

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2022
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NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
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H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 11/29/2022, 11/30/2022, and 12/01/2022 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided services to 104 patients and employed 140 staff. The findings of the survey were based on the review of administrative records, ten active patient records, five discharged patient records, 18 personnel records, and a review of the agency's response to incident reports received. The survey findings were also based on the completion of three patient telephone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living DON - Director of Nursing EMS - Emergency Medical Services ER - Emergency Room HCA - Home Care Agency HHA - Home Health Aide HRM - Human Resources Manager IADL - Instrumental Activities of Daily Living PCA - Personal Care Aide POC - Plan of Care RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care</p>	H 000	<p>Provider has reviewed the Licensure Survey reported date of 1/31/23 and all records during the Licensure Survey completed on 12/01/2022.</p>	
H 157	<p>3907.2(m) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(m) Documentation of acceptance or declination of the Hepatitis Vaccine; and...</p>	H 157	<p>We will comply with 3907.2(m) PERSONNEL</p> <p>Each home care agency shall maintain accurate Personnel record which shall include the Following information:</p> <p>(m) Documentation of acceptance or declination Of the Hepatitis Vaccine: and ...</p>	02/09/23

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<i>Wahiba Kalifa</i>	Administrator	Revised on 03/10/23
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H 162	<p>Continued From page 2</p> <p>within the six months immediately preceding the employee's date of hire for two of 18 personnel files sampled. The Receptionist and home health aide (HHA) #8.</p> <p>Findings included:</p> <p>A review of the facility's personnel records conducted on 11/29/2022 at 1:41 PM revealed the following:</p> <ol style="list-style-type: none"> 1. The personnel file for the Receptionist included a date of hire of 08/02/2022. Further review of her personnel file showed no documented evidence that she was screened for communicable disease. 2. The personnel file for home health aide (HHA) #8 included a date of hire of 06/03/2022. Further review of her personnel file showed a Chest X-ray dated 05/12/2021, but no evidence of screening for communicable disease within six months of hire. <p>During the exit conference on 12/01/2022 at 4:15 PM, the administrative staff acknowledged the finding.</p>	H 162	<p>For HHA #8 – The screening document was misplaced, but it was provided before the completion of the Licensure Survey. (see addendum #3)</p> <p>Measures put into place to ensure deficient practice does not occur:</p> <p>Human Resources will insure all applicant will not be hired until free of communicable disease (within six months immediately preceding the employee's date of hire) document is received.</p> <p>How Compliance will be monitored:</p> <p>Human Resources will audit all new hire files for compliance quarterly.</p>	
H 163	<p>3907.7 PERSONNEL</p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.</p> <p>This Statute is not met as evidenced by:</p>	H 163	<p>We will comply with 3907.7 PERSONNEL</p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.</p>	02/09/23

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H 163	<p>Continued From page 3</p> <p>Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of communicable disease annually for four of 18 personnel files sampled. The human resources manager (HRM), the Billing & Medical Records Coordinator, the Assistant Billing & Medical Records Coordinator, and the agency's Intake manager.</p> <p>Findings included:</p> <p>A review of personnel records conducted on 11/29/2022 at 1:41 PM and 11/30/2022 at 10:37 AM revealed the following:</p> <ol style="list-style-type: none"> 1. The personnel file for the human resources manager (HRM) included a date of hire of 06/29/2016. Further review of her personnel file showed no documented evidence that she had ever been screened for communicable disease since her date of hire. 2. The personnel file for the Billing & Medical Records Coordinator included a date of hire of 08/07/2017. Further review of her personnel file showed no documented evidence that she had ever been screened for communicable disease since her date of hire. 3. The personnel file for the Assistant Billing & Medical Records Coordinator included a date of hire of 04/02/2019. Further review of her personnel file showed no documented evidence that she had ever been screened for communicable disease since her date of hire. 4. The personnel file for the Intake Manager included a date of hire of 10/31/2016. Further review of her personnel file showed no documented evidence that she had ever been 	H 163	<p>Corrective Actions:</p> <p>For human resource manager (HRM), Billing & Medical Records Coordinator and Intake Manager, corrective action taken by collecting documentation that verifies free from communicable diseases. (See addendum #4)</p> <p>For Assistant Billing & Medical Record – The employee is no longer with the agency.</p> <p>Measures put into place to ensure deficient practice does not occur:</p> <p>Human Resources will verify that each employee is free of communicable diseases annually by running employee record audit report and ensuring all employees have submitted employee health screening questionnaire.</p> <p>How Compliance will be monitored:</p> <p>Human Resources will audit all continuing employee files for compliance quarterly.</p>	

