

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2023
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NAME OF PROVIDER OR SUPPLIER INTEGRATED COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 820 FIRST ST NE #LL110 WASHINGTON, DC 20002
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H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 03/13/2023, 03/14/2023, 03/15/2023, 03/16/2023, and 03/17/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 300 patients and employed 865 staff. The findings of the survey were based on the review of administrative records, 25 active patient records, five discharged patient records, 25 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of one patient's home visit and one patient's phone interview.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living ADON - Assistant Director of Nursing AV Fistula- Arteriovenous dialysis access HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living Mg/dl - Milligrams per deciliter OT - Occupational Therapist PCA - Personal Care Aide POC - Plan of Care PPD - Purified Protein Derivative RN - Registered Nurse ROM- Range of Motion SN - Skilled Nurse SOC - Start of Care</p>	H 000	<p>Please begin typing your responses here:</p> <p>The deficiencies identified during the annual Licensure Survey completed from 3/13/2023 to 3/17/2023 was reviewed and the following Plan of Correction was developed to address the deficiencies.</p> <p>1. What corrective action will be accomplished to address this deficient practice.</p>	6/11/2023
H 156	<p>3907.2(l) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p>	H 156	<p>a) All new hires are required to have a passing score of over 70% on the competency examination prior to being hired.</p>	

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



TITLE
Administrator

(X6) DATE
6/7/2023

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H 156	Continued From page 1 (I) Results of any competency testing; This Statute is not met as evidenced by: Based on record review, the agency failed to have on file results of competency testing for one of 11 home health aides (HHA 's) personnel files reviewed (HHA #11). Findings included: A review of the facility's personnel records was conducted on 03/13/2023 at 3:54 PM through 03/16/2023 at 12:15 PM revealed the following: Review of HHA #11's personnel record showed a competency examination dated 12/29/2021. Further review of the competency examination revealed that the passing score be at least 70%. The examination showed that HHA #11 had five wrong out of a total of ten questions (50%). During an interview on 03/17/2023 at 11:20 AM, the agency's assistant director of nursing (ADON) stated that HHA #11 should have been retested. It should be noted that the HHA was hired the next month on 01/03/2023 and to date there was no documented evidence of results of remediation or retest. Cross referenced 3915.1 and 3915.10 (f)	H 156	b) Retesting will be done for scores below 70%. 2. What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur. a) The Registered Nurse conducting orientation will review all evaluations prior to handing over to Human Resources. b) Human Resources will review all new hire documents to ensure they have a passing score on the competency evaluation. 3.How the corrective action will be monitored to ensure the deficient practice does not recur. a) Monitoring of all new hire applications to ensure they have met the criteria for employment prior to Human Resources entering them into all internal systems. Continuous monitoring over the next 60 Days and ongoing to ensure compliance.	6/11/2023
H 163	3907.7 PERSONNEL 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.	H 163	1. What corrective action will be accomplished to address this deficient practice. a) All employees are required to be screened for and certified as free from communicable diseases annually.	

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H 163	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to verify that each employee was screened and certified free of communicable disease annually for two of 25 personnel records sampled, Beneficiary Care Coordinator and registered nurse (RN #6).</p> <p>Findings included:</p> <p>A review of the agency's personnel records was conducted on 03/15/2023 at 11:02 AM and 03/16/2023 at 11:48 M revealed the following:</p> <p>Findings included:</p> <p>1. The personnel file for the agency's Beneficiary Care Coordinator included a hire date of 07/07/2017. Further review of the file showed that the Beneficiary Care Coordinator was last screened for communicable disease on 09/24/2021.</p> <p>2. The personnel file for registered nurse (RN#6) included a hire date of 01/25/2022. Further review of the file showed that the RN had a purified protein derivative (PPD) on 07/29/2021. There was no documented evidence that she was screened and verified free of communicable disease since 01/08/2020.</p> <p>During the exit conference on 03/17/2023, the leadership staff acknowledged the findings.</p>	H 163	<p>2. What systemic change will be made to ensure the deficient practice does not recur.</p> <p>a) Human Resources enters all employees into an internal system which generates reminders prior to the expiration date of their credentials.</p> <p>b) This system allows Human Resources to track expired documents and notify employees of expiring documents.</p> <p>3. How the corrective action will be monitored so that the deficient practice does not recur.</p> <p>a) On the last date of the month Human Resources will run a report to identify Expired or expiring documents.</p> <p>b) Human Resources will send notification to any employee with expired documents including health certificates.</p> <p>c) The Human resources manager will report to the Human Resources Director any employee who has not provided updated, renewed or active screening certificates.</p> <p>d) Submitted health certificates that does not show evidence that the employee was screened for communicable diseases will be flagged and returned to the employee.</p> <p>Continuous monitoring over the next 60 days and ongoing to ensure compliance.</p>	6/11/2023
H 300	3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES	H 300		

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H 300	<p>Continued From page 3</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</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 services were provided in accordance with the plan of care (POC) as evidenced by missed home health aide (HHA) visits for six of 25 active patients in the sample (Patients #2, 5, 9, 11, 12, and #20).</p> <p>Findings included:</p> <p>1. On 03/15/2023 at 1:00 PM, review of Patient #2's plan of care (POC) showed a duration period of 07/13/2022 through 05/31/2023, with diagnoses to include Parkinson's disease, cerebral infarction, hemiplegia, and pain. The plan of care (POC) indicated skilled nursing services once a month and as needed. Conduct assessment and evaluation of all body systems ...Instruct and supervise home care aide services (HHA). Home Health Aide for 16 hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #5's clinical record showed that personal care services were not provided as ordered on 08/07/2022, 08/21/2022, 09/04/2022, 09/11/2022, 09/25/2022, 10/09/2022, 10/16/2022, and 10/23/2022.</p> <p>2. On 03/14/2023 at 11:00 AM, review of Patient</p>	H 300	<p>1. What corrective action will be accomplished to address the deficient practice.</p> <p>a) Retraining was completed for all coordinators and the clinical team regarding staffing and the provision of services for all patients.</p> <p>b) In the event the agency is unable to staff a patient, the coordinator will contact the patient, their representative and the nursing coordinator to notify them when services are not provided according to the plan of care.</p> <p>c) Retraining was also completed for the coordinator and clinical staff on the Contingency Staffing Policy.</p> <p>d) Care coordination with the Case Manager, and the patient's primary care physician is done when services are not provided in accordance with the plan of care.</p> <p>e) All patients identified were brought into compliance.</p> <p>2. What systemic change will be made to ensure the deficient practice does not recur.</p> <p>a) Mandatory in-service training will be conducted for all coordinators and clinical team on an ongoing basis to ensure compliance with this process.</p>	6/11/2023

