Health R	egulation & Licensing	Administration			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0069	B. WING		12/01/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
		DTNEDS INC 1822 JEFF		CE, NW	
PALISAD	ES HEALTH CARE PA	WASHING	TON, DC 2	0036	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
H 000 H 157	11/29/2022, 11/30/2 determine complian Chapter 39 (Home C Home Care Agency patients and employ survey were based of records, ten active p patient records, 18 p of the agency's resp received. The surve the completion of th Listed below are all this report: ADL - Activities of D DON - Director of N EMS - Emergency N ER - Emergency R HCA - Home Care A HHA - Home Health HRM - Human Reso IADL - Instrumental PCA - Personal Care POC - Plan of Care RN - Registered Nu SN - Skilled Nurse SOC - Start of Care	survey was conducted on 2022, and 12/01/2022 to ce with Title 22 B DCMR, Care Agency Regulations). The provided services to 104 ved 140 staff. The findings of the on the review of administrative batient records, five discharged bersonnel records, and a review bonse to incident reports y findings were also based on ree patient telephone interviews. obreviations used throughout vally Living ursing Medical Services from Agency Aide purces Manager Activities of Daily Living e Aide rse e	H 000	Provider has reviewed the Licensu Survey reported date of 1/31/23 records during the Licensure Surv completed on 12/01/2022.	onnel 02/09/23
		ency shall maintain accurate which shall include the following		Each home care agency shall maintai Personnel record which shall include Following information: (m) Documentation of acceptance or	the
Health Regula	(m) Documentation the Hepatitis Vaccin tion & Licensing Administr			Of the Hepatitis Vaccine: and	
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE	E	TITLE	(X6) DATE
Weh	iba Kalifa			Administrator Revised	l on 03/10/23
STATE FORM			6899	VV3Z11	If continuation sheet 1 of 20

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		TE SURVEY	
		HCA-0069	B. WING		12/01/2022	
PALISAD		RTNERS INC 1822 JEF	FERSON PLA GTON, DC 2		(X5) COMPLETE	
PREFIX TAG		ENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE	
H 157	Based on record rev care agency (HCA) records to include d declination of the H- personnel files sam Findings included: A review of the facil conducted on 11/29 following: The personnel file for date of hire of 08/02 personnel file show	ge 1 met as evidenced by: view and interview, the home failed to maintain personnel ocumentation of acceptance or epatitis B Vaccine for one of 18 pled. The agency's Receptionist ity's personnel records v/2022 at 1:41 PM revealed the or the Receptionist included a 2/2022. Further review of her ed no documented evidence of eclination of the Hepatitis B	H 157	Corrective Actions: For receptionist- Evidence of an acceptance declination of the Hepatitis B vaccine is completed. (See addendum #1) Measures put into place to ensure deficie practice does not occur: Human Resources will require that every new employee's Hepatitis B status will be reviewed during the New Hire Orientation. The employee will be required to provide documentation that they have completed the Hep-B vaccination process. In addition, the also have the option to decline the vaccination will be placed in their employee record. How Compliance will be monitored: Human Resources will audit all new hire files	nt v d	
	PM, the administrat finding. 3907.6 PERSONNE At the time of initial the home care ager employee, within the preceding the date and is free of comm	employment of each employee, icy shall verify that the e six months immediately of hire, has been screened for unicable disease.	H 162	for compliance quarterly. We will comply with 3907.6 PERSONNEL At the time of initial employment of each Employee, the home care agency shall verif that the employee, within the six months Immediately preceding the date of hire, has Benn screened for and is free of communica Disease. <b>Corrective Actions:</b>	02/09/2 y	
	Based on record recare agency (HCA)	met as evidenced by: view and interview, the home failed to verify that each of communicable disease		For receptionist- Corrective action taken by collecting documentation that verifies free of communicable diseases. (See addendum #2		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE S COMF	URVEY PLETED
		HCA-0069	B. WING		12/01/2022	
	ROVIDER OR SUPPLIER	RTNERS INC 1822 JEF	DRESS, CITY, ST FERSON PLA GTON, DC 2	ACE, NW	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
H 162	employee's date of sampled. The Rece (HHA) #8. Findings included: A review of the fac conducted on 11/29 following: 1. The personnel file date of hire of 08/02 personnel file show she was screened 2. The personnel file included a date of h review of her person dated 05/12/2021, b communicable dises	ge 2 s immediately preceding the hire for two of 18 personnel files ptionist and home health aide ility's personnel records //2022 at 1:41 PM revealed the e for the Receptionist included a 2/2022. Further review of her ed no documented evidence tha for communicable disease. e for home health aide (HHA) #8 ire of 06/03/2022. Further nnel file showed a Chest X-ray but no evidence of screening for ase within six months of hire. erence on 12/01/2022 at 4:15 ive staff acknowledged the	t	For HHA #8 – The screening docum misplaced, but it was provided befor completion of the Licensure Survey. (see addendum #3) Measures put into place to ensure practice does not occur: Human Resources will insure all app not be hired until free of communica (within six months immediately prece employee's date of hire) document in How Compliance will be monitore Human Resources will audit all new for compliance quarterly.	e deficient blicant will ble disease eding the s received.	