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H 163	Continued From page 4 screened for communicable disease since her date of hire. During the exit conference on 12/01/2022 at 4:15 PM, the agency's administrator acknowledged the finding.	H 163		
H 260	<p>3911.1 CLINICAL RECORDS</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 accurately maintained for two of ten active patients sampled (Patients #2 and #7).</p> <p>Finding included:</p> <p>1. 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 revealed that the patient's diagnoses included Hemiplegia and hemiparesis, Human immunodeficiency virus [HIV], tremor, and Toxoplasma oculopathy. Continued review of the records revealed an assessment note dated 01/24/2022, where the skilled nurse (SN) noted the following: "Blood pressure (BP) was high, 166/133, reassessed, was 156/119. The client still denied going to the emergency room (ER), SN contacted the client's doctor's office and provided information about the client's condition and</p>	H 260	<p>We will comply with 3911.1 Clinical Records</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>Corrective Actions:</p> <p>The Director of Nursing:</p> <ol style="list-style-type: none"> Corrected POC for patient #2 (addendum #5) and patient # 7 (addendum #6) to accurately reflect patient diagnosis, diet and safety parameters. Corrected POC printed and sent for MD signature. In-service provided to all SN staff regarding need for agency to stay compliant in maintaining a complete, accurate, and permanent clinical record for each patient per regulations and accepted professional standards and policies (see addendum # 7) <p>Measures put into place to ensure deficient practice does not occur:</p> <p>The Director of Nursing:</p> <ol style="list-style-type: none"> Completed an audit of all patient current POC to ensure all patient records and POC's are current and accurately reflect patient diagnosis, medications, DME, diet, services provided and level of condition. 	02/09/23

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H 260	<p>Continued From page 5</p> <p>refusal to go to ER, Dr. visit scheduled for 02/03/2022 at 10:45 am." On 02/07/2022, the SN visited the patient and documented the following: "BP was high, 164/111, reassessed, was 166/110. The client denied pain, voiced he is feeling ok, refused to go to ER. Physician's office was called.</p> <p>Further review of the records showed an assessment note dated 07/28/2022, where the skilled nurse indicated that the patient was getting Amlodipine 10 milligrams a day for high blood pressure. The SN documented having educated the patient and caregiver on how to correctly measure the blood pressure and to eat a low salt diet. Nevertheless, the records failed to evidence the new diagnosis of high blood pressure, the parameters for blood pressure readings that would warrant medical intervention, and a low salt diet. The recertification assessment dated 10/27/2022 added blood pressure parameters in case of emergency but still lack the updated diagnosis and diet.</p> <p>Phone interview with the patient on 12/01/2022 at 1:29 PM confirmed he was being treated for high blood pressure and started Amlodipine in "February 2022." When asked about his diet, he stated he was on a "regular diet and no one told him he was supposed to be on a low salt diet" despite the nurse's note indicating he was educated on low salt diet.</p> <p>On 12/01/2022 at 04:15 PM, the director of nursing (DON) and the administrator were made aware of the findings. The Director of Nursing stated that the patient was educated on low salt diet, but he was not compliant. She was advised to notify the patient's physician and to update the records including the diagnosis and the appropriate diet.</p>	H 260	<p>2. Reviewed, redesigned and implemented current process to ensure all current and future POCs reflect complete accurate patient information including but not limited to patient diagnosis, medications, DME, diet, services provided and level of condition.</p> <p>How Compliance will be monitored:</p> <p>All POC's will reviewed by Clinical Supervisor to ensure compliance with new process and DOH regulations.</p> <p>Compliance with implemented process will be tracked weekly by Clinical Supervisor and reported to Agency Administrator and Director of Nursing.</p> <p>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process.</p>	

