Health Regulation & Licensing STATEMENT OF DEFICIENCIES	(VI) PROVIDENCE			FORM APPROV
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0077	B. WING		07/00/00
NAME OF PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE ZID CODE	07/28/2016
NATION'S HOME INFUSION, L	LC 2200 PE		AVENUE, NW. 4TH FLOOR ST	E 41
(X4) ID SUMMARY STAT	TEMENT OF DEFICIENCIES			
TAG REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD DE
H 000 INITIAL COMMENT	S	H 000		
determine compliant Chapter 39 (Home C The Home Care Age services to eight (8) registered nurses. T were based on obser interviews with curren	ce with Title 22B DCMR, Care Agencies Regulations). Incy provides home care patients and employs two (2) the findings of the survey exations, record reviews and not patients and staff. Dereviations used within the resing gency			
H 355 3914.3(d) PATIENT PI The plan of care shall		H 355		
(d) A description of the including: the frequenc duration; dietary require	services to be provided			
services to be provided duration of the HCA ser	v and interview, the HCA n of Care described including the expected vices, dietary			
ATORY DIRECTOR'S OF PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNA	TURE	UP Riimburum +	(X8) DATE

Health	Regulation & Licensir	ng Administration			PRINTED: 08/10/2016 FORM APPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		HCA-0077	B. WING		07/28/2016
IAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY	, STATE, ZIP CODE	
IATION	'S HOME INFUSION, L		INSYLVANIA	A AVENUE, NW, 4TH FLOOR, STE 4 20037	1
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	CTION (VE)
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETE
	dosages for five (5) sample. (Patients # The findings include 1. On July 27, 2016, Patient #1's medical a certification period October 21, 2016. The Patient #1 was to be (1-2) times a week a training/assessment evidence the duration Additionally, the POC requirements for the 2. On July 27, 2016, Patient #2's medical a certification period October 13, 2016. The Patient #2 was to be (1-2) times a week a training/assessment. Evidence the duration evidence the duration in the sample of the s	at 10:00 a.m., review of record revealed a POC with of July 22, 2016, through The POC failed to nof the SNV service. C failed to include the dietary patient. at 11:15 a.m., review of record revealed a POC with of July 14, 2016, through The POC failed to nof the SNV service. C failed to include the dietary patient. at 11:15 a.m., review of record revealed a POC with of July 14, 2016, through the POC revealed that provided "SNV one to two and PRN for on-going". The POC failed to	H 355	H355: 3914.3(d) – Failure to increquirements for the patient. During the review of each patient Mr. Donald Teekasingh RN, MB, the dietary requirements space of was not entered into our softwar Demographic Information Sheet entirety. If the main patient inform by correctly the Intake Clinical C including: 1. Diet 2. Mental Status (Psychosomal S	at chart audited by A, it was found that where on the POC was blank, it e program— CPR+: Patter was not completed in its mation sheet is not filled coordinators, elements pocial) gency Protocols)
	requirements for the antimicrobial to be addosage, equipment a 3. On July 27, 2016,	patient, the type of iministered including ind supplies. at 12:40 p.m., review of		Corrective Action: An Intake Staff meeting is scheoremind the intake team to complemographic Information Sheet	lete the Patient
3. On July 27, 2016, at 12:40 p.m., review of Patient #3's medical record revealed a POC with a certification period of July 23, 2016, through October 22, 2016. The POC revealed that Patient #3 was to be provided "SNV one to two (1-2) times a week and PRN for on-going training/assessment." The POC failed to evidence the duration of the SNV service. Additionally, the POC failed to include the dietary requirements for the patient, the type of			incomplete work. A PI Measure created and will be monitored ef and on-going x 1 year for all NH cross-reference the completenes. Demographic Information Sheet completeness of the POC.	ment Tool has been fective September 1, 20 I POC's. This PI Tool wi ss of the Patient	