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H 300	<p>Continued From page 4</p> <p>#5's plan of care (POC) showed a duration period of 05/25/2022 through 02/28/2023, with diagnoses to include unspecified dementia, and feeding difficulties. The plan of care (POC) indicated skilled nursing services once a month and as needed. Conduct assessment and evaluation of all body systems ...Instruct and supervise home care aide services (HHA). Home Health Aide for eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #5's clinical record showed that personal care services were not provided as ordered on 06/26/2022, 07/03/2022, 07/24/2022, 07/31/2022, 08/07/2022, 08/14/2022, and 08/21/2022.</p> <p>3. On 03/14/2023 at 01:14 PM, review of Patient #9's plan of care (POC) showed a duration period of 03/23/2022 through 12/31/2022, with diagnoses to include chronic obstructive pulmonary disease, gout, hypertension, and chronic kidney disease. The POC indicated skilled nursing services once a month and as needed, and HHA, eight hours a day, five days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs.) Continued review of Patient #9's clinical record showed that personal care services were not provided as ordered on 08/07/2022, 08/21/2022, 09/04/2022, 09/11/2022, 09/25/2022, 10/09/2022, 10/16/2022, and 10/23/2022. On 03/15/2023 at 10:00 AM, the assistant director of nursing (ADON) acknowledged the findings.</p> <p>4. On 03/15/2023 at 11:29 AM, review of Patient #11's clinical record showed a plan of care (POC) with a duration period of 11/14/2022 through 07/31/2023. The patient's diagnoses included difficulty walking, hypothyroidism, convulsions,</p>	H 300	<p>b) Staff found to be non-compliant with the process will receive counselling and retraining.</p> <p>3. How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) Quality review of all charts will be done on a quarterly by the clinical team and coordinators to ensure services are being provided as ordered.</p> <p>b) Continuous monitoring over the next 60 days and ongoing to ensure compliance.</p>	6/11/2023

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H 300	<p>Continued From page 5</p> <p>hyperlipidemia, disorder of brain, cerebral infarction, acute embolism, and deep vein thrombosis. The plan of care (POC) indicated skilled nursing services once a month and as needed, and personal care aide services (PCA), eight hours a day seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #11's clinical record showed that personal care services were not provided for the months of December 2022, January 2023, and February 1, 2023. Further review of the records showed a form titled "Suspension of Personal care Aide Services" indicated the following "Suspension of PCA services form: "client/family refused personal care aide (PCA) services from 12/03/2022 until 02/01/2023."</p> <p>On 03/15/2023 at 01:50 PM, Patient #11's daughter was interviewed and stated that the aide that provided services in November 2022 was not doing a good job and would just sit and watch television. They refused the aide to come back between November 2022 and December 2023 but never refused services in January 2023 and February 2023. She stated that her mother was getting five days a week of PCA services starting in February 2023 because the agency did not have an aide. As a result, the family agreed to cover for the weekends. She added that things were working good with the new aide for the past couple of weeks in March 2023.</p> <p>Interview with the assistant director of nursing (ADON) on 03/15/2023 at 02:55 PM confirmed after speaking with the lead staff coordinator that the patient/caregiver did not refuse, but the agency was unable to staff it. He added that he would talk to the staffing coordinator about his</p>	H 300		

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H 300	<p>Continued From page 6 documentation."</p> <p>5. On 03/14/2023 at 11:00 AM, review of Patient #12's plan of care (POC) showed a duration period of 05/18/2022 through 12/31/2022, with diagnoses to include essential hypertension and unspecified dementia. The POC indicated skilled nursing services once a month and as needed. Conduct assessment and evaluation of all body systems ...Instruct and supervise home care aide services (HHA). Home Health Aide for 10 hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #12's clinical record showed that HHA services were not provided as ordered on 06/17/2022, 07/21/2022, 07/24/2022, 07/31/2022, 08/07/2022, and 08/14/2022.</p> <p>6. On 03/16/2023 at 03:43 PM, review of Patient #20's plan of care (POC) showed a duration period of 07/01/2022 through 06/30/2023. The patient's diagnoses included chronic obstructive pulmonary disease and difficulty walking. The POC indicated skilled nursing services once a month and as needed and personal care aide services (PCA), eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #20's clinical record showed that PCA services were being provided five days a week, instead of the ordered seven days a week during the months of August 2022, September 2022, and November 2022.</p> <p>On 03/16/2023 at 04:17 PM, interview with the ADON revealed that the agency did not have weekend aides after confirming with the staffing coordinator. He stated he was not informed as he would have notified the physician. He added that</p>	H 300		6/11/2023

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H 300	Continued From page 7 he would not accept a case if they cannot staff it, or the patient/caregiver was not able to step in if needed. On 03/17/2023 at 03:45 PM, the ADON and the Administrator were informed of the findings. At the time of the survey, the home care agency failed to ensure that home health aide services were provided in accordance with the plans of care for Patients #2, 5, 9, 11, 12, and #20.	H 300		
H 302	3912.2(f) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (f) To receive services by competent personnel who can communicate with the patient; This Statute is not met as evidenced by: Based on record review and staff interview, the home care agency (HCA) failed to provide and document the steps taken to ensure the patient was afforded accommodations for an alternative language or communication method, (Spanish), in one of 25 active clinical records reviewed (Patient #5). Findings included. On 03/14/2023 at 03:00 PM, review of Patient #5's plan of care (POC) showed a duration period of 05/25/2022 through 02/28/2023. The patient's diagnoses included dementia and feeding difficulties. The POC indicated skilled nursing	H 302	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) A Language line services was established and will be utilized to adequately communicate with all limited English speaking patients.</p> <p>b) The office staff were re-trained on the use of the Language Line.</p> <p>c) The Plan of Care for the identified patient was updated to reflect use of the Language Line and instructions on its use.</p> <p>d) All plans of care will be completed to reflect the patient's language and the language line was utilized to communicate during all patient care encounters.</p> <p>e) An RN in-service was held 4/26/2023, where supervisory RNs were in-serviced on use of the language line, documenting</p>	6/11/2023

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H 302	<p>Continued From page 8</p> <p>services once a month and as needed, personal care services, eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of the POC showed the following, "the patient's primary language was Spanish, and requested to have Spanish speaking aides assigned to deliver her care. The agency has complied and assigned Spanish speaking female aides to patient."</p> <p>Further review of the clinical record showed that the POC failed to include instructions for agency staff to use the agency sponsored "Language Line Solutions" [a telephone-based communications system using third party translators] to accommodate translation/interpretation services as needed.</p> <p>Additionally, review of the personal care services care plan did not identify the patient's primary language as Spanish. Review of form "Suspension of Personal Care Aide Services" dated 08/15/2022, [a written document used when the agency is unable to staff a patient care shift], read, "No aide was available to cover, client keeps requesting that aide speaks Spanish." there was no evidence of a Spanish interpretation of this document.</p> <p>Review of Skilled Nursing Monthly Visit dated 06/24/2022 showed under neurological comments, "Patient has diagnosis of dementia. She speaks Spanish and little English". 62 Day Summary/Case Conference note dated 06/24/2022 states, "Patient is a 90-year-old Spanish female ...speaks little English ..."</p> <p>A face-to-face interview was conducted on 03/15/2023 at 12:30 PM with the Staffing</p>	H 302	<p>when the language line was used of if there was an interpreter present.</p> <p>f) All coordinators were retrained on the use of the language line and documenting its use in the patient's electronic chart.</p> <p>2.What systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a) Mandatory in -service for all employees in use of the language line and documenting its use in the clinical document.</p> <p>b) Employees found to be non-compliant with the process will receive counselling and retraining.</p> <p>3.How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) The clinical team will complete quality review of clinical documentation on a quarterly basis to ensure compliance.</p> <p>b) Continuous monitoring over the next 60 days and ongoing to ensure continued compliance.</p>	6/11/2023