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H 260	<p>Continued From page 6</p> <p>2. On 11/30/2022 at 12:15 PM, review of Patient #7's POC showed a duration period of 08/01/2022 through 07/31/2023 with a SOC of 06/26/2015. The POC revealed that the patient's diagnoses included Multiple Sclerosis, Hypertension, Lymphedema, Bipolar disorder, Type II diabetes mellitus, and obesity. Continued review of the records revealed an assessment note dated 02/16/2022, where the SN noted the following: "Patient educated on diabetic management, diabetic foot care, diabetic diet, and to continue to monitor blood sugar (BS) daily. Patient verbalized understanding stated she avoids concentrated sweets, monitors BS, and takes medications as ordered." Also, further review of the records revealed a recertification assessment note dated 06/22/2022, where the SN noted "low sugar diet." Nevertheless, both care plans dated 08/01/2021 through 07/31/2022 and 08/01/2022 through 07/31/2023 respectively, failed to evidence that the client was on a diabetic diet. Instead, they indicated "Low Cholesterol Low Sodium" diet under the "Nutritional Requirements."</p> <p>On 12/01/2022 at 04:15 PM, the director of nursing and administrator were made aware of the findings.</p> <p>At the time of the survey, the agency failed to ensure each patient's record was accurately maintained for Patients #2 and #7.</p>	H 260		
H 300	<p>3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care</p>	H 300	<p>We will comply with 3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies ensure that each patient who receives home care services has the following rights:</p>	02/09/23

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H 300	<p>Continued From page 7</p> <p>services has the following rights:</p> <p>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that services were provided in accordance with the plan of care (POC) as evidenced by missed home health aide (HHA) visits for one of ten active patients sampled (Patient #8)</p> <p>Findings included:</p> <p>1. On 11/30/2022 at 11:18 AM, review of Patient #8's plan of care (POC) showed a duration period of 09/01/2022 through 08/31/2023. The patient's diagnoses included Type II diabetes mellitus, hypertension, Hemiplegia and hemiparesis, aphasia, Cerebrovascular disease, epilepsy, and bipolar disorder. The POC indicated skilled nursing services one to two times every 60 days and personal care services eight hours a day, seven days per week for 12 months. Continued review of Patient #8's clinical record showed that personal care services were not provided on 01/01/2022, 01/02/2022, 02/03/2022, 01/07/2022 through 01/10/2022, 01/14/2022 through 01/17/2022, and 01/29/2022 through 01/31/2022. Interview with the administrator on 12/01/2022 at 02:34 PM revealed that the missed visits were due to the patient's customary aide leaving, and the agency could not staff it. She added that the patient's family provided the care on the above dates.</p>	H 300	<p>(d) To receive treatment, care and services consistent with agency/patient agreement and with the patient's plan of care:</p> <p>Corrective Actions:</p> <p>Unfortunately, provider is not able to correct the deficiency for services that were not provided in the past.</p> <p>Effective immediately the provider will take steps to ensure that we provide PCA services according the plan of care for all patients.</p> <p>How Compliance will be monitored:</p> <p>The provider will continue its efforts to increase staffing numbers and retention to ensure PCA availability for patient PCA needs. We will review patient schedules 1 week prior to ensure all patient hours are staffed to patient preference and in accordance to patient plan of care. In the event of last minute PCA call outs we will attempt to provide PCA coverage for patient and reach out to patient primary caregiver and in the event of agency's inability to find coverage.</p>	

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H 300	Continued From page 8	H 300	We will comply with 3914.3 (m) Patient Plan of Care	02/09/23
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to patient's diagnoses in the plan of care (POC) for four of ten active patients included in the sample (Patients #2, 3, 5, and #8).</p> <p>Findings included:</p> <p>1. 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 patient's diagnoses included Hemiplegia and hemiparesis, Human immunodeficiency virus [HIV] disease, tremor, and Toxoplasma oculopathy. The client's medication list showed that he was receiving Amlodipine 10 milligrams a day for high blood pressure. Continued review of the records revealed assessment notes dated respectively 01/24/2022, where the skilled nurse (SN) noted the following: "Blood pressure (BP) was high, 166/133, reassessed, was 156/119" and 02/07/2022 with the following "BP was high, 164/111, reassessed, was 166/110."</p>	H 364	<p>3914.3 (m) The plan of care shall include the following:</p> <p>(m)Emergency protocols; and...</p> <p>At the time of survey current POC for patients #3, #5 and #8 included emergency protocols in POC. (see addendum # 9- 11)</p> <p>Corrective Action: The Director of Nursing:</p> <ol style="list-style-type: none"> 1) Performed audit of all current patient POC's to ensure all patient POC's included patient centered and specific emergency protocols. 2) Updated, printed and faxed for signature all POCs to PCP for patients #2 (see addendum # 8) as well as all additional POC's found to be during POC deficient during audit. 3) In-service provided to all SN staff regarding need for agency to stay compliant in ensuring all patient POC have patient centered emergency protocols and all clinical staff are educated on how to access patient specific emergency protocols. (see addendum # 7) <p>Measures put in place to ensure deficient practice does not occur:</p> <p>The Director of Nursing</p> <p>Revised process for assessing and documenting patient centered emergency protocols on POC for signature by MD (see addendum #12)</p>	

