

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER: **PENTEC HEALTH, INC**
STREET ADDRESS, CITY, STATE, ZIP CODE: **1875 I STREET NW, 5TH FLOOR WASHINGTON, DC 20006**

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

H 000 INITIAL COMMENTS

An annual survey was conducted from June 14, 2015, through June 15, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to three (3) patients and employs five (5) employees to include professional and administrative staff. The findings of the survey were based on observations, record reviews and interviews with patients and staff.

H 000

H355 3914.3(d) PATIENT PLAN OF CARE

6/29/2014

Plans of care for admitted patients have been revised to include frequency of service. In addition, the corrective actions described below have been taken to address the Department's specific questions:

1. What corrective action(s) will be accomplished to address the identified deficient practice?

Pentec Specialty Infusion Policy and Procedure 9.9 (Nurse Standing Orders/ Physician Plan of Treatment) has been revised to comply with District of Columbia requirements. The revised policy provides (in the District of Columbia Addendum) that frequency of service will be documented on the patient plan of care at the time of start of care. Any frequency changes will be demonstrated via documentation on the patient's refill or adjustment note as appropriate per the physician's signed prescription for changes to the intrathecal pump programming. Patient contact every 30 days, either telephonic or in person, is demonstrated via documentation on the communication or patient assessment forms as appropriate and per Pentec policies.

Corresponding revisions have been made to related Pentec policies, including: Specialty Infusion Policy and Procedure 9.7 (Nurses Note/Progress Note) and Specialty Infusion Policy and Procedure 2.10 (Nurse/Patient Interaction for Intrathecal Pump Patients). Copies of the revised policies are attached to this POC for reference.

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

H 355 3914.3(d) PATIENT PLAN OF CARE

H 355

The plan of care shall include the following:

(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;

This Statute is not met as evidenced by: Based on a record review and interview, the home care agency failed to include frequency of services to be provided in the plan of cares for three (3) of (3) in the sample. (Patients' #1, #2 and #3)

The finding includes:

On June 14, 2015, starting at approximately 10:00 a.m., review of Patients' #1, #2 and #3 plan of cares failed to evidence the frequency the skilled nurse would provide service.

During an interview with the regional nurse manager on June 14, 2015, at approximately

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

Caroline Greenly, RN

TITLE

Regulatory Nurse Manager

(X8) DATE

07/03/2015

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/15/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PENTEC HEALTH, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1875 I STREET NW, 5TH FLOOR WASHINGTON, DC 20006
---	--

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

H 355	Continued From page 1 12:00 p.m., it was revealed that the agency's skilled nurses provide services monthly either telephonically or in-home visits.	H 355	Continued from page 1 As per the revised policies noted above, documentation of frequency will be noted at the start of care on the plan of treatment, and any changes to frequency will be documented on either the patient's refill or adjustment note as appropriate per physician's orders. Any changes to frequency will be based on changes to the intrathecal pump programming as ordered by the physician on a signed prescription. In addition, quarterly chart audits will be conducted to ensure that frequency of service is documented according to policy. 3. How [will] the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented? Quarterly chart audits will be conducted in accordance with Pentec's current (2015) Performance Improvement Plan and Policy to ensure that the policies and procedures described above are being implemented correctly. A copy of the 2015 Performance Improvement Plan is attached to this POC for reference.	
-------	---	-------	---	--