Health Regulation & Licensing Administration STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0077		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		07/28/2016		
NAME OF	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY	, STATE, ZIP CODE		
NOITAN	N'S HOME INFUSION, L		NNSYLVANI GTON, DC	A AVENUE, NW, 4TH FLOOR, STE 41 20037		
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H 355	Continued From page	ge 2	H 355			
	antimicrobial to be a dosage, equipment	administered including and supplies.				
	Patient #4's medica a certification period October 22, 2016. Patient #4 was to be (1-2) times a week a training/assessment evidence the duratio Additionally, the POG requirements for the antimicrobial to be a dosage, equipment at 5. On July 27, 2016 Patient #5's medical a certification period October 14, 2016. The Patient #5 was to be (1-2) times a week a training/assessment evidence the duration on July 27, 2016, at company's Vice Preservealed that the PO Additionally, he/she serves.	dministered including and supplies. , at 2:45 p.m., review of record revealed a POC with of July 15, 2016, through the POC revealed that provided "SNV one to two and PRN for on-going". The POC failed to		H358 3914.3(9) In private discussion with the Rei Specialist, with many years of ICE been determined that in the hurrie number of codes to choose from, entering one or two codes correct	o code entering, it has dness of the day and she has been focusir ly. The VP of	
н зға	of the regulations. 3914.3(g) PATIENT F	apturing all the requirements	LI 252	Reimbursement will be monitoring as this has been determined not to but a time factor. New ICD-10 co and the arrival date is within the n	o be a lack of knowle ding books were ord	
. , 550			H 358	Reimbursement will also be printing	ng a daily ICD-10 pat	
		I include the following: ent, including all pertinent		report and correcting and adding of clinical record as appropriate.	codes to the patient	

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	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
H 358	Continued From page	ge 3	H 358	Corrective Action: On-going VP of Reimbursement until of	
	Based record review failed to include all pof five (5) patients in #2) The findings include 1. On July 27, 2016, Patient #1's medical a certification period October 21, 2016. The Patient #1 had a diagsites." A home visit was cor 28, 2016, at 10:00 a on July 28, 2016, at patient also had a diagister mellitus." The diabetes mellitus." The diabetes diagnosis. 2. On July 27, 2016, Patient #2's medical a certification period October 13, 2016. The Patient #2 had a diagosteomyelitis, unspectors with the posteomyelitis, unspectors on July 29, 2016 at 10 telephone interview with the pof "healing stage 4 sa failed to mention the On July 27, 2016, at 20 company's Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the On July 27, 2016, at 20 company's Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the On July 27, 2016, at 20 company's Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the pof "healing stage 4 sa failed to mention the Vice President #2 had a diagosteomyelitis with the President #4 had	at 10:00 a.m., review of record revealed a POC with of July 22, 2016, through the POC revealed that gnosis of "Cellulitis of other additional of the POC revealed that the agnosis of "Insulin dependent the POC failed to mention s. at 11:15 a.m., review of record revealed a POC with of July 14, 2016, through the POC revealed that gnosis of "Other acute cified site." 0:30 a.m., during a with the patient it was patient also had a diagnosis acral decubitus." The POC		As per section: H355: 3914 dietary requirements for the H359 3914.3(h) – Prognosis which the information on the Patient Demographic entered into the computer. It correctly, the prognosis will a on the POC. Other elements by the Patient Demographic include: 1. Diet 2. Mental Status (Psychology) 3. Functional Limitation 4. Safety Measures (Erprotocols) 5. Rehabilitation Potent 6. Prognosis 7. Allergies 8. IV Access 9. Activity 10. Height and Weight Corrective Action: An Intake Staff meeting is solved incomplete work. A PI Measure and on-going x 1 year for all licross-reference the complete Demographic Information Shoompleteness of the POC.	Information Sheet is fit is entered appear on the scaptured Information Sheet Incosocial) is inergency itial theduled for 8/30/2016 to implete the Patient eet and the ramifications of urement Tool has been it effective September 1, 201 NHI POC's. This PI Tool will eness of the Patient

