

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2022
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NAME OF PROVIDER OR SUPPLIER PENTEC HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 PENNSYLVANIA AVENUE, NW, SUITE 4117 WASHINGTON, DC 20037
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H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 03/09/2022 and 03/10/2022 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to eight patients and employed eight staff. The findings of the survey were based on the review of administrative records, six active patient records, and six personnel records. The Home Care Agency had no discharges, incidents or complaints to be reviewed. The survey findings were also based on the completion of two patient telephone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>HCA - Home Care Agency</p> <p>POC - Plan of Care</p> <p>RN - Registered Nurse</p> <p>SN - Skilled Nurse</p> <p>SOC - Start of Care</p>	H 000		
H 002	<p>3900.2 GENERAL PROVISIONS</p> <p>Each home care agency serving one or more patients in the District of Columbia shall be licensed, and shall comply with the requirements set forth in this Chapter [*2877] and with those set forth in Chapter 31 of Title 22 of the District of Columbia Municipal Regulations (DCMR), which contains provisions on inspections, licensing and enforcement actions pertaining to home care agencies and other facilities authorized under the Act. Each home care agency serving one or more</p>	H 002		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE - Pam Cash

Pam Cash, RN

TITLE - DC Administrator, RN
BSN

(X6) DATE Revised

5/5/22

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H 002	<p>Continued From page 1</p> <p>patients in the District of Columbia under the auspices of the Medicare Program or the D.C. Medicaid Program shall also comply with all applicable requirements and conditions of participation of that program.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review an interview, the home care agency failed to comply with the Mayoral Order mandating Covid-19 Vaccines for employees of healthcare facilities for one of six personnel files reviewed. (Patient Service Coordinator)</p> <p>Findings included:</p> <p>Pursuant to Mayoral order and emergency rule adopted January 12, 2022, effective immediately, Title 22, DCMR Chapter 112, §11200.1 No health care facility may hire, employ, contract with or grant privileges to any person who is required to be vaccinated against Covid-19 ...absent the grant of an exemption..."</p> <p>A review of the facility's personnel records conducted on 03/09/2022 at 11:52 AM revealed the following:</p> <p>The personnel file for the agency's Patient Service Coordinator showed that she had not been vaccinated against Covid-19. During an interview on 03/09/2022 at 3:08 PM, the Executive Director of Nursing stated that the agency granted the employee an approval for a religious exemption for the COVID-19 vaccine.</p> <p>The home care agency failed to comply with the</p>	H 002	<p>After the survey revealed that Pentec had failed to comply with the Mayoral order mandating Covid-19 vaccine for all employees, we had our Patient Service Coordinator requested an exemption through the DC Department of Health.</p> <p>Patient Service Coordinator requested the exemption on 3/11/22 and is awaiting a response. Pentec's Covid 19 Nursing Standard was also updated, see attached. Also attached are two companywide Covid 19 policies, ALL.067 v01 Covid 19 Policy on Vaccination, Testing and Face Coverings and ALL.067.01 Covid 19 Religious and Medical Exemptions</p> <p>To ensure that this does not recur, Pentec's DC Administrator will monitor current requirements for all DC employees and ensure that all employees are complaint by providing a list of all needed requirements yearly and due dates for completion. Pentec's DC Administrator will keep a spreadsheet to track and verify that needed requirements are completed.</p>	3/11/22

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H 002	Continued From page 2 Mayoral order for mandatory Covid-19 vaccination for employees, or evidence of an approved exemption authorized by the designated authority, DC Health.	H 002		
H 163	<p>3907.7 PERSONNEL</p> <p>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.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of communicable diseases annually for one of six personnel files included in the sample (Patient Service Coordinator).</p> <p>Findings included:</p> <p>A review of the facility's personnel records was conducted on 03/09/2022 at 11:52 AM and revealed the following:</p> <p>The personnel file for the agency's Patient Service Coordinator included a hire date of 08/20/2018. There was no documented evidence that the Patient Service Coordinator had been screened and verified free of communicable disease since her date of hire.</p> <p>During an interview on 03/09/2022 at 12:40 PM, the Executive Director of Nursing stated that the Patient Service Coordinator did not see patients. The Executive Nurse Director was referred to</p>	H 163	<p>After the survey revealed that Pentec had failed to comply with statute 3907.7 Personnel, our Patient Service Coordinator completed the DC Health Certificate on 3/16/22, she completed the TB symptoms screening tool on 3/10/22, and she completed the Hepatitis B vaccine declination form on 3/9/22, all forms attached. Moving forward, Pentec will verify that all personnel are free of communicable disease annually.</p> <p>Pentec also updated the following policies NU.104.v13 Physical Clearance Screening Policy, NU.611 v04 Tuberculin Testing, and NU.611.01 Tuberculin Symptoms Screening Tool see attached policies.</p> <p>To ensure that this does not recur, Pentec's DC Administrator will monitor current requirements for all DC employees and ensure that all employees are complaint by providing a list of all needed requirements yearly and due dates for completion. Pentec's DC Administrator will keep a spreadsheet to track and verify that needed requirements are completed.</p>	3/16/22

