Health Regulation & Licensing Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | HCA-0016 | A. BUILDING: _____ B. WING _____ | 03/21/2013 |

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| NURSING ENTERPRISES, INC | 5101 WISCONSIN AVE NW WASHINGTON, DC 20016 |

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| H 000 | INITIAL COMMENTS<br><br>An annual survey was conducted on February 27, 2013 through March 4, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). A random sample of 15 clinical records based on a census of 515 patients, 33 personnel files based on a census of 363 employees, 3 discharge records and 4 home visits were utilized to conduct the survey. Another 11 patients were interviewed after the survey. The findings of the survey were based on observations in the corporate office and four patients homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.<br><br>It should be noted that on January 25, 2013, the Health Regulations Licensing Administration (HRLA) received an e-mail. The e-mail indicated that one of the patients served by nursing enterprises had been left without a home health aide (HHA) on the evening of January 15, 2013. The survey team included this patient (Patient #8) in the survey sample. The allegation was substantiated, as reflected in the report that follows. | H 000 | Renewal 4/23/13<br><br>Department of Health<br>Health Regulation & Licensing Administration<br>Intermediate Care Facilities Division<br>899 North Capitol St., N.E.<br>Washington, D.C. 20002 | |
| H 123 | 3906.1(d) CONTRACTOR AGREEMENTS<br><br>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:<br><br>(d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports; | H 123 | The contractor agreement was re-written to include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports. Additionally, the contract agreement also reflects the procedure used for managing and monitoring the work of personnel employed on a contractual basis. (see attachment) | 4/19/13 |

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| H 123 | Continued From page 1<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the home care agency (HCA) and a staffing agency failed to include the procedure for periodic patient evaluations and scheduling visits, for 4 of the 4 contractor agreements. (Contracts #1, #2, #3 and #4)<br><br>The finding includes:<br><br>On March 21, 2013, at 10:10 a.m., telephone interview with the HCA's clinical manager (Staff #40) revealed that all nursing responsibilities, including patient evaluations and scheduling visits, were handled by HCA nurses. At approximately 12:00 p.m., review of the four contractor agreements revealed that the HCA failed to ensure that each contract reflected a procedure for periodic patient evaluations and scheduling visits. | H 123 | | |
| H 125 | 3906.1(f) CONTRACTOR AGREEMENTS<br><br>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:<br><br>(f) The procedures used for managing and monitoring the work of personnel employed on a contractual basis;<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, each contract between the home care agency (HCA) and a staffing agency failed to include the | H 125 | Cross Reference H 123. | |

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| H 125 | Continued From page 2<br>procedure for managing and monitoring the work of personnel employed on a contractual basis, for 4 of the 4 contractor agreements. (Contracts #1, #2, #3 and #4)<br><br>The finding includes:<br><br>[Cross-reference H268 / 3911.2(h), and H456 / 3917.2(f)] On March 21, 2013, at 10:10 a.m., telephone interview with the HCA's clinical manager (Staff #40) revealed that all nursing responsibilities, including monitoring and supervising the home health aides (HHAs), were handled by HCA nurses. At approximately 12:00 p.m., review of the four contractor agreements revealed that the staffing agencies would monitor and evaluate the HHAs, then submit the findings to the HCA. The contracts did not reflect the HCA's role and responsibilities with respect to managing and monitoring the work of the HHAs.<br><br>The HCA failed to ensure that its role and responsibilities were clearly outlined in the contracts it held with the 4 staffing agencies. | H 125 | | |
| H 148 | 3907.2(d) PERSONNEL<br><br>Each home care agency shall maintain accurate personnel records, which shall include the following information:<br><br>(d) Documentation of current CPR certification, if required;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records, to include documentation of current CPR certification, for 11 out of 33 | H 148 | Corrective action:<br>Personnels #'s 6,7,17,19,23,26,31 were all contacted and an updated CPR certificate was obtained for each employee.<br><br>Measures put in place:<br>Every employee file will be reviewed to ensure all employees providing patient care have updated CPR certificates and all employees files have current health certificates.<br>Quality Measures:<br>Every employee file will be reviewed | |

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| H 148 | Continued From page 3<br>sampled employees. (Staff #6, #7, #10, #11, #17, #18, #19, #23, #25, #26 and #31)<br><br>The findings include:<br><br>The HCA's personnel records were reviewed on March 1, 2013, beginning at 4:10 p.m. Additional personnel records were reviewed on March 4, 2013, beginning at 10:00 a.m. The reviews revealed the following:<br><br>1. Documentation in the records of Staff #10, #11, #18 and #25 showed their CPR certifications had expired.<br><br>2. The personnel records for Staff #6, #7, #17, #19, #23, #26 and #31 also showed expired CPR certifications.<br><br>On March 4, 2013, beginning at 9:50 a.m., the clinical nurse manager (Staff #37) was given employee names whose records were without evidence of current CPR certification. Review of the documents received by HRLA on March 5, 2013, revealed updated/current certifications for Staff #10, #11, #18 and #25 that were not in their respective files during the survey. There was no evidence of current CPR certifications for Staff #6, #7, #17, #19, #23, #26 and #31. | H 148 | quarterly to ensure that CPR certificates and health certificates are current. This report will be brought to the attention of the clinical director and employees not in compliance shall be removed from their cases until their files are current. | |
| H 149 | 3907.2(e) PERSONNEL<br><br>Each home care agency shall maintain accurate personnel records, which shall include the following information:<br><br>(e) Health certification as required by section 3907.6: | H 149 | | |

