

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPECIALITY HOME CARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6856 EASTERN AVENUE, NW SUITE 376 WASHINGTON, DC 20012</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An unusual incident investigation in conjunction with an annual licensure survey was conducted 02/24/2023, 02/27/2023, 02/28/2023, 03/01/2023, 03/02/2023, and 03/03/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 167 patients and employed 400 staff. The findings of the survey were based on the review of administrative records, 13 active patient records, four 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 two home visits.</p> <p>Incident: Abrupt discontinuance of 24/7 personal care services</p> <p>Conclusion:</p> <p>Based on record reviews and interviews, the home care agency violated the patient's rights by neglecting to provide personal care services consistent with the plan of care (POC).</p> <p>The findings of the survey and incident investigation are detailed throughout the body of this report.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living</p> <p>DON- Director of Nursing</p> <p>G-tube- Gastronomy Tube</p>	H 000	<p>Specialty Home Care has reviewed the deficiencies noted on the Annual &amp; complaint investigation survey conducted on 02/24/2023, 02/27/2023, 02/28/2023, 03/01/2023, 03/02/2023, and 03/03/2023.</p> <p>Plan of Correction has been developed for review and approval and to ensure that the agency maintains compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations).</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>HCA- Home Care Agency</p> <p>HHA- Home Health Aide</p> <p>PCA- Personal care Aide</p> <p>POC - Plan of care</p> <p>SN-Skilled Nurse</p> <p>EVV-Electronic Visit Verification</p> <p>DON Director of Nursing</p> <p>ADL - Activities of Daily Living</p>	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Elias Demoz MD, MBA, FACP</i>	CEO/Administrator	03/30/23

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H 000	Continued From page 1  HHA - Home Health Aide  HCA - Home Care Agency  LPN-Licensed Practical Nurse  IADL- Instrumental Activities of Daily Living  MAR - Medication Administration Record  MD - Medical Doctor  MG - Milligram  ML- Milliliters  PCA - Personal Care Aide  POC - Plan of Care  PPD - Purified Protein Derivative  PPE - Personal Protective Equipment  PT - Physical Therapy  RN - Registered Nurse  RT-Respiratory Therapist  SN - Skilled Nurse  SOC - Start of Care  24/7 - 24 hours per day, seven days per week	H 000	<b><u>Continued From page 1</u></b>  LPN-Licensed Practical Nurse  IADL- Instrumental Activities of Daily Living  MAR - Medication Administration Record  MD - Medical Doctor  MG - Milligram  ML- Milliliters  PCA - Personal Care Aide  POC - Plan of Care  PPD - Purified Protein Derivative  PPE - Personal Protective Equipment  PT - Physical Therapy  RN - Registered Nurse  RT-Respiratory Therapist  SN - Skilled Nurse  SOC - Start of Care  24/7 - 24 hours per day, seven days per week  G-tube- Gastronomy Tube  HR-Human Resources	
H 012	3900.6 GENERAL PROVISIONS	H 012		

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H 012	<p>Continued From page 2</p> <p>The operating office located within the District of Columbia shall contain, at a minimum, the patient records for all patients served within the District of Columbia and the agency's policies and procedures developed pursuant to this Chapter. All records and documents required under this Chapter and other applicable laws and regulations which are not maintained within this operating office shall be produced for inspection within twenty-four (24) hours, or within a shorter reasonable time if specified, upon the request of the Department of Health.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on clinical record review and staff interview, the agency failed to provide clinical records and documents requested for inspection by the Department of Health, within a reasonable time specified, 24 hours.</p> <p>Findings included.</p> <p>During the course of the survey, 02/24/2023 through 03/03/2023, the agency failed to provide requested documents with completeness and timeliness. Upon entering the facility, the surveyors requested personnel and clinical records from July 2022 to present. A written document detailing customary documents required for review during the survey period, along with correlating timeframes to meet the request was given to agency leadership. A random sample of patient records and personnel files were also requested for review.</p> <p>Over the remainder of the survey process, multiple clinical records and files were presented as incomplete, requiring multiple requests for items missing, thus delaying the surveying</p>	H 012	<p><u>Continued From page 2</u></p> <p><b>3900.6 GENERAL PROVISIONS</b></p> <p>Based on clinical record review and staff interview, the agency failed to provide clinical records and documents requested for inspection by the Department of Health, within a reasonable time specified, 24 hours.</p> <p><b>Corrective Action Plan</b></p> <p>As the Director of Operations shared during the survey, the agency is in the process of converting to an new electronic record system which contributed to the delay in providing records. Once the transition completed, we expect access to data will be more organized.</p> <p>Inservice will be given to all Clinical and Office Administrative staff on Survey Readiness related issues including providing clinical records and documents requested for inspection by the Department of Health, within a reasonable time specified, 24 hours</p> <p>The HCA also plans to introduce &amp; perform a mock survey this year to discover gaps or areas where improvement is needed. Then, create an action plan based on the results of the mock survey.</p> <p>The HCA Operations Director along with the clinical managers and Director of Human Resources will be responsible for implementing the plan of correction (POC) and ensuring continued compliance</p>	04/10/2023

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H 012	Continued From page 3  process. The Director of Operations shared that the agency was in the process of converting to an electronic record system which contributed to the delay in providing records.  The Director of Nursing (DON) and the Administrator were made aware of the concerns.	H 012		04/10/23
H 147	<p><b>3907.2(c) PERSONNEL</b></p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</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 maintain personnel records to include documented evidence of in-service training and/or competencies for Pediatrics for one Clinical Manager #2.</p> <p>Findings included:</p> <p>Cross Referenced 0300- 3912.2(d) tag</p> <p>On 02/24/2023 at 11:07 AM, during the Entrance Conference, the Vice President of Pediatrics verified that the home care agency (HCA) provided services for one Pediatric Patient, (Patient #17). Continued conversation revealed that the patient was no longer receiving services and was discharged on 01/09/2023.</p>	H 147	<p><b><u>3907.2(c) PERSONNEL</u></b></p> <p>Based on record review and interview, the home care agency (HCA) failed to maintain personnel records to include documented evidence of in-service training and/or competencies for Pediatrics for one Clinical Manager #2.</p> <p><b><u>Plan of Correction:</u></b></p> <p>Competencies assessment completed by Case manager #2 Verified and Signed off by the HCA`s Pediatric Clinical Director.</p> <p>Reviewed and updated HCA`s policy on Personnel pertaining to HCA shall maintain accurate personnel records, which shall include the following information: Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</p>	

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H 147	<p>Continued From page 4</p> <p>Review of Patient #17's discharge record on 03/03/2023 at 10:47 AM showed that the Patient was seen on 12/23/2022 and 01/05/2023. Further review of the discharge record revealed that the clinical manager inaccurately documented the patient's vital signs. It should be noted that the patient was a 4-day old newborn.</p> <p>On 03/03/2023 at 11:43 AM, agency leadership stated that he must have used an adult cuff to check the baby's blood pressure or mixed it up with another's vitals.</p> <p>A review of the agency's personnel records conducted on 02/27/2023 at 9:54 AM revealed the following:</p> <p>The personnel file for Clinical Manager #2 included a date of hire of 09/19/2022. Further review of the personnel file showed written examinations for (g-tube) Gastronomy Tube, Tracheostomy and Ventilators. There was no documented evidence of competencies related to pediatric care.</p> <p>During an interview on 03/03/2023 at 12:57 PM, the Vice President of Pediatrics stated that Clinical Manager had five years of experience working with Pediatric Patients.</p> <p>At the time of the survey, the home care agency failed to maintain accurate personnel records to include evidence of in-service training and/or competencies in the area of Pediatrics for one of the agency's Clinical Managers. It is important to note that the agency was licensed to provide pediatric services (formerly adults only) October 2022.</p>	H 147	<p><b><u>Continued From page 4</u></b></p> <p>An In-service Provided (with documented evidence of attendance) provided to all current HR staff ,staffing/scheduling coordinators and RN supervisors and future office/administrative &amp; HR staff hires on :</p> <ol style="list-style-type: none"> <li>1. That home care agency shall maintain accurate personnel records, which shall include the following information: Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</li> <li>2. All Clinicians who will be providing care for Pediatric patients should have their Pediatric Skills Competency assessment in file prior to starting providing care.</li> </ol> <p>The Agency's Employee file audit tool was updated to reflect the cited deficiency items.</p> <p>HR Personnel and HCA Quality Assurance Nurse will utilize the updated Employee File audit checklist to audit Employee`s file to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p>The Director of HR will be responsible for implementing the plan of correction (POC) and ensuring continued compliance. Staffing/ scheduling coordinators &amp; RN supervisors will also be actively involved in cross checking the Employee`s file for completeness of competencies before assigning the Clinician to their first case.</p> <p>The Quality Assurance Nurse will provide audit report on all audited Employee`s File to the QA committee on a quarterly basis to monitor ongoing compliance.</p> <p>Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.</p>	

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H 162	Continued From page 5	H 162	<b>Continued From page 5</b>	
H 162	<p><b>3907.6 PERSONNEL</b></p> <p>At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.</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 free of communicable disease within the six months immediately preceding the employee's date of hire for five of 13 nurse ' s personnel files sampled. (licensed practical nurse, (LPN # 2) and (registered nurses, RNs #1, 3, 4, and #6).</p> <p>Findings included:  A review of the facility's personnel records was conducted on 02/24/2023 at 3:51 PM through 02/28/2023 at 12:03 PM revealed the following:</p> <p>1. The personnel file for the licensed practical nurse (LPN #2) included a hire date of 11/22/2022. Further review of her personnel file showed that she had a purified protein derivative (PPD) on 03/29/2022, eight months prior to her date of hire.</p> <p>2. The personnel file for the registered nurse (RN #1) included a hire date of 01/07/2023. Further review of her personnel file showed that she had a QuantiFERON TB Gold on 03/29/2022, eight months prior to her date of hire. Additionally, RN #3 was seen on 10/12/2022 for a physical examination; however, there was no documented evidence that she was screened for and free of</p>	H 162	<p><b>3907.6 PERSONNEL</b></p> <p>Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of communicable disease within the six months immediately preceding the employee's date of hire for five of 13 nurse ' s personnel files sampled. (Licensed practical nurse, (LPN # 2) and (registered nurses, RNs #1, 3, 4, and #6).</p> <p><b>Plan of Correction:</b></p> <p>Reviewed and updated HCA's policy on Personnel pertaining to , verifying, at the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.</p> <p>An In-service Provided (with documented evidence of attendance) provided to all current HR staff, staffing/scheduling coordinators and RN supervisors and future office/administrative &amp; HR staff hires on the deficiency cited personnel file item.</p> <p>The Agency's Employee file audit tool was updated to reflect the cited deficiency items.</p> <p>HR Personnel and HCA Quality Assurance Nurse will utilize the updated Employee File audit checklist to audit existing and all new hire Employee `s file to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p>	04/10/23