H 163	guidelines issued by	Il be screened for ase annually, according to the y the federal Centers for d shall be certified free of	H 163	We will comply with 3907.7 PERSO Each employee shall be screened for communicable disease annually, ac the guidelines issued by the federal for Disease Control, and shall be ce of communicable disease.	or cording to Centers	02/09/2
	This Statute is not	met as evidenced by:				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION (X3) E	ATE SURVEY COMPLETED	
		HC 0-0069	B. WING		40/04/0000	
IAME OF P	ROVIDER OR SUPPLIER	HCA-0069 STREET ADD	RESS, CITY, ST		12/01/2022	
PALISAD	ES HEALTH CARE PA	ARTNERS INC	ERSON PLA TON, DC 2	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
H 163	<ul> <li>Based on record recare agency (HCA) employee was free annually for four of human resources m Medical Records Co Medical Records Co Intake manager.</li> <li>Findings included:</li> <li>A review of personn 11/29/2022 at 1:41 revealed the followi</li> <li>The personnel fill manager (HRM) inco 06/29/2016. Further showed no docume been screened for of date of hire.</li> <li>The personnel fill Records Coordinato 08/07/2017. Further showed no docume been screened for of date of hire.</li> <li>The personnel fill Medical Records Co of 04/02/2019. Further showed no docume been screened for of date of hire.</li> <li>The personnel fill Medical Records Co of 04/02/2019. Further showed no docume been screened for of date of hire.</li> <li>The personnel fill Medical Records Co of 04/02/2019. Further showed no docume been screened for of date of hire.</li> <li>The personnel fill Medical Records Co of 04/02/2019. Further showed no docume been screened for of date of hire.</li> </ul>	view and interview, the home failed to verify that each of communicable disease 18 personnel files sampled. The nanager (HRM), the Billing & oordinator, the Assistant Billing & oordinator, and the agency's nel records conducted on PM and 11/30/2022 at 10:37 AM	H 163	Corrective Actions: For human resource manager (HRM), Billin Medical Records Coordinator and Intake Manager, corrective action taken by collect documentation that verifies free from communicable diseases. (See addendum # For Assistant Billing & Medical Record – Tr employee is no longer with the agency. Measures put into place to ensure defici- practice does not occur: Human Resources will verify that each employee is free of communicable disease annually by running employee record audit report and ensuring all employees have submitted employee health screening questionnaire. How Compliance will be monitored: Human Resources will audit all continuing employee files for compliance quarterly.	ing :4) ne ent	

Health R	egulation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE S COMI	SURVEY PLETED
		HCA-0069	B. WING		12/0	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
PALISAD	ES HEALTH CARE PA		ERSON PLA TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
H 163	Continued From pag	je 4	H 163			
	screened for commu of hire.	inicable disease since her date				
		erence on 12/01/2022 at 4:15 Iministrator acknowledged the		We will comply with 3911.1 Clinical		02/09/23
H 260	3911.1 CLINICAL R	FCORDS	H 260	Records		
	Each home care age maintain a complete clinical record of the patient in accordance	ency shall establish and , accurate, and permanent services provided to each e with this section and al standards and practices.		Each home care agency shall establis maintain a complete, accurate, and per clinical record of the services provided patient in accordance with this section accepted professional standards and <b>Corrective Actions:</b>	ermanent d to each n and	
	This ELEMENT is	not met as evidenced by:		The Director of Nursing:		
	care agency (HCA) record was accurate	and record review, the home failed to ensure each patient's ly maintained for two of ten bled (Patients #2 and #7).		<ol> <li>Corrected POC for patient #2 (ad #5) and patient # 7 (addendum #6 accurately reflect patient diagnos and safety parameters. Corrected printed and sent for MD signature</li> </ol>	<mark>6)</mark> to is, diet I POC	
	1. On 11/29/2022 at #2's plan of care (PC 12/01/2021 through date (SOC) of 03/05 the patient's diagnos hemiparesis, Humar tremor, and Toxopla review of the record dated 01/24/2022, w noted the following: 166/133, reassessed denied going to the contacted the client'	01:06 PM, review of Patient DC) showed a duration period of 11/30/2022 with a start of care /2019. The POC revealed that ses included Hemiplegia and n immunodeficiency virus [HIV], sma oculopathy. Continued s revealed an assessment note where the skilled nurse (SN) "Blood pressure (BP) was high, d, was 156/119. The client still emergency room (ER), SN s doctor's office and provided e client's condition and		<ol> <li>In-service provided to all SN staff regarding need for agency to stay compliant in maintaining a comple accurate, and permanent clinical for each patient per regulations a accepted professional standards policies (see addendum # 7)</li> <li>Measures put into place to ensure of practice does not occur:</li> <li>The Director of Nursing:</li> <li>Completed an audit of all patient current POC to ensure all patient reco POC's are current and accurately refle patient diagnosis, medications, DME, services provided and level of condition</li> </ol>	, record nd and <b>leficient</b> rds and ect diet,	
Health Regula	ation & Licensing Administr	ation		<u> </u>		

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If continuation sheet 5 of 20

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE SU COMP	JRVEY LETED
		HCA-0069	B. WING		12/01	1/2022
	ROVIDER OR SUPPLIER	RTNERS, INC 1822 JEF	DDRESS, CITY, STATE, ZIP CODE FFERSON PLACE, NW IGTON, DC 20036			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES "BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLET DATE