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| H 149 | Continued From page 4<br>This Statute is not met as evidenced by:<br>Based on review of personnel records and interviews, the home care agency (HCA) failed to maintain personnel records to reflect initial and/or annual health certificates, for 12 of the 33 sampled employees. (Staff #1, #3, #10, #12, #15, #18, #19, #24, #25, #26, #29 and #31)<br><br>The findings include:<br><br>The HCA's personnel records were reviewed on March 1, 2013, beginning at 4:10 p.m. Additional personnel records were reviewed on March 4, 2013, beginning at 10:00 a.m. The reviews revealed the following:<br><br>1. There was no evidence that Staff #1, #3, #10, #12, #15, #24, #25, #26 and #31 had obtained health certifications; and,<br><br>2. The health certificates on file for Staff #18, #19 and #29 had expired on September 16, 2012, February 23, 2011 and October 22, 2012, respectively.<br><br>During a face to face interview with the human resources manager (Staff #36) on March 1, 2013, at approximately 6:00 p.m., it was stated that all applicants for employment must obtain a health certificate prior to being assigned to work with patients. On March 4, 2013, at 9:50 a.m., Staff #36 and the clinical nurse manager (Staff #37) were given employee names whose records were without evidence of initial or annual health certificates.<br><br>A post-survey review of documents that the HCA delivered to the Health Regulation and Licensing Administration offices on March 5, 2013 revealed 4 health certificates (Staff #3, #10, #18 and #25) | H 149 | Staffs #'s 1,3,10,12,15,18,19,25,26, 29 and 31 were contacted and current health certificates were obtained.<br><br>Measures put in place:<br>Every employee file will be reviewed to ensure all employees providing patient care have updated CPR certificates and all employees files have current health certificates.<br>Quality Measures:<br>Every employee file will be reviewed quarterly to ensure that health certificates are current. Employees whose certificates are not current shall be removed from their cases until their health certificates are updated. This report shall be brought to the attention of the Administrator quarterly. | |

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| H 149 | Continued From page 5<br>that were current, but that were not observed in the employees' personnel records at the time of the survey. In addition, there was no evidence of current health certificates for Staff #1, #12, #15, #24, #26 and #31.<br><br>This is a repeat deficiency. See deficiency report dated December 14, 2011. | H 149 | | |
| H 152 | 3907.2(h) PERSONNEL<br><br>Each home care agency shall maintain accurate personnel records, which shall include the following information:<br><br>(h) Copies of completed annual evaluations;<br><br>This Statute is not met as evidenced by:<br>Based on review of personnel records and interviews, the home care agency (HCA) failed to provide documented evidence of current annual evaluations, for 33 of the 33 records of employees who were hired more than 12 months prior to the survey. (Staff #1-19, #22-28, #30, #31 and #33)<br><br>The findings include:<br><br>The HCA's personnel records were reviewed on March 1, 2013, beginning at 4:10 p.m. Additional personnel records were reviewed on March 4, 2013, beginning at 10:00 a.m. Of the 33 records reviewed, 4 employees had been on staff for less than 1 year. Of the 29 other records, there was no documented evidence that the employees had received performance evaluations within the past 12 months.<br><br>The findings were confirmed with the clinical | H 152 | Annual evaluations will be completed on those employees due for an annual evaluation by 4/30/13.<br>Some of the employees cited in this report are not due for annual evaluations until a later date. For example, employee # 2 was hired 12/7/12. 4/30/13<br><br>Measures put in place:<br>Going forward, the personnel clerk will review all personnel records to ensure that all evaluations are completed and placed in the personnel files on an annual basis.<br>As a quality assurance measure, the Clinical Director shall require from the HR personnel an annual report and ongoing evidence that all personnel have had an annual evaluation conducted. | |

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| H 152 | Continued From page 6<br>nurse manager (Staff #37) on March 4, 2013, at approximately 10:45 a.m. Review of the documents received by HRLA on March 5, 2013, revealed no evidence of current annual performance evaluations for the aforementioned 29 employees.<br><br>This is a repeat deficiency. See deficiency report dated December 14, 2011. | H 152 | | |
| H 162 | 3907.6 PERSONNEL<br><br>At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.<br><br>This Statute is not met as evidenced by:<br>Based on review of personnel records and interviews, the home care agency (HCA) failed to provide evidence that every employee obtained a health certificate at the time of hire, for 7 of the 33 sampled employees. (Staff #1, #12, #15, #24, #25, #26 and #31)<br><br>The findings include:<br><br>The HCA's personnel records were reviewed on March 1, 2013, beginning at 4:10 p.m. Additional personnel records were reviewed on March 4, 2013, beginning at 10:00 a.m. There was no evidence that Staff #1, #3, #10, #12, #15, #24, #25, #26 and #31 had obtained health certifications at the time of their initial employment.<br><br>During a face to face interview with the human resources manager (Staff #36) on March 1, 2013, | H 162 | Following the survey, employees #'s 1, 12, 15, 24, 25, 26, 31 were all contacted and health certificates were received ensuring that the employees were free from communicable disease.<br>Going forward, the HR personnel was instructed that no prospective employee should be hired prior to bringing to this agency a medical certificate ensuring that they are free of communicable disease.<br>The Administrator shall be responsible to ensure that this plan of correction is enforced and this deficiency does not recur. | 4/19/13 |

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| H 162 | Continued From page 7<br>at approximately 6:00 p.m., it was stated that all applicants for employment must obtain a health certificate prior to being assigned to work with patients. On March 4, 2013, at 9:50 a.m., he and the clinical nurse manager (Staff #37) were provided the names of employees whose records were without evidence of health certificates. No additional information was made available for review that day. However, a post-survey review of documents delivered to Health Regulation and Licensing Administration on March 5, 2013, revealed health certificates for 2 employees (Staff #3 and #10) that were not observed in their respective personnel records during the survey. There remained no evidence that the other 7 employees had been screened for and deemed free of communicable disease. | H 162 | | |
| H 163 | 3907.7 PERSONNEL<br>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.<br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency (HCA) failed to ensure that each employee was screened for, and certified free of communicable disease annually, for 9 of the 33 sampled employees. (Staff #1, #12, #14, #15, #19, #24, #26, #29 and #31)<br>The findings include:<br>Review of the agency's personnel records on March 1, 2013, beginning at 4:10 p.m. and on March 4, 2013, beginning at 10:00 a.m. revealed | H 163 | Following the survey, all personnel were contacted to update health certificates as is required by this regulation.<br>Measure put in place:<br>All other employees will be contacted following a review of all personnel files and will be given ten days to submit to this office current medical certificates or will be taken off of their cases.<br>QA Measures:<br>Annually, all employee files shall be reviewed for updated medical certificates between the months of March and April and the employees shall be given ten working days to be compliant. | 4/30/13 |