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H 162	<p>Continued From page 6</p> <p>communicable diseases.</p> <p>3. The personnel file for RN #3 included a hire date of 02/11/2023. Further review of her personnel file showed that she had a Chest X-ray) on 06/29/2022, eight months prior to her date of hire.</p> <p>4. The personnel file for RN #4 included a hire date of 05/02/2021. Further review of her personnel file showed that she had physical examination on 02/19/2021; however, there was no documented evidence that she was screened and free of communicable diseases.</p> <p>5. The personnel file for RN #6) included a hire date of 07/05/2021. Further review of her personnel file showed that she had a Chest X-ray) on 10/04/2021, three months after her date of hire.</p> <p>At the time of the survey, the home care agency failed to ensure that all employees were screened and free of communicable diseases within the six months immediately preceding the employee's date of hire.</p>	H 162	<p><u>Continued From page 6</u></p> <p>The Director of HR will be responsible for implementing the plan of correction (POC) and ensuring continued compliance.</p> <p>The Quality Assurance Nurse will provide audit report on all audited Employee's File to the QA committee on a quarterly basis to monitor ongoing compliance.</p> <p>Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.</p> <p><b><u>3909.2 DISCHARGES TRANSFERS &amp; REFERRALS</u></b></p>	04/10/23
H 227	<p><b>3909.2 DISCHARGES TRANSFERS &amp; REFERRALS</b></p> <p>Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of:</p>	H 227	<p>Based on record review and interview, the home care agency (HCA) failed to ensure that each patient received a written notice of discharge, transfer, or referral at least seven (7) calendar days prior to the action for Patient #13.</p>	04/10/23

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H 227	<p>Continued From page 7</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 each patient received written notice of discharge, transfer, or referral at least seven (7) calendar days prior to the action for Patient #13.</p> <p>Findings included:</p> <p>On 02/24/2023 at 02:52 PM, review of Patient #13's clinical record showed plans of care (POCs) with duration periods of 04/07/2022 through 08/31/2022 and 09/01/2022 through 08/31/2023. The POCs included physician's orders for skilled nursing visits, one visit every 60 days for personal care aide (PCA), supervisory visits and personal care aide (PCA) services for 24 hours, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). The patient's diagnoses included Multiple sclerosis, quadriplegia, chronic respiratory failure, epilepsy, dysphagia, acid reflux, (g-tube) gastrostomy, history of sepsis, neuromuscular dysfunction of bladder, Metabolic Encephalopathy, stage 4 pressure ulcer, and stage 2 pressure ulcer. Continued review of Patient #13's clinical record showed that the agency abruptly stopped providing 24 hours a day of personal care services on 02/22/2023.</p> <p>Interview with the RN Care Coordinator on 02/24/2023 at 04:27 PM, revealed that Patient #13's personal care aide (PCA) services were "put on hold" per the agency's protocol secondary</p>	H 227	<p><u>Continued From page 7</u></p> <p><u>Corrective Action Plan</u></p> <p>Reviewed and updated HCA's policy on Patient discharges/transfers/Or referrals to include that there will be documented evidence of each patient received written notice of discharge, transfer, or referral at least seven (7) calendar days prior to the action. Assistance will be given to patient and family for patients requiring continuing care in order to manage continuing care needs after the services are discontinued</p> <p>Also Reviewed and updated HCA's policy on Personnel Safety - Unsafe Home Visits #6-012. and Environmental Safety Patient #6 006.1 That provides Guidelines for addressing unsafe home visits:</p> <p>Should the decision be that no visit will be made, the Clinical Supervisor will contact the patient's physician and discuss options/alternatives for home health with the patient and physician as indicated. Additionally, the agency will notify appropriate government agencies to ensure patient safety and continuity of care.</p> <p>HCA also reviewed and updated policy on Agency Environmental Safety-. That stated a home safety assessment including pest infestation will be conducted by the clinician at the time of admission with prevention tips and recommendations on identified environmental safety risks. The policy was updated to address ongoing monitoring and/or measures to follow upon the identification of environmental concerns.</p>	04/10/23
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H 227	<p>Continued From page 8</p> <p>to alleged pest infestation in the patient's home environment. Further interview revealed that the RN was contacted on 02/22/2023 from an outside agency who reported that Patient #13's apartment had "bedbug infestation". It should be noted that the outside agency was providing skilled nursing services for the patient. Consequently, the agency made a decision to "hold" personal care services effective immediately (02/22/2023), until "successful extermination of the residence." Also, the records showed a signed nursing order dated 02/22/2023 that read ..."Hold [personal care] services effective 02/22/2023 until successful extermination of the residence."</p> <p>Review of the "agency protocol" i.e., Personnel Safety - Unsafe Home Visits #6-012.1 indicated the following: "Guidelines for addressing unsafe home visits: Should the decision be that no visit will be made, the Clinical Supervisor will contact the patient's physician and discuss options/alternatives for home health with the patient and physician as indicated." The agency failed to have documented evidence of discussions with possible options or alternatives for Patient #13 as indicated in the above policy.</p> <p>Agency policy titled Environmental Safety- Patient #6-006.1 stated that a home safety assessment including pest infestation will be conducted by the clinician at the time of admission with prevention tips and recommendations on identified environmental safety risks. The policy failed to address ongoing monitoring and/or measures to follow upon the identification of environmental concerns. An environmental safety assessment was documented 04/07/2022, at the time of admission.</p>	H 227	<p><b><u>Continued From page 8</u></b></p> <p>In-service will be provided to all current clinicians and RN supervisors and future hires on patient's on Prior notice prior to patient's discharge and on ongoing monitoring and/or measures to follow upon the identification of environmental concerns.</p> <p>And, Should a decision be that no visit will be made for safety concern, the Clinical Supervisor will contact the patient's physician and discuss options/alternatives for home health with the patient and physician as indicated. Additionally, the agency will notify appropriate government agencies to ensure patient safety and continuity of care.</p> <p>The Agency's chart audit tool was updated to reflect the cited deficiency items and will be utilized for all discharged/transfer patient's chart audits to ensure compliance on ongoing basis.</p> <p>Quality Assurance Nurse will utilize the updated patient file/chart audit checklist to audit all discharged/transferred charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p>	04/10/23

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H 227	<p>Continued From page 9</p> <p>The agency's Discharge Policy #2-042.1, "...assistance will be given to patient and family for patients requiring continuing care in order to manage continuing care needs after the services are discontinued." There was no documented evidence of attempts to assist Patient #13 or her caregiver (mother) prior to or after services were discontinued.</p> <p>Interview with Patient #13's mother on 03/02/2023 at 03:34 PM, revealed that the agency stopped the provision of personal care services on 02/22/2023. She indicated having received a call from the agency on 02/22/2023 around 11:00 AM. The agency asked that the day shift home health aide (7:00 AM to 3:00 PM) be sent home because it was not safe. She added that the agency immediately pulled the day shift aide and did not give her enough notice to prepare. The client's mother expressed dissatisfaction with the agency's lack of notice before stopping the services.</p> <p>The provision of 24/7 personal care services was abruptly discontinued by the agency. The agency failed to provide sufficient notice of the intent to discontinue personal care services consistent with agency policy and regulatory requirements. Additionally, the agency failed to offer options or alternatives for continued care and failed to notify appropriate government agencies to ensure patient safety and continuity of care.</p> <p>On 03/03/2023 at 03:47 PM, the director of nursing and administrator were made aware of the findings.</p> <p>At the time of survey, the home care agency neglected to provide personal care services in accordance with the plan of care and failed to</p>	H 227	<p><b><u>Continued From page 9</u></b></p> <p>The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance.</p> <p>The Quality Assurance Nurse will provide audit report on all audited discharged/transfer File to the QA committee on a quarterly basis to monitor ongoing compliance.</p> <p>Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.</p>	04/10/23
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H 227	Continued From page 10  have documented evidence that Patient #13 and/or responsible party was given written notice at least seven days prior to discharge/discontinuance of care.	H 227		04/10/23
H 260	<p><b>3911.1 CLINICAL RECORDS</b></p> <p>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p> <p>This ELEMENT is not met as evidenced by: Based on interview and record review, the home care agency (HCA) failed to ensure each patient's record was complete and accurately maintained in accordance with this section and accepted professional standards and practices, for eight of 13 active patients in the sample (Patients #3, 4, 8, 9, 10, 11, 12, and #13).</p> <p>Finding included:</p> <p>1. On 02/28/2023 at 09:30 AM, review of Patient #3's plans of care (POCs) showed duration periods of 12/07/2022 through 02/04/2023 and 02/10/2023 through 04/10/2023 with a start of care (SOC) date of 12/07/2022. The POCs revealed that the patient had diagnoses that included Tracheostomy status, other diseases of the larynx, respiratory failure, dysphagia, human immunodeficiency virus [HIV], asthma, hypothyroidism, and gastrostomy. Continued review of the POCs showed an order for respiratory therapy once a month but failed to include the description of services or goals relative to the therapy. Interview with the Director</p>	H 260	<p><b><u>3911.1 CLINICAL RECORDS</u></b></p> <p>Based on interview and record review, the home care agency (HCA) failed to ensure each patient's record was complete and accurately maintained in accordance with this section and accepted professional standards and practices, for eight of 13 active patients in the sample (Patients #3, 4, 8, 9, 10, 11, 12, and #13).</p> <p>1) Review of Patient #3's plans of care (POCs) showed duration periods of 12/07/2022 through 02/04/2023 and 02/10/2023 through 04/10/2023 with a start of care (SOC) date of 12/07/2022. The POCs revealed that the patient had diagnoses that included Tracheostomy status, other diseases of the larynx, respiratory failure, dysphagia, human immunodeficiency virus [HIV], asthma, hypothyroidism, and gastrostomy. Interview with the Director of Nursing (DON) on 02/28/2023 at 10:18 AM revealed, that the patient had a tracheostomy that was removed prior to being discharged to the home. Also, he added that the respiratory therapy order was a mistake, and the plan of care should have been amended.</p> <p>2) On 03/02/2023 at 10:00 AM, the surveyor conducted a home visit for Patient #4. Review of the patient's home record book showed an expired POC with duration dates of 08/03/2022 through 10/01/2022.</p>	