H 260	refusal to go to ER, 02/03/2022 at 10:45 visited the patient ar "BP was high, 164/1 The client denied pa refused to go to ER. Further review of the assessment note da skilled nurse indicate Amlodipine 10 millig pressure. The SN do patient and caregive the blood pressure a Nevertheless, the re new diagnosis of hig parameters for blood warrant medical inter The recertification a added blood pressu emergency but still I diet. Phone interview with 1:29 PM confirmed I blood pressure and 2022." When asked on a "regular diet an supposed to be on a nurse's note indicati diet. On 12/01/2022 at 04 (DON) and the admit the findings. The Dir patient was educate not compliant. She w patient's physician a	ge 5 Dr. visit scheduled for am." On 02/07/2022, the SN and documented the following: 11, reassessed, was 166/110. ain, voiced he is feeling ok, Physician's office was called. e records showed an ited 07/28/2022, where the ed that the patient was getting trams a day for high blood ocumented having educated the er on how to correctly measure and to eat a low salt diet. ecords failed to evidence the gh blood pressure, the d pressure readings that would ervention, and a low salt diet. ssessment dated 10/27/2022 re parameters in case of ack the updated diagnosis and the patient on 12/01/2022 at he was being treated for high started Amlodipine in "February about his diet, he stated he was a low salt diet" despite the ng he was educated on low salt 4:15 PM, the director of nursing inistrator were made aware of rector of Nursing stated that the ed on low salt diet, but he was was advised to notify the and to update the records isis and the appropriate diet.	5	<ol> <li>Reviewed, redesigned and imple current process to ensure all current. POCs reflect complete accurate patie information including but not limited to diagnosis, medications, DME, diet, se provided and level of condition.</li> <li>How Compliance will be monitored All POC's will reviewed by Clinical Supervisor to ensure compliance with process and DOH regulations.</li> <li>Compliance with implemented process tracked weekly by Clinical Supervisor reported to Agency Administrator and of Nursing.</li> <li>Clinicians who fail to comply with imp process will be re-counseled by DON closely monitored for compliance with</li> </ol>	and future ent o patient ervices I: n new ss will be and I Director lemented and	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION (X3) DATE CON	SURVEY IPLETED
		HCA-0069	B. WING	12/	01/2022
	ROVIDER OR SUPPLIER	ARTNERS INC 1822 JE	DRESS, CITY, STA FFERSON PLAC	TE, ZIP CODE C <b>E, NW</b>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 260	2. On 11/30/2022 a #7's POC showed through 07/31/2022 POC revealed that Multiple Sclerosis, Bipolar disorder, T obesity. Continued an assessment noi SN noted the follow diabetic managem diet, and to continu daily. Patient verba avoids concentrate takes medications of the records reven note dated 06/22/2 sugar diet." Nevert 08/01/2021 through through 07/31/2022 that the client was indicated "Low Che the "Nutritional Rev On 12/01/2022 at 0 and administrator w	at 12:15 PM, review of Patient a duration period of 08/01/2022 3 with a SOC of 06/26/2015. The the patient's diagnoses include Hypertension, Lymphedema, ype II diabetes mellitus, and review of the records revealed the dated 02/16/2022, where the wing: "Patient educated on ent, diabetic foot care, diabetic ue to monitor blood sugar (BS) alized understanding stated she ed sweets, monitors BS, and as ordered." Also, further review aled a recertification assessmen 022, where the SN noted "low heless, both care plans dated in 07/31/2022 and 08/01/2022 3 respectively, failed to evidence on a diabetic diet. Instead, they blesterol Low Sodium" diet unde quirements." 04:15 PM, the director of nursing were made aware of the findings survey, the agency failed to nt's record was accurately	e d v nt e r		
H 300		T RIGHTS & ES gency shall develop policies to atient who receives home care	H 300	We will comply with 3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies ensure that each patient who receives home	02/09/2

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		HCA-0069	B. WING		12/01/2022	
AME OF P	ROVIDER OR SUPPLIER	STREET ADD	L DRESS, CITY, ST FERSON PL		1 12/0	1/2022
ALISAD	ES HEALTH CARE P	ARTNERS INC	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLET DATE
H 300	<ul> <li>H 300 Continued From page 7 services has the following rights:</li> <li>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</li> </ul>		H 300	(d) To receive treatment, care and so consistent with agency/patient agree with the patient's plan of care: <b>Corrective Actions:</b>		
	Based on record redetermined that the to ensure that serv with the plan of car home health aide (patients sampled (I Findings included: 1. On 11/30/2022 a #8's plan of care (F 09/01/2022 through diagnoses included hypertension, Hem aphasia, Cerebrow bipolar disorder. Th services one to two personal care services were 01/02/2022, 02/03/01/10/2022, 01/14/01/29/2022 through Interview with the a 02:34 PM revealed to the patient's cus agency could not s	at 11:18 AM, review of Patient POC) showed a duration period of n 08/31/2023. The patient's d Type II diabetes mellitus, iplegia and hemiparesis, ascular disease, epilepsy, and ne POC indicated skilled nursing o times every 60 days and ices eight hours a day, seven 12 months. Continued review of I record showed that personal not provided on 01/01/2022, 2022, 01/07/2022 through 2022 through 01/17/2022, and		Unfortunately, provider is not able to the deficiency for services that were provided in the past. Effective immediately the provide PC according the plan of care for all pa <b>How Compliance will be monitored</b> The provider will continue its efforts a staffing numbers and retention to en availability for patient PCA needs. A review patient schedules 1 week pride ensure all patient hours are staffed to preference and in accordance to pat care. In the event of last minute PC we will attempt to provide PCA cover patient and reach out to patient primic caregiver and in the event of agency to find coverage.	not r will take A services atients. d: to increase sure PCA We will or to o patient ient plan of cA call outs rage for ary	

Health R	egulation & Licensing	Administration				
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE S COMF	URVEY PLETED
		HCA-0069	B. WING		12/0	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
PALISAD	ES HEALTH CARE PA		ERSON PLA TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
H 300	Continued From pag	le 8	H 300			
	failed to ensure that	rvey, the home care agency home health aide services were d in accordance with the plan of		We will comply with 3914.3 (m) Patier Care 3914.3 (m) The plan of care shall inclu- following:		02/09/23
H 364	3914.3(m) PATIENT	PLAN OF CARE	H 364	(m)Emergency protocols; and		
	The plan of care sha (m) Emergency prot	Ill include the following: ocols; and		At the time of survey current POC for #3, #5 and #8 included emergency pro POC. (see addendum # 9- 11) <b>Corrective Action:</b>		