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| H 163 | Continued From page 8<br>the following:<br><br>1. The health certificate on file for Staff #19 (dated February 23, 2010) had expired more than 2 years prior to this survey;<br><br>2. The health certificate on file for Staff #29 had expired on October 22, 2012;<br><br>3. Staff #14's personnel record reflected an 18-month gap between health screenings that were documented on August 11, 2011 and February 28, 2013; and,<br><br>4. There was no evidence that Staff #1, #12, #15, #24, #26 and #31 had obtained health certificates.<br><br>On March 4, 2013, at 9:50 a.m., the human resources manager (Staff #36) and the clinical nurse manager (Staff #37) were given the names of employees whose records were without evidence of health certificates. At approximately 10:30 a.m., Staff #37 reviewed the aforementioned employees' files and confirmed the above findings. No additional information was provided regarding these 9 employees' health screenings.<br><br>At the time of the survey, the HCA failed to implement a system to ensure that each employee was screened for communicable disease annually. | H 163 | | |
| H 227 | 3909.2 DISCHARGES TRANSFERS & REFERRALS<br><br>Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) | H 227 | | |

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| H 227 | Continued From page 9<br>day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of:<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to document that it provided 7 days written notice of discharge, for 3 of the 3 discharged patients' records reviewed. (Patients #16, #17 and #18)<br><br>The findings include:<br><br>1. On March 4, 2013, review of Patient #16's record at approximately 10:00 a.m., revealed the patient was discharged on September 8, 2012. There were no discharge-related documents available for review in the record.<br><br>2. On March 4, 2013, review of Patient #17's record at approximately 10:10 a.m., revealed the patient was discharged on September 19, 2012. There were no discharge-related documents available for review in the record.<br><br>3. On March 4, 2013, review of Patient #18's record at approximately 10:15 a.m., revealed the patient was discharged on May 13, 2012. There were no discharge-related documents available for review in the record.<br><br>Interview with the clinical nurse manager (Staff #37) on March 4, 2013, at 12:35 p.m., revealed that, as a routine practice, a discharge summary should be placed in each discharged patient's record. She examined the 3 aforementioned | H 227 | It is the practice that a discharge summary must be written for every patient upon discharge. Additionally, discharge planning starts on the day of admission. The registered nurses failed to complete a discharge summary on on clients 16, 17, 18 as was found by the surveyors.<br>Corrective Action:<br>The registered nurses were counselled regarding this deficient practice and discharge summaries were written for the above mentioned patients.<br>Measures:<br>NEI has designated two full time employees that will monitor all clients from admission thru discharge to ensure that the registered nurses complete all documents necessary during the clients' episode of care. Additionally, all documents will be created and stored electronically to minimize the incidence of misplaced documentation.<br>QA:<br>Going forward, a weekly report shall be provided to the clinical supervisor and Administrator regarding nurses not completing their documents and the clinical supervisor or | 4/11/13 |

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| H 227 | Continued From page 10<br>records and confirmed that there were no discharge summaries in them.<br><br>At the time of the survey, there was no evidence that the HCA provided 7 days written notice prior to discharging its patients.<br><br>This is a repeat deficiency. See deficiency report dated December 14, 2011. | H 227 | Administrator shall communicate with the responsible RN to have their documentation submitted to the agency. | |
| H 260 | 3911.1 CLINICAL RECORDS<br><br>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.<br><br>This ELEMENT is not met as evidenced by:<br>Based on record review and interviews, the home care agency failed to ensure that nursing staff maintained accurate clinical records, for 1 of the 15 sampled patients. (Patient #3)<br><br>The finding includes:<br><br>On February 27, 2013, at approximately 3:00 p.m., review of the "Nursing intervention" notes in Patient #3's clinical record revealed that an RN (Staff #25) wrote the following on November 1, 2012: the patient "stated she had a fall, was on the floor for two days, aide came and got her up. Went to PCP. PCA."<br><br>Staff #25 was interviewed by telephone on March 7, 2013, at 11:05 a.m. She stated that the aforementioned nursing note was not accurate. She said the patient fell on Saturday and then fell again on Sunday. The home health aide went to | H 260 | Following the survey, the staff #25 was interviewed by the Associate Administrator. It was determined following this interview that the client wanted more PCA service and alleged that she fell. The PCA service was increased by the physician and it took a while for the client to accept another aide for the weekends since the aide working Monday to Friday could not work the weekends because it would incur overtime (over 40 hours worked).<br>The staff (#25) was counselled regarding documentation accuracy and an inservice was conducted to all staff on 3/12/2013 (skilled Staff) See attached agenda.<br>Going forward, a registered nurse is assigned to screen all skilled notes for accuracy and report to the Assoc. Administrator any unusual finding. | 3/12/13 |

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| H 260 | Continued From page 11<br>the patient's house after she called her for help on Sunday. Further interview also revealed that the patient did not go to the primary care physician as she had indicated on her "intervention note." Staff #25 clarified that her note was meant to be read as a recommendation that Patient #3 visit the PCP to request an increase in personal care aide (PCA) hours (to add weekend hours). | H 260 | | |
| H 264 | 3911.2(d) CLINICAL RECORDS<br><br>Each clinical record shall include the following information related to the patient:<br><br>(d) Plan of care for each service provided;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's clinical record included a Plan of Care (POC) for home health aide (HHA) services and/or registered nurse (RN) services, for 2 of the 15 sampled patients. (Patients #5 and #14)<br><br>The findings include:<br><br>1. Review of Patient #5's clinical record on February 27, 2013, at approximately 4:30 p.m., revealed no evidence of a current POC. A previous POC was in the record, for a certification period of July 23, 2012 through January 23, 2013 (for HHA and RN services).<br><br>2. Review of Patient #14's clinical record on March 1, 2013, at 12:50 p.m. revealed no evidence of a current POC. There was, however, a previous POC for the certification period for August 15, 2012 through February 15, 2013 (for | H 264 | POC was created for patients #5 in a timely manner, and was sent for MD signature. (see attached POC). Patient # 14 had expired and no POC was necessary. All nurses have been inserviced on timely completion of their POC. Additionally, all state plan POC's will be done electronically which will facilitate a quicker process for completion of POC's in contrast to the current system. This process will be effective by 4/30/13. QA Measure: NEI has designated a full time employee to monitor timely completion of POC. Any staff not completing their POC's in a timely manner shall be brought to the attention of the Clinical Director or Administrator for further disciplinary action. | 4/30/13 |