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H 163	<p>Continued From page 3</p> <p>Title 22 DCMR Chapter 39 for Home Care Agencies' regulations that required the HCA to verify that each employee has been screened for and free of communicable disease annually.</p> <p>Review of the home care agency ' s (HCA ' s) policy entitled "Tuberculin Testing" on 03/09/2022 at 1:15 PM, showed that employees were required to complete a Tuberculin Symptoms Screening Tool during the first week of employment, prior to patient contact, and annually. It should be noted that the HCA ' s policy only required their nursing staff to complete the screening tool.</p> <p>At the time of the survey, the HCA failed to ensure their Patient Service Coordinator had been screened and verified free of all communicable disease since her date of hire in 2018.</p>	H 163		
H 457	<p>3917.2(g) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that the skilled nurse documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days for one of six patients sampled (Patient #5).</p>	H 457	<p>After the survey revealed that Pentec had failed to comply with statute 3917.2(g) Skilled Nursing Services by not documenting a progress note for Patient #5 in October on 2021, Pentec's DC Administrator held a meeting on 3/28/22 that reviewed the survey findings, re-educated all nurses by doing a comprehensive review of DC regulations and reviewed all new policies. Nurses were instructed to schedule a visit in our EMR (electronic medical record) to remind them to complete the needed progress notes and summaries. See attached staff sign-off forms from meeting.</p> <p>Pentec's DC Administrator will do quarterly chart audits on 50% of the patient charts to ensure all nurses are documenting a progress note at least once every 30 calendar days and a summary every 62 calendar days.</p>	3/28/22

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H 457	<p>Continued From page 4</p> <p>Findings included:</p> <p>On 03/10/2022 at 10:00 AM, review of Patient #5's clinical record showed a plan of care (POC) with a duration period from 10/26/2021 through 10/26/2022. The POC included a physician's order for skilled nursing visits every 30 days via phone or in person for assessments. Also, the nurse was required to refill the Medtronic pump in accordance with reservoir capacity, perform pump adjustments/changes as ordered, and educate the patient/caregiver regarding signs and symptoms of intrathecal therapy, medication complications, and therapy compliance.</p> <p>Further review of the clinical record lacked evidence of a progress note during the month of October 2021.</p> <p>On 03/10/2022 at 10:30 AM, the Administrator acknowledged the findings.</p> <p>At the time of survey, it was determined that the agency failed to ensure that the skilled nurse documented progress notes in accordance with the regulatory requirements for Patient #5.</p>	H 457		
H 459	<p>3917.2(i) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evaluation of patient instruction; and</p>	H 459		

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H 459	<p>Continued From page 5</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the skilled nurse failed to document what instructions were given to the patient and what was understood in two of six clinical records reviewed (Patient #2 and Patient #3).</p> <p>Findings included:</p> <p>1. On 03/09/2021 at 1:30 PM, a review of Patient #2's clinical record showed a Plan of Care (POC) with a duration period of 06/18/2021 through 06/18/2022. A review of the POC showed that the patient had a diagnosis of Multiple Sclerosis. Continued review of the POC showed physician ' s orders for the skilled nurse to visit the patient every 30 days via phone or in person for assessments. Also, the skilled nurse was to educate the patient/caregiver regarding signs and symptoms of intrathecal therapy, medication complications, and therapy compliance. Further review of the records showed assessment notes dated 03/02/2021, 05/25/2021, and 08/16/2021 with no evidence of patient education or evaluation of instruction.</p> <p>2. On 03/09/2021 at 2:49 PM, a review of Patient #3's clinical record showed a Plan of Care (POC) with a certification period of 06/22/2021 through 06/22/2022. A review of the POC showed that the patient had a diagnosis of Abnormal Involuntary Movements. Continued review of the POC showed physician ' s orders for the skilled nurse to visit the patient every 30 days via phone or in person for assessments. Also, the skilled nurse was to educate the patient/caregiver regarding signs and symptoms of intrathecal therapy, medication complications, and therapy</p>	H 459	<p>After the survey revealed that Pentec had failed to comply with statute 3917.2(i) Skilled Nursing Services by not documenting that patient education was given and not documenting the evaluation of that instruction, Pentec's DC Administrator held a meeting on 3/28/22 that reviewed the survey findings, re-educated all nurses by doing a comprehensive review of DC regulations and reviewed Pentec's Plan of Treatment/Plan of Care and the importance of documenting patient education and outcome of that education. All nurses were provided a copy of DC Home Care Agency Regulations.</p> <p>Pentec's DC Administrator will do quarterly chart audits on 50% of the DC patients to ensure all nurses are documenting patient education and the outcome of that education.</p>	3/28/22

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H 459	<p>Continued From page 6</p> <p>compliance.</p> <p>Further review of the records showed assessment notes dated 05/26/2021, 07/12/2021, and 11/19/2021 with no evidence of patient education or evaluation of instruction.</p> <p>On 03/09/2022 at 3:25 PM, the Administrator acknowledged the findings. She stated that she will re-educate all the nurses regarding patient education and evaluation of instruction.</p> <p>At the time of the survey, the agency failed to provide documented evidence that the registered nurses (RNs) provided patient instruction and evaluation of instruction for Patients #2 and #3.</p>	H 459		