

Health Regulation & Licensure Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ WING: _____	(X3) DATE SURVEY COMPLETED 06/08/2017
NAME OF PROVIDER OR SUPPLIER SPECIALTY HOME CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6120 KANSAS AVENUE, fM WASHINGTON, OC 20011		
(X4) D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) CORRECTED
H000	INITIAL COMMENTS An annual licensure survey was conducted from June 7, 2017 through June 8, 2017, to determine compliance with Title 228 DCMR, Chapter 13 (home care agencies regulations). The home care agency was providing home care services to five (5) patients and employed eleven (11) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records, one (1) discharged patient record, eleven (11) employee records, and five (5) home visits. The following are abbreviations used within the body of this report: ADON - Assistant Director of Nursing CEO - chief executive officer DON - director of nursing HCA - home care agency PCA - personal care aide POC - plan of care RN - registered nurse SN - skilled nurse SOC - start of care	H000	<u>INITIAL COMMENTS</u> Specialty Home Care has reviewed the deficiencies noted in the survey conducted from June 7, 2017 through June 8, 2017. Plan of Correction has been developed for review and approval and to ensure that the agency maintains compliance with professional standards and licensure regulations.	
H 162	3907.6 PERSONNEL 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. This Statute is not met as evidenced. Of Based on record review and interview, the HCA failed to verify newly hired employees, at least six (6) months prior to hire, had been screened and was free of communicable disease for four (4) of	H 162	<u>3907.6 PERSONNEL</u> Updated Health certifications (done within past six (6) months) stating that the employee has been screened and was free of communicable disease, has been requested and obtained for Employees #1, #2, #3 and placed in their respective employee folders. Agency ADON file did actually had updated health certificate done within 6 months prior to hire. (see attached)	07/05/2017 and Ongoing

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

Maia Deming

TITLE

CEO / Administrator 07/06/17

(X5) DATE

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H 162	Continued From page 1 eleven (11) employees records. (Employees #1, #2, #3, and the ADON) The findings include: On June 7, 2017, beginning at 9:30 a.m., review of all of the agency's personnel revealed that Employees #1, #2, #3, and the ADON had obtained health certifications more than six (6) months prior to their initial employment. On June 7, 2017, at 2:00 p.m., interview with the DON and CEO revealed that the agency would ensure that going forward all new personnel have a health certificate within (6) months prior to hire.	H 162	<u>Continued From page 1</u> Agency's new hire application Checklist is updated and the HR Manager will utilize the checklist as a tool to ensure that going forward, all new personnel meet all the items on the checklist before being hired including having a health certificate within (6) months prior to hire. The HR Manager will conduct Employee files Audit on a Quarterly basis and report to QA committee to monitor continued and ongoing compliance.	07/05/2017 and Ongoing
H 227	3909.2 DISCHARGES TRANSFERS & REFERRALS Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) 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: This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each patient received written notification prior to discharge at least seven (7) calendar days prior to the action for one (1) of 1 discharged patient. (Patient #1) The finding includes:	H 227	<u>3909.2 DISCHARGES TRANSFERS & REFERRALS</u> All Agency's RN staff providing skilled nursing services received an in-service education which reinforces the regulatory requirement that each patient shall receive a written notice of discharge or referral no less than seven (7) calendar days prior to the action. Agency's Patient admission package contents updated to include a discharge notice paper. The Agency's chart audit checklist was also updated to reflect the item and will be utilized for all discharged patients to ensure compliance on ongoing basis. Quality Assurance personnel will utilize the updated chart audit checklist to audit all discharged patients to ensure continued compliance going forward.	07/05/2017 and Ongoing

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H227	Continued From page 2 On June 7, 2017, at 10:30 a.m., review of Patient #1's medical record failed to document that the patient received notification prior to being discharged from the agency. On June 7, 2017, at 11:55 a.m., interview with the director of nursing revealed that the patient had been notified verbally of discharge, however, had not been given written notice.	H227	<u>Continued From page 2</u> The Quality Assurance personnel will provide audit report on all discharged patients to the QA committee on a quarterly basis to monitor ongoing compliance	
H363	3914.3(1) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that POCs included identification of employees in charge of managing emergency situations, for five (5) of 5 active patients receiving services. (Patients #1, #2, #3, #4 and #5) The findings include: On June 7, 2017, starting at 9:30 a.m., review of the current POCs for Patients #1, #2, #3, #4 and #5 failed to include the employees responsible for managing emergency situations. On June 7, 2017, at 1:30 p.m., interview with the facility's DON revealed that the agency has a policy book for emergency situations and who to notify in such cases. When informed that the emergency protocol must be on the POC, the	H363	<u>3914.3(1) PATIENT PLAN OF CARE</u> An addendum POC that include identification of employees in charge of managing emergency situations, was created for Patients #1, #2, #3, #4 and #5. The addendum POC has been forwarded to the patient's physician for review and signature. The item was added to the Agency's Chart audit checklist sheet to be used as an audit tool by the QA personnel and/or DON. The Quality Assurance personnel / or DON will review all patient records using the updated checklist tool to ensure that all new patient's POC includes identification of employees in charge of managing emergency situations, prior to forwarding it to the Physician for review and approval signature.	07/05/2017 and Ongoing