Health	Regulation & Licensin	ng Administration				
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE		
NATION	I'S HOME INFUSION, L	.LC	NNSYLVANIA	A AVENUE, NW, 4TH FLOOR, STE 41 20037		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
H 358	Continued From pa	ge 4	H 358			
	contact the software POC is capable of contact the regulations.	e company to ensure their capturing all the requirements				
H 359	9 3914.3(h) PATIENT		H 359			
	The plan of care sha	all include the following:				
	(h) Prognosis, includ	ding rehabilitation potential;				
	Based on record rev failed to document to	met as evidenced by: view and interview, the HCA he prognosis on the POC for tient's in the sample. , #4 and #5)				
	The findings include	:				
	#5 on July 27, 2016, a.m. and 3:00 p.m., i	Patient's #1, #2, #3, #4 and between the hours of 11:00 revealed the POCs failed to r the patients' prognosis.				
	company's Vice Pres revealed that the PO Additionally, he/she s contact the software	3:00 p.m., interview with the sident of Reimbursement C is computer generated. Stated that their company will company to ensure their apturing all the requirements		H361 3914.3(j) – Psychosocial Nee or Mental Status and H364 3914.3(m) Emergency Pro or Safety Measures As per above related to Prognosis a Dietary Requirements.	tocols	
H 361	3914.3(j) PATIENT P	LAN OF CARE	H 361	NHI's data input on the Patient	00000	
)) :	The plan of care sha	Il include the following:		Demographic Information Sheet croover significantly to the POC.		
	(j) Psychosocial need	ds of the patient;		Our Corrective Action remains the	same.	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HCA-0077 B. WING 07/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2200 PENNSYLVANIA AVENUE, NW, 4TH FLOOR, STE 41 NATION'S HOME INFUSION, LLC WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 361 Continued From page 5 H 361 This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to document the psychosocial needs on the POC for five (5) of five (5) patient's in the sample. (Patient's #1, #2, #3, #4 and #5) The findings include: Review of POCs of Patient's #1, #2, #3, #4 and #5 on July 27, 2016, between the hours of 11:00 a.m. and 3:00 p.m., revealed the POCs failed to include the psychosocial needs of the patients'. On July 27, 2016, at 3:00 p.m., interview with the company's Vice President of Reimbursement revealed that the POC is computer generated. Additionally, he/she stated that their company will contact the software company to ensure their POC is capable of capturing all the requirements of the regulations. H 364 3914.3(m) PATIENT PLAN OF CARE H 364 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 document emergency protocols on the POC for five (5) of five (5) patient's in the sample. (Patient's #1, #2, #3, #4 and #5) The findings include: Review of POCs of Patient's #1, #2, #3, #4 and #5 on July 27, 2016, between the hours of 11:00 a.m. and 3:00 p.m., revealed the POCs failed to

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A: BUILDING: B. WING HCA-0077 07/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2200 PENNSYLVANIA AVENUE, NW, 4TH FLOOR, STE 41 NATION'S HOME INFUSION, LLC WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 364 Continued From page 6 H 364 include the emergency protocols. On July 27, 2016, at 3:00 p.m., interview with the company's Vice President of Reimbursement revealed that the POC is computer generated. Additionally, he/she stated that their company will contact the software company to ensure their POC is capable of capturing all the requirements H433 3916.2(c) Skilled Services Generally of the regulations. NHI failed to document coordination of services between one homecare H 433 3916.2(c) SKILLED SERVICES GENERALLY H 433 agency and NHI. Each home care agency shall develop written During the review of this case with the policies for documenting the coordination of the Intake Coordinator, it was determined provision of different services. Written policies that the VNA was staffed four days into the SOC (four shall include, at a minimum, the following: days after NHI had initiated the IV ABX therapy) and the (c) Coordinating services with other agencies Intake Coordinator was not aware which HHA was actively involved in the patient's care, through chosen to provide care for the sacral decubitus by the written communication and/or interdisciplinary hospital conferences, in accordance with the patient's Discharge Coordinator. The Intake Coordinator needs; and... verbalizes she knew an agency needed to be in this home but did not follow-up with the patient or NHI primary This Statute is not met as evidenced by: RN to enter the HHA into the computer system. Based on record review and interview it was Corrective Action: This employee has been reminded determined that the agency failed to document about the timeliness of data entry and on-going follow-up coordination of services between two home care required to complete a referral. We will continue to agencies providing care to one (1) of five (5) patients in the sample. (Patient #2) monitor and track timeliness of data entry. The finding includes: On July 27, 2016, at 11:45 a.m., review of Patient #2's clinical record revealed a POC with a certification period of July 14, 2016, through October 13, 2016, that contained a diagnosis of "Other acute osteomyelitis, unspecified site." Further review of the clinical record revealed a

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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-0077 B. WING 07/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2200 PENNSYLVANIA AVENUE, NW, 4TH FLOOR, STE 41 NATION'S HOME INFUSION, LLC WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 433 Continued From page 7 H 433 nursing note dated July 14, 2016, indicating that the patient had a sacral wound. There was no documented evidence in the nursing notes regarding care to the sacral wound. On July 27, 2016, at 3:00 p.m., interview with the Vice President of Reimbursement revealed that the agency did not provide wound care to the sacral wound. The Vice President of Reimbursement could not state what agency provided care to the sacral wound. On July 29, 2016, at 10:30 a.m., telephone interview with Patient #2 revealed that the VNA was providing wound care to his/her stage 4 sacral decubitus. The patient further stated that he/she was very pleased with the services of the HCA providing the intravenous therapy. On July 29, 2016, at 11:30 a.m., telephone interview with the Vice President of Reimbursement revealed that the HCA failed to coordinate care with the VNA. H491 3920.2(a) and H492 3920.2(b) A complete "over haul" of the POC electronic H 491 3920.2(a) INTRAVENOUS THERAPY SERVICES H 491 templates is actively occurring, which will include a prompt to manually enter all prescriptions The intravenous therapy service plan shall including TPN and all nutrition, to include (a) Type. include, at a minimum, the following: amount, flow rate, duration, and mode of administration of (a) Type, amount, flow rate, duration, and mode nutritional formula or intravenous solution; and all ABX. of administration of nutritional formula or Hydration, IVIG, Chemotherapy, Steroid Therapy and intravenous solution: Inotropic Therapy to include (b) Type, dosage, frequency. duration, and mode of administration This Statute is not met as evidenced by: of therapy. Based on record review and interview it was determined that the agency failed to include the flow rate and duration of the nutritional formula in its POC for one (1) of five (5) patients in the