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H 260	<p>Continued From page 11</p> <p>of Nursing (DON) on 02/28/2023 at 10:18 AM revealed, that the patient had a tracheostomy that was removed prior to being discharged to the home. Also, he added that the respiratory therapy order was a mistake, and the plan of care should have been amended.</p> <p>2. On 03/02/2023 at 10:00 AM, the surveyor conducted a home visit for Patient #4. Review of the patient ' s home record book showed an expired POC with duration dates of 08/03/2022 through 10/01/2022. Both duration dates included a SOC of 06/09/2021. The patient ' s diagnosis included Chronic Respiratory failure, ventilator dependent via Tracheostomy dependency and Gastrostomy tube, (G-tube), Congestive Heart Failure and Hypertension.</p> <p>A face-to-face interview was conducted at that time with the licensed practical nurse (LPN), stated that she would obtain the current POC to ensure that the orders were current and accurate.</p> <p>3. On 03/02/2023 at 11:00 AM, the surveyor conducted a home visit for Patient #8. Review of the patient ' s home record book showed an expired POC with a duration dates of 05/25/2022 through 07/23/2022, with a SOC of 08/19/2019. The patient ' s diagnoses included Respiratory failure, ventilator dependent via Tracheostomy, Diffuse traumatic brain injury and Gastronomy [G-Tube feed dependent.</p> <p>A face-to-face interview was conducted at that time with the LPN, stating that he would get the current POC to ensure that the orders were current and accurate. At the time of the interview, the LPN acknowledged the findings.</p> <p>4. On 02/28/2023 at 2:45 PM, review of Patient</p>	H 260	<p><b>Continued From page 11</b></p> <p>3. On 03/02/2023 at 11:00 AM, the surveyor conducted a home visit for Patient #8. Review of the patient ' s home record book showed an expired POC with a duration dates of 05/25/2022 through 07/23/2022, with a SOC of 08/19/2019</p> <p>4) #9 ' s clinical record showed a plan of care (POC) with a duration date of 01/01/2022 through 12/31/2022 and physician orders for "Skilled Nursing (SN) to visit at a minimal every 60 days for aide supervisory visit. Included in the order is instructions to perform fingerstick for fasting blood sugar. Further review of the clinical record showed identical documentation listed in "Todays Notes," for skilled nursing (SN) visits dated 07/13/2022, 08/04/2022, and 09/13/2022. The SN clinical findings documentation is identical, word for word, for all three months</p> <p>5) 5. On 02/28/2023 at 01:55 PM, review of patient #10's clinical record showed a plan of care (POC) with a duration period from 01/07/2023 through 03/07/2023 with a start of care (SOC) date of 07/11/2022. The POC included an order stating the following: "Clinician to discontinue wound care and wound care supplies when wound is healed." Further review of the clinical records lacked evidence that the patient had an existing wound, nor did it have wound care orders included in the plan of care. Interview with the DON on 02/28/2023 at 03:03PM revealed that the wound care was being done by another agency,</p> <p>6) 6. On 03/01/2023 at 03:51 PM, review of Patient #11's clinical record showed a POC with a duration period of 01/01/2023 through 12/31/2023 with a start of care date of 11/23/2021. The agency failed to update the POC and include the instructions for the personal care aide services.</p> <p>7) review of Patient #12's clinical record showed</p>	

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H 260	<p>Continued From page 12</p> <p>#9 ' s clinical record showed a plan of care (POC) with a duration date of 01/01/2022 through 12/31/2022 and physician orders for "Skilled Nursing (SN) to visit at a minimal every 60 days for aide supervisory visit. Included in the order is instructions to perform fingerstick for fasting blood sugar.</p> <p>Patient #9 ' s diagnosis to include bipolar disorder, and Type 2 Diabetes Mellitus.</p> <p>Further review of the clinical record showed identical documentation listed in "Todays Notes," for skilled nursing (SN) visits dated 07/13/2022, 08/04/2022, and 09/13/2022. The SN clinical findings documentation is identical, word for word, for all three months. A face-to-face interview was conducted with the DON, at the time of the clinical record review, who acknowledged the finding.</p> <p>5. On 02/28/2023 at 01:55 PM, review of patient #10's clinical record showed a plan of care (POC) with a duration period from 01/07/2023 through 03/07/2023 with a start of care (SOC) date of 07/11/2022. The POC revealed that the patient had diagnoses that included quadriplegia, tracheostomy status, stage 4 sacral pressure ulcer, low back pain, gastrostomy status, colostomy status, constipation, non-pressure ulcer right foot, and absence of left leg below knee. The POC included an order stating the following: "Clinician to discontinue wound care and wound care supplies when wound is healed." Further review of the clinical records lacked evidence that the patient had an existing wound, nor did it have wound care orders included in the plan of care. Interview with the DON on 02/28/2023 at 03:03PM revealed that the wound care was being done by another agency, and they</p>	H 260	<p><b><u>Continued From page 12</u></b></p> <p>The POC showed a physician's order for skilled nursing services, skilled nursing visits 24 hours seven days a week for gastrostomy feeding, medication administration, tracheostomy care, monthly nursing supervisory visits and monthly respiratory therapy visits. Continued review of the POCs failed to include the description of services or goals relative to the respiratory therapy. Interview with the Care coordinator on 03/02/2023 at 11:18 AM revealed the respiratory therapy order was a mistake, and the POC will be amended.</p> <p>8) Patient #13's clinical record showed POCs with a the POC had orders for "gastrostomy tube flushes 3ml after medication administration and to change the gastrostomy tube every two to three months and as needed is the tube is dislodged or unable to use."</p> <p>However, the skilled nursing services were discontinued in June 2022. She added that the "nurse ' s assessment pulled to the plan of care and should not have happened." The agency failed to update the POC to reflect the current needs of Patient #13.</p>	

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H 260	<p>Continued From page 13</p> <p>should not have included that on the plan of care.</p> <p>6. On 03/01/2023 at 03:51 PM, review of Patient #11's clinical record showed a POC with a duration period of 01/01/2023 through 12/31/2023 with a start of care date of 11/23/2021. The patient had diagnoses that included gout and dependence on respirator [ventilator] status. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits and personal care aide (PCA) services 24 hours a day seven days a week. However, the POC had orders for gastrostomy tube feeding every 12 hours with Jevity 1.5 cal (237ml) at 45ml/hour. The agency failed to update the POC and include the instructions for the personal care aide services.</p> <p>7. On 3/2/23 at 10:28 AM, review of Patient #12's clinical record showed the patient had diagnoses that included Hemiplegia, chronic obstructive pulmonary disease, muscle weakness, absence of right leg above knee, chronic respiratory failure, dysphagia, hypertension, presence of xenogeneic heart valve, and atrial fibrillation. The POC showed a physician's order for skilled nursing services, skilled nursing visits 24 hours seven days a week for gastrostomy feeding, medication administration, tracheostomy care, monthly nursing supervisory visits and monthly respiratory therapy visits. Continued review of the POCs failed to include the description of services or goals relative to the respiratory therapy. Interview with the Care coordinator on 03/02/2023 at 11:18 AM revealed the respiratory therapy order was a mistake, and the POC will be amended.</p> <p>8. On 02/24/2023 at 02:52 PM, review of Patient #13's clinical record showed POCs with a</p>	H 260	<p><u>Continued From page 13</u></p> <p><b>Corrective Action Plan 04/10/2022</b></p> <p>HCA's policy on Clinical records Reviewed and update to include: Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p> <p>In-service will be provided to all current clinicians and RN supervisors and future hires on patient's on establish and maintain an updated, complete, accurate, and permanent clinical record of the services provided to each patient in accordance with the established plan of care and accepted professional standards and practices.</p> <p>The Agency's chart audit tool was updated to reflect the cited deficiency items and will be utilized for all existing and future new patient's chart audits to ensure compliance on ongoing basis.</p> <p>Quality Assurance Nurse will utilize the updated patient file/chart audit checklist to audit all existing and future new patient's chart charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p>	

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H 260	<p>Continued From page 14</p> <p>duration period of 04/07/2022 through 08/31/2022 with a start of care date of 04/07/2022. POCs included a physician's order for skilled nursing visits, one visit every 60 days for personal care aide (PCA), supervisory visits and personal care aide (PCA) services for 24 hours, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). The patient's diagnoses included Multiple sclerosis, quadriplegia, chronic respiratory failure, epilepsy, dysphagia, acid reflux, (g-tube) gastrostomy, history of sepsis, neuromuscular dysfunction of bladder, Metabolic Encephalopathy, stage 4 pressure ulcer, and stage 2 pressure ulcer. However, the POC had orders for "gastrostomy tube flushes 3ml after medication administration and to change the gastrostomy tube every two to three months and as needed is the tube is dislodged or unable to use."</p> <p>On 02/27/2023 at 11:46 AM, the Vice President of Operations was informed of the findings. She stated that the skilled nursing services were discontinued in June 2022. She added that the "nurse ' s assessment pulled to the plan of care and should not have happened." The agency failed to update the POC to reflect the current needs of Patient #13.</p> <p>On 03/03/2023 at 03:47 PM, the Director of Nursing and Administrator were made aware of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure each patient's record was complete and accurately maintained for Patients #3, 4, 8, 9, 10, 11, 12, and #13.</p>	H 260	<p><b><u>Random Sample.</u></b></p> <p>The monthly sampling size is based on average daily census of patients on service 10% of current active census will be taken for sampling purpose.</p> <p>The charts will be randomly selected by running a list of patients, then selecting every 3rd chart till the 10% records are identified. This will be monitored monthly for block of three consecutive months and thereafter Quarterly to ensure continued compliance.</p> <p>The denominator equals the total number of charts reviewed. The numerator equals the number of charts with documented evidence of care and services provided consistent with the agency/patient agreement and with the patient's physician ordered &amp; signed plan of care. (compliant) and maintaining an updated, complete, accurate, and permanent clinical record of the services provided to each patient in accordance with the established plan of care and accepted professional standards and practices.</p> <p>The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance.</p> <p>The Quality Assurance Nurse will provide audit report on all audited discharged/transfer File to the QA committee on a quarterly basis to monitor ongoing compliance.</p> <p>Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.</p>	
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H 300  H 300	<p>Continued From page 15</p> <p>3912.2(d) PATIENT RIGHTS &amp; RESPONSIBILITIES</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) for three (3) of 13 sampled Patients #7, 13, and #17.</p> <p>Findings included:</p> <p>1. On 02/24/2023 at 02:52 PM, review of Patient #13's clinical record showed that the agency abruptly stopped providing 24/7 hours of personal care services daily on 02/22/2023.</p> <p>Patient #13's plan of care (POC) included duration periods of 04/07/2022 through 08/31/2022 and 09/01/2022 through 08/31/2023. The POC included physician's orders for skilled nursing visits, one visit every 60 days for personal care aide (PCA), supervisory visits and personal care aide (PCA) services 24 hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). The patient's diagnoses included Multiple sclerosis, quadriplegia, chronic respiratory failure, epilepsy, dysphagia, acid reflux, (g-tube) gastrostomy, history of sepsis, neuromuscular dysfunction of bladder, Metabolic</p>	H 300  H 300	<p><u>Continued From page 15</u> <u>3912.2(d) PATIENT RIGHTS &amp; RESPONSIBILITIES</u></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) for three (3) of 13 sampled Patients #7, 13, and #17.</p> <p>1. review of Patient #13's clinical record showed that the agency abruptly stopped providing 24/7 hours of personal care services daily on 02/22/2023.</p> <p>The provision of personal care services was abruptly discontinued by the agency. The agency failed to offer options or alternatives for continued care and failed to notify appropriate government agencies to ensure patient safety and continuity of care for Patient #13 prior to discontinuing services.</p> <p>Review of the "agency protocol" i.e., Personnel Safety - Unsafe Home Visits #6-012.1 indicated the following: "Guidelines for addressing unsafe home visits: Should the decision be that no visit will be made, the Clinical Supervisor will contact the patient's physician and discuss options/alternatives for home health with the patient and physician as indicated." The agency failed to have documented evidence of discussions with possible options or alternatives for continued services for Patient #13 as indicated in the above policy.</p> <p>Agency policy #6-006.1 titled Environmental Safety stated that a home safety assessment including pest infestation will be conducted by the clinician at the time of admission with prevention tips and recommendations on identified environmental safety risks. The policy failed to address ongoing monitoring and/or measures to follow upon the subsequent identification of environmental concerns.</p>	