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H 364	<p>Continued From page 9</p> <p>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.</p> <p>2. On 12/01/2022 at 11:54 AM, review of Patient #3's POC showed a duration period of 08/01/2021 through 07/31/2022 with a SOC of 09/21/2015. The patient's diagnoses included Hypertension, heart failure, Cerebellar stroke syndrome, low back pain, hemiplegia and hemiparesis, shortness of breath, chronic obstructive pulmonary disease, chronic kidney disease, and type II diabetes mellitus. The POC showed that the client was receiving Lisinopril 10 mg a day, Carvedilol 25 mg two times a day, and Amlodipine Besylate 5 mg a day for high blood pressure. Further review of the plan of care lacked evidence of emergency protocols related to the patient's heart failure diagnoses, potential for elevated blood pressure and/or symptoms that may warrant emergency intervention.</p> <p>3. On 12/01/2022 at 12:31 PM, review of Patient #5's POC showed a duration period of 03/01/2021 to: 02/28/2022 with a SOC of 08/01/2013. The patient's diagnoses included Hypertension, schizophrenia, and type II diabetes mellitus. The POC showed that the client was receiving Lisinopril 40 mg a day, Hydralazine 50 mg three times a day, and Hydrochlorothiazide 25 mg daily 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.</p> <p>4. On 11/30/2022 at 11:18 AM, review of Patient</p>	H 364	<p>How Compliance will be monitored:</p> <p>All POC's will be reviewed by Clinical Supervisor to ensure compliance with revised process and DOH regulations.</p> <p>Compliance with implemented process will be tracked weekly by Clinical Supervisor and reported to Agency Administrator and Director of Nursing.</p> <p>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process.</p>	

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H 364	<p>Continued From page 10</p> <p>#8's POC showed a 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 Amlodipine 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.</p> <p>On 12/01/2022 at 04:15 PM, the Director of Nursing and the Administrator were made aware of the findings.</p> <p>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.</p>	H 364		
H 390	<p>3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>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.</p> <p>This Statute is not met as evidenced by:</p>	H 390	<p>We will comply with 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>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.</p>	02/09/23

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NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
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H 390	<p>Continued From page 11</p> <p>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).</p> <p>Findings included:</p> <p>A review of the facility's personnel records conducted on 11/30/2022 at 10:37 AM revealed the following:</p> <p>The personnel file for home health aide (HHA #5) showed that she participated in nine hours of in-service training for 2021. The human resources manager (HRM) was asked if the HHA had an additional three hours of in-service training for 2021. On 12/01/2022 at 3:22 PM, the HRM provided a copy of the in-service training that HHA #5 participated in and was tested for "Lifting and Transferring Patients" dated 01/11/2021. The HRM was questioned regarding HHA #5 receiving training on the usage of a mechanical lift. Continued discussion revealed that the agency no longer provided in-person training since the COVID-19 Pandemic. She stated that the staff were required to pick-up in-service training materials from the cooperate office, after which they were tested on those materials. Although HHA #5 obtained 12 hours of in-service training, there was no documented evidence that she underwent training or demonstrated competency on the use of a mechanical lift. HHA #5 was assigned Patient #7, who required the use of a mechanical lift for transfer.</p> <p>It should be noted that an incident report dated 05/18/2022 that occurred on 05/17/2022 at 04:20</p>	H 390	<p>1) HHA # 5 received competency by supervising RN on proper use of Hoyer lift. (see addendum # 13)</p> <p>2) Patient #7 POC updated to reflect Hoyer lift safety precautions (see addendum # 6)</p> <p>Measures put into place to ensure deficient practice does not occur:</p> <p>ALL PCA's providing care for patients using Hoyer lift will receive competency training prior to providing care for patients requiring Hoyer lift by RN. Completed competency form will be added to PCA personnel record.</p> <p>How Compliance will be monitored:</p> <p>HR will develop tracking tool to ensure all PCA's providing care to patient will Hoyer lift have competency complete in personnel records.</p> <p>HR and Director of Nursing Will perform yearly review of PCA personnel charts for patients with Hoyer lifts to ensure competency performed regarding Hoyer Lift use.</p>	