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| H 264 | Continued From page 12<br>HHA and RN services).<br><br>On March 4, 2013, at approximately 12:15 p.m., the quality assurance coordinator (Staff #35) retrieved the two clinical records. She confirmed that the 2 patients were still receiving services and that there were no current POCs on file. She explained that POCs had been developed for the current period; however, they had not yet been signed by the patients' physicians. | H 264 | | |
| H 268 | 3911.2(h) CLINICAL RECORDS<br><br>Each clinical record shall include the following information related to the patient:<br><br>(h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency (HCA) failed to ensure the accuracy of time sheets submitted by direct care staff, for one of the 15 sampled patients. (Patient #11)<br><br>The finding includes:<br><br>On February 28, 2013, beginning at 4:37 p.m., review of Patient #11's Plan of Care (POC) for the certification period of September 12, 2012 through March 13, 2013, revealed an order for personal care aide (PCA) services "8 hrs, 7 days x 6 months for personal care, ADLs and including but not limited to accompanying the patient to" doctor's appointments.<br><br>On March 1, 2013, continued review of Patient #11's record, beginning at 9:35 a.m., revealed | H 268 | Following the survey an inservice was conducted with the data entry staff and the PCA staff regarding the agency's policy on the correction of clinical documents which prohibits the use of "white-Out".<br>Measures put in Place:<br>Data entry staff will discontinue the use of white-out on the scantron documents, and make corrections according to agency policy. Additionally, all PCA's were inserviced on accurate completion of clinical notes and the use of a #2 pencil to fill in the circles on the scantron sheet. These sheets are then scanned into the computer and becomes a permanent electronic record.<br>QA Measures:<br>The PCA coordinator will review all PCA notes at the time of | 4/5/13 |

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| H 268 | Continued From page 13<br>numerous weekly time sheets for PCAs for the period September - December 2012 that had been altered with correction fluid. Among the alterations observed were the dates of submission, employee identification numbers, and the dates on which Patient #11 had signed the time sheet.<br><br>On March 1, 2013, at 10:08 a.m., the survey team requested the HCA's policies regarding altering PCA time sheets. At 10:44 a.m., the HCA associate administrator (Staff #39) stated that he was previously unaware that time sheets had been altered. He said there was no policy specific to the PCA's time sheets; however, he presented a policy "Documentation In The Clinical Records." Subsequent review of said policy (policy # 800.07, dated April 7, 2002) revealed the following: "Employees who have made an error in documentation should draw a line through the error, write "error" and place initials and date...Errors should not be white-out or erased..." He then acknowledged that the time sheets should not have been altered with White Out.<br><br>On March 1, 2013, at 10:48 a.m., the HCA's staffing coordinator (Staff #34) stated that the PCA was a "contract" employee. Further interview, however, revealed that the HCA was responsible for verifying PCA hours, time sheets and processing payroll.<br><br>On March 1, 2013, follow-up interview with the HCA associate administrator (Staff #39) beginning at 12:00 p.m., revealed that the aide (Staff #19) currently assigned to Patient #11 had been summoned to the HCA office for interview.<br><br>On March 1, 2013, beginning at 12:13 p.m., review of the PCA time sheets (TS) revealed that | H 268 | submission to the office and would reject any note that is not clearly documented. | |

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| H 268 | Continued From page 14 | H 268 | | |

the TS originally dated October 7, 2012 had been altered to become November 22, 2012. The TS originally dated October 14, 2012 was altered to become October 7, 2012. The TS originally dated December 2, 2012 became November 25, 2012 and the TS originally dated December 9, 2012 became December 2, 2012 (even though both the patient's and the PCA's signatures on the TS still reflected December 9, 2012). Some TSs had the same employee signature, but the employee identification numbers had been changed from 550081 to 550091. Other TSs showed a different signature assigned to the same employee identification number. Patient #11's signature dates on TSs allegedly completed for December 3, 2012 and December 4, 2012 had been altered. Other alterations of time sheets were noted (too many to list out).

On March 1, 2013, at approximately 2:45 p.m., the HCA associate administrator (Staff #39) stated that he interviewed the PCA (Staff #19) in the office on that afternoon. Staff #19 had left by that time and was therefore, not available for further interview. The associate administrator stated that errors had been made by the HCA's payroll office. Staff #16 reportedly was issued two different identification numbers (for reasons not given). He further indicated that the same staff was using two different signatures. The associate administrator indicated that he was not clear as to who had made alterations to the PCA time sheets with White Out but that he would address it in the next staff in-service training.

At the time of the survey, there was no evidence that the HCA established and implemented a system that ensured timely review of PCA time sheets, to ensure accuracy.

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| H 333 | Continued From page 15<br>3913.3 COMPLAINT PROCESS<br><br>The telephone number of the Home Health Hotline maintained by the Department of Health shall be posted in the home care agency's operating office in a place where it is visible to all staff and visitors.<br><br>This Statute is not met as evidenced by:<br>Based on observation and interview, the home care agency failed to post the Department of Health's "Home Health Hotline" telephone number in its operating office in a place where it was visible to visitors.<br><br>The finding includes:<br><br>On February 27, 2013, at 10:40 a.m., observations in the front desk area of the agency's main office failed to show evidence that the Department of Health's Hotline number was posted. This observation was immediately brought to the attention of the agency's president (Staff #38) and her quality assurance coordinator (Staff #35). They directed surveyors to the Hotline number posted on a bulletin board that was not within view of the front area. When asked about visitors, they confirmed that they would not typically venture to the back office area. observations during the next 3 business days revealed the Hotline number remained posted in the back area and out of view of visitors.<br><br>When discussed at the Exit conference on March 4, 2013, at approximately 11:00 a.m., the associate administrator (Staff #39) and the quality assurance coordinator (Staff #35) acknowledged that the Hotline number was not posted where visitors could see it. At 1:00 p.m., the clinical nurse manager (Staff #37) pointed to the Hotline | H 333<br>H 333 | Following the survey the telephone number for the home health hotline was posted at the front of the office to be seen by staff and visitors as is required by the regulation. | 3/4/13 |

