Quarterly Compliance with this regulation will be (CHF), and Hypertension. Additionally, during monitored by Lifeline Administrator as a interview on 07/18/18 at 1:00 PM, the DON stated component of Lifeline's Quarterly QA review that he was unsure what patients had a DNR order, but he would ensure that going forward the POCs would list patient-specific emergency (medical) protocols. At the time of the survey, the HCA failed to ensure that the emergency (medical) protocol included on POCs was patient-specific for Patients #1, 2, 3, 4, 5, 6, 7, 8 and 9. H 453 3917.2(c) SKILLED NURSING SERVICES H 453 Lifeline will ensure beneficiary needs are Ongoing met in accordance with the plan of care. Duties of the nurse shall include, at a minimum, the following:

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| Health                   | Regulation & Licensi  | ng Administration  |                     |   | FORM      | APPROVED                 |
|--------------------------|---|--|---------------------|---|-----------|--------------------------|
| STATEM                   | ENT OF DEFICIENCIES<br>AN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTI          | PLE CONSTRUCTION  | (X3) DATE |                          |
| 1                        | IN OF CONNECTION  | IDENTIFICATION NOWBER:   | A. BUILDIN          | G:  | COMP      | LETED                    |
|                          |   | HCA-0088   | B. WING _           |   | 07/2      | 0/2018                   |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET AL  | DRESS, CITY         | , STATE, ZIP CODE   | , ,,,,    | 0.2010                   |
| LIEFLIN                  | NE, INC   |  |                     | AVENUE, NE  |           |                          |
| - CII CEII               |   |  | GTON, DC            | 20019   |           |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (CROSS-REFERENCE) | D BE      | (X5)<br>COMPLETE<br>DATE |
| H 453                    | Continued From pa   | ge 5   | H 453               |   |           |                          |
|                          | (c) Ensuring that pa<br>accordance with the   | itient needs are met in<br>plan of care;   |                     |   |           |                          |
|                          | Based on record rev<br>failed to ensure that<br>as ordered to three<br>sample (Patients #5  | met as evidenced by: view and interview, the nurse PCA services were provided of nine active patients in the , 7 and 9). |                     |   |           |                          |
|                          | Findings included:  |  |                     |   |           |                          |
|                          | 07/17/2018 at 1:00 F<br>SOC date of 01/04/2<br>period of 01/04/2018<br>contained a physicia<br>eight hours a day, se<br>months to provide per<br>"bathing, dressing, g<br>light housekeeping, e<br>appointments and late<br>Review of the PCA til<br>through 06/15/1028 s | me sheets from 02/01/2018  |                     | Lifeline has obtained a physician of Patient # 5 to provide PCA service 8hrs/5 days.  See attached Physician Order                  |           | 8/6/2018                 |
|                          | 07/17/2018 at 3:00 PI<br>SOC date of 02/21/20<br>period of 02/21/2018<br>contained a physician<br>eight hours a day, sev<br>months to provide per<br>'bathing, dressing, gro<br>ight housekeeping, er<br>appointments and lau   | ne sheets from 04/09/2018  |                     | Lifeline has obtained a physician of Patient # 7 to provide PCA service 8hrs/5 days.  See attached Physician Order                  |           | 8/3/18                   |

| Health                   | Regulation & Licensin  | g Administration   |                                       |  |                   |                          |
|--------------------------|--|--|---------------------------------------|--|-------------------|--------------------------|
|                          | ENT OF DEFICIENCIES<br>IN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |                                       | LE CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY<br>PLETED         |
|                          |  | HCA-0088   | B, WING                               |  | 07/2              | 0/2018                   |
| NAME OF                  | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY,                          | STATE, ZIP CODE  |                   |                          |
|                          | E INC  |  |                                       | AVENUE, NE   |                   |                          |
| LIFELIN                  | IE, INC  | WASHING  | STON, DC 2                            | 20019  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                   | PROVIDER'S PLAN OF CORRECTIC<br>(EACH CORRECTIVE ACTION SHOULI<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)  | D BE              | (X5)<br>COMPLETE<br>DATE |
| H 453                    | Continued From page  | je 6   | H 453                                 |  |                   |                          |