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H 390	<p>Continued From page 12</p> <p>PM was reviewed on 11/29/2022 at 10:59 AM involving Patient # 7. Further review of the report showed that Patient # 7 "slid from her Hoyer Lift onto the floor" during the process of HHA #5 transferring her from the wheelchair to the bed. According to the report, the HHA had to call emergency medical services (EMS) to assist with helping the patient from the floor.</p> <p>During an interview with Patient # 7 on 11/30/2022 at 2:32 PM, she stated that HHA #10 works during the day shift and was the aide that trained HHA #5 on how to operate the Hoyer (mechanical) Lift. It should be noted that during the interview with HHA #10 regarding training on the usage of the Hoyer Lift, she stated that Patient #7's neighbor trained her on how to operate the Hoyer Lift.</p> <p>Also, the patient stated that HHA #5 was not as strong as HHA # 10. When asked about Patient #7's Care Plan, the patient directed HHA #10 to retrieve the plan from her refrigerator. The patient read that the plan recommended that two persons should operate the Hoyer Lift. Patient #7 verified that there had never been two persons provided to work to operate the Hoyer Lift.</p> <p>At the time of the survey, the home care agency failed to ensure HHAs were trained and demonstrated competency on the use of the Hoyer (mechanical) Lift to provide services for Patient # 7.</p>	H 390		
H 399	<p>3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care aide duties may include the following:</p>	H 399	<p>We will comply with 3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance:</p>	02/09/23

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H 399	<p>Continued From page 13</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure that the 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).</p> <p>Findings included:</p> <p>On 11/30/2022 at 12:15 PM, review of Patient #7's clinical record showed plans of care (POCs) with duration periods of 08/01/2021 through 07/31/2022 and 08/01/2022 through 07/31/2023. The patient's diagnoses included Multiple Sclerosis, Hypertension, Lymphedema, Bipolar disorder, Type II diabetes mellitus, and obesity. The POC contained a physician 's order for personal care aide services (PCA) 16 hours a day, seven days per week to assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Further review of the record showed an incident report dated 05/18/2022 that occurred on 05/17/2022 at 04:20 PM while the HHA was transferring Patient #7 using a Hoyer lift. Based on the report, the patient slid from the Hoyer lift to the floor and emergency medical services (EMS) were called for assistance. The patient did not sustain any injury from the fall and was not transferred to the emergency room. Continued review of the HHA timesheet titled "Medicaid PCA Intervention" dated 05/17/2022 lacked evidence that the aide documented and reported the fall to the supervisor. Instead, the</p>	H 399	<p>Corrective Actions:</p> <ol style="list-style-type: none"> 1) HHA# 5 has received verbal written warning regarding PCA's failure to follow company policy regarding reporting falls, incidents and changes in patient condition to agency immediately after incident occurs or discovery of incident. (see addendum # 14) 2) PCA educated regarding agency policies for incidents, documenting incidents on clinical note and reporting incident. 3) PCA corrected clinical note for 5/17/2022 to reflect patient fall. (see addendum # 15) <p>Measures put into place to ensure deficient practice does not occur:</p> <p>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.</p> <p>How Compliance will be monitored:</p> <p>Compliance with implemented process will be tracked weekly by Clinical Supervisor and reported to Agency Administrator and Director of Nursing.</p> <p>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process.</p>	