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| H 333 | Continued From page 16<br>number that was now posted in a location visible to all staff and visitors, saying they had just moved it to abate the deficiency. | H 333 | | |
| H 335 | 3913.5 COMPLAINT PROCESS<br>The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the home care agency (HCA) failed to document a response to each patient's complaint, for one of one patient in the investigation. (Patient #8)<br><br>The finding includes:<br><br>On January 20, 2013, the Health Regulation and Licensing Administration received a complaint from Patient #8's daughter (relayed through another office). She alleged that on January 15, 2013, the evening personal care aide (PCA) failed to report for duty at 4:00 p.m. and her mother was left unattended before she (the daughter) arrived at 7:00 p.m. She had complained to the HCA's staffing coordinator (Staff #34) that she had not been notified that there would be no aide on duty that evening and reportedly received a verbal apology the next day.<br><br>On February 28, 2013, beginning at 11:05 a.m., review of Patient #8's clinical record failed to show evidence that the daughter's complaint had been documented in the record. When interviewed on February 28, 2013, at 12:15 p.m., the HCA associate administrator (Staff #39) stated that case managers were to use Progress Notes / Instructions forms to document patient | H 335 | The finding of the surveyors was substantiated. The complaint was received from the client's daughter very late after the tour of duty had started and a replacement aide could not be sent at that time.<br>Corrective Action: 4/17/13<br>The PCA coordinator was counselled and was instructed to document every complaint, the investigation process, the findings of the investigation, document communication with the complainant and the outcome of the investigation.<br>QA Measures:<br>The PCA coordinator shall report to the Clinical Supervisor on a quarterly basis all complaints received, action taken and documented evidence of the outcome that was sent to the complainant. | |

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| H 335 | Continued From page 17<br>complaints and follow-up activities. When informed that there were no Progress Notes / Instructions sheets observed in Patient #8's record, the associate administrator (Staff #39) stated that he would have his staff determine whether the complaint had been investigated and documented. During the March 4, 2013 Exit conference, at approximately 11:45 a.m., it was acknowledged that the complaint and follow-up were not documented.<br><br>Patient #8 and her evening PCA (Staff #16) were interviewed in the patient's apartment on March 4, 2013, beginning at 4:20 p.m. Patient #8 stated that there had been no similar events since her daughter had complained and she considered the issue resolved. Staff #16 explained that the HCA staffing coordinator (Staff #34) had misunderstood what date she was to return from travel. She was still in an airport overseas on the date the office thought she was to report for duty. | H 335 | | |
| H 354 | 3914.3(c) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(c) The goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included the goals of the services to be provided, including the expected outcome, for 3 of the 15 patients in the sample. (Patients #4, #9 and #15)<br><br>The findings include: | H 354 | Following the survey an inservice was conducted with all skilled staff (see attached agenda) to remind the staff to complete all aspects of the Plan of Care (POC) to include the Goals of the services provided, included the expected outcome based upon the immediate and long term needs of the patient. Additionally, the skilled staff were instructed to include in the plan of care the services to be provided, the amount, frequency and duration, dietary requirements, medication administration, including dosage, equipment and supplies. | 3/12/13 |

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| H 354 | Continued From page 18<br><br>1. Review of Patient #9's POC on February 27, 2013, beginning at 4:15 p.m., revealed the POC did not include the goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient.<br><br>2. Review of Patient #4's POC on February 28, 2013, beginning at 9:10 a.m., revealed the POC did not include the goals of the services to be provided, including the expected outcome.<br><br>3. Similarly, review of Patient #15's POC on February 28, 2013, beginning at 3:45 p.m., revealed that it did not identify the goals of the services to be provided, including the expected outcome.<br><br>During a face to face interview with the quality assurance coordinator (Staff #35) and the associate administrator (Staff #39) on March 4, 2013, at approximately 11:45 a.m., it was acknowledged that the goals of the services to be provided, including the expected outcomes, were not reflected in the 3 POCs. | H 354 | A review of the plans of care revealed that many staff were not completing all aspects of the plans of care and were leaving many questions unanswered. The Plan of care was discussed in its entirety.<br>QA Measure<br>Going forward, the QA coordinator and clinical supervisor shall review all plans of care to ensure its completeness and report any incomplete POC to the clinical director or Administrator for further action. | |
| H 355 | 3914.3(d) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;<br><br>This Statute is not met as evidenced by: | H 355 | Cross Reference Tag H 354 | |

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| H 355 | Continued From page 19<br><br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included a description of the services to be provided, including frequency, amount and duration of services, for 7 of the 15 sampled patients receiving home health aide (HHA) services, and 3 of the 15 patients that required a registered nurse (RN) to supervise the services provided by the HHAs. (Patients #1, #2, #4, #7, #9, #14 and #15)<br><br>The findings include:<br><br>1. Patient #1's POC for the certification period of November 20, 2012 through May 20, 2013, was reviewed on February 28, 2013, beginning at approximately 10:10 a.m. The POC reflected HHA services for "8 hours daily x 7 days weekly." It did not, however, provide a description of duties or the duration of aide services.<br><br>2. Patient #2's POC for the certification period of October 10, 2012 through April 10, 2013, was reviewed on February 27, 2013, beginning at approximately 10:45 a.m. The POC reflected HHA services. It did not, however, describe the frequency, amount and expected duration of the home health aide services.<br><br>3. Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, was reviewed on February 28, 2013, beginning at approximately 9:10 a.m.. It reflected HHA services "8 hours daily x 7 days weekly." The POC did not, however, provide a description of duties or the duration of aide services.<br><br>4. Patient #7's POC for the certification period of November 30, 2012 through May 30, 2013, was reviewed on February 28, 2013, beginning at | H 355 | | |

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| H 355 | Continued From page 20<br><br>11:13 a.m. HHA services were ordered for "6 hours x 5 days." The POC, however, did not provide a description of duties or the duration of aide services.<br><br>5. Patient #9's POC for the certification period of October 7, 2012 to April 7, 2013, was reviewed on February 27, 2013, beginning 4:15 p.m. HHA services were ordered for "8 hours a day x 7 days a week x 6 months." The POC, however, did not provide a description of duties of aide services.<br><br>6. On February 28, 2013, beginning at approximately 3:50 p.m., review of Patient #14's POC for the certification period August 15, 2012 through February 15, 2013 revealed that it did not describe the frequency, amount and expected duration of HHA services ordered. On March 4, 2013, at 11:31 a.m., the quality assurance coordinator (Staff #35) looked at the POC and confirmed the surveyors' findings. [Note: At 11:32 a.m., the quality assurance coordinator (Staff #35) also stated there was a new POC that was awaiting a physician's signature.]<br><br>7. Patient #15's POC for the certification period of September 26, 2012 through March 26, 2013, was reviewed on February 28, 2013, beginning at approximately 4:45 p.m. HHA services were ordered for "8 hrs x 5 days a week." The POC, however, did not provide a description of duties or the duration of aide services. Similarly, the POC reflected monthly skilled nurse visits without giving a description of the duties or duration of the skilled nurse services. After reviewing the POC on March 4, 2013, at 11:36 a.m., the quality assurance coordinator (Staff #35) confirmed the surveyors' findings. | H 355 | | |