Health Regula	Based on record rev determined that the to include emergence diagnoses in the pla active patients include 3, 5, and #8). Findings included: 1. On 11/29/2022 at #2's plan of care (PC 12/01/2021 through date (SOC) of 03/05 included Hemiplegia immunodeficiency vi Toxoplasma oculopa showed that he was milligrams a day for Continued review of assessment notes d where the skilled nu "Blood pressure (BP reassessed, was 15	met as evidenced by: iew and interview, it was home care agency (HCA) failed y protocols specific to patient's n of care (POC) for four of ten ded in the sample (Patients #2, 01:06 PM, review of Patient DC) showed a duration period of 11/30/2022 with a start of care /2019. The patient's diagnoses and hemiparesis, Human rus [HIV] disease, tremor, and athy. The client's medication list receiving Amlodipine 10 high blood pressure. the records revealed ated respectively 01/24/2022, rse (SN) noted the following: ) was high, 166/133, 6/119") and 02/07/2022 with the gh, 164/111, reassessed, was ation		<ol> <li>The Director of Nursing:         <ol> <li>Performed audit of all current pa POC's to ensure all patient POC included patient centered and sp emergency protocols.</li> <li>Updated, printed and faxed for s all POCs to PCP for patients #2 addendum # 8) as well as all add POC's found to be during POC of during audit.</li> <li>In-service provided to all SN staff regarding need for agency to staff compliant in ensuring all patient have patient centered emergence protocols and all clinical staff are educated on how to access patief specific emergency protocols. (s addendum # 7)</li> </ol> </li> <li>Measures put in place to ensure det practice does not occur: The Director of Nursing Revised process for assessing and documenting patient centered emerge protocols on POC for signature by MD addendum #12)</li> </ol>	's ecific ignature (see Jitional leficient f y POC y ent ee ficient	

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SI COMP	URVEY PLETED	
		HCA-0069	B. WING		12/0 <sup>2</sup>	/01/2022	
		RTNERS, INC 1822 JEF	DRESS, CITY, ST FERSON PL/ GTON, DC 2	ACE, NW		(X5) COMPLET	
TAG	OR LSC IDE	NTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE AI DEFICIENCY)		DATE	
H 364	Further review of the of emergency protoc elevated blood press may warrant emerge 2. On 12/01/2022 at #3's POC showed a through 07/31/2022 patient's diagnoses failure, Cerebellar st hemiplegia and hem chronic obstructive p kidney disease, and POC showed that th 10 mg a day, Carved Amlodipine Besylate pressure. Further re evidence of emerge patient's heart failure elevated blood press warrant emergency 3. On 12/01/2022 at #5's POC showed a to: 02/28/2022 with a patient's diagnoses schizophrenia, and th POC showed that th 40 mg a day, Hydral and Hydrochlorothia pressure. Further re evidence of emerge potential for elevated parameters that may intervention.	e plan of care lacked evidence cols related to the potential for sure and/or parameters that ency intervention. 11:54 AM, review of Patient duration period of 08/01/2021 with a SOC of 09/21/2015. The included Hypertension, heart troke syndrome, low back pain, iparesis, shortness of breath, bulmonary disease, chronic type II diabetes mellitus. The e client was receiving Lisinopril dilol 25 mg two times a day, and a 5 mg a day for high blood view of the plan of care lacked ncy protocols related to the e diagnoses, potential for sure and/or symptoms that may		How Compliance will be moni All POC's will be reviewed by C Supervisor to ensure compliance process and DOH regulations. Compliance with implemented p tracked weekly by Clinical Supereported to Agency Administrate of Nursing. Clinicians who fail to comply with process will be re-counseled by closely monitored for compliance	linical e with revised process will be rvisor and or and Director n implemented DON and		

AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       COMPLETED         HCA-0069       B. WING       12/01/2022         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         PALISADES HEALTH CARE PARTNERS, INC       1822 JEFFERSON PLACE, NW         WASHINGTON, DC 20036       PROVIDER'S PLAN OF CORRECTION       00% FE         PALISADES HEALTH CARE PARTNERS, INC       1822 JEFFERSON PLACE, NW       PROVIDER'S PLAN OF CORRECTION SHOLD BE       00% FE         PALISADES       CACH DEFICIENCY       PREFIX       PROVIDER'S PLAN OF CORRECTION SHOLD BE       00% FE         PALISADES       CONTINUED TO PROVIDER OF THE PRECEDENCY       PROVIDER'S PLAN OF CORRECTION SHOLD BE       00% FE         PALISADES       CONTINUED TO PROVIDER OF THE PRECEDENCY       PROVIDER'S PLAN OF CORRECTION SHOLD BE       00% FE         PALISADES       EACH DEFICIENCY       PROVIDER'S PLAN OF CORRECTION SHOLD BE       00% FE       00% FE         PALISADES       EACH DEFICIENCY       PROVIDER'S PLAN OF CORRECTION SHOLD BE       00% FE       00% FE         MIGHT       TAG       PROVIDER'S PLAN OF CORRECTION SHOLD BE       00% FE       00% FE       00% FE         H 364       FIGHER'S PLAN OF CORRECTION SHOLD BE       CONSTREESON PLACE, NW       00% FE       00% FE       00% FE       00% FE		egulation & Licensin	g Administration (X1) PROVIDER/SUPPLIER/CLIA			
NAME OF PROVIDER OR BUPPLIER     TIRKET ADDRESS, CITY, STATE, ZP CODE       TALEADES HEALTH CARE PARTNERS, INC       PARTNERS, INC       TALEADES HEALTH CARE PARTNERS, INC       PARTNERS, INC       TALEADERS CITY, STATE, ZP CODE       TALEADERS, CITY, STATE, ZP CODE       TALE STATE, STATE, ZP CODE       TALE STATE, STATE, ZP CODE       TALE STATE, STATE, ZP CODE       TALE, ZP CODE       TAL				. ,	0.0	
PALSADES HEALTH CARE PARTNERS, IN       1282 JEFFERSON PLACE, NW WASHINGTON, OZ 2003         Own D MEERS/ 1260       UEACHOEPICIEWON MIST RE PRECIDENT OF DEPICIEWON ON LISE DESIDENT MIST MEMBRANDON ON LISE DESIDENT MIST MEMBRANDON HEIGHT MEMBRANDON HEIGHT MEMBRANDON HEIGHT MEMBRANDON HEIGHT MEMBRANDON HEIGHT MEMBRANDON Caredido Type II diadeses engliegys, and bipolar disorder. The POC showed that the client was receiving Amodipine Besylate I Ding a day. Caredido 16 25 mg, hwo times a day, and Losartian Potassium 50 mg at day for high blod pressure. Further review of the plan of care lacked evidence of emergency protocols related to the potential for elevated blod pressure and/or parameters that may warrant emergency intervention.       H 390       We will comply with 3915.6 HOME HEALTH & PERSONAL CARE ANDE SERVICE       02/09/2         H 390       3915.6 HOME HEALTH & PERSONAL CARE ANDE SERVICE       H 390       We will comply with 3915.6 HOME HEALTH & PERSONAL CARE ANDE SERVICE       02/09/2         H 390       3915.6 HOME HEALTH & PERSONAL CARE ANDE SERVICE       H 390       We will comply with 3915.6 HOME HEALTH & PERSONAL CARE ANDE SERVICE       02/09/2         H 490       3915.6 HOME HEALTH & PERSONAL CARE ANDE SERVICE       H 390       We will comply with 3915.6 HOME HEALTH & PERSONAL CARE ANDE SERVICE			HCA-0069	B. WING	12/	01/2022