Health	Regulation & Licensin	ng Administration			· Orting at 1 10 VEB
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER	STREETAL	DRESS, CITY,	STATE, ZIP CODE	
NATION	I'S HOME INFUSION, L		NNSYLVANIA GTON, DC 2	A AVENUE, NW, 4TH FLOOR, STE 41 20037	
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H 492	#5's medical record certification period of October 14, 2016. If record revealed that "Total Parenteral Nu daily" but failed to eviduration of formula. On July 27, 2016, at company's Vice Preservealed that the PO Additionally, he/she scontact the software service plan is capath requirements of the include, at a minimum (b) Type, dosage, freof administration of massed on record revietalled to ensure each dosage, frequency, discontact of the software service plan is capath requirements of the include, at a minimum (b) Type, dosage, frequency, discontact the software service plan is capath requirements of the include, at a minimum (b) Type, dosage, frequency, discontact the software service failed to ensure each dosage, frequency, discontact the software service failed to ensure each dosage, frequency, discontact the software services and services are services as the software services and services are services as the software services are services as the software services are services as the software services are services as the services are serv	2:45 p.m., review of Patient revealed a POC with a of July 15, 2016, through Further review of the clinical Patient #5 was to receive trition" (TPN) "1110 ml IV vidence the flow rate and 2:45 p.m., interview with the sident of Reimbursement of its computer generated, stated that their company will company to ensure their company to ensure their ole of capturing all the regulations. NOUS THERAPY SERVICES apy service plan shall m, the following: quency, duration, and mode nedication; let as evidenced by: ew and interview, the HCA POC included the type, uration and mode of	H 491		e. In addition, r has been C templates y enter the ndicator will be
	administration of med patients in the sample #4)	fication for four (4) of five (5) e. (Patients #1, #2, #3 and			
	The findings include:				

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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-0077 B. WING 07/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2200 PENNSYLVANIA AVENUE, NW, 4TH FLOOR, STE 41 NATION'S HOME INFUSION, LLC WASHINGTON, DC 20037 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 492 Continued From page 9 H 492 1. On July 27, 2016, at 10:00 a.m., review of Patient #1's medical record revealed a POC with a certification period of July 22, 2016, through October 21, 2016. Further review of the POC revealed that Patient #1 was to receive "Ceftriaxone 2GM IV every 24 hours" but failed to evidence the duration of the antimicrobial therapy. 2. On July 27, 2016, at 11:15 a.m., review of Patient #2's medical record revealed a POC with a certification period of July 14, 2016, through October 13, 2016. Further review of the POC revealed that Patient #2 was to be provided "Antimicrobial Therapy: See Prescriptions" but failed to evidence the type, dosage, frequency and duration of the medication (antimicrobial) to be administered. 3. On July 27, 2016, at 12:40 p.m., review of Patient #3's medical record revealed a POC with a certification period of July 23, 2016, through October 22, 2016. Further review of the POC revealed that Patient #3 was to be provided "Antimicrobial Therapy: See Prescriptions" but failed to evidence the type, dosage, frequency and duration of the medication (antimicrobial) to be administered. 4. On July 27, 2016, at 2:00 p.m., review of Patient #4's medical record revealed a POC with a certification period of July 23, 2016, through October 22, 2016. Further review of the POC revealed that Patient #4 was to be provided "Antimicrobial Therapy: See Prescriptions" but failed to evidence the type, dosage, frequency and duration of the medication (antimicrobial) to be administered. On July 27, 2016, at 2:45 p.m., interview with the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HCA-0077	B. WING			
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H 492	Additionally, he/she contact the software	sident of Reimbursement DC is computer generated, stated that their company will company to ensure their able of capturing all the	Н 492			