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H 300	<p>Continued From page 16</p> <p>Encephalopathy, stage 4 pressure ulcer, and stage 2 pressure ulcer.</p> <p>Interview with the RN Care Coordinator on 02/24/2023 at 04:27 PM, revealed that Patient #13's personal care services were "put on hold" per the agency's protocol secondary to an alleged pest infestation in the patient's home environment. Further interview revealed that the RN was contacted on 02/22/2023 from an outside agency who reported that Patient #13's apartment had "bedbug infestation". It should be noted that the outside agency was providing skilled nursing services for Patient #13. Consequently, the agency made the decision to "hold" personal care services effective immediately (02/22/2023), until "successful extermination of the residence." Also, the records showed a signed order dated 02/22/2023 that read ..."Hold [personal care] services effective 02/22/2023 until successful extermination of the residence."</p> <p>Review of the "agency protocol" i.e., Personnel Safety - Unsafe Home Visits #6-012.1 indicated the following: "Guidelines for addressing unsafe home visits: Should the decision be that no visit will be made, the Clinical Supervisor will contact the patient's physician and discuss options/alternatives for home health with the patient and physician as indicated." The agency failed to have documented evidence of discussions with possible options or alternatives for continued services for Patient #13 as indicated in the above policy.</p> <p>Agency policy #6-006.1 titled Environmental Safety stated that a home safety assessment including pest infestation will be conducted by the clinician at the time of admission with prevention tips and recommendations on identified</p>	H 300	<p><b><u>Continued From page 16</u></b></p> <p>Continued review of Patient #7's clinical record showed that the home care agency failed to provide the ordered 16 hours a day of PCA services on 11/5/2022, 11/07/2022, 11/11/2022, 11/19/2022, 11/20/2022, 11/26/2022, 11/27/2022, 11/28/2022, 12/22/2022 through 12/27/2022, 1/05/2023 through 01/08/2023, and 01/28/2023.</p> <p>Patient #7 received eight hours or less of services, when 16 hours daily was directed, and there was no evidence that the physician was notified.</p> <p>The home care agency failed to ensure that home health aide services were provided in accordance with plans of care for Patients #7, 13, and #17.</p> <p><b><u>Plan of Correction</u></b></p> <p>Reviewed and updated HCA's policy on patients Right to receive care and services consistent with the agency/patient agreement and with the patient's physician ordered and signed plan of care.</p> <p>HCA's "agency protocol" i.e., Personnel Safety - Unsafe Home Visits #6-012.1 was Reviewed and updated.</p> <p>Agency policy #6-006.1 titled Environmental Safety Also reviewed and updated to include: An ongoing monitoring and/or measures to follow upon the subsequent identification of environmental concerns.</p>	04/10/23

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H 300	<p>Continued From page 17</p> <p>environmental safety risks. The policy failed to address ongoing monitoring and/or measures to follow upon the subsequent identification of environmental concerns. An environmental safety assessment was documented 04/07/2022, at the time of admission.</p> <p>Interview with Patient #13's mother on 03/02/2023 at 03:34 PM, revealed that the agency stopped the provision of personal care services on 02/22/2023. She indicated having received a call from the agency on 02/22/2023 around 11:00 AM. The agency asked that the day shift home health aide (7:00 AM to 3:00 PM) be sent home because it was not safe. She added that the agency immediately pulled the day shift aide and did not give her enough notice to prepare. The client's mother expressed dissatisfaction with the agency's lack of notice before stopping the services.</p> <p>The provision of personal care services was abruptly discontinued by the agency. The agency failed to offer options or alternatives for continued care and failed to notify appropriate government agencies to ensure patient safety and continuity of care for Patient #13 prior to discontinuing services.</p> <p>On 03/03/2023 at 03:47 PM, the director of nursing and administrator were made aware of the findings.</p> <p>At the time of survey, the home care agency neglected to provide personal care services in accordance with the plan of care and failed to implement measures to ensure continuity of care and patient safety.</p> <p>Cross referenced to 3909.2</p>	H 300	<p><b>Continued From page 17</b></p> <p>All missed visits dates were identified and completed and a late entry missed visit note were entered and sent to patient's respective physician for notification as it represented a deviation from the initial signed POC.</p> <p>In-service will be provided to all current staffing/scheduling coordinators and RN supervisors and future hires on:</p> <ol style="list-style-type: none"> <li>1. patient's Right to receive care and services consistent with the agency/patient agreement and with the patient's physician ordered and signed plan of care.</li> <li>2. "Guidelines for addressing unsafe home visits: Should the decision be that no visit will be made, the Clinical Supervisor will contact the patient's physician and discuss options/alternatives for home health with the patient and physician</li> </ol> <p>The Agency's chart audit tool was updated to reflect the item (If all visits/services are/were rendered as per the POC &amp; if missed visits notes were completed and Physician notified) and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p>	

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H 300	<p>Continued From page 18</p> <p>2. On 03/01/2023 at 12:02 PM, review of Patient #7's clinical record showed a plan of care (POC) with a duration period of 09/12/2022 through 02/28/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an order for personal care aide (PCA) services 16 hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). The patient's diagnoses included chronic obstructive pulmonary disease, hypertension, type II diabetes mellitus, long term use of insulin, dependence on oxygen, and muscle weakness. Continued review of Patient #7's clinical record showed that the home care agency failed to provide the ordered 16 hours a day of PCA services on 11/5/2022, 11/07/2022, 11/11/2022, 11/19/2022, 11/20/2022, 11/26/2022, 11/27/2022, 11/28/2022, 12/22/2022 through 12/27/2022, 1/05/2023 through 01/08/2023, and 01/28/2023.</p> <p>Patient #7 received eight hours or less of services, when 16 hours daily was directed, and there was no evidence that the physician was notified.</p> <p>3. On 03/03/2023 at 10:47 AM, review of Patient #17's discharged record showed a plan of care (POC) with a duration period from 12/23/2022 through 02/18/2023 with a start of care date of 12/23/2022. The plan of care (POC) included physician's orders for two skilled nursing visits for well-baby assessments and caregiver education on energy conservation and irritants/allergens known to increase shortness of breath. The patient had a diagnosis of respiratory distress. Continued review of Patient #17's clinical record</p>	H 300	<p><b><u>Continued From page 18</u></b></p> <p>Quality Assurance Nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p><b><u>Random Sample.</u></b></p> <p>The monthly sampling size is based on average daily census of patients on service 10% of current active census will be taken for sampling purpose.</p> <p>The charts will be randomly selected by running a list of patients, then selecting every 3rd chart till the 10% records are identified. This will be monitored monthly for block of three consecutive months and thereafter Quarterly to ensure continued compliance. The denominator equals the total number of charts reviewed. The numerator equals the number of charts with documented evidence of care and services provided consistent with the agency/patient agreement and with the patient's physician ordered &amp; signed plan of care. (compliant)</p>	

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H 300	<p>Continued From page 19</p> <p>showed that the registered nurse (RN) visited the four (4)-day-old newborn on 12/23/2022 and 01/05/2023 with respective documentation of vital signs [98.2, 60, 124/68, 19, 98%], [98.2, 60, 126/56, 20, 98%]. Of note, the documented vitals were not porportional to vital sign ranges of a newborn and would have been critical if they were accurate. The patient was discharged on 01/09/2023.</p> <p>Face to face interview with the registered nurse on 03/03/2023 at 11:44 AM revealed the following: "I must have used an adult blood pressure cuff or have mixed up the vitals with someone else's." He apologized and stated he will leave pediatric equipment in his car going forward."</p> <p>On 03/03/2023 at 12:57 PM, the Vice President of Pediatrics was interviewed and made aware of the findings. She acknowledged the finding and stated that the registered nurse was a trained pediatric nurse with five years of experience from a local pediatric hospital. Also, she added that she provided pediatric equipment to all her nurses and a pediatric vital signs reference chart. She counseled the nurse in conjunction with the director of nursing after the interview.</p> <p>On 03/03/2023 at 03:47 PM, the director of nursing and administrator were made aware of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that home health aide services were provided in accordance with plans of care for Patients #7, 13, and #17.</p>	H 300	<p><b><u>Continued From page 19</u></b></p> <p>The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance. Staffing/ scheduling coordinators &amp; RN supervisors will also be actively involved in self-auditing of care provided on their assigned beneficiaries.</p> <p>The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance .Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.</p>	