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H 302	<p>Continued From page 9</p> <p>Coordinator. When asked what services were provided for the patient to ensure the patient's understanding of care provided, the Staffing Coordinator responded, "We have very little aides that speak Spanish, the patient has dementia and has difficulty understanding," When asked about language services the agency provided, the Staffing Coordinator was unaware of the program or policy.</p> <p>Review of the agency's Inc. Language Access Policy, titled, "Language Access Policy" dated 02/15/2015 stated "It is the policy of the agency to ensure the ability to provide services to non-English speaking individuals when ... an aide does not speak the same language as the patient"</p> <p>There was no evidence that the agency's staff utilized the Language Line Solutions to ensure accommodations were available to a Spanish speaking patient.</p> <p>Cross Referenced to 3912.6</p>	H 302		
H 316	<p>3912.6 PATIENT RIGHTS & RESPONSIBILITIES</p> <p>The home care agency shall take appropriate steps to ensure that all information is conveyed, pursuant to these rules, to any patient who cannot read or who otherwise needs accommodations in an alternative language or communication method. The home care agency shall document in the patient's records the steps taken to ensure that the patient has been provided with all required information.</p> <p>This Statute is not met as evidenced by:</p>	H 316	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) The agency has established and all will utilize the language line services to adequately communicate will all limited English speaking patients.</p> <p>b) The plan of care for the patient was updated and brought into compliance.</p>	6/11/2023

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c) The HHA care

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H 316	<p>Continued From page 10</p> <p>Based on record review and staff interview, the home care agency (HCA) failed to provide and document the steps taken to ensure the patient was afforded accommodations for an alternative language or communication method, (Spanish), in one of 25 active clinical records reviewed (Patient #5).</p> <p>Findings included.</p> <p>On 03/14/2023 at 03:00 PM, review of Patient #5's plan of care (POC) showed a duration period of 05/25/2022 through 02/28/2023. The patient's diagnoses included dementia and feeding difficulties. The POC indicated skilled nursing services once a month and as needed, personal care services, eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of the POC showed the following, "the patient's primary language was Spanish, and requested to have Spanish speaking aides assigned to deliver her care. The agency has complied and assigned Spanish speaking female aides to patient."</p> <p>Further review of the clinical record showed that the POC failed to include instructions for agency staff to use the agency sponsored "Language Line Solutions" [a telephone-based communications system using third party translators] to accommodate translation/interpretation services as needed.</p> <p>Additionally, review of the personal care services care plan did not identify the patient's primary language as Spanish. Review of form "Suspension of Personal Care Aide Services" dated 08/15/2022, [a written document used</p>	H 316	<p>and brought into compliance.</p> <p>d) During all encounters, including the admission process, with a limited English speaking patient the employee will use the language line or have an interpreter present to translate. This is to ensure communication is understood for the patient and employee.</p> <p>e) An employee in-service was held to retrain on the use of the language line and documentation in the clinical note.</p> <p>2) What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a) Mandatory in-service training will be on going for all employees to ensure continued compliance.</p> <p>b) Supervisory nurses will ensure all aides working with limited English speaking patients are using the language or an interpreter to aid in communication.</p>	6/11/2023

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NAME OF PROVIDER OR SUPPLIER INTEGRATED COMMUNITY SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 820 FIRST ST NE #LL110 WASHINGTON, DC 20002		
(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 316	<p>Continued From page 11</p> <p>when the agency is unable to staff a patient care shift], read, "No aide was available to cover, client keeps requesting that aide speaks Spanish." there was no evidence of a Spanish interpretation of this document.</p> <p>Review of Skilled Nursing Monthly Visit dated 06/24/2022 showed under neurological comments, "Patient has diagnosis of dementia. She speaks Spanish and little English". 62 Day Summary/Case Conference note dated 06/24/2022 states, "Patient is a 90-year-old Spanish female ...speaks little English ..."</p> <p>A face-to-face interview was conducted on 03/15/2023 at 12:30 PM with the Staffing Coordinator. When asked what services were provided for the patient to ensure the patient's understanding of care provided, the Staffing Coordinator responded, "We have very little aides that speak Spanish, the patient has dementia and has difficulty understanding," When asked about language services the agency provided, the Staffing Coordinator was unaware of the program or policy.</p> <p>Review of the agency's Inc. Language Access Policy, titled, "Language Access Policy" dated 02/15/2015 stated "It is the policy of the agency to ensure the ability to provide services to non-English speaking individuals when ... an aide does not speak the same language as the patient"</p> <p>There was no evidence that the agency's staff utilized the Language Line Solutions to ensure accommodations were available to a Spanish speaking patient.</p> <p>Cross reference 3912.2(f)</p>	H 316	<p>3.How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) The clinical team will conduct quality review of all limited English speaking patients on a quarterly basis to ensure compliance. Continuous monitoring over the next 60 days and ongoing.</p>	6/9/2023

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H 355	<p>3914.3(d) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(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;</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 ensure that each patient's plan of care included a description of the services to be provided, including frequency, amount and duration of services for 25 of 25 active clients in the sample (Patients #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, and #25).</p> <p>Findings included:</p> <p>Review of the home care agency's (HCA's) clinical records beginning 03/15/2023 through 03/17/2023 showed that the agency provided personal care services to its patients but failed to ensure that the plans of care (POC) for all active patients in the sample included an order to specify the duration of the services to be provided.</p> <p>On 03/17/2023 at 03:45 PM, the ADON and the Administrator were informed of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that the plans of care for each patient in the sample included an order to specify duration of services.</p>	H 355	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) The plans of care for the identified patients were updated to reflect the duration of services to be provided.</p> <p>2.What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a). In-service was completed for the clinical staff on completing the plan of care orders, to include frequency, amount and duration of services to be provided.</p> <p>b) Mandatory on-going training for all employees to ensure continued compliance.</p> <p>3.How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) Quality review of all clinical notes will be completed quarterly by the clinical team to ensure compliance.</p> <p>b) Continuous monitoring over the next 60 days and ongoing to ensure compliance.</p>	6/11/2023