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| H 357 | Continued From page 21 | H 357 | | |
| H 357 | 3914.3(f) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services, for 2 of the 15 sampled patients. (Patients #4 and #9)<br><br>The findings include:<br><br>1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed that provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services was not included in the POC.<br><br>2. Similarly, on February 27, 2013, beginning at 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013, revealed that provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services was not included.<br><br>During a face to face interview with the quality assurance coordinator (Staff #35) and the associate administrator (Staff #39) on March 4, 2013, at approximately 11:45 a.m., it was | H 357 | Cross Reference Tag H 354 | |

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| H 357 | Continued From page 22<br>acknowledged that the aforementioned provisions were not included in the two POCs. The associate administrator further indicated he would follow-up with the nurses who had prepared the POCs. | H 357 | | |
| H 358 | 3914.3(g) PATIENT PLAN OF CARE<br>The plan of care shall include the following:<br>(g) Physical assessment, including all pertinent diagnoses;<br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included a physical assessment, for 1 of the 15 sampled patients. (Patient #9)<br>The finding includes:<br>On February 27, 2013, at approximately 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013 revealed no evidence of a physical assessment.<br>When interviewed on March 4, 2013, at approximately 11:45 a.m., the quality assurance coordinator (Staff #35) and the associate administrator (Staff #39) examined Patient #9's POC and confirmed that although the patient was receiving skilled services, the POC did not include a physical assessment. | H 358 | Cross reference Tag H354 | |
| H 359 | 3914.3(h) PATIENT PLAN OF CARE | H 359 | | |

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| H 359 | Continued From page 23<br>The plan of care shall include the following:<br><br>(h) Prognosis, including rehabilitation potential;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) indicated their prognosis, including rehabilitation potential, for 4 of the 15 sampled patients. (Patients #4, #9, #11 and #15)<br><br>The findings include:<br><br>1. On February 27, 2013, at 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013, revealed the POC did not indicate the prognosis, including rehabilitation potential for the patient.<br><br>2. On February 27, 2013, beginning at 4:37 p.m., review of Patient #11's POC for the certification period September 12, 2012 through March 13, 2013, revealed the POC did not include her prognosis and rehabilitation potential.<br><br>3. On February 28, 2013, beginning at approximately 4:45 p.m., review of Patient #15's POC for the certification period of September 26, 2012 through March 26, 2013, revealed the POC did not include her prognosis and rehabilitation potential.<br><br>4. On February 28, 2013, beginning at approximately 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed the POC did not include her prognosis and rehabilitation potential. | H 359 | | |

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| H 359 | Continued From page 24<br>When interviewed on March 4, 2013, at approximately 11:55 a.m., the associate administrator (Staff #39) and the quality assurance coordinator (Staff #35) confirmed the findings. The associate administrator then stated that he would instruct the registered nurses to further complete the POCs. | H 359 | | |
| H 360 | 3914.3(i) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(i) Activities permitted or precluded because of functional limitations;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included the activities permitted or precluded because of functional limitations, for 1 of the 15 sampled patients. (Patients #4 and #9)<br><br>The findings include:<br><br>1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed it did not include the activities permitted or precluded because of functional limitations.<br><br>2. Similarly, on February 20, 2013, at 4:20 p.m., review of Patient #9's POC for the certification period of October 7, 2012 to April 7, 2013, revealed it did not include the activities permitted or precluded because of functional limitations.<br><br>When interviewed on March 4, 2013, at | H 360 | Cross Reference Tag H 354 | |

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| H 360 | Continued From page 25<br>approximately 11:57 a.m., the quality assurance coordinator (Staff #35) and the associate administrator (Staff #39) confirmed the surveyors' findings. The associate administrator stated he would instruct the registered nurses to complete the POCs. | H 360 | | |
| H 361 | 3914.3(j) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(j) Psychosocial needs of the patient;<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the home care agency failed to ensure that each Plan of Care (POC) included the psychosocial needs of the patient, for 2 of the 15 sampled patients. (Patients #4 and #9)<br><br>The findings include:<br><br>1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed that provisions relating to the psychosocial needs of the patient were not indicated on the POC.<br><br>2. Similarly on February 27, 2013, beginning at 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013, revealed that provisions relating to the psychosocial needs of the patient were not indicated on the POC.<br><br>When interviewed on March 4, 2013, at approximately 11:57 a.m., the quality assurance coordinator (Staff #35) and the associate | H 361 | Cross Reference Tag H 354 | |

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| H 361 | Continued From page 26<br>administrator (Staff #39) confirmed that the POCs did not include the 2 patients' psychosocial needs. The associate administrator stated he would instruct the registered nurses to complete the POCs. | H 361 | | |
| H 362 | 3914.3(k) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(k) Safety measures required to protect the patient from injury;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) reflected the safety measures required to protect the patient from injury, for 2 of the 15 sampled patients. (Patients #4 and #9)<br><br>The findings include:<br><br>1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 to April 27, 2013, revealed it did not include the safety measures required to protect the patient from injury.<br><br>2. Similarly, on February 27, 2013, beginning at 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 to April 7, 2013, revealed it too did not include the safety measures required to protect the patient from injury.<br><br>Interview with the quality assurance coordinator (Staff 35) and the associate administrator (Staff #39) on March 4, 2013, at approximately 11:45 | H 362 | Cross Reference Tag H 354 | |

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| H 362 | Continued From page 27<br>a.m., confirmed that the 2 patients' POCs did not reflect needed safety measures. The associate administrator stated he would contact the registered nurses to complete the POCs. | H 362 | | |
| H 364 | 3914.3(m) PATIENT PLAN OF CARE<br>The plan of care shall include the following:<br>(m) Emergency protocols; and...<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included emergency protocols, for 2 of the 15 sampled patients. (Patients #11 and #15)<br><br>The findings include:<br><br>1. On February 27, 2013, beginning at 4:37 p.m., review of Patient #11's POC for the certification period of September 12, 2012 through April 13, 2013, revealed that it did not include an emergency protocol.<br><br>2. On February 28, 2013, beginning at approximately 1:50 p.m., review of Patient #15's POC for the certification period of September 26, 2012 through March 26, 2013, revealed that it too did not include an emergency protocol.<br><br>On March 4, 2013, beginning at approximately 10:00 a.m., the clinical nurse manager (Staff #37) was provided employee names whose records were without evidence of emergency protocols. No additional information was provided for review. During the Exit conference, at approximately 12:15 p.m., the associate | H 364 | Cross Reference Tag H 354 | |