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H 363	Continued From page 3 DON responded, "okay, we can do that." At the time of this survey, the HCA failed to include employees responsible for emergencies for the aforementioned patients.	H 363	The Quality Assurance personnel and / or DON will Provide new admission chart audit's report to the Agency's QA committee on a quarterly basis to monitor continued compliance.	
H 364	3914.3(m) PATIENT PLAN OF CARE 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 ensure emergency protocols on the POC were specific to patient's health care needs including their CPR or DNR status for five (5) of 5 active patients. (Patients #1, #2, #3, #4 and #5) The findings include: On June 7, 2017, starting at 9:30 a.m., review of Patients' (#1, #2, #3, #4 and #5) POCs indicated that the patient would be educated by the SN when to call 911. The POC, however, did not indicate what the PCA, nurse or therapist should do during an emergency situation. On June 7, 2017, at 1:30 p.m., interview with the facility's DON revealed that the agency has a policy book for emergency situations and what to do in such cases. The DON further stated that each staff member is educated during orientation of the emergency protocol. At the time of the survey, the agency failed to ensure that the emergency protocol for CPR was staff and patient specific, and detailed on the	H 364	<u>3914.3(m) PATIENT PLAN OF CARE</u> An addendum POC that include emergency protocol that is specific to patient's health care needs including their CPR or DNR status, and what the Agency's PCA, nurse or therapist should do during an emergency situation, was created for Patients #1, #2, #3, #4 and #5. The addendum POC has been forwarded to the patient's physician for review and signature. The item was added to the Agency's Chart audit checklist sheet to be used as an audit tool by the QA personnel and/or DON. Going forward, the Quality Assurance personnel / or DON will review all new patient's admission records using the updated Agency's Chart audit checklist sheet to ensure that the emergency protocols on the POC were specific to patient's health care needs including their CPR or DNR status and what the Agency's PCA, nurse or therapist should do during an emergency situation, prior to sending it to the physician for review and signature. The Quality Assurance personnel and / or DON will Provide new admission chart audit's report to the Agency's QA committee on a quarterly basis to monitor continued compliance.	07/05/2017 and Ongoing

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H 364	Continued From page 4 POC.	H364		
H453	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care; This Statute is not met as evidenced by: Based on record review and interview, the SN failed to ensure that services were provided in accordance with the POC for three (3) of five (5) active patients in the sample. (Patients #4, #5 and #6) The findings include: I. The SN failed to ensure that each patient received PCA hours in accordance with their POC as follows: On June 7, 2017, at 9:47 a.m., review of Patient #4's clinical record revealed a POC with a SOC of April 28, 2017, and a certification period April 28, 2017 through June 26, 2017. The POC indicated that the patient had diagnoses of hypertension, end-stage renal disease, peripheral vascular disease and malaise. According to the POC, the PCA was to provide services eight (8) hours per day, (5) days per week. Continued review of Patient #4's clinical chart revealed PCA timesheets for each visit. The timesheets revealed that Patient #4 received (5) hours, seven (7) days per week from April 30, 2017 through May 13, 2017. Additionally, Patient #4 received (5) hours, (5) days per week from May	H453	<u>3917.2(c) SKILLED NURSING SERVICES</u> An addendum POC was created for Patient #4 and #6 and has been forwarded to the patient's physician for review and signature. The addendum POC include: I. For Patient # 4, accurate reduced PCA hours being provided as per patient request due to his dialysis schedules reflecting changes from the original POC II. (a) Correction order on Patient #4's (initial POC, with a certification period from April 28, 2017 through June 26, 2017), was created to discontinue weight log and pulse oximetry check on each SN visit, as it was included in the initial POC as an error. (b) Correction order on Patient #6's initial POC, was created to discontinue weekly weights checks as it was entered/included in the initial POC in error. All Agency's RN staff providing skilled nursing services received an in-service education which reinforces the regulatory requirement of ensuring that patient needs are met in accordance with the plan of care. Any change from the POC would require Patient's Physician approval.	07/05/2017 and Ongoing