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H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</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 include emergency protocols specific to the patient's diagnoses in the plan of care (POC) for five of 25 active patients included in the sample (Patients #8, 11, 13, 18, and #25).</p> <p>Findings included:</p> <p>1. On 3/14/23 at 03:12 PM, review of Patient #8's clinical record showed a plan of care (POC) with a duration period of 10/03/2022 through 08/31/2023. The patient's diagnoses included acute osteomyelitis, kidney failure, hypertension, hyperlipidemia, dependence on renal dialysis, and type II diabetes mellitus. The POC showed an order for the nurse to perform random blood sugar every visit and to report to the primary physician any readings that are above the agency's parameters. Continued review of the POC failed to include blood glucose parameters or glycemic precautions related to the patient's diabetes diagnosis that may warrant intervention.</p> <p>2. On 03/15/23 at 11:29 AM, review of Patient #11's clinical record showed a plan of care (POC) with a duration period of 11/14/2022 through 07/31/2023. The patient's diagnoses included difficulty walking, hypothyroidism, convulsions, hyperlipidemia, disorder of brain, cerebral infarction, acute embolism, and deep vein thrombosis. The POC showed that the patient was receiving anticoagulant therapy, Eliquis 5mg</p>	H 364	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) The plans of care for the identified patients were updated with emergency protocols for blood glucose parameters, anticoagulants and oxygen precautions.</p> <p>b) The plans of care for the identified patients were updated to reflect blood glucose parameters, glycemic precautions, oxygen precautions and anticoagulant precautions.</p> <p>c) The HHA plans of care for the identified patients were updated to reflect instructions to the aides on emergency protocols.</p> <p>2. What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a) Retraining and ongoing in-service will be held for all employees. Documentation specific to emergency protocols will be emphasized during the training.</p>	

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H 364	<p>Continued From page 14</p> <p>oral twice a day and Aspirin 81mg oral daily. Continued review of the POC lacked evidence of emergency protocol for bleeding precautions. Review of the personal care aide's (PCA) care plan indicated "bleeding precautions" but lacked instructions for the aide to follow.</p> <p>3. On 03/16/2023 at 2:30 PM, review of Patient #13's clinical record showed a plan of care (POC) with a duration period of 12/08/2022 through 10/31/2023. The patient's diagnoses included essential hypertension, stiffness of shoulder, and abnormalities of gait and mobility. The POC showed that the patient was receiving anticoagulant therapy, Plavix 75 mg oral daily. Continued review of the POC lacked evidence of an emergency protocol for bleeding precautions. Review of the personal care aide's (PCA) care plan indicated "bleeding precautions" but lacked instructions for the aide to follow.</p> <p>4. On 03/16/2023 at 10:30 AM, review of Patient # 18's clinical record showed a plan of care (POC) with a duration of 02/01/2022 through 01/31/2023. The patient's diagnoses included type 2 diabetes mellitus, end stage renal disease, peripheral vascular disease, and oxygen dependence. The POC showed an order for the nurse to assess blood sugar every visit and to report to the primary physician any readings that are above the agency's parameters. The POC showed that the patient was receiving Lantus Insulin 12 units at bedtime, Plavix 75mg oral daily, and oxygen 2 to 3 liters per minute via nasal cannula as needed. Continued review of the POC lacked evidence of an emergency protocol for insulin, bleeding, and oxygen use precautions. Review of the personal care aide's (PCA) care plan lacked precautionary information for insulin, bleeding, and oxygen use.</p>	H 364	<p>3.How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) Quality review of the plans of care, monthly visit notes and supervisory visit notes will be done by the clinical team.</p> <p>b) Continuous monitoring over the next 60 days and ongoing to ensure compliance. 6/11/2023</p>	6/11/2023
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H 364	<p>Continued From page 15</p> <p>5. On 03/16/2023 at 3:00 PM, review of Patient #25's clinical record showed a plan of care (POC) with a duration period of 11/17/2022 through 05/31/2023. The patient's diagnoses included chronic obstructive pulmonary disease, diabetes mellitus, compression of vein, acute kidney disease, and dependance on oxygen. The POC showed an order for the nurse to assess blood sugar every visit and to report to the primary physician any readings above established parameters. The POC showed that the patient was receiving Eliquis 5mg oral daily, and oxygen 1 liter continuously via nasal cannula. Continued review of the POC lacked evidence of emergency protocol for bleeding and oxygen use precautions. Review of the personal care aide's (PCA) care plan lacked precautionary information for bleeding and oxygen use.</p> <p>On 03/17/2023 at 03:45 PM, the ADON and Administrator were informed of the findings.</p> <p>At the time of survey, the home care agency failed to ensure that plans of care (POC) included emergency protocols to properly manage signs and symptoms that may warrant emergency interventions based on patients' diagnoses and established parameters.</p>	H 364		
H 366	<p>3914.4 PATIENT PLAN OF CARE</p> <p>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</p>	H 366	<p>1. What corrective action will be accomplished to address this deficient practice.</p>	6/11/2023

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H 366	<p>Continued From page 16</p> <p>shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</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 ensure that each patient's plan of care (POC) was approved and signed by a physician and/or qualified personnel within 30 days of the start of care (SOC) for six of 25 active patients in the sample (Patients #3, 12, 13, 15, 18, and #19).</p> <p>Findings included:</p> <p>1. On 03/13/2023 at 01:48 PM, review of Patient #3's record showed a plan of care (POC) with a duration period of 11/16/2022 through 06/30/2023. The POC included a physician's order for skilled nursing services once a month and as needed to perform multi systems assessment, vital signs, patient instruction, and personal care aide (PCA) supervision. Also, the POC included an order for personal care services eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was signed by the patient's physician on 02/16/2023, greater than 30 days.</p> <p>2. On 03/15/2023 at 10:30 AM, review of Patient #12's record showed a plan of care (POC) with a duration period of 05/18/2022 through 12/31/2022. The POC included a physician's order for skilled nursing services once a month and as needed to perform multi systems assessment, vital signs, patient instruction, and PCA supervision. Also, the POC included an</p>	H 366	<p>a) The supervisory registered nurses and the clinical team were counselled and retraining completed on 4/20/2023 for late recertification process was reviewed with emphasis on the timeframes for the submission of the recertification.</p> <p>submission of recertifications.</p> <p>b) The identified plans of care were sent to the physician for review and signature.</p> <p>2. What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a) A mandatory Inservice was held 4/26/2023 with the supervisory registered nurses, the office clinical team and the records room administrative assistants to review the recertification process.</p> <p>b) Employees who are not compliant with the recertifications process will be counselled and retrained.</p> <p>c) continuous non-compliance will lead to progressive disciplinary action.</p>	6/11/2023