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H 350 H 350	<p>Continued From page 20</p> <p>3914.1 PATIENT PLAN OF CARE</p> <p>Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to develop a written plan of care (POC) for three of 13 active patients in the sample (Patients #4, 7, and #8).</p> <p>Findings included:</p> <p>1.On 03/02/2023 at 10:00 AM, the surveyor conducted a home visit for Patient #4. Review of the patient's home record book showed an expired plan of care (POC) with duration dates of 08/03/2022 through 10/01/2022 with a start of care (SOC) of 06/09/2021. Patient diagnosis included Chronic Respiratory failure, ventilator dependent via Tracheostomy dependency and Gastrostomy tube, (G-tube), Congestive Heart Failure and Hypertension. A face-to-face interview was conducted at that time with the (licensed practical nurse (LPN) who stated that she would obtain the current POC to ensure that the orders are current and accurate. At the time of the interview, the LPN acknowledged the findings.</p> <p>2.On 03/01/2023 at 12:02 PM, review of Patient #7's record showed a plan of care (POC) with a duration period beginning on 09/12/2022 through 02/28/2023. The POC contained a physician's order for skilled nursing services one time every 60 days for personal care aide (PCA) supervision and health related issues; and personal care aide</p>	H 350 H 350	<p><b><u>Continued From page 20</u></b></p> <p><b>3914.1 PATIENT PLAN OF CARE</b></p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to develop a written plan of care (POC) for three of 13 active patients in the sample (Patients #4, 7, and #8).</p> <p><b><u>Corrective Action plan</u></b></p> <p>Reviewed and updated HCA's policy on patients Plan of care.</p> <p>The Plan of Care for Patient #4,#7,#8 were all completed, and signed by patients physician and a copy of the POC were sent to respective patient's home.</p> <p>In-service will be provided to all current staffing/scheduling coordinators and RN supervisors and future hires on patient's POC that Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient. and an updated copy should be at the Patients home Chart.</p> <p>The Agency's chart audit tool was updated to reflect the deficiency item and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p>	04/10/23

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H 350	<p>Continued From page 21</p> <p>(PCA) services 16 hours a day, seven days a week to assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Further review of the clinical records lacked evidence of a current POC. The provided POC expired on 02/28/2023.</p> <p>Interview with the Registered Nurse Care Coordinator on 03/01/2023 at 03:12 PM revealed that the nurse visited the patient on 02/22/2023 for a recertification visit. However, she indicated that the nurse was still working on the documentation. She acknowledged the lack of a current plan of care while the agency was providing personal care services.</p> <p>3. On 03/02/2023 at 11:00 AM, the surveyor conducted a home visit for Patient #8. Review of the patient's home record book showed an expired POC with a duration date of 05/25/2022 through 07/23/2022 with a SOC of 08/19/2019. The patient diagnoses included Respiratory failure, ventilator dependent via Tracheostomy, Diffuse traumatic brain injury and Gastronomy [G-Tube feed dependent]. A face-to-face interview was conducted at that time with the LPN, stating that he would get the current POC to ensure that the orders are current and accurate. At the time of the interview, the LPN acknowledged the findings.</p> <p>At the time of the survey, the agency failed to develop a current written plan of care for Patients #4, 7, and #8.</p>	H 350	<p><b>Continued From page 21</b></p> <p>Quality Assurance Nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p>The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance. Staffing/ scheduling coordinators &amp; RN supervisors will also be actively involved in self-auditing of availability of an updated Plan of care is at patients home chart provided on their assigned beneficiaries.</p> <p>The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance.</p> <p>Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.</p>	
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</p>	H 366		

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H 366	<p>Continued From page 22</p> <p>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 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 within 30 days of the start of care (SOC) for two of 13 active patients in the sample (Patients #5 and #6).</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 03/02/2023 at 1:54 PM, review of Patient #5's clinical record showed a plan of care (POC) with a duration period of 10/17/2022 through 09/30/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an order for personal care services eight hours per 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 12/02/2022, greater than 30 days.</li> <li>On 03/01/2023 at 10:57 AM, review of Patient #6's clinical record showed a POC with a duration period of 08/01/2022 through 07/31/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an</li> </ol>	H 366	<p><b>Continued From page 22</b></p> <p><b>3914.4 PATIENT PLAN OF CARE</b> 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 within 30 days of the start of care (SOC) for two of 13 active patients in the sample (Patients #5 and #6).</p> <p><b>Corrective Action Plan</b></p> <p>HCA `s policy reviewed and updated Pertaining the POC. 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 shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</p> <p>In-service will be provided to all current Clinicals, HCA admin staff, and RN supervisors and future hires on patient`s plan of care (POC) was approved and signed by a physician within 30 days of the start of care</p> <p>The Agency's chart audit tool was updated to reflect (If was approved and signed by a physician within 30 days of the start of care (SOC)) and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p>	04/10/23
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H 366	Continued From page 23  order for personal care services eight hours per 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 provided record showed that the POC was not signed by the patient's physician at the time of survey, greater than 30 days.  On 03/03/2023 at 03:47 PM, the Director of Nursing and Administrator were made aware of the findings.  At the time of survey, the home care agency failed to ensure that plans of care were signed by physicians within 30 days of the start of care.	H 366	<b>Continued From page 23</b>  Quality Assurance Nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success >90%  The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance. Staffing/scheduling coordinators & RN supervisors will also be actively involved in self-auditing of availability of an updated Plan of care is at patients home chart provided on their assigned beneficiaries.	
H 433	<b>3916.2(c) SKILLED SERVICES GENERALLY</b>  Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies shall include, at a minimum, the following:  (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...  This Statute is not met as evidenced by:  Based on record review and interview it was determined that the agency failed to document coordination of services between two home care agencies providing care for four of 13 active patients sampled. (Patients #1, 10, 12, and #13).  Findings included:	H 433	The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance.  Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.  <b>3916.2(c) SKILLED SERVICES GENERALLY</b>  Based on record review and interview it was determined that the agency failed to document coordination of services between two home care agencies providing care for four of 13 active patients sampled. (Patients #1, 10, 12, and #13).	04/10/23



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H 433	<p>Continued From page 24</p> <p>1. Patient #1's plan of care (POC) showed a duration of 11/21/2022 through 01/19/2023. The patient's diagnoses included respiratory failure, ventilator dependent via tracheostomy, diffuse traumatic brain injury, and gastrostomy tube.</p> <p>A face-to-face interview was conducted with the patient's mother and the licensed practical nurse (LPN) on 03/02/2023 at 11:00 AM during a home visit. Both reported that the patient has been going to outpatient physical therapy (PT) "for some time now, and they do a good job." The surveyor queried the LPN regarding the primary physician's order for physical therapy and the LPN was not sure. The home health aide (HHA) on duty stated he accompanies the patient on weekly visits to physical therapy sessions, and that the patient's bed mobility has improved and has avoided becoming contractured.</p> <p>No documentation was identified in the clinical record regarding physical therapy. A face -to-face interview with the director of nursing (DON) on 03/03/2023 at 11:00 AM, confirmed the agency's inability to offer physical therapy and that patients do contract with other agencies for services. The director of nursing acknowledged the need for coordination of services with the physician and the agency, to ensure safe and accurate patient care.</p> <p>2. On 02/28/2023 at 01:55 PM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 01/07/2023 through 03/07/2023. The POC included physician orders for skilled nursing visits 24 hours daily, seven days a week for gastrostomy feeding, medication administration, and tracheostomy care, and monthly supervisory visits. The POC included an order for stating the following: "Clinician to</p>	H 433	<p><b><u>Continued From page 24</u></b></p> <p><b><u>Corrective Action Plan</u></b></p> <p>HCA`s Clinical Manager along with RN supervisor have made calls to the involved care providers of Patients #1, 10, 12, and #13 for coordination of services between two home care agencies providing care and entered documentation as a late entry into each patients file. Each Respective physician notified about the care coordination</p> <p>In-service will be provided to all current Clinicals, and RN supervisors and future hires on 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;</p> <p>The Agency's chart audit tool was updated to reflect (documented evidence of Care Coordination) and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p>	04/10/23
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H 433	<p>Continued From page 25</p> <p>discontinue wound care and wound care supplies when wound is healed." Further review of the clinical record lacked evidence that the patient had a wound, nor did it include wound care orders in the POC.</p> <p>Interview with the DON on 02/28/2023 at 03:03 PM revealed that the wound care was being performed by another agency, and they should not have included that on the plan of care. He acknowledged the lack of care coordination between the two agencies and stated that some agencies were not cooperative concerning care coordination because of Health Insurance Portability and Accountability Act (HIPAA).</p> <p>3. On 3/2/23 at 10:28 AM, review of Patient #12's clinical record showed the patient's diagnoses included Hemiplegia, chronic obstructive pulmonary disease, muscle weakness, above knee amputation, chronic respiratory failure, dysphagia, hypertension, presence of xenogeneic heart valve, and atrial fibrillation. The POC showed physician orders for skilled nursing services 24 hours daily, seven days a week for gastrostomy feeding, medication administration, tracheostomy care, monthly nursing supervisory visits and monthly respiratory therapy visits. Continued review of the patient's clinical record showed a physician's order dated 01/18/2023 for a Speech Therapy Evaluation but lacked evidence that it was carried out. The care coordinator was made aware of the findings and asked to give insight regarding the status of the speech therapy evaluation.</p> <p>On 03/09/2023 (post survey exit), a follow-up email was received from the care coordinator indicating that the patient underwent a speech therapy evaluation by another agency on</p>	H 433	<p><b><u>Continued From page 25</u></b></p> <p>Quality Assurance Nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p>The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance. Clinicians and RN supervisors will also be actively involved in ensuring continued compliance with care coordination.</p> <p>The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance. Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.</p>	04/10/23
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H 433	<p>Continued From page 26</p> <p>02/06/2023, but was not reflected in the clinical record. Agency staff acknowledged that Patient #12's clinical record lacked evidence of care coordination with the outside Speech provider.</p> <p>4. On 02/24/2023 at 02:52 PM, review of Patient #13's clinical record showed a plan of care (POC) with a duration period from 09/01/2022 through 08/31/2023. The POC included a physician's order for skilled nursing visits, one visit every 60 days for personal care aide (PCA) supervision and personal care services 24 hours daily, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). The POC included orders for gastrostomy care and feeding, medication administration, and respiratory care. In addition, the POC included that the patient had diagnoses of stage IV and stage II pressure ulcers.</p> <p>Interview with the RN Care Coordinator and the Vice President of Operations on 02/25/2023 at 03:03 PM revealed that the agency was providing skilled services at the start of care (04/07/2022), and subsequently discontinued skilled services to provide on personal care services to Patient #13. They added that Patient #13 had another agency that provided the skilled services. Nevertheless, there was no documented evidence of care coordination between the two agencies from July 2022 to January 2023.</p> <p>The agency's policy #2-035.1 on Care Coordination indicated that the registered nurse would (RN) act as a liaison with other agencies or individuals providing care to the patient to ensure effective coordination of related services.</p> <p>On 02/28/2023 at 03:11 PM, the Director of Nursing acknowledged the findings.</p>	H 433	<u>Continued From page 26</u>	