|                          | services were provided days a week.  | ded eight hours a day, five  | , , , , , , , , , , , , , , , , , , , |  |                   |                          |
|                          | 07/18/2018 at 2:00 I   | t #9's clinical record on<br>PM showed a POC with a<br>2018, and a certification   | i                                     | Lifeline will obtain a physician ord<br>Patient # 9 to provide PCA service<br>8hrs/5 days.   |                   | 8/8/18                   |
|                          | period of 01/24/2018 contained a physicial   | to 07/24/2018. The POC n order for PCA services four   | :                                     | See attached Physician Order   |                   |                          |
|                          | provide personal car   | days a week for six months to e assistance with "bathing,  |                                       | To avert deficiency practice reocc   | urence            |                          |
|                          | housekeeping, erran<br>appointments and la<br>Review of the PCA ti                       | meal preparation, light ds, escort to all medical undry." me sheets from 04/09/2018 showed that the PCA  |                                       | All Lifeline clinicians have receive Service on proper reconciliation of hours ordered with PCA hours proon the PCA time sheets.                                   | of PCA            | 7/24/18                  |
|                          | services were provid days a week.  | ed eight hours a day, five   |                                       | See attached attendance sheet.   |                   |                          |
|                          | DON said that authorized decrease the PCA horized Delmarva Foundation approve PCA hours) | on 05/18/18 at 3:20 PM, the rization to increase or ours were received from the on (the agency authorized to and he was not aware that a required to implement the |                                       | Director of Nursing and QA Director of Nursing and QA Director review 25% of PCA hours ordere PCA hours provided on the PCA sheets monthly until 100% is achieved. | d with<br>time    | Monthly/<br>Ongoing      |
| 1                        | change of hours. Th will contact the physic  | e DON further stated that he cian office for each patient to or any change to the POC.   |                                       | Compliance with this regulation we monitored by Lifeline Administrate component of Lifeline's Quarterly review.  | or as a           | Quarterly                |
| H 457                    | 3917.2(g) SKILLED N  | IURSING SERVICES   | H 457                                 |  |                   |                          |
|                          | the following:   | nall include, at a minimum,  |                                       | Lifeline will ensure that all 62-day<br>summary notes are submitted eve<br>"EVEN" month for all beneficiaries  | er y              | Ongoing                  |
|                          | thirty (30) calendar da  | ss notes at least once every<br>lys and summary notes at<br>-two (62) calendar days;   |                                       |  |                   |                          |
|                          | This Statute is not me   | et as evidenced by:  |                                       |  |                   |                          |

|                          | NT OF DEFICIENCIES<br>N OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                     | PLE CONSTRUCTION  IG:   | (X3) DATE<br>COMP | LETED                   |
|--------------------------|--|---|---------------------|---|-------------------|-------------------------|
|                          |  | HCA-0088  | B, WING             |   | 07/2              | 0/2018                  |
| NAME OF                  | PROVIDER OR SUPPLIER   | STREET  | ADDRESS, CITY       | , STATE, ZIP CODE   |                   |                         |
| LIFELIN                  | E, INC   |   | ENILWORTH           | AVENUE, NE<br>20019   |                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE                | (X5)<br>COMPLET<br>DATE |
| H 457                    | determined that the<br>skilled nurse docum<br>least every 62 calen                           | view and interview, it was HCA failed to ensure that th<br>lented a summary note at dar days for three of nine as sample receiving PCA          | H 457               |   |                   |                         |
|                          | The findings include  1. On 07/17/2018 a #5's clinical record re                             | d:<br>t 1:00 PM, review of Patient<br>evealed that the patient was  |                     | Lifeline has obtained the 62- day summary note from SN for the mo   | nths of           | 7/31/18                 |
|                          | receiving HHA visits<br>week from 01/29/20<br>Further review of the<br>the SN failed to docu | eight hours a day, five days<br>18 through 06/14/2018.<br>clinical record revealed tha<br>ment a 62 calendar day's<br>g the months of March and | а                   | March and May 2018 for Patient #  See attached copy of the 62-day  Summary notes                                  |                   |                         |