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H 366	<p>Continued From page 17</p> <p>order for personal care services eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was signed by the patient's physician on 06/27/2022, greater than 30 days.</p> <p>3. On 03/15/2023 at 12:45 PM, review of Patient #13's record showed a plan of care (POC) with a duration period of 12/08/2022 through 10/31/2023. The POC included a physician's order for skilled nursing services once a month and as needed to perform multi systems assessment, vital signs, patient instruction, and PCA supervision. Also, the POC included an order for personal care services eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was not signed by the patient's physician, greater than 30 days.</p> <p>4. On 03/13/2023 at 11:33 AM, review of Patient #15's record showed a plan of care (POC) with a duration period of 08/08/2022 through 05/31/2023. The POC included a physician's order for skilled nursing services once a month and as needed to perform multi systems assessment, vital signs, patient instruction, and PCA supervision. Also, the POC included an order for personal care services eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was signed by the patient's physician on 12/30/2022, greater than 30 days.</p> <p>5. On 03/14/2023 at 10:00 AM, review of Patient</p>	H 366	<p>3.How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) To ensure the deficient practice does not recur, the agency will conduct mandatory retraining and in service with the clinical and non-clinical team.</p> <p>b) All staff were instructed to follow the process to ensure compliance with the regulations.</p> <p>c) Supervisory registered nurses are expected to turn in recertifications in a timely manner.</p> <p>d) Records room staff are expected to fax and follow up on all plans of care that are faxed to the Physician.</p> <p>e) Late recertifications are to be reported to the Assistant Director of Nursing and the director of Nursing for follow up.</p>	6/11/2023

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H 366	<p>Continued From page 18</p> <p>#18's record showed a plan of care (POC) with a duration period of 02/01/2022 through 01/31/2023. The POC included a physician's order for skilled nursing services once a month and as needed to perform multi systems assessment, vital signs, patient instruction, and PCA supervision. Also, the POC included an order for personal care services eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was not signed by the patient's physician and/or qualified personnel.</p> <p>6. On 03/16/2023 at 10:15 AM, review of Patient #19's record showed a plan of care (POC) with a duration period of 08/19/2022 through 02/28/2023. The POC included a physician's order for skilled nursing services once a month and as needed to perform multi systems assessment, vital signs, patient instruction, and PCA supervision. Also, the POC included an order for personal care services eight hours a day, five days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was signed by the patient's physician on 02/15/2023, greater than 30 days.</p> <p>On 03/17/2023 at 03:45 PM, the ADON and Administrator were informed of the findings.</p> <p>At the time of survey, the home care agency failed to ensure that plans of care were signed by the physician and/or qualified personnel within 30 days of the start of care.</p> <p>This is a repeat deficiency from annual licensure survey 09/20/2021.</p>	H 366		

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H 380	<p>3915.1 HOME HEALTH & PERSONAL CARE AIDE SERVICES</p> <p>A home care agency may offer home health or personal care aide services and shall employ or contract with qualified home health or personal care aides to perform those services.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that one of 11 home health aides (HHAs) were qualified to provide services for patients who were receiving personal care services. (HHA #11)</p> <p>Findings included: On 03/15/2023 at 3:34 PM, review of Patient #17's clinical record showed a plan of care (POC) with a duration period of 04/20/2022 through 01/31/2023. Further review of the POC revealed that Patient #17 was to receive personal care services eight hours per day five days per week. The POC also revealed that home health aide (HHA #11) was assigned to provide services for Patient #17.</p> <p>The personnel file for HHA #11 reviewed on 03/16/2023 at 12:15 PM, included a date of hire of 01/03/2022. Further review of the personnel file showed a competency examination dated 12/29/2021. Further review of the competency examination revealed that the passing score was at least 70%, however, the result of the test was not noted. A review of the examination showed that HHA #11 had five wrong out of a total of ten questions (50%).</p> <p>During an interview on 03/17/2023 at 11:20 AM,</p>	H 380	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) All newly hired home health aides must be qualified to provide personal care aide services to the patients..</p> <p>b) Based on the regulations, the agency requires all new all new hires to complete and have a passing score of over 70% on the competency examination prior to being hired.</p> <p>c)Retesting will be done for scores below 70%. New hires who cannot achieve the Passing score after retesting will not be hired.</p> <p>d) The identified home health aide was retested and received a passing score.</p> <p>2. What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a) The Assistant Director of Nursing or Registered Nurse will review all new hire documents prior to handing them over to Human Resources.</p> <p>3.How will the corrective action be Monitored to ensure the deficient Practice does not recur.</p> <p>a) After the new hire orientation, the Human Resources manager will review each application for readiness prior to entering the applicant in to any internal system.</p>	6/11/2023	

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H 380	Continued From page 20 the agency's assistant director of nursing (ADON) stated that HHA #11 should have been retested, however, the HHA was hired the next month on 01/03/2023 and to date there was no documented evidence of remediation or retesting. Cross referenced to 3915.10 f (#4).	H 380	b) Monitoring of the system by the Human Resources Director will ensure potential new hires who have not met the criteria for employment are not accessible for work. c) Continuous monitoring over the next 60 days and ongoing to ensure compliance.	6/11/2023
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that home health aides (HHA) recorded and reported the patient's physical condition, behavior, and/or appearance for five of the 25 active patients included in the sample (Patients #5, 10, 12, 17 and #24). Findings included: 1. On 03/14/2023 at 03:00 PM, review of Patient #5's clinical record showed a plan of care (POC) with a duration period of 05/25/2022 through 02/28/2023. The patient's diagnoses included dementia and feeding difficulties. The POC indicated skilled nursing services once a month and as needed and personal care services, eight hours a day, seven days a week to assist with activities of daily living (ADL) and instrumental	H 399	1. What corrective action will be accomplished to address this deficient practice. a) The agency requires that all changes in the patient's condition be reported to the supervisory registered nurse and coordinator. b) On 4/25/2023 the identified home health aides were retrained on recording and reporting any changes in the patient's condition to the supervisory registered nurse and the coordinator. Documenting all changes in condition and daily activities on their timesheets. c) An in service was held on 4/26/2023 for all supervisory registered nurses for retraining on reviewing timesheets for the home health aides, reminders to the aide to report all changes in patient's condition, document on their timesheet all patient activities and any changes.	

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NAME OF PROVIDER OR SUPPLIER INTEGRATED COMMUNITY SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 820 FIRST ST NE #LL110 WASHINGTON, DC 20002		
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H 399	<p>Continued From page 21</p> <p>activities of daily living (IADLs). Continued review of the POC showed that the Home Health Aide's (HHA) Care Plan applicable tasks included range of motion (ROM) exercises and vital signs to include temperature, pulse, respirations, and blood pressure, each visit.</p> <p>Further review of Patient #5's HHA daily documentation showed there was no evidence that vital signs were completed during the months of July 2022, August 2022, and September 2022.</p> <p>In addition, the records failed to show evidence of documented ROM each visit for the weeks of 06/26/2022, 07/03/2022, 07/10/2022, 07/17/2022, 07/24/2022, 07/31/2022, 08/07/2022, 08/14/2022, 08/21/2022, and 08/28/2022.</p> <p>2. On 03/15/2023 at 09:20 AM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 12/01/2022 through 11/30/2023. The patient's diagnoses included type 2 diabetes mellitus, secondary hypertension, and hemiplegia affecting right dominate side. The POC indicated skilled nursing services once a month and as needed, assess vital signs each visit with parameters to call the physician, and blood sugar with parameters. Diet ordered was low carbs/ low sodium/ low fats. Personal care services, eight hours a day, five days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of the POC showed the Home Health Aide (HHA) Care Plan applicable tasks included range of motion (ROM) exercises, and vital signs to include temperature, pulse, respirations, and blood pressure, each visit. Additionally, every visit activity included meal preparation and grocery shopping, without diet restrictions written on the care plan.</p>	H 399	<p>2. What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a) The agency will conduct ongoing training and education for all home health aides and supervisory registered nurses, which will include -observing the patient for a change in condition, behavior or appearance. -Doing V/S, ROM exercises and documenting on their timesheets. -Notifying the supervisory RN and BCC when the patient has a change in their condition. -documenting all changes on the timesheet and not in a personal notebook.</p> <p>b) The supervisory RN's will be retrained to review timesheets during their monthly visit and educate HHA's on reporting and documenting on the timesheet.</p> <p>c) The coordinator completes the first review of the timesheets, to ensure they were completed correctly to include daily activities provided and any changes in the patient's condition, behavior or appearance.</p> <p>d) The coordinator's supervisor completes a second review of about 10% of the timesheets for completeness.</p>	6/11/2023	