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| H 364 | Continued From page 28<br>administrator (Staff #39) indicated he would instruct staff to include emergency protocols on all POCs. Review of the documents received by HRLA on March 5, 2013 revealed no emergency protocols for Patients #11 or #15.<br><br>This is a repeat deficiency. See deficiency report dated December 14, 2011. | H 364 | | |
| H 366 | 3914.4 PATIENT PLAN OF CARE<br><br>Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's Plan of Care (POC) was approved and signed by a physician within thirty days of the start of care, for 10 of the 15 sampled patients. (Patients #2, #3, #5, #6 #9, #10, #11, #13, #14 and #15)<br><br>The findings include:<br><br>1. On February 27, 2013, beginning at approximately 10:45 a.m., review of Patient #2's POC for the certification period of October 10, 2012 through April 10, 2013, revealed that it was signed on December 31, 2012, more than 2 months after the period started. | H 366 | It is extremely difficult to obtain signed Plans of Care from physicians in a timely manner.<br>Corrective Action:<br>NEI had hired a full time employee to deliver and receive POC's from the physicians' offices. This process was unsuccessful. NEI started soliciting the assistance of the home health aides and the patient's families to get the POC's signed and even this action was partially successful. NEI has assigned staffs to call and re-fax POC's to the physician office for signature with some success.<br>Finally, NEI will start sending discharge notifications to clients whose POC's are not signed by the physicians.<br>QA Measures:<br>NEI has two full time employees assigned to monitor all POC's | 4/30/13 |

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| H 366 | Continued From page 29<br><br>2. On February 27, 2013, at 2:44 p.m., review of Patient #3's record revealed a POC with a certification period of September 8, 2012 through March 8, 2013. Continued review however, failed to show evidence that a physician had approved and signed the patient's POC.<br><br>3. On February 27, 2013, beginning at approximately 11:30 a.m., review of Patient #5's clinical record revealed there was no POC for the current period in the patient's record. The previous POC certification period had ended January 23, 2013. On March 4, 2013, at 11:25 a.m., the quality assurance coordinator (Staff #35) stated that a POC had been prepared for the certification period January 7, 2013 through July 7, 2013. The new POC, however, was still awaiting the physician's signature, 7 weeks after the period started.<br><br>4. On February 27, 2013, at 11:00 a.m., review of Patient #6's record revealed a POC with a certification period dated September 22, 2012 through March 22, 2013. Continued review however, failed to show evidence that a physician had approved and signed the POC.<br><br>5. On February 27, 2013, at 11:00 a.m., review of Patient #9's record revealed a POC with a certification period dated October 7, 2012 through April 7, 2013. Continued review however, failed to show evidence that a physician had approved and signed it.<br><br>6. On February 28, 2013, at 3:40 p.m., review of Patient #10's record revealed a POC with a certification period dated November 1, 2012 through May 1, 2013. Continued review, however, failed to show evidence that a physician approved | H 366 | to ensure that they are signed by the physicians in a timely manner. Any client whose POC is not signed by the physician will be discharged following adequate notice allowed by State Regulations. | |

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and signed the POC.

7. On February 28, 2013, beginning at 4:37 p.m., review of Patient #11's POC for the certification period of September 12, 2012 through March 13, 2013, revealed that it was signed on February 12, 2013, 5 months after the period started.

8. On March 1, 2013, at 10:40 a.m., a review of Patient #13's record revealed a POC with a certification period dated September 18, 2012, through March 18, 2013. Continued review, however, failed to show evidence that a physician approved and signed the POC.

9. On February 28, 2013, beginning at approximately 3:50 p.m., review of Patient #14's POC for the certification period August 15, 2012 through February 15, 2013, revealed no evidence that a physician had reviewed and approved it. On March 4, 2013, at 11:31 a.m., the quality assurance coordinator (Staff #35) confirmed the surveyor's findings. She added that a new POC had been developed and was awaiting the physician's signature.

10. On February 28, 2013, beginning at approximately 4:45 p.m., review of Patient #15's POC for the certification period of September 26, 2012 through March 26, 2013, revealed that it was signed on January 9, 2013. Continued review of Patient #15's clinical record revealed a previous POC for the certification period of March 26, 2012 through September 26, 2012, that also was signed on January 9, 2013 (3 months after the period had ended). On March 4, 2013, at 11:36 a.m., the quality assurance coordinator (Staff #35) reviewed the POCs and confirmed the surveyors' findings.

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| H 366 | Continued From page 31<br>On February 27, 2013, at approximately 11:00 a.m., the agency's associate administrator (Staff #39) stated that he was aware of ongoing delays in obtaining the physicians' reviews and signatures on patients' POCs. He acknowledged the same concern during the Exit conference on March 4, 2013, at approximately 12:10 p.m.<br><br>This is a repeat deficiency. See deficiency report dated December 14, 2011. | H 366 | | |
| H 453 | 3917.2(c) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following:<br><br>(c) Ensuring that patient needs are met in accordance with the plan of care;<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the home care agency (HCA) failed to ensure that each patient's needs were met in accordance with their plan of care (POC), for one of one patient in the investigation. (Patient #8)<br><br>The finding includes:<br><br>[Cross-refer to H335 / 3913(5)] On January 20, 2013, the Health Regulation and Licensing Administration received a complaint from Patient #8's daughter. She alleged that on January 15, 2013, the evening personal care aide (PCA) failed to report for duty at 4:00 p.m. and her mother was left unattended before she (the daughter) arrived at 7:00 p.m.<br><br>On February 28, 2013, beginning at 11:05 a.m., review of Patient #8's clinical record revealed a | H 453 | Post survey investigation revealed that nursing visits were conducted monthly for the months of October 2012 to April 2013 and were scanned into the computer into the client's electronic medical record.<br>Since NEI is attempting to go fully electronic with their medical records, many records are scanned into the computer (See attached nurses notes).<br>Case Management notes are submitted electronically via Case-Net to the Department of Healthcare Finance.<br>Going forward, NEI will ensure that all clinical notes are submitted to the surveyors during the survey to prevent such deficiency.<br>Nursing documentation of the alleged incident was not done because the complaint was | |

