Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING **HCA-0099** 05/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 G Street NW, Suite 800 PENTEC HEALTH INC WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual licensure survey was conducted from 05/23/2023 through 05/25/2023 to determine compliance with Title 22 B DCMR, Chapter 39 Agree with the paragraph to the left, (Home Care Agency Regulations). The Home Care Agency provided home care services to eight except this Home Care Agency 6/30/23 patients and employed nine staff. The findings of provided home care services to nine the survey were based on the review of clinical patients and employed five staff. records, policy, and five active patient records. No Pentec's address above updated. discharged patient records, expired patients, or transfer of patients were reviewed as the agency did not have any from 05/01/2022 through 05/01/2023. Additionally, five personnel records were reviewed along with the Governing Board meeting minutes dated 03/08/2023. Listed below are abbreviations used throughout this report: ADL - Activities of Daily Living **DON- Director of Nursing** PCP- Patient Care Plan (Nursing) POC- Plan of Care SN- Skilled Nursing H 458 3917.2(h) SKILLED NURSING SERVICES H 458 Duties of the nurse shall include, at a minimum, the following: (h) Reporting changes in the patient's condition to the patient's physician; This Statute is not met as evidenced by: Based on record review, policy review, and staff interview, the skilled nurse (SN) failed to report changes in the patient's condition to the physician. in one of five active patients sampled

Health Regulation & Licensing Administration

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

Yan Lau KN

TITLE RN, BSN DC Administrator (X6) DATE WBOW

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: _ COMPLETED HCA-0099 B. WING 05/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 G Street NW, Suite 800 PENTEC HEALTH INC WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 458 Continued From page 1 H 458 After the survey revealed that Pentec (Patient #2). had failed to comply with statute 3917.2 (h), skilled nursing services by not Findings included: reporting changes in patient's condition for patient #2 at 3/30/23 visit, Pentec's Review of agency policy titled, "Physician DC Administrator held a meeting on notification regarding potential complications", 07/21/2022, showed" The physician will be notified 6/29/23 for all DC Staff. During the of any abnormal findings, including ... abnormal meeting, the survey findings were swelling (e.g., fluid accumulation). If the situation is reviewed and a comprehensive review non-urgent, the nurse will use judgment, and of DC regulations was completed. Copy nursing measures will be implemented until the of the DC regulations were provided. physician is contacted." Nurses were instructed on the importance of completing and On 05/24/2023 at 11:00 AM, a review of Patient documenting a complete assessment #2's clinical record showed a duration period of and reporting all abnormal findings to 06/16/2022 through 06/16/2023. Diagnosis included the physician. Nurses were reminded to multiple sclerosis, hypertension, and a history of evaluate ambulatory status at each visit breast cancer. Medication review showed Letrozole and continue to do a Falls Assessment oral tab 2.5 mg daily, and Norvasc oral tab 10mg daily, both medication side effects include swelling, at each visit to identify any risk of ambulatory issues. Instructed on the with Letrozole swelling with the potential for blood clots. importance of Medication reconciliation at every visit to include common side 6/29/23 The Plan of Care, (POC) included a physician order effects and referral to Pentec for skilled nursing (SN) included in person or Pharmacist for a drug consult as telephone visits monthly, coordination of needed. See attached staff sign-off care/services as needed ...vital signs; as clinically from the meeting. indicated ...education; signs and symptoms of therapy, medication complications, and therapy Until Pentec gets its new EMR compliance. (electronic medical record), the following statement will be added to all DC Further review of the clinical record showed patient patients Care Plans, "Managing provider telephone communication on 11/28/2022, will be notified of change in Provider(s) 12/19/2022, 12/21/2022, 01/16/2023, and in-person and/or health care issues via patient home visit on 03/30/2023 with a physical assessment completed at each visit." assessment of systems: cardiovascular noted This statement will be added to all Plan edema [swelling] both lower legs. There was no of Treatments when new EMR in place. additional assessment related to cardiac such as chest pain, palpitations, irregular rhythm, presence of lack of leg pain, pitting, or

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Health Regulation & Licensing Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED HCA-0099 B. WING 05/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 G Street NW, Suite 800 PENTEC HEALTH INC WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 458 Continued From page 2 H 458 Pentec DC Administrator will do measurements around the swelling areas, or quarterly chart audits on 50% of the assessment of ability to ambulate. There was no patient charts to ensure that the nurses evidence of physician notification of lower leg are documenting comprehensive edema was found in the clinical record. assessments, that the nurses are Additionally, ambulatory status was noted as walker notifying the physicians if abnormal or wheelchair, with no documentation for the findings occur and that patient's care assessment of the ability to ambulate. plans have been updated. The surveyor conducted a telephone interview on 05/24/2023 at 11:00 AM in the presence of the Nurse Director, with skilled nurse, Employee #5, who completed the assessment of Patient #2 on 03/30/2023 regarding the findings and lack of documentation of physician notification. Employee #5 conveyed the patient was educated regarding lower extremity swelling, however, acknowledged the findings.