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H 399	<p>Continued From page 22</p> <p>Further review of Patient #10's HHA daily documentation showed there was no evidence that vital signs were completed during the months of 09/2022, 10/2022, and 11/2022. In addition, the records failed to show evidence of ROM each visit for the weeks of 08/28/2022, 09/04/2022, 09/11/2022, 09/18/2022, 09/25/2022, 10/02/2022, 10/09/2022, 10/16/2022, 10/23/2022, 10/30/2022, 11/16/2022, 11/13/2022, 11/20/2022, and 11/27/2022.</p> <p>Based on an interview on 03/15/2023 at 10:15 AM, with the Skilled Nurse for patient #10, when queried about the lack of documentation for diet restrictions, daily vital signs, and ROM, she responded that the home health aides kept their own notebooks for documentation and forgot to transfer the information onto the daily sheets.</p> <p>3. On 03/16/2023 at 10:30 AM, review of Patient #12's clinical record showed a plan of care (POC) with a duration period of 05/18/2022 through 12/31/2022. The patient's diagnoses included dementia, hypertension, and abnormal weight loss. The POC indicated skilled nursing services once a month and as needed, assess vital signs each visit with parameters to call the physician, and a diet was ordered as low salt. Personal care services, eight hours a day, five days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of the POC showed the Home Health Aide (HHA) Care Plan applicable tasks included range of motion (ROM) exercises and vital signs to include temperature, pulse, respirations, and blood pressure, each visit. Additionally, every visit activity included meal preparation and grocery shopping, without diet restrictions written on care plan.</p>	H 399	<p>3. How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) The clinical team, including the clinical Administrative Assistants will review timesheets prior to filing in the patient's chart.</p> <p>b) Review of documents by the clinical team will be monitored for the next 60 days, until 6/11/2023.</p> <p>c) Continuous monitoring to ensure 100% compliance ongoing.</p>	6/11/2023

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H 399	<p>Continued From page 23</p> <p>Further review of Patient #12's HHA daily documentation showed there was no evidence that vital signs were completed during the months of 06/2022, 07/2022, and 08/2022. In addition, the records failed to show documented evidence of ROM each visit for the weeks of 05/29/2022, 06/05/2022, 06/19/2022, 06/26/2022, 07/10/2022, 07/17/2022, 07/24/2022, 07/31/2022, 08/07/2022, 08/14/2022, and 08/21/2022.</p> <p>4. On 03/15/2023 at 3:34 PM, review of Patient #17's clinical record showed a plan of care (POC) with a duration period of 04/20/2022 through 01/31/2023. The patient's diagnoses included chronic obstructive pulmonary disease, hypertension, type II diabetes mellitus, hyperlipidemia, and sleep apnea. The POC contained a physician's order for personal care services eight hours a day, five days a week to assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Further review of the record showed that the home health aide (HHA) failed to observe, record, and report to the agency the patient's fall and fracture that occurred on 08/12/2022.</p> <p>Based on interview with the HHA on 03/16/2023 at 05:58 PM, the fall happened around the end of her shift (3PM) on August 12, 2022. She did not report it because it was Friday and did not come back to the patient until Monday (August 15, 2022). The aide stated she did not remember seeing the patient wearing a cast on her leg when she returned on duty (Monday). The HHA was on duty on 08/12/2022 when Patient #17 sustained a fall. The nurse supervisor became aware of the fall and fracture during a monthly visit on 09/28/2022, as the patient was wearing a soft cast on the right leg.</p>	H 399		

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H 399	<p>Continued From page 24</p> <p>Cross referenced to 3915.1</p> <p>5. On 03/15/2023 at 3:34 PM, review of Patient #24's clinical record showed a POC with a duration period of 03/01/2022 through 02/28/2023. The patient's diagnoses included type 2 diabetes mellitus, hypertension, chronic kidney disease, legal blindness, dependence renal dialysis. The POC contained a physician's order for personal care services, seven hours a day for three days, and 11 hours a day for two days a week to assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Further review of the home health aide (HHA) note dated 01/16/2023 revealed the following: "Left arm bleeding from the dialysis port." Continued review lacked evidence that the HHA reported the change in condition to supervisory staff.</p> <p>On 03/17/2023, the assistant director of nursing (ADON) acknowledged the findings. He stated that the aide did not report it, and there was no communication note about the bleeding.</p> <p>At the time of the survey, the agency failed to ensure that the home health aide (HHA) recorded assigned tasks for Patients #5, 10, 12, 17 and #24's physical condition, behavior, and/or appearance.</p> <p>This is a repeat deficiency from annual licensure survey 09/20/2021.</p>	H 399	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) The agency requires care coordination with all external agencies providing services to our patients, including patients receiving care from dialysis centers.</p>	
H 433	<p>3916.2(c) SKILLED SERVICES GENERALLY</p> <p>Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies</p>	H 433		6/11/2023

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H 433	<p>Continued From page 25</p> <p>shall include, at a minimum, the following:</p> <p>(c) Coordinating services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the patient's needs; and...</p> <p>This Statute is not met as evidenced by: Based on clinical record review, it was determined that the home care agency (HCA) failed to document coordination of services between two agencies providing care for one of 25 active patients sampled, (Patient #18).</p> <p>Findings included:</p> <p>On 03/16/2023 at 01:00 PM, review of Patient #18's plan of care (POC) showed a duration period of 02/01/2022 through 01/31/2023. The patient's diagnoses included type 2 diabetes mellitus, end stage renal disease, gastro-esophageal reflux disease, dependence on renal dialysis, and shortness of breath.</p> <p>Further review of the clinical record showed Monthly Skilled Nurse Visits dated 01/19/2023, 03/05/2023, and 04/21/2023, that reported ongoing Hemodialysis (HD), dates of treatments and status of the dialysis access sites. There was no evidence of communication between the dialysis center and the home care agency.</p> <p>On 03/16/2023, the assistant director of nursing acknowledged the findings.</p> <p>At the time of the survey, the agency failed to coordinate services with another entity actively involved in providing care for Patient #18.</p>	H 433	<p>b) The nursing coordinator and supervisory registered nurses were instructed to coordinate care with all external agencies providing care to our patients</p> <p>c) Retraining and in service was done for the supervisory registered nurses and the nursing coordinator on 4/26/2023.</p> <p>2. What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a) The nursing coordinator will schedule care coordination with any agency providing services to our patients and include the supervisory registered nurse to coordinate care for the patient.</p> <p>b) Care coordination will take place at least quarterly, during the monthly visit and as a part of the admission process.</p> <p>3. How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) During the quality review of the clinical documents, the clinical team will ensure that care coordination is documented for all patients receiving services from external agencies.</p> <p>b) Continuous monitoring with a goal of 80% compliance at the end of 60 days. Monitoring will be ongoing.</p>	6/11/2023