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Priežny TAG         IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION)         Prižny TAG         IEACH CORRECTIVE ACTION SHOULD BE CROSS-REPEREDUCED TO THE APRROPHATE         COMPLET DEFICIENCY           H 364         Continued From page 10         H 364         H 364         H 364         H 364         H 364         H 364           H 364         Continued From page 10         H 364         H 364         H 364         H 364           H 367         Continued From page 10         H 364         H 364         H 364         H 364           M 366         Continued From page 10         H 364         H 364         H 364         H 364           M 367         Cerebrovascular disease, epilepsy, and bipolar disorder. The POC showed that the client was receiving Amlodipine Besylate 10 mg a day, and the Administrator were made aware of the findings.         H 364         H 364         Primation of the plan of care (POC) include mergency protocols relacked evidence of emergency protocols relacked evidence of ensure that the patient's plan of care (POC) include de mergency protocols relacked evidence of indignoses for Patients #2, 3, 5, and #8.         H 390         We will comply with 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE         O2/09/2           H 390         3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE         H 390         We will comply with 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE         O2/09/2           H 390         3915.6 HOME		1	WASHING	STON, DC 2		
#B's POC showed at duration period of 09/01/2021 through 08/31/2022. The patient's diagnoses included Type II diabetes mellitus, hypertension, Hemiplegia and hemiparesis, aphasia, Cerebrovascular disease, epilepsy, and bipolar disorder. The POC showed that the client was receiving Amiodipine Besylate 10 mg a day, Carvedilol 6.25 mg, two times a day, and Losartan Potassium 50 mg a day for high blood pressure. Further review of the plan of care lacked evidence of emergency protocols related to the potential for elevated blood pressure and/or parameters that may warrant emergency intervention.       On 12/01/2022 at 04:15 PM, the Director of Nursing and the Administrator were made aware of the findings.       H 390       We will comply with 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE       I H 390       We will comply with 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE       I H 390         H 380       3915.6 HOME HEALTH & PERSONAL CARE AIDE service       H 390       We will comply with 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE       Q2/09/2         After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.       H 390         This Statute is not met as evidenced by:       This Statute is not met as evidenced by:       H 390	PRÉFIX	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
through 08/31/2022. The patient's diagnoses         included Type II diabetes mellius, hypertension,         Hemiplegia and hemiparesis, aphasia,         Cerebrovascular disease, epilepsy, and bipolar         disorder. The PCO showed that the client was         receiving Amlodipine Besylate 10 mg a day,         Carvedilo 6.25 Mg, two times a day, and Losartan         Potassium 50 mg a day for high blood pressure.         Further review of the plan of care lacked evidence         of emergency protocols related to the potential for         elevated blood pressure and/or parameters that         may warrant emergency intervention.         On 12/01/2022 at 04:15 PM, the Director of Nursing         and the Administrator were made aware of the         findings.         At the time of survey, the home care agency failed         to ensure that the patient's plan of care (POC)         included emergency protocols to properly manage         the diagnoses for Patients #2, 3, 5, and #8.         H 390         S915.6 HOME HEALTH & PERSONAL CARE AIDE         SERVICE         After the first year of service, each aide shall be         required to obtain at least twelve (12) hours of         continuing education or in-service training annually,         which shall include a component specifically         related to the care of persons w	H 364	Continued From pa	ge 10	H 364		
SERVICE       After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.       After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.       After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.         This Statute is not met as evidenced by:       Easth Regulation & Licensing Administration		through 08/31/2022 included Type II dia Hemiplegia and her Cerebrovascular dia disorder. The POC receiving Amlodipin Carvedilol 6.25 mg, Potassium 50 mg a Further review of th of emergency proto elevated blood pres may warrant emerg On 12/01/2022 at 0 and the Administrat findings. At the time of surve to ensure that the p included emergence	<ul> <li>The patient's diagnoses betes mellitus, hypertension, miparesis, aphasia, sease, epilepsy, and bipolar showed that the client was ie Besylate 10 mg a day, two times a day, and Losartan day for high blood pressure.</li> <li>e plan of care lacked evidence cols related to the potential for soure and/or parameters that ency intervention.</li> <li>4:15 PM, the Director of Nursing or were made aware of the</li> <li>y, the home care agency failed atient's plan of care (POC) y protocols to properly manage</li> </ul>			
	H 390	SERVICE After the first year of required to obtain a continuing educatio which shall include maintain or improve training shall includ related to the care of	of service, each aide shall be t least twelve (12) hours of n or in-service training annually, information that will help this or her performance. This e a component specifically of persons with disabilities.	H 390	PERSONAL CARE AIDE SERVICE After the first year of service, each aide shall b required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of	e
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ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION (X3) DATE CON	SURVEY IPLETED	
	HCA-0069	B. WING	12/	12/01/2022	