|                          | #6's clinical record re<br>receiving HHA visits<br>days a week from 01                       | 2:00 PM, review of Patient evealed that the patient was seven hours a day, seven /01/2018 through review of the clinical record                 |                     | Lifeline has obtained the 62- day summary note from SN for the mo March and May 2018 for Patient #                |                   | 7/31/18                 |
|                          |  | failed to document a 62 nary note during the months 118.  |                     | See attached copy of the 62-day<br>Summary notes  |                   |                         |
| i<br>                    | #8's clinical record re<br>receiving HHA visits of<br>days a week fro12/14                   | 1:00 PM, review of Patient vealed that the patient was eight hours a day, seven /2017 through 06/17/2018. clinical record revealed that         |                     | Lifeline has obtained the 62- day summary note from SN for the mor February 2018 for Patient #8.                  | nth of            | 7/31/18                 |
| t                        | the SN failed to docu  | ment a 62 calendar day's the month of February  |                     | See attached copy of the 62-day<br>Summary notes  |                   |                         |
| ii<br>i                  | DON and Administrate<br>n-service all RNs on the<br>documenting a 62 cal                     | the importance of endar days summary in the   |                     |   |                   |                         |
| h Regulati<br>E FORM     | ion & Licensing Administra   | ation   | 089B                | /8BZ11 If   | f continuation    | n sheet 8 of            |

| STATEME                  | REQUIATION & LICENS  NT OF DEFICIENCIES | ing Administration   |                     |   |           | I APPROVE               |
|--------------------------|---|--|---------------------|---|-----------|-------------------------|
|                          | N OF CORRECTION                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;                                   |                     | PLE CONSTRUCTION  G:  |           | E SURVEY<br>PLETED      |
|                          |   |  | A. BOILDIN          | ·   |           |                         |
|                          |   | HCA-0088   | B. WING_            |   | 07/       | 20/2018                 |
| NAME OF                  | PROVIDER OR SUPPLIER                    | STREET   | ADDRESS, CITY       | , STATE, ZIP CODE   |           |                         |
| LIFELINI                 | E. INC                                  | 1615 KE  | ENILWORTH           | AVENUE, NE  |           |                         |
|                          |   |  | NGTON, DC           | 20019   |           |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC                         | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)  | D BE      | (X5)<br>COMPLET<br>DATE |
| H 457                    | Continued From pa                       | age 8  | H 457               |   |           |                         |
|                          | clinical records.                       |  |                     | To avert deficiency practice reoc   | curence:  |                         |
| 1                        |   |  |                     | All Lifeline SNs received In-Servi importance of completing 62-day summary with timely submission clincial notes.   |           | 7/26/18                 |
| 1                        |   |  |                     | See attached Attendance Sheet.  |           |                         |
|                          |   |  |                     |   |           |                         |
| 1                        |   |  |                     | Director of Nursing and QA Director of Nursing and QA Director review 50% of all clinical records include 62-day summary notes of monthly basis until 100% is achieved. | to<br>n a | Monthly<br>Ongoin       |
|                          |   |  |                     | Compliance with this regulation we monitored by Lifeline Administrate component of Lifeline's Quarterly review.   | or as a   | Quarter                 |
|                          |   |  |                     |   |           |                         |
|                          |   |  |                     |   |           |                         |
|                          |   |  |                     |   |           |                         |
|                          |   |  |                     |   |           |                         |
|                          |   |  |                     |   |           |                         |
|                          |   |  |                     |   |           |                         |
|                          |   |  |                     |   |           |                         |