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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 services were provided in accordance with the patient's plan of care (POC) for eight of thirteen active patients sampled (Patients #1, 3, 6, 8, 9, 10, 12, and #13).</p> <p>Findings included:</p> <p>1. On 02/27/2023 at 10:35 AM, review of Patient #1's clinical record showed a POC with a duration period of 12/20/2022 through 02/17/2023, and physician orders for "skilled nursing (SN) visits 24 hours seven days a week. "SN visits due to significant changes in the patient's medical condition to include but not limited to altered mental/respiratory/skin impairment, infection status, uncontrolled blood pressure, increase pain level, and safety/ER measures." Patient diagnoses included epilepsy, chronic respiratory failure, tracheostomy, and ventilator dependence. Further review of the clinical record showed</p>	H 453	<p><u>3917.2(c) SKILLED NURSING SERVICES</u></p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC) for eight of thirteen active patients sampled (Patients #1, 3, 6, 8, 9, 10, 12, and #13).</p> <p>1. On 02/27/2023 at 10:35 AM, review of Patient #1's clinical record showed a POC with a duration period of 12/20/2022 through 02/17/2023, and physician orders for "skilled nursing (SN) visits 24 hours seven days a week. Further review of the clinical record showed multiple missed visits by the skilled nurse from 01/06/2023 through 01/13/2023.</p> <p>2. On 02/28/2023 at 09:30 AM, review of Patient #3's plan of care (POCs) showed duration periods of 12/07/2022 through 02/04/2022 and 02/10/2023 through 04/10/2023 with a start of care (SOC) date of 12/07/2022. Further review of the patient's January 2023 medication administration record (MAR) showed that the Fluoxetine was administered daily through January 31, 2023, as evidenced by the signatures of the nurses on the Medication Administration Record. Interview with the director of nursing on 02/28/2023 at 03:46 PM, revealed a resumption order dated 01/23/2023 for Fluoxetine 20 mg oral daily. The medication was administered from 01/12/2023 through 01/22/2023 without a physician's order.</p>	04/10/23

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H 453	<p>Continued From page 28</p> <p>multiple missed visits by the skilled nurse from 01/06/2023 through 01/13/2023. A face-to-face interview was conducted with the Director of Nursing and the Director of Operations, who stated that during the holiday season it is very hard to find staff to cover required shifts, and that the patient's family mentions a person [sister of the patient] who assists with patient care when a caregiver from service [agency name] cannot find staff to cover shifts.</p> <p>2. On 02/28/2023 at 09:30 AM, review of Patient #3's plan of care (POCs) showed duration periods of 12/07/2022 through 02/04/2022 and 02/10/2023 through 04/10/2023 with a start of care (SOC) date of 12/07/2022. The POCs revealed that the patient's diagnoses included Tracheostomy status, other diseases of larynx, respiratory failure, dysphagia, asthma, hypothyroidism, and gastrostomy.</p> <p>Continued review of the patient's clinical record showed a physician's order for "Fluoxetine 20mg oral capsule oral daily with a discontinuation date of 01/11/2023." Further review of the patient's January 2023 medication administration record (MAR) showed that the Fluoxetine was administered daily through January 31, 2023, as evidenced by the signatures of the nurses on the Medication Administration Record. Interview with the director of nursing on 02/28/2023 at 03:46 PM, revealed a resumption order dated 01/23/2023 for Fluoxetine 20 mg oral daily. The medication was administered from 01/12/2023 through 01/22/2023 without a physician's order.</p> <p>Further review of the clinical record for Patient #3 showed that the POC required the skilled nurse to "check G-tube placement and residual prior to feedings. Continued review of the clinical records</p>	H 453	<p><u>Continued From page 28</u></p> <p>the clinical record for Patient #3 showed that the POC required the skilled nurse to "check G-tube placement and residual prior to feedings. Continued review of the clinical records showed that there was no tube feeding placement and or residual check documented by nurses on 12/15/2022 through 12/17/2022, 12/19/2022, 12/25/2022, 01/01/2023 through 01/06/2023, 01/08/2023, 01/19/2023, 01/24/2023, 01/31/2023, 02/01/2022, 02/03/2023, 02/05/2023 through 02/08/2023, 02/11/2023 through 02/15/2023.</p> <p>3. On 03/01/2023 at 10:57 AM, review of Patient #6's clinical record showed a POC with a duration period of 08/01/2022 through 07/31/2023. Continued review of the clinical record lacked evidence that the skilled nurse visited the patient as ordered between October 18, 2022 to January 15, 2023.</p> <p>4. Review of Patient #8's POC showed duration period of 11/21/22 through 01/19/2023. POC order for gastrostomy tube feeding of Osmolite 1.5/at 45 ml per hour, "Nurse to check residual before feeding ** if residual greater than 100 milliliters (ml), HOLD feeding. If residual more than 100ml for more than 2 hours call medical doctor (MD)."</p> <p>The clinical record lacked documented evidence that the skilled nurse performed residual checks on 11/23/2022 through 11/25/2022, 11/27/2022 and 11/28/2022.</p> <p>5. Review of Patient #9's clinical record showed a POC with a duration period of 01/01/2022 through 12/31/2022 and physician orders for "Skilled Nursing (SN) to visit the patient at a minimal of every 60 days for aide supervisory visit." Included in the orders ... "instructions to perform fingersticks for fasting blood sugar/random blood sugar during visit ...signs and symptoms hypo/hyperglycemia, glucometer use, instruct patient/caregiver on all aspects of diabetic management to include disease process</p>	

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H 453	<p>Continued From page 29</p> <p>showed that there was no tube feeding placement and or residual check documented by nurses on 12/15/2022 through 12/17/2022, 12/19/2022, 12/25/2022, 01/01/2023 through 01/06/2023, 01/08/2023, 01/19/2023, 01/24/2023, 01/31/2023, 02/01/2022, 02/03/2023, 02/05/2023 through 02/08/2023, 02/11/2023 through 02/15/2023.</p> <p>3. On 03/01/2023 at 10:57 AM, review of Patient #6's clinical record showed a POC with a duration period of 08/01/2022 through 07/31/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an order for personal care services eight hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of the clinical record lacked evidence that the skilled nurse visited the patient as ordered between October 18, 2022 to January 15, 2023.</p> <p>4. Review of Patient #8's POC showed duration period of 11/21/22 through 01/19/2023. The POC listed diagnoses to include respiratory failure, ventilator dependent via Tracheostomy, Diffuse traumatic brain injury. POC order for gastrostomy tube feeding of Osmolite 1.5/at 45 ml per hour, "Nurse to check residual before feeding ** if residual greater than 100 milliliters (ml), HOLD feeding. If residual more than 100ml for more than 2 hours call medical doctor (MD)."</p> <p>The clinical record lacked documented evidence that the skilled nurse performed residual checks on 11/23/2022 through 11/25/2022, 11/27/2022 and 11/28/2022. A face-to-face interview was conducted with the licensed practical nurse (LPN) at the time of the visit, who acknowledged the findings.</p>	H 453	<p><b>Continued From page 29</b></p> <p>. Further review of the clinical record lacked documentation for fingerstick fasting blood sugar and glucometer use instruction, during skilled nurse visits dated 07/13/2022, 08/04/2022, and 09/13/2022.</p> <p>6. On 02/28/2023 at 01:55 PM, review of Patient #10's clinical record showed a POC with a duration period of 01/07/2023 through 03/07/2023. The POC included a physician orders for skilled nursing visits 24 hours, seven days a week for gastrostomy feeding, medication administration, tracheostomy care, and monthly supervisory visits. Continued review of the clinical records showed that there was no gastrostomy care performed or documented on 12/22/2022, 12/23/2022, 12/24/2022, 12/26/2022, 12/27/2022, 12/28/2022, 01/01/2023, 01/02/2023, 01/04/2023, 01/06/2023, 01/07/2023, 01/08/2023, 01/27/2023, 01/29/2023, 02/01/2023 through 02/09/2023, 02/12/2023, 02/18/2023, and 02/19/2023.</p> <p>Further review of Patient #10's clinical record showed that the POC required the skilled nurse to assess and report vital signs to the physician outside the following parameters: Continued review of the clinical record showed nursing notes dated 12/02/2022, 12/21/2022, 12/22/2022, 12/26/2022, 12/27/2022, 01/28/2023 and 01/29/2023 with no documented evidence of the patient's blood pressure to determine if interventions were warranted.</p> <p>Furthermore, review of the clinical record lacked evidence that the supervisory registered nurse visited the patient as ordered during the months of December 2022 and February 2023.</p>	