(X4) ID PREFIX TAG       SUMMARY S (EACH DEFICIENCY MUS OR LSC IE         H 390       Continued From pa         Based on record recare agency (HCA) included a compon care of persons with health aide (HHAs) (HHA # 5).         Findings included:         A review of the fac	LAN OF CORRECTION       IDENTIFICATION NUMBER:         IMPLIER         STREET ADD         SADES HEALTH CARE PARTNERS, INC         INSECTION         SUMMARY STATEMENT OF DEFICIENCIES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         390         Continued From page 11         Based on record review and interview, the home care agency (HCA) failed to ensure staff training included a component specifically related to the care of persons with disabilities for one of ten home health aide (HHAs) files sampled. Home health aide (HHA # 5).         Findings included:         A review of the facility's personnel records conducted on 11/30/2022 at 10:37 AM revealed the		<ul> <li>TATE, ZIP CODE</li> <li>ACE, NW</li> <li>20036</li> <li>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Corrective ActionS.<sup>EFICIENCY</sup>)</li> <li>1) HHA # 5 received competency by supervising RN on proper use of Hoyer lift. (see addendum # 13)</li> <li>2) Patient #7 POC updated to reflect Hoyer lift safety precautions (see addendum # 6)</li> <li>Measures put into place to ensure deficient practice does not occur:</li> <li>ALL PCA's providing care for patients using Hoyer lift will receive competency training prior to providing care for patients requiring</li> </ul>	01/2022 (X5) COMPLET DATE	
The personnel file showed that she pa in-service training f manager (HRM) wa additional three ho On 12/01/2022 at 3 copy of the in-servi participated in and Transferring Patier was questioned rea on the usage of a r discussion reveale provided in-person Pandemic. She sta pick-up in-service t cooperate office, a those materials. Al hours of in-service documented evider or demonstrated co mechanical lift. HH	articipated in nine hours of for 2021. The human resources as asked if the HHA had an urs of in-service training for 2021. 3:22 PM, the HRM provided a ice training that HHA #5 was tested for "Lifting and hts" dated 01/11/2021. The HRM garding HHA #5 receiving training mechanical lift. Continued d that the agency no longer		<ul> <li>Hoyer lift by RN. Completed competency form will be added to PCA personnel record.</li> <li>How Compliance will be monitored:</li> <li>HR will develop tracking tool to ensure all PCA's providing care to patient will Hoyer lift have competency complete in personnel records.</li> <li>HR and Director of Nursing</li> <li>Will perform yearly review of PCA personnel charts for patients with Hoyer lifts to ensure competency performed regarding Hoyer Lift use.</li> </ul>		

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION (X3) DATE CON	SURVEY IPLETED
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H 390	involving Patient # 7 showed that Patient onto the floor" durin transferring her from According to the rep emergency medical helping the patient f During an interview at 2:32 PM, she sta the day shift and wa on how to operate the should be noted tha #10 regarding traini Lift, she stated that her on how to operate Also, the patient sta strong as HHA # 10 Care Plan, the patient the plan from her re the plan recomment operate the Hoyer L had never been two operate the Hoyer L At the time of the su failed to ensure HH, demonstrated comp	n 11/29/2022 at 10:59 AM 7. Further review of the report t # 7 "slid from her Hoyer Lift g the process of HHA #5 n the wheelchair to the bed. bort, the HHA had to call services (EMS) to assist with from the floor. with Patient # 7 on 11/30/2022 ted that HHA #10 works during as the aide that trained HHA #5 he Hoyer (mechanical) Lift. It it during the interview with HHA ng on the usage of the Hoyer Patient #7's neighbor trained ate the Hoyer Lift. ted that HHA #5 was not as . When asked about Patient #7' ent directed HHA #10 to retrieve frigerator. The patient read that ded that two persons should .ift. Patient #7 verified that there persons provided to work to	s		
H 399	AIDE SERVICE	IEALTH & PERSONAL CARE duties may include the following	H 399 I:	We will comply with 3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance:	02/09/2

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H 399	Continued From page	ge 13	H 399		
	<ul> <li>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</li> <li>This Statute is not met as evidenced by:</li> <li>Based on record review and interview, the home care agency (HCA) failed to ensure that the home health aide (HHA) recorded and reported the patient's physical condition, behavior, and/or appearance for one of ten active patients sampled (Patient #7).</li> <li>Findings included:</li> </ul>			<ul> <li>Corrective Actions:         <ol> <li>HHA# 5 has received verbal written warning regarding PCA's failure to follow company policy regarding reporting falls, incidents and change in patient condition to agency immediately after incident occurs or discovery of incident. (see addendur # 14)</li> <li>PCA educated regarding agency policies for incidents, documenting incidents on clinical note and reporting incident.</li> </ol> </li> </ul>	
	clinical record show duration periods of ( and 08/01/2022 thre diagnoses included Hypertension, Lymp II diabetes mellitus, contained a physicia aide services (PCA) week to assist with and instrumental ac Further review of the report dated 05/18/2 05/17/2022 at 04:20 transferring Patient the report, the patie floor and emergency called for assistance any injury from the f the emergency room timesheet titled "Me 05/17/2022 lacked e	2:15 PM, review of Patient #7's ed plans of care (POCs) with 08/01/2021 through 07/31/2022 ough 07/31/2023. The patient's Multiple Sclerosis, whedema, Bipolar disorder, Type and obesity. The POC an 's order for personal care 16 hours a day, seven days per activities of daily living (ADLs) tivities of daily living (IADLs). e record showed an incident 2022 that occurred on 0 PM while the HHA was #7 using a Hoyer lift. Based on nt slid from the Hoyer lift to the y medical services (EMS) were e. The patient did not sustain fall and was not transferred to n. Continued review of the HHA dicaid PCA Intervention" dated evidence that the aide ported the fall to the supervisor.		<ul> <li>3) PCA corrected clinical note for 5/17/2022 to reflect patient fall. (see addendum # 15)</li> <li>Measures put into place to ensure deficien practice does not occur:</li> <li>QA Process developed to ensure PCA notes reflect patient incidents or changes in condition reported by patient, PCA or other agencies outside of Home Health Agency. PCA's are contacted by office personnel to ensure PCA clinical notes accurately reflect incident and PCA completes and submits incident report to office within 48 hrs. of the incident.</li> <li>How Compliance will be monitored:</li> <li>Compliance with implemented process will be tracked weekly by Clinical Supervisor and reported to Agency Administrator and Directo of Nursing.</li> <li>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process</li> </ul>	nt F r d

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	STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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H 399	Continued From pag	je 14	H 399			
		ne question "Did the patient ently did not report it to the				