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H453	<p>Continued From page 5 15, 2017 through May 27, 2017.</p> <p>On June 7, 2017, at 11:30 a.m., interview with the DON revealed that their was some confusion with the staff's scheduling. She further stated that she will ensure to follow the POC going forward.</p> <p>II. The SN failed to ensure that each patient was assessed as indicated in the POC as follows:</p> <p>A On June 7, 2017, at 9:47 a.m., review of Patient #4's POC, with a certification period of April 28, 2017 through June 26, 2017, documented that the SN was to assess Patient #4's weight log and pulse oximetry each visit. Review of the SN visit note dated May 24, 2017, revealed that the nurse failed to assess the patient's weight log and pulse oximetry during that visit.</p> <p>B On June 7, 2017, at 12:19 p.m., review of Patient #6's POC, with a certification period of April 17, 2017 through June 15, 2017, documented that the SN was to perform weekly weights. Review of the only SN visit note dated May 22, 2017, revealed that the nurse failed to assess the patient's weight. Additionally, there was no indication that the SN performed weekly weights</p> <p>On June 7, 2017, at 1:30 p.m., interview with the DON revealed that the description of services on the POC is set from a preset database template from the agency's computer system. She further stated that she would ensure that the SN provided services as documented on the POC.</p> <p>At the time of the survey, the HCA's SNs failed to ensure each patient received all ordered PCA hours, and failed to perform a complete skilled</p>	H453	<p><u>Continued From page 5</u></p> <p>Going forward, the Quality Assurance personnel / or DON will review all new patient 's admission records and POC for accuracy, prior to sending it to the physician for review and signature.</p> <p>The Agency's Chart audit checklist sheet is updated to include an item pertaining to whether or not patient needs are met in accordance with the plan of care.</p> <p>The Agency's Chart audit checklist sheet to be utilized as an audit tool by the QA personnel and/or DON to ensure continued ongoing compliance.</p> <p>The Quality Assurance personnel and / or DON will Provide chart audit's report to the Agency's QA committee on a quarterly basis to monitor continued compliance.</p>	07/05/2017 and Ongoing

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H453	Continued From page 6 assessment as ordered by the physician.	H453		
H454	<p>3917.2(d) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(d) Implementing preventive and rehabilitative nursing procedures;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA's SN failed to provide evidence that preventive nursing procedures were afforded to patients related to their health conditions, for one (1) of five (5) active patients. (Patient #5)</p> <p>The finding includes:</p> <p>The agency failed to ensure that the SN assessed the patient's blood sugar as part of the physical assessment as evidenced by:</p> <p>On June 7, 2017, at 10:55 a.m., review of Patient #S's POC revealed a SOC date of April 18, 2017, and a certification period from April 18, 2017 through June 16, 2017. The POC indicated Patient #5 had a diagnosis of diabetes, and was prescribed Metformin and Januvia as hypoglycemics.</p> <p>On May 17, 2017, at 11:08 a.m., review of the initial nurse assessment, dated April 18, 2017, failed to evidence that the nurse assessed Patient #S's blood sugar. Further review of the record revealed a SN visit note, dated May 17, 2017. The visit note failed to document that the SN</p>	H454	<p><u>3917.2(d) SKILLED NURSING SERVICES</u></p> <p>An addendum POC that included Blood Sugar assessment during SN assessment visits was created for Patient # 5 and forwarded to patient's physician for review and signature. An inquiry has also been placed by SN to Patient's PCP to obtain information regarding the patient's diabetic status.</p> <p>All Agency's RN staff providing skilled nursing services received an in-service education which reinforces the regulatory requirement, that part of duty of the SN is implementing preventive and rehabilitative nursing procedures.</p> <p>The Agency's chart audit checklist was also updated to reflect implementation of patient specific appropriate preventive and rehabilitative nursing procedures.</p>	07/05/2017 and Ongoing

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H454	<p>Continued From page 7</p> <p>assessed the patient's blood sugar.</p> <p>On June 7, 2017, at 2:25 p.m., interview with the ADON confirmed that Patient #5 was diabetic. He further stated that the patient's blood sugar was controlled by the hypoglycemics. Review of the initial and monthly nurse assessments, however, failed to provide documented evidence that the SN obtained information regarding the patient's diabetic status.</p> <p>At the time of this survey there was no documented evidence the SN actually assessed the patient's actual or reported blood sugar as part of the physical assessment.</p>	H454	<p><u>Continued From page 7</u></p> <p>Going forward, the Quality Assurance personnel / or DON will review all new patient's admission records using the updated Agency's Chart audit checklist sheet to ensure that the SN Physical assessment Visit notes include implementation of patient specific appropriate preventive and rehabilitative nursing procedures.</p> <p>The Quality Assurance personnel and / or DON will Provide chart audit's report to the Agency's QA committee on a quarterly basis to monitor continued compliance.</p>	07/05/2017 and Ongoing