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H 452	<p>3917.2(b) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(b) Coordination of care and referrals;</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 ensure that the skilled nurse (SN) coordinated care with the physician's office for four of 25 active patients in the sample (Patients #1, 6, 17, and #20).</p> <p>Findings included:</p> <p>1. On 03/13/2023 at 12:14 PM, review of Patient #1's clinical record showed a plan of care (POC) with a duration period of 01/01/2021 through 12/31/2022, for skilled nurse (SN) visits once a month and as needed for skilled assessment of body systems, disease management, patient education, and home health aide supervision. The patient's diagnoses included type II diabetes mellitus, hypertension, gastroesophageal reflux disease, hyperlipidemia, and gout. Continued record review showed that the nurse visited the patient on 12/21/2022 and documented the following: "During assessment patient told nurse that she went to [local hospital named] on 12/04/2022 for intestinal bleeding. She was kept for observation and discharged home the same day after the bleeding had stopped. She told the nurse that she has not had any bleeding since then. She has an appointment with a gastrologist on 12/30/2022. Nurse encouraged her to keep the appointment, and she promised to do as instructed." There was no documented evidence in the clinical record that the SN coordinated care</p>	H 452	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) The Incident Manager, in the event, the patient has an Emergency Room visit, a hospitalization or an incident must complete an order to the Primary Care doctor notifying them of the episode and any follow up care/ appointments required.</p> <p>b) The Incident Manager, utilizes the CRISP system to track all Emergency Room visits, hospitalizations and Emergency Medical Services encounters, including those were the patient declines to go to the Emergency Room..</p> <p>e) The Incident Manager was instructed to complete and fax all doctor's orders for all incidents.</p> <p>f) The supervisory Registered Nurse must follow up with the patient and Primary care doctor as appropriate for follow up care and appointments. Document all care coordination in the clinical note.</p> <p>2. What measures will be put in Place Or what systemic changes will Be made to ensure the deficient Practice does not recur.</p> <p>a) A review of the Incident management process was completed with the Incident Manager on 4/20/2023.</p>	6/11/2023

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H 452	<p>Continued From page 27</p> <p>with the primary physician following the patient's emergency room visit and overall condition.</p> <p>2. On 3/14/23 at 10:40 AM, review of Patient #6's clinical record showed a POC with a duration period of 12/1/2022 through 05/29/2023, for skilled nurse visits once a month and as needed for skilled assessment of body systems, disease management, patient education, and personal care aide supervision. The patient's diagnoses included type II diabetes mellitus, hypertension, hemiplegia, spinal stenosis, gastro-esophageal reflux disease, and scoliosis. Continued record review showed the nurse visited the patient on 01/04/2023 and documented the following: "Patient told SN that she fell out of her bed on 01/02/2023 around 09:30 AM when the aide was out for errands ... She stated she fell on her face and on her knees. She denied hitting her head. Patient stated she stayed on the floor until the emergency medical system (EMS) arrived and picked her up. She refused to go to the emergency room (ER) for further evaluation. Patient was noted with a penny size bruise to her right cheek. She denied pains when touched." There was no documented evidence in the clinical record that the nurse coordinated care with the primary physician following the fall and the patient's overall condition.</p> <p>3. On 03/15/2023 at 3:34 PM, review of Patient #17's clinical record showed a POC with a duration period of 04/20/2022 through 01/31/2023, for SN visits once a month and as needed for skilled assessment of body systems, disease management, patient education, and home health aide supervision. The patient's diagnoses included chronic obstructive pulmonary disease, hypertension, type II diabetes mellitus, hyperlipidemia, and sleep apnea.</p>	H 452	<p>b) Ongoing training for the Incident Manager on ensuring all physician's orders are completed post emergency room visits, hospitalizations, incidents and as appropriate.</p> <p>3. How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) The incident Manager's incident report will be reviewed by the Director of Nursing or the Assistant Director of Nursing on a biweekly basis, including notification to the primary care doctor.</p> <p>b) The clinical team, during quality review of clinical notes will ensure that Physician's orders were sent out for all incidents.</p> <p>c) Continuous monitoring to ensure compliance with this process over the next 60 days and ongoing.</p>	6/11/2023

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H 452	<p>Continued From page 28</p> <p>Continued record review showed the nurse visited the patient on 05/23/2022 and documented the following: "During the assessment, patient told nurse that she went to the emergency room (ER) for bilateral foot pain on 05/18/2022 and returned the same day. She is yet to schedule a follow-up appointment with the doctor. She was encouraged to make the appointment as soon as possible. Patient denies foot pain this visit." The 62-day nursing summary dated 06/18/2022 showed the following: "Patient had no ER visits, no hospitalization, no fall, no injury, no new medication, no new diagnosis and no change to plan of care during this review period." There was no documented evidence in the clinical record that the nurse coordinated care with the primary physician following the patient's emergency room visit and overall condition.</p> <p>4. On 03/16/2023 at 03:43 PM, review of Patient #20's clinical record showed a POC with a duration period of 07/01/2022 through 06/30/2023, for skilled nurse visits once a month and as needed for a skilled assessment of body systems, disease management, patient education, and home health aide supervision. The patient's diagnoses included chronic obstructive pulmonary disease and difficulty walking. Continued record review showed the nurse visited the patient on 11/16/2022 and documented the following: "During the assessment, patient told nurse that he passed out about a week ago (unsure of exact date) at the dining hall was taken to Sibley Hospital and he was diagnosed with pneumonia. He was discharged home the same day. He was discharged home with Augmentin 875mg - 125mg 1 tablet twice daily for 4 days. He was also prescribed Prednisone 20mg 2 tablets for 5 days and Vitron C 1 tablet daily. Patient had not started</p>	H 452		