	04:15 PM confirmed office the day of the	rector of Nursing 12/01/2022 at that the aide did not call the fall but did come the next day e office to write the incident				
	ensure that the hom and reported Patient	rvey, the agency failed to e health aide (HHA) recorded t #7 's physical condition, arance the day of the incident.		We will comply with 3917.2(b) SKILLE NURSING SERVICES	D	02/09/23
H 452	3917.2(b) SKILLED	NURSING SERVICES	H 452	Duties of the nurse shall include, at a minimum, the following:		
	Duties of the nurse s following:	shall include, at a minimum, the		(b) Coordination of care and referrals;		
	(b) Coordination of c	care and referrals;		Corrective Actions:		
	This Statute is not	met as evidenced by:		1. SN for patient #6 counseled regar	rdina	
	Based on record rev care agency (HCA) f nurse (SN) coordina	riew and interview, the home failed to ensure that the skilled ted care with the physician's active patients in the sample		<ol> <li>State and federal guidelines requiring coordination between clinician and p PCA regarding ER visit, hospitalizati and changes in condition of patient.</li> <li>In-service provided to all SN staff</li> </ol>		
	Findings included:			regarding need for agency to stay compliant in ensuring all patient o	, hanges	
	clinical record showed duration period of 05 for skilled nursing (S every 60 days and p	3:29 PM, review of Patient #4's ed a plan of care (POC) with a 5/24/2022 through 03/31/2023, SN) services one to two times ersonal care services eight days per week for 12 months. d to perform		in condition including ER visits an hospitalizations are coordinated v patient PCP and coordination in documented in patient chart. (add 7)	vith	
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ME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, ST		12/01/2022	
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H 452	Continued From page	ge 15	H 452			
	Continued From page 15 skilled assessment and evaluation of systems, vital signs, pain management, safety, and PCA supervision. Also, the patient's goals included the following: "SN to supervise the aide and effectiveness of care plan, update the care plan as needed and report complications to the physician throughout certification period." Continued record review showed that the skilled nurse visited the patient on 08/24/2022 and documented that the patient was in the hospital on 08/20/2022 for four days due to urinary tract infection and was prescribed Estradiol 0.01% 3x/week vaginal. Again, the nurse visited the patient on 09/12/2022 and documented after being informed by the patient's son that the patient went to the Emergency room (ER) for agitation and confusion but was not admitted. The laboratory results were negative of urinary tract infection. There was no documented evidence in the clinical record that the nurse coordinated care with the primary physician following the patient's hospital admission in August 2022 or ER visit in September 2022. On 12/01/2022 at 04:15 PM, the director of nursing			<ul> <li>Measures put into place to ensure deficie practice does not occur:</li> <li>The Director of Nursing:</li> <li>Reviewed, revised and reeducated staff on process to ensure changes in LOC of patient and/or Vital signs/ pain outside agency parameters are reported to office and documented in HS.</li> <li>How Compliance will be monitored:</li> <li>Clinical Supervisor and DON will QA 100% nursing notes and care coordination notes in patient chart after ER visit, hospitalizations, and changes in condition of patient to ensure SN is care coordinating with patient PCP are documenting that care coordination in SN n or care coordination note in patient chart.</li> <li>Clinicians who fail to comply with implement process will be re-counseled by DON and closely monitored for compliance with process</li> </ul>	of n d ote	
	the findings. At the time of the su	inistrator were made aware of irvey, the agency failed to ed nurse coordinated care with e.				
H 453		NURSING SERVICES shall include, at a minimum, the	H 453			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY OMPLETED
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TAG	OR LSC IDE	ENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
H 453	<ul> <li>(c) Ensuring that para accordance with the accordance with the accordance with the Based on record recare agency (HCA) services were provipatient's plan of car patients in the samp Findings included:</li> <li>1.On 12/01/2022 at #5's clinical record swith a duration period/2/28/2022, for skill times every 60 days skilled assessments supervision, and six any medical health diagnoses included hypertension, and preview of the POC i and clinical staff to report to the physic greater than 300mg random blood suga 70mg/dl. Also, the c sugary snack or dri sugar of 70mg/dl ar after 15 minutes. The sugar reading was a further review of the sugar staff.</li> </ul>	titient needs are met in e plan of care; met as evidenced by: view and interview, the home failed to ensure skilled nursing ded in accordance with the re (POC) for two of ten active ole (Patients # 5 and #9). 12:31 PM, review of Patient showed a plan of care (POC) od of 03/01/2021 through led nursing (SN) visits one to two s for 12 months to conduct s, personal care aide (PCA) c additional visits as needed for related issues. The patient's type II diabetes mellitus, paranoid schizophrenia. Further ncluded an order for the nurse monitor the blood sugar was y/dl or less than 70 mg/dl, and r greater than 350 mg/dl or less clinical staff was to provide nk to the patient with a blood and to recheck the blood sugar mey were to call 911 if the blood	H 453	<ul> <li>We will comply with 3917.2(c) SKILLED NURSING SERVICES</li> <li>Duties of the nurse shall include, at a minimum, the following:</li> <li>(c) Ensuring that patient needs are met in accordance with the plan of care;</li> <li><b>Corrective Actions:</b> <ol> <li>SN for patient #5 counseled regarding state and federal guidelines requiring HHA to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC).</li> <li>In-service provided to all SN staff regarding need for clinical staff including RNs and PCAs to follow POC as signed by PCP (see addendum #7)</li> <li>POC for patient #9 updated to reflect current status of patient. Patient has no documented DX of CHF or fluid retention requiring daily weight monitoring. Safety parameter removed from POC (see addendum # 16)</li> </ol> </li> <li><b>Measures put into place to ensure deficient practice does not occur:</b> Review of all SN clinical notes to ensure SN services are being provided in accordance to state and federal guidelines before distribution of visit note in patient chart. All notes found deficient will be sent back to clinician for immediate correction and resubmission.</li></ul>	