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| H 453 | Continued From page 32<br><br>POC for the certification period of September 3, 2012 through March 3, 2013, that reflected PCA services "16 hrs x 7 days a week." There were no skilled nursing notes and no case management reports in Patient #8's record more recent than September 11, 2012. When interviewed on February 28, 2013, at 12:15 p.m., the HCA associate administrator stated that Patient #8's record should include Progress Notes / Instructions forms, on which the nurse and/or case manager would document any complaints and follow-up activities. When informed that there were no Progress Notes / Instructions sheets observed in Patient #8's record, the associate administrator stated that he would investigate. He also stated that he would instruct his staff to bring documentation of any further nurse visits and/or case management activities since September 11, 2012. No additional documentation, however, was presented for review before the survey ended.<br><br>During the March 4, 2013 Exit conference, at approximately 11:45 a.m., it was acknowledged that the daughter had complained and that Patient #8 had been without PCA services for one evening shift (4:00 p.m. - 12:00 a.m.). The associate administrator further stated that the daughter's call was received too late in the evening for the HCA to find a substitute PCA to come for the remainder of the shift. He also acknowledged that there was no evidence of an investigation to determine the nurse's role and/or follow-up.<br><br>Patient #8 and her evening PCA (Staff #16) were interviewed in Patient #8's apartment on March 4, 2013, beginning at 4:20 p.m. They both confirmed that Patient #8 went without PCA services for one evening shift (4:00 p.m. - 12:00 a.m.). She said she was still in an airport | H 453 | received by the PCA coordinator who had communicated with the complainant (Cross Reference H 335) and assumed that the issue was resolved. | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| H 453 | Continued From page 33<br>overseas at the time the HCA staffing coordinator (Staff #34) mistakenly thought she would report for duty at Patient #8's home. She attributed it to a "miscommunication" which had since been resolved. | H 453 | | |
| H 456 | 3917.2(f) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following:<br><br>(f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the home care agency failed to document the supervision of services being delivered by each patient's personal care aide (PCA) or home health aide (HHA), for 4 of the 15 sampled patients. (Patients #1, #2, #7 and #11)<br><br>The findings include:<br><br>1. On February 28, 2013, at 10:10 a.m., review of Patient #1's plan of care (POC) with a certification period of November 20, 2012 through May 20, 2013 revealed an order for PCA services for 7 days a week for 8 hours. Continued review failed to show evidence that the PCA services were supervised during the aforementioned certification period.<br><br>2. Patient #2's POC for the certification period of October 10, 2012 through April 10, 2013, was reviewed on February 27, 2013, beginning at approximately 10:45 a.m. The POC included HHA services. Continued review of the clinical | H 456 | Post survey review revealed the following:<br>Client #1:<br>Post survey interview with the RN seeing client #1 revealed the client was receiving visits by the registered nurse under skilled care episode (see attached nurses notes).<br>Going forward all electronic notes shall be made available to the surveyors during a survey to prevent such citations.<br><br>Visits were conducted for the periods mentioned in the citation and were scanned into the computer (See attached visits). | |

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| | HCA-0016 | A. BUILDING: _____ B. WING _____ | 03/21/2013 |

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| H 456 | Continued From page 34<br>record revealed supervisory visits were not documented monthly. [Nurses had documented supervisory visits on May 14, 2012, June 27, 2012, September 1, 2012, October 24, 2012, December 10, 2012 and March 1, 2013.]<br><br>3. On February 28, 2013, at 1:15 p.m., review of Patient #7's POC for the certification period of November 30, 2012 through May 30, 2013, revealed an order for PCA services 5 days a week for 6 hours. Continued review of the clinical record failed to show evidence that the PCA services were supervised during the aforementioned certification period.<br><br>4. On February 28, 2013, beginning at 4:37 p.m., review of Patient #11's POC for the certification period of September 12, 2012 through March 13, 2013, revealed that she received HHA services 8 hours a day, 7 days a week. Continued review of the record failed to show evidence of monthly nurse supervision. A nurse documented visits on September 20, 2012, December 20, 2012 and on January 3, 2013<br><br>Interview with the associate administrator (Staff #39) on February 27, 2013, at approximately 4:00 p.m., revealed the agency was in the process of scanning all documents. He instructed his team to print reports of supervisory visits from their computer records. In the days that followed, hard copies of the nurses' original supervision sheets were presented for review regarding the 15 sampled patients.<br><br>At the time of survey, there was no documented evidence that patients' PCA and HHA services were being supervised by a nurse at least monthly. | H 456 | Going forward agency staff will ensure that all electronic data shall be available for the surveyors during a survey.<br><br>The nurse failed to document a missed visit for December 2012. All other visits were scanned and stored electronically. (See attached notes).<br><br>Following the survey, the RN supervising client #11 was interviewed by the Associate Administrator regarding the missed visits. It was found that the nurse failed to document the missed visits for October and November 2012. All other were done and scanned into the Computer (see attached documents) | 4/18/13 |

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| H 458 | Continued From page 35 | H 458 | | |
| H 458 | 3917.2(h) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following:<br><br>(h) Reporting changes in the patient's condition to the patient's physician;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, a skilled nurse failed to report changes in a patient's condition to the patient's physician, for 1 of the 15 sampled patients. (Patient #3)<br><br>The finding includes:<br><br>On February 27, 2013, at approximately 3:00 p.m., review of the "Nursing intervention" notes in Patient #3's clinical record revealed that an RN (Staff #25) wrote the following on November 1, 2012: the patient "stated she had a fall, was on the floor for two days, aide came and got her up. Went to PCP, PCA."<br><br>Staff #25 was interviewed by telephone on March 7, 2013, at 11:05 a.m. She stated that the patient had not gone to the primary care physician (PCP) immediately as indicated on her "intervention note." Instead, Staff #25 clarified that her note was meant to be read as a recommendation to see the PCP to request additional PCA hours for weekend fall prevention. Staff #25 said she wrote a note for the physician to increase Patient #3's PCA hours due to the patient falling on weekends and the patient had gone to see the doctor. Her note, however, was not observed in the patient's clinical record. When asked about the date on which Patient #3 went to her PCP, Staff #25 | H 458 | Cross Reference tag H 250 | |

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| H 458 | Continued From page 36<br><br>stated that she was unsure of the date. [Note: Additional PCA hours were reflected on the next nursing note, dated December 3, 2012.]<br><br>At the time of the survey, however, Patient #3's record did not provide sufficient documentation to verify that the nurse had reported the patient's falls to the PCP timely. | H 458 | | |