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H 453	<p>Continued From page 30</p> <p>5. On 02/28/2023 at 2:45 PM, review of Patient #9's clinical record showed a POC with a duration period of 01/01/2022 through 12/31/2022 and physician orders for "Skilled Nursing (SN) to visit the patient at a minimal of every 60 days for aide supervisory visit." Included in the orders ... "instructions to perform fingersticks for fasting blood sugar/random blood sugar during visit ...signs and symptoms hypo/hyperglycemia, glucometer use, instruct patient/caregiver on all aspects of diabetic management to include disease process." Patient #9 ' s diagnosis included bipolar disorder and type II diabetes mellitus. Further review of the clinical record lacked documentation for fingerstick fasting blood sugar and glucometer use instruction, during skilled nurse visits dated 07/13/2022, 08/04/2022, and 09/13/2022. A face-to-face interview was conducted with the director of nursing (DON) at the time of the clinical record review, who acknowledged the finding.</p> <p>6. On 02/28/2023 at 01:55 PM, review of Patient #10's clinical record showed a POC with a duration period of 01/07/2023 through 03/07/2023. The POC included a physician orders for skilled nursing visits 24 hours, seven days a week for gastrostomy feeding, medication administration, tracheostomy care, and monthly supervisory visits.</p> <p>Continued review of the clinical records showed that the POC required the skilled nurse to do "gastrostomy care and clean the gastrostomy tube daily and as needed." Continued review of the clinical records showed that there was no gastrostomy care performed or documented on 12/22/2022, 12/23/2022, 12/24/2022, 12/26/2022, 12/27/2022, 12/28/2022, 01/01/2023, 01/02/2023,</p>	H 453	<p><b>Continued From page 30</b></p> <p>7) Review of Patient #12's clinical record showed a physician's order dated 01/18/2023 for Hydrogen Peroxide and Nystatin Powder: Mix hydrogen peroxide and nystatin powder, then apply to right palm (after washing hand with soap and water) daily as anti-fungal prophylaxis. Further review of the patient's January 2023 medication administration record (MAR) showed that the treatment was not administered on 01/25/2023, through 01/29/2023 as evidenced by the lack of signature documentation on the MAR scheduled at 10 AM.</p> <p>The patient's POC showed an order for Melatonin 5mg oral at bedtime and hold for sedation. Continued review of the January 2023 MAR showed that the medication was not administered on 01/23/2023, 01/24/2023, 01/25/2023, 01/30/2023, and 01/31/2023 as evidenced by the lack of signature documentation on the MAR. There was no documentation to reflect why the medication was not administered.</p> <p>Further review of the clinical record showed that the POC required the skilled nurse to assess and report vital signs to the physician outside the stated parameters</p> <p>Continued review of the clinical records showed nursing notes dated 01/26/2023, 02/04/2023, 02/11/2023, and 02/12/2023 with no documented evidence of the patient's blood pressure to determine if interventions were warranted.</p> <p>8. On 02/24/2023 at 02:52 PM, review of Patient #13's clinical record showed a POC with a duration period from 09/01/2022 through 08/31/2023. The POC included a physician's order for skilled nursing visits one visit every 60 days for PCA supervisory visits and PCA services 24 hours</p> <p>. However, the record lacked evidence that the nurse conducted a reassessment of patient #13 upon readmission from the hospital in September 2022.</p>	

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H 453	<p>Continued From page 31</p> <p>01/04/2023, 01/06/2023, 01/07/2023, 01/08/2023, 01/27/2023, 01/29/2023, 02/01/2023 through 02/09/2023, 02/12/2023, 02/18/2023, and 02/19/2023.</p> <p>Further review of Patient #10's clinical record showed that the POC required the skilled nurse to assess and report vital signs to the physician outside the following parameters: Temperature less than 96 or greater than 101 Fahrenheit, systolic blood pressure less than 90 or greater than 160, diastolic blood pressure less than 60 or greater than 90, pulse less than 50 or greater than 120, respiration less than 10 or greater than 26, and oxygen saturation less than 92%." Continued review of the clinical record showed nursing notes dated 12/02/2022, 12/21/2022, 12/22/2022, 12/26/2022, 12/27/2022, 01/28/2023 and 01/29/2023 with no documented evidence of the patient's blood pressure to determine if interventions were warranted.</p> <p>Furthermore, review of the clinical record lacked evidence that the supervisory registered nurse visited the patient as ordered during the months of December 2022 and February 2023.</p> <p>7. On 3/2/23 at 10:28 AM, review of Patient #12's clinical record showed the patient's diagnoses included Hemiplegia, chronic obstructive pulmonary disease, muscle weakness, above knee amputation, chronic respiratory failure, dysphagia, hypertension, presence of xenogeneic heart valve, and atrial fibrillation. The POC showed a physician's order for skilled nursing services, skilled nursing visits 24 hours seven days a week for gastrostomy feeding, medication administration, tracheostomy care, monthly nursing supervisory visits and monthly respiratory therapy visits.</p>	H 453	<p><b><u>Continued From page 31</u></b></p> <p><b><u>Corrective Action Plan</u></b></p> <p>HHA's policy on Skilled Nursing services reviewed and updated to reflect that skilled nursing services shall be provided in accordance with the POC, reviewed and updated.</p> <p>In-service will be provided to all current Clinicals, staffing and scheduling personnel, and RN supervisors and future hires on skilled nursing services shall be provided in accordance with the POC including the frequency of treatment/care, ordered medications, frequency of supervisory RN visits, Vital signs monitoring and reporting, Patient education and monitoring</p> <p>The Agency's chart audit tool was updated to reflect that skilled nursing services were provided in accordance with the patient's plan of care (POC) and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p>	04/10/23
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NAME OF PROVIDER OR SUPPLIER  <b>SPECIALITY HOME CARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6856 EASTERN AVENUE, NW SUITE 376 WASHINGTON, DC 20012</b>
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H 453	<p>Continued From page 32</p> <p>Review of Patient #12's clinical record showed a physician's order dated 01/18/2023 for Hydrogen Peroxide and Nystatin Powder: Mix hydrogen peroxide and nystatin powder, then apply to right palm (after washing hand with soap and water) daily as anti-fungal prophylaxis. Further review of the patient's January 2023 medication administration record (MAR) showed that the treatment was not administered on 01/25/2023, through 01/29/2023 as evidenced by the lack of signature documentation on the MAR scheduled at 10 AM.</p> <p>The patient's POC showed an order for Melatonin 5mg oral at bedtime and hold for sedation. Continued review of the January 2023 MAR showed that the medication was not administered on 01/23/2023, 01/24/2023, 01/25/2023, 01/30/2023, and 01/31/2023 as evidenced by the lack of signature documentation on the MAR. There was no documentation to reflect why the medication was not administered.</p> <p>Further review of the clinical record showed that the POC required the skilled nurse to assess and report vital signs to the physician outside the following parameters: Temperature less than 96 or greater than 101 Fahrenheit, systolic blood pressure less than 90 or greater than 160, diastolic blood pressure less than 60 or greater than 90, pulse less than 50 or greater than 120, respiration less than 10 or greater than 26, and oxygen saturation less than 92%." Continued review of the clinical records showed nursing notes dated 01/26/2023, 02/04/2023, 02/11/2023, and 02/12/2023 with no documented evidence of the patient's blood pressure to determine if interventions were warranted.</p>	H 453	<p><b><u>Continued From page 32</u></b></p> <p>Quality Assurance nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p><b>Random Sample.</b></p> <p>The monthly sampling size is based on average daily census of patients on service . 10% of current active census will be taken for sampling purpose.</p> <p>The charts will be randomly selected by running a list of patients, then selecting every 3rd chart till the 10% records are identified. This will be monitored monthly for block of three consecutive months and thereafter quarterly to ensure continued compliance. The denominator equals the total number of charts reviewed. The numerator equals the number of charts with documented evidence of Skilled Nursing services provided in accordance with the POC. (compliant)</p> <p>The clinical Manager/Director of Nursing will be responsible for implementing the plan of correction and ensuring continued compliance .Clinicians will also be actively involved in self-auditing their visit notes.</p> <p>The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance .Outcome persistently below the set goal will trigger referral to the Governing board for further recommendation and action</p>	04/10/23

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H 453	Continued From page 33  8. On 02/24/2023 at 02:52 PM, review of Patient #13's clinical record showed a POC with a duration period from 09/01/2022 through 08/31/2023. The POC included a physician's order for skilled nursing visits one visit every 60 days for PCA supervisory visits and PCA services 24 hours, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the clinical record showed that the patient was hospitalized from 08/29/2022 through 09/22/2022. However, the record lacked evidence that the nurse conducted a reassessment of patient #13 upon readmission from the hospital in September 2022.  On 03/03/2023 at 03:47 PM, the Director of Nursing and the Administrator were made aware of the findings.  At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with the patient's POC for Patients #1, 3, 6, 8, 9, 10, 12, and #13.	H 453	<u>Continued From page 33</u>  <b>04/10/2023</b>  <u>3917.2(e) SKILLED NURSING SERVICES</u>  <u>Corrective Action Plan</u>  HHA's policy on Skilled Nursing services reviewed and updated to reflect that skilled nursing services shall be provided in accordance with the POC, including, registered nurses, supervision of nursing services delivered by licensed practical nurses, including on site supervision at least once every sixty two (62) calendar days; was reviewed and updated.  The HCA's chart audit tool was updated to reflect the deficiency item (on documented evidence of supervision of nursing services delivered by licensed practical nurses, including on site supervision at least once every sixty two (62) calendar days); and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.  In-service will be provided to all current Clinicians and to all new hire clinicians on supervision of nursing services delivered by licensed practical nurses, including on site supervision at least once every sixty-two (62) calendar days;  Quality Assurance nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success >90%	04/10/23
H 455	3917.2(e) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (e) For registered nurses, supervision of nursing services delivered by licensed practical nurses, including on-site supervision at least once every sixty-two (62) calendar days;  This Statute is not met as evidenced by:  Based on record review and interview, the home	H 455		

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H 455	<p>Continued From page 34</p> <p>care agency (HCA) failed to have evidence that the registered nurse (RN) supervised the practices of the licensed practical nurses (LPNs) for one of 13 active patients in the sample (Patient #10).</p> <p>Findings included:</p> <p>Cross Reference Regulation 3917.2(c) Tag 0453.</p> <p>Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient ' s needs were met in accordance with the plan of care POC for one of 13 active patients in the sample (Patient #10). Review of the provided records revealed the aforementioned services were provided by LPNs. There was no evidence that an RN had supervised the skilled services provided by the LPNs for the months of December 2022, January 2023, and February 2023.</p> <p>At the time of the survey, the home care agency failed to provide documented evidence that the registered nurses supervised the skilled nursing services provided by the LPNs for Patient #10.</p>	H 455	<p><b><u>Continued From page 34</u></b></p> <p>The clinical Manager/Director of Nursing will be responsible for implementing the plan of correction and ensuring continued compliance. Clinicians will also be actively involved in self-auditing their visit notes.</p> <p>The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance. Outcome persistently below the set goal will trigger referral to the Governing board for further recommendation and action</p> <p><b><u>3917.2(f) SKILLED NURSING SERVICES Corrective Action Plan</u></b></p>	04/10/23
H 456	<p>3917.2(f) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home</p>	H 456	<p>HHA's policy on Skilled Nursing services reviewed and updated to reflect that skilled nursing services shall be provided in accordance with the POC including RN Supervision of services delivered by home health and personal care aides and household support staff, was reviewed and updated.</p>	04/10/23