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H 452	<p>Continued From page 29</p> <p>the antibiotic because he was thinking that the Prednisone was the antibiotic. Nurse called the pharmacy, and they said the antibiotic was ready for pick-up. Nurse sent the aide to pick-up the medication. He was educated to start it today and complete the course. He verbalized understanding." There was no documented evidence in the clinical record that the nurse coordinated care with the primary physician following the patient's emergency room visit and overall condition.</p> <p>On 03/17/2023 at 03:45 PM, the ADON and administrator were informed of the findings.</p> <p>At the time of the survey, the agency failed to ensure that the skilled nurse coordinated care with the physician's office for Patients #1, 6, 17, and #20.</p>	H 452		
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</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 ensure skilled nursing (SN) services were provided in accordance with the patient's plan of care (POC) for one of 25 active patients in the sample (Patient #24).</p> <p>+-</p> <p>Findings included:</p>	H 453	<p>1. What corrective action will be accomplished to address this deficient practice.</p> <p>a) The supervisory registered nurse must follow the plan of care when providing care to the patient.</p> <p>2 What measures will be put in place or what systemic changes will be made to ensure the deficient practice does not recur.</p>	6/11/2023

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H 453	<p>Continued From page 30</p> <p>On 3/17/23 at 12:55 PM, review of Patient #24's record showed that the patient's diagnoses included type II diabetes mellitus, hypertension, chronic kidney disease, legal blindness, and dependence renal dialysis. The POC contained a physician's order for skilled nursing services visits once a month and as needed and personal care services seven hours a day for three days and eleven hours a day for two days a week. It contained physician's orders for the nurse to assess glucose levels each visit and notify the physician of blood sugar greater than 270 or less than 70 mg/dl. Also, the nurse was to teach, manage, and evaluate signs and symptoms of hypo/hyperglycemia. Continued review of the clinical record showed the skilled nurse (SN) visited the patient on 12/15/2022 and 02/21/2023 with no evidence of an assessment of the patient's blood sugar to determine whether the results warranted intervention or physician notification.</p> <p>On 03/17/2023 at 1:35 PM, the assistant director of nursing (ADON) acknowledged the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with Patient #24's plan of care.</p>	H 453	<p>a) All supervisory registered nurses must review the plan of care during their home visit to the patient's home and provide care in accordance with their care plan.</p> <p>b) On going training and education for all clinical staff on checking and documenting blood glucose levels.</p> <p>3How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) The clinical team during the quality review of clinical documentation will review the notes of the diabetic patient to ensure blood glucose levels were checked and documented.</p> <p>b) Supervisory registered nurses who are non-compliant with this process will be counselled and re trained.</p> <p>c) A goal of 100% compliance at the end of 60 days and ongoing.</p>	6/11/2023
H 458	<p>3917.2(h) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(h) Reporting changes in the patient's condition to the patient's physician;</p>	H 458	<p>1. What corrective action will be accomplished to address this deficient practice.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2023
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NAME OF PROVIDER OR SUPPLIER INTEGRATED COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 820 FIRST ST NE #LL110 WASHINGTON, DC 20002
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H 458	<p>Continued From page 31</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the skilled nurse (SN) failed to report changes in the patient's condition to the physician for two of 25 active patients in the sample (Patients #3 and #17).</p> <p>Findings Included:</p> <p>1. On 03/13/2023 at 01:48 PM, review of Patient #3's plan of care (POC) showed that the patient's diagnoses included chronic pulmonary disease, osteoarthritis, anxiety disorder, and unsteadiness on feet. The POC required skilled nursing (SN) services once monthly and as needed to perform multi systems assessments, vital signs, patient instruction, and home health aide (HHA) supervision. Continued review of the records showed that the nurse visited the patient on 01/31/2023 and documented the following: "PRN (as needed) visit done to follow-up a call from the aide that the patient was tested positive for COVID-19. Patient informed the nurse that she tested positive for COVID -19...No signs and symptom of COVID-19 such as headache, cough, fever and fatigue noted with the patient." Further review of the records lacked documented evidence that the nurse informed the physician of the change in the patient's condition.</p> <p>2. On 03/15/2023 at 3:34 PM, review of Patient #17's plan of care (POC) showed that the patient's diagnoses included chronic obstructive pulmonary disease, hypertension, type II diabetes mellitus, hyperlipidemia, and sleep apnea. The POC required skilled nursing (SN) services once monthly and as needed to perform multi systems assessments, vital signs, patient instruction, and</p>	H 458	<p>a)) The Incident Manager, in the event, the patient has a change in condition must notify the Primary care doctor by sending an order informing him/her of the issue and any follow up care and appointments that are required.</p> <p>b)) The Incident Manager utilizes CRISP system to track all Emergency Room visits, Hospitalizations, falls, Emergency Medical Services encounters with no hospitalization or Emergency Room visit and incidents. This allows for early notification to the supervisory nurse and home health aide and notification to the Primary Care doctor, Case Manager and representative as appropriate. Document In the clinical note.</p> <p>2. What measures will be put in place Or what systemic changes will be made to ensure the deficient practice does not recur.</p> <p>a)) A review of the Incident Management process will be completed with the Incident Manager, completed on 4/20/2023.</p> <p>b) Ongoing training for supervisory Registered Nurses on reminders to the home Health aides to report and record all incidents in a timely manner.</p>	6/11/ 2023
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H 458	<p>Continued From page 32</p> <p>HHA supervision. Continued review of the records showed that the nurse visited the patient on 09/28/2022 and documented the following: "Nurse noted that patient has hard cast on the right leg. When nurse asked about the cast, she told nurse that about a month ago she fell from her rollator in her room and broke her leg (fibula) in the process. The aide had gone to the store, according to the patient. She called 911 and was transferred to ER (emergency room)...She was treated and discharged home the same day with a soft cast on the right leg and referred to see an orthopedic doctor. She was given a hard cast when she saw the orthopedic doctor. She has follow-up with the orthopedic doctor on 9/30/22."</p> <p>Further review of the records lacked documented evidence that the nurse informed the physician of the change in the patient's condition.</p> <p>Interview with the assistant director of nursing (ADON) on 03/16/2022 at 02:28 PM revealed that the nurse nor the aide ever reported the fall and, consequently, there was no incident report or physician notification. Later, the ADON confirmed the fall and stated it occurred on 08/12/2022 based on the emergency medical system (EMS) report.</p> <p>A home visit to Patient #17 on 03/16/2023, also, confirmed Patient #17 sustained a fall and subsequently healed fractured leg. The patient was observed ambulating with her rollator.</p> <p>On 03/17/2023 at 03:45 PM, the ADON and Administrator were informed of the findings.</p> <p>At the time of survey, agency staff failed to report changes in patients' condition to the physician.</p>	H 458	<p>3. How the corrective action will be monitored to ensure the deficient practice does not recur.</p> <p>a) a) The Incident Manager will submit her report on a biweekly basis with all incidents/ falls/ hospitalizations/Emergency Room visits to the Director of Nursing/ Assistant Director of Nursing including notification to the PCP.</p> <p>b) The clinical team, during review of clinical notes will ensure all incidents/ hospitalizations were sent to the Primary care doctor.</p> <p>c) Continuous monitoring over the next 60 days and ongoing to ensure compliance.</p>	6/11/2023
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H 458	Continued From page 33 This is a repeat deficiency from annual survey 09/20/2021.	H 458		