TATEMENT OF DEFICIENCIES (X1) ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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AME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, ST		12/0	12/01/2022	
ALISAD	DES HEALTH CARE PA	ARTNERS, INC	FERSON PLA GTON, DC 2	•			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI DATE	
H 453	blood sugar to deter warranted interventi 2. On 11/30/2022 at #9's records showed duration period of 0: that included orders visit the patient one PCA supervision, m health related issue body systems) and seven days per wee living (ADL) and ins (IADLs). The patient obstructive pulmona supplemental oxyge review of the POC in assess vital signs, of cardiopulmonary sta physician signs and failure exacerbation pounds or more in 2 pounds in one week record showed that 06/22/2022, 09/23/2 evidence of an asset to determine whethe intervention or phys On 12/01/2022 at 04 (DON) and administ findings.	rmine whether the result ion or physician notification. t 10:19 AM, review of Patient d a plan of care (POC) with a 3/01/2022 through 02/28/2023 for the registered nurse (RN) to to two times every 60 days for anagement of any medical s, assessment and evaluation o PCA services 11 hours a day ek to assist with activities of daily trumental activities of daily living t's diagnoses included chronic ary disease, dependence on en, and hypertension. Further included an order for the nurse to cardiovascular and atus, and to report to the symptoms of congestive heart and weight gains of two (2) ex hours or five (5) or more c. Further review of the clinical the nurse visited Patient #9 on 2022, and 10/13/2022 with no essment of the patient's weight er the results warranted ician notification. 4:15 PM, the director of nursing trator were made aware of the urvey, the home care agency skilled nursing services were nce with the patient's POC for	f V	How Compliance will be mode Compliance with QA findings as be tracked weekly by Clinical S reported to Agency Administration of Nursing. Clinicians who fail to comply we process will be re-counseled be closely monitored for compliant	and requests will Supervisor and itor and Director with implemented by DON and		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0069	B. WING		12/01/2022	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
PALISAD	ES HEALTH CARE PA	ARTNERS, INC	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 457	Continued From pa	ge 18	H 457			
H 457	3917.2(g) SKILLED	NURSING SERVICES	H 457	We will comply 3917.2 Skilled Nursing Services	02/09/2	
	Duties of the nurse following:	shall include, at a minimum, the		Duties of the nurse shall include, at a minimum, the following:		
	thirty (30) calendar	ress notes at least once every days and summary notes at «ty-two (62) calendar days;		(g) Recording progress notes at least once every thirty (30) calendar days and summar notes at least once every sixty-two (62) calendar days;	у	
	This Statute is not	met as evidenced by:		Corrective actions:		
	determined that the to ensure that the s progress note at lea and a summary not	view and interview, it was home care agency (HCA) failed killed nurse documented a ast once every 30 calendar days e at least every 62 calendar n active patients in the sample #10).		<ul> <li>The Director of Nursing:</li> <li>1) Provided counseling to RN of patient #2 #5 and #10.</li> <li>2) Provided an in-service to all Supervisin nurse on need for progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days. (see addendum # 7)</li> </ul>	g	
	<ol> <li>On 11/29/2022 at 01:06 PM, review of Patient #2's plan of care (POC) showed a duration period of 12/01/2021 through 11/30/2022 with a start of care date (SOC) of 03/05/2019. The POC included orders for the registered nurse (RN) to visit the patient one to two times every 60 days for personal care aide (PCA) supervision, management of any medical health related issues, assessment, and evaluation of body systems, and caregiver/ patient education. Further review of the clinical record lacked evidence of a progress note during the month of June 2022.</li> <li>On 12/01/2022 at 12:31 PM, review of Patient #5's plan of care (POC) showed a duration period of 03/01/2022 through 02/28/2023 with a start of care date (SOC) of 08/01/2013. The POC included orders for the registered nurse (RN) to</li> </ol>			<ul> <li>Measures put into place to ensure deficient practice does not occur:</li> <li>The Director of Nursing:</li> <li>Developed and implemented a process to ensure progress notes are completed in EN for patient who had missed visits for months which 60 day summaries are not generated. (see addendum # 17)</li> <li>How Compliance will be monitored:</li> <li>Compliance with implemented process will be tracked monthly by Scheduling Coordinator and reported to Agency Administrator and Director of Nursing.</li> <li>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process</li> </ul>	IR s in be	

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If continuation sheet 19 of 20

<u>Health R</u>	egulation & Licensing	Administration			-	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMF	URVEY PLETED
		HCA-0069	B. WING		12/0	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PALISAD	ES HEALTH CARE PA		ERSON PLA TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
H 457	personal care aide ( of any medical healt and evaluation of bo patient education. For record lacked evider the month of July 20 3. On 12/01/2022 at #10's plan of care (F of 11/01/2021 throug care date (SOC) of orders for the registe patient one to two tir care aide (PCA) sup medical health relate evaluation of body s education. Further re lacked evidence of a month of August 202 On 12/01/2022 at 04 (DON) and administ findings. At the time of survey agency failed to ens documented progres	to two times every 60 days for PCA) supervision, management h related issues, assessment, dy systems, and caregiver/ urther review of the clinical nee of a progress note during 22. 01:28 PM, review of Patient POC) showed a duration period gh 10/31/2022 with a start of 12/08/2015. The POC included ered nurse (RN) to visit the mes every 60 days for personal ervision, management of any ed issues, assessment, and ystems, and caregiver/ patient eview of the clinical record a progress note during the 22. 1:15 PM, the director of nursing rator were made aware of the v, it was determined that the ure that the skilled nurse as notes and summary notes in regulatory requirements for	H 457			
Health Regula	ation & Licensing Administra	ation				