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H 456	<p>Continued From page 35</p> <p>care agency's nurses (HCA) failed to document the supervision of services being delivered by each patient's home health aide (HHA) for one of 13 active patients in the sample receiving personal care services for (Patient #6).</p> <p>Findings included:</p> <p>On 03/01/2023 at 10:57 AM, review of Patient #6's record showed a plan of care (POC) with a duration period of 08/01/2022 through 07/31/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an order for personal care services eight hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of Patient #6's provided clinical records lacked evidence that the registered nurse (RN) supervised the provision of personal care aide services as ordered from 10/01/2022 to 12/31/2022.</p> <p>On 03/02/2023 at 09:33 AM, the care coordinator was made aware of the findings.</p> <p>At the time of the survey, the home care agency (HCA's) nurse failed to appropriately, conduct home health aide supervision and evaluations of services provided for Patient #6.</p>	H 456	<p><b><u>Continued From page 35</u></b></p> <p>The HCA's chart audit tool was updated to reflect the deficiency item (on documented evidence of RN Supervision of services delivered by home health and personal care aides and household support staff) and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p> <p>In-service will be provided to all current Clinicians and to all new hire clinicians on Skilled Nursing services shall be provided in accordance with the POC including documented evidence of RN Supervision of services delivered by home health and personal care aides and household support staff, Quality Assurance nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p>The clinical Manager/Director of Nursing will be responsible for implementing the plan of correction and ensuring continued compliance. Clinicians will also be actively involved in self-auditing their visit notes.</p>	04/10/23
H 457	<p><b>3917.2(g) SKILLED NURSING SERVICES</b></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</p>	H 457	<p><b><u>3917.2(g) SKILLED NURSING SERVICES</u></b></p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that the skilled nurse (SN) documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days for six of 13 active patients sampled (Patients #2, 5, 6, 10, 11, and #13).</p>	

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H 457	<p>Continued From page 36</p> <p>least once every sixty-two (62) calendar days;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that the skilled nurse (SN) documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days for six of 13 active patients sampled (Patients #2, 5, 6, 10, 11, and #13).</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 03/02/2023 at 10:14 AM, review of Patient #2's clinical record showed a plan of care (POC) with a duration period of 12/13/2022 through 05/31/2023. The POC included a physician's order for skilled nursing visits every 60 days for personal care aide (PCA) supervision and health related issues. Also, the POC included an order for PCA services 12 hours a day, five days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Further review of the provided clinical record lacked evidence of monthly progress notes and summary notes from July 2022 through December 2022.</li> <li>On 03/02/2023 at 1:54 PM, review of Patient #5's record showed a POC with a duration period of 10/17/2022 through 09/30/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an order for personal care services eight hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the provided clinical</li> </ol>	H 457	<p><b><u>Continued From page 36</u></b></p> <p><b><u>Corrective action plan</u></b></p> <p>HHA's policy on Skilled Nursing services reviewed and updated to reflect that the skilled nurse (SN) documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days</p> <p>The HCA's chart audit tool was updated to reflect the item (on documented evidence of the Skilled Nurse(SN)'s progress note at least once every 30 calendar days and a summary note at least every 62 calendar days is available) and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p> <p>In-service will be provided to all current Clinicians and to all new hire clinicians on Skilled Nursing services shall be provided in accordance with the POC to ensure that the skilled nurse (SN) documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days.</p>	04/10/23

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H 457	<p>Continued From page 37</p> <p>record lacked evidence of monthly progress notes for November 2022 and December 2022. Also, the provided records lacked evidence of a summary note between the period of October 2022 and January 2023.</p> <p>3. On 03/01/2023 at 10:57 AM, review of Patient #6's record showed a POC with a duration period of 08/01/2022 through 07/31/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an order for personal care aide (PCA) services eight hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the provided clinical records lacked evidence of monthly progress notes and summary notes from August 2022 through February 2023.</p> <p>4. On 02/28/2023 at 01:55 PM, review of Patient #10's clinical record showed a POC with a duration period from 01/07/2023 through 03/07/2023 with a start of care (SOC) date of 07/11/2022. The POC included a physician's order for skilled nursing visits 24 hours a day, seven days a week for gastrostomy feeding, medication administration, and tracheostomy care; and monthly supervisory visits by the registered nurse. Further review of the provided clinical records lacked evidence of monthly progress notes and summary notes from July 2022 through February 2023.</p> <p>5. On 03/01/2023 at 03:51 PM, review of Patient #11's clinical record showed a POC with a duration period of 01/01/2023 through 12/31/2023 with a SOC date of 11/23/2021. The POC included a physician's order for skilled nursing services once every 60 days for supervisory</p>	H 457	<p><b><u>Continued From page 37</u></b></p> <p>Quality Assurance nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p><b>Random Sample.</b> The monthly sampling size is based on average daily census of patients on service . 10% of current active census will be taken for sampling purpose.</p> <p>The charts will be randomly selected by running a list of patients, then selecting every 3rd chart till the 10% records are identified. This will be monitored monthly for block of three consecutive months and thereafter quarterly to ensure continued compliance. The denominator equals the total number of charts reviewed. The numerator equals the number of charts with documented evidence of skilled Nurse`s(SN) progress note at least once every 30 calendar days and a summary note at least every 62 calendar days. (compliant)</p>	04/10/23

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H 457	<p>Continued From page 38</p> <p>visits. Also, the POC included an order for personal care aide services 24 hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the provided clinical records lacked evidence of monthly progress notes and summary notes from July 2022 through February 2023 except for the nurse ' s notes dated December 1, 2022, and January 26, 2023.</p> <p>6. On 02/24/2023 at 02:52 PM, review of Patient #13's clinical record showed a POC with a duration period from 09/01/2022 through 08/31/2023. The POC included a physician's order for skilled nursing visits one visit every 60 days for personal care aide (PCA) supervisory visits, and PCA services 24 hours seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the provided clinical records lacked evidence of a monthly progress note in September 2022 and a summary note in July 2022.</p> <p>On 03/03/2023 at 03:47 PM, the director of nursing and administrator were made aware of 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 and summary notes in accordance with the regulatory requirements for Patients #2, 5, 6, 10, 11, and #13.</p>	H 457	<p><b>Continued From page 38</b></p> <p>The clinical Manager/Director of Nursing will be responsible for implementing the plan of correction and ensuring continued compliance. Clinicians will also be actively involved in self-auditing their visit notes.</p> <p>The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance.</p> <p>Outcome persistently below the set goal will trigger referral to the Governing board for further recommendation and action.</p> <p><b>3917.2(i) SKILLED NURSING SERVICES</b></p> <p>Based on record review and staff interview, <b>04/10/2023</b> the skilled nurse (SN) failed to ensure patient/caregiver education and evaluation of all aspects of diabetic management as required in the plan of care for patient #8. Review of the clinical record lacked evidence of a progress note documenting fingerstick for fasting blood sugar education or demonstration, or any mention of glucometer instructions during visits dated 07/13/2022, 08/04/2022, and 09/13/2022</p>	04/10/23
H 459	<p><b>3917.2(i) SKILLED NURSING SERVICES</b></p> <p>Duties of the nurse shall include, at a minimum, the following:</p>			

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H 459	<p>Continued From page 39</p> <p>(i) Patient instruction, and evaluation of patient instruction; and</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the skilled nurse (SN) failed to ensure patient/caregiver education and evaluation of all aspects of diabetic management as required in the plan of care for Patient #8.</p> <p>Findings included: Cross Reference Regulation 3917.2(c) Tag 0453.</p> <p>On 02/28/2023 at 2:45 PM, review of Patient #8's clinical record showed a plan of care (POC) with a duration period of 01/01/2022 through 12/31/2022 that included orders for the registered nurse (RN) to visit the patient at a minimal of every 60 days for aide supervisory visits. Included in the orders were "instructions to perform fingerstick for fasting blood sugar/random blood sugar during visit ...glucometer use ...instruct patient/caregiver on all aspects of diabetic management to include disease process."</p> <p>Further review of the clinical record lacked evidence of a progress note documenting fingerstick for fasting blood sugar education or demonstration, or any mention of glucometer instructions during visits dated 07/13/2022, 08/04/2022, and 09/13/2022.</p> <p>A face-to-face interview was conducted with the director of nursing at the time of the clinical record review, who acknowledged the finding.</p>	H 459	<p><b><u>Continued From page 39</u></b></p> <p><b><u>Corrective Action plan</u></b></p> <p>HHA's policy on Skilled Nursing services reviewed and updated to reflect that skilled nursing services shall be provided in accordance with the POC to failed to ensure patient/caregiver education and evaluation of all aspects of diabetic management as required in the plan of care reviewed and updated.</p> <p>In-service will be provided to all current Clinicians and to all new hire clinicians on Skilled Nursing services shall be provided in accordance with the POC and when Included in the orders , "instructions to perform fingerstick for fasting blood sugar/random blood sugar during visit ...glucometer use ...instruct patient/caregiver on all aspects of diabetic management to include disease process", the clinical record need to reflect evidence of a progress note documenting fingerstick for fasting blood sugar education or demonstration, or any mention of glucometer instructions during visits</p> <p>RN Supervisor has scheduled a v visit with Patient # 8 and will have documented evidence of Random Blood sugar has been obtained, including patient and caregiver DM education. The HCA's chart audit tool was updated to reflect the item (on documented evidence of Skilled Nursing services provided in accordance with the physician signed POC including DM related orders) and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.</p>	04/10/23



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(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
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H 459	Continued From page 40  At the time of the survey, the home care agency failed to provide documented evidence that the registered nurse (RN) provided patient instruction and/or an evaluation of instructions for Patient #8.	H 459	<p><b><u>Continued From page 40</u></b></p> <p>Quality Assurance nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success &gt;90%</p> <p><b>Random Sample.</b> The monthly sampling size is based on average daily census of patients on service . 10% of current active census will be taken for sampling purpose</p> <p>The charts will be randomly selected by running a list of patients, then selecting every 3rd chart till the 10% records are identified. This will be monitored monthly for block of three consecutive months and thereafter quarterly to ensure continued compliance. The denominator equals the total number of charts reviewed. The numerator equals the number of charts with documented evidence of Skilled Nursing services provided in accordance with the POC. (compliant)</p> <p>The clinical Manager/Director of Nursing will be responsible for implementing the plan of correction and ensuring continued compliance. Clinicians will also be actively involved in self-auditing their visit notes.</p> <p>The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance. Outcome persistently below the set goal will trigger referral to the Governing board for further recommendation and action</p>	04/10/23
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