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H 399	Continued From page 14 HHA noted "no" to the question "Did the patient fall?", and consequently did not report it to the office. Interview with the Director of Nursing 12/01/2022 at 04:15 PM confirmed that the aide did not call the office the day of the fall but did come the next day on 05/18/2022 to the office to write the incident report. At the time of the survey, the agency failed to ensure that the home health aide (HHA) recorded and reported Patient #7 's physical condition, behavior, and appearance the day of the incident.	H 399		
H 452	3917.2(b) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (b) Coordination of care and referrals; This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that the skilled nurse (SN) coordinated care with the physician's office for one of ten active patients in the sample (Patient #6). Findings included: On 11/30/2022 at 03:29 PM, review of Patient #4's clinical record showed a plan of care (POC) with a duration period of 05/24/2022 through 03/31/2023, for skilled nursing (SN) services one to two times every 60 days and personal care services eight hours a day, seven days per week for 12 months. The SN was ordered to perform	H 452	We will comply with 3917.2(b) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (b) Coordination of care and referrals; Corrective Actions: 1. SN for patient #6 counseled regarding state and federal guidelines requiring care coordination between clinician and patient PCA regarding ER visit, hospitalizations and changes in condition of patient. 2. In-service provided to all SN staff regarding need for agency to stay compliant in ensuring all patient changes in condition including ER visits and hospitalizations are coordinated with patient PCP and coordination in documented in patient chart. (addendum # 7)	02/09/23

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H 452	<p>Continued From page 15</p> <p>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."</p> <p>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.</p> <p>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.</p> <p>On 12/01/2022 at 04:15 PM, the director of nursing (DON) and the Administrator were made aware of the findings.</p> <p>At the time of the survey, the agency failed to ensure that the skilled nurse coordinated care with the physician's office.</p>	H 452	<p>Measures put into place to ensure deficient practice does not occur:</p> <p>The Director of Nursing:</p> <p>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.</p> <p>How Compliance will be monitored:</p> <p>Clinical Supervisor and DON will QA 100% of 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 and documenting that care coordination in SN note or care coordination note in patient chart.</p> <p>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process.</p>	
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p>	H 453		

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H 453	<p>Continued From page 16</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: 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 two of ten active patients in the sample (Patients # 5 and #9).</p> <p>Findings included:</p> <p>1. On 12/01/2022 at 12:31 PM, review of Patient #5's clinical record showed a plan of care (POC) with a duration period of 03/01/2021 through 02/28/2022, for skilled nursing (SN) visits one to two times every 60 days for 12 months to conduct skilled assessments, personal care aide (PCA) supervision, and six additional visits as needed for any medical health related issues. The patient's diagnoses included type II diabetes mellitus, hypertension, and paranoid schizophrenia. Further review of the POC included an order for the nurse and clinical staff to monitor the blood sugar and report to the physician if fasting blood sugar was greater than 300mg/dl or less than 70 mg/dl, and random blood sugar greater than 350 mg/dl or less 70mg/dl. Also, the clinical staff was to provide sugary snack or drink to the patient with a blood sugar of 70mg/dl and to recheck the blood sugar after 15 minutes. They were to call 911 if the blood sugar reading was less than 70mg/dl." Further review of the clinical record showed that the nurse visited Patient #5 on 12/07/2021 with no evidence of an assessment of the patient's</p>	H 453	<p>We will comply with 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>Corrective Actions:</p> <ol style="list-style-type: none"> 1. 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). 2. 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) 3. 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) <p>Measures put into place to ensure deficient practice does not occur:</p> <p>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.</p>	02/09/23

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H 453	<p>Continued From page 17</p> <p>blood sugar to determine whether the result warranted intervention or physician notification.</p> <p>2. On 11/30/2022 at 10:19 AM, review of Patient #9's records showed a plan of care (POC) with a duration period of 03/01/2022 through 02/28/2023 that included orders for the registered nurse (RN) to visit the patient one to two times every 60 days for PCA supervision, management of any medical health related issues, assessment and evaluation of body systems) and PCA services 11 hours a day seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). The patient's diagnoses included chronic obstructive pulmonary disease, dependence on supplemental oxygen, and hypertension. Further review of the POC included an order for the nurse to assess vital signs, cardiovascular and cardiopulmonary status, and to report to the physician signs and symptoms of congestive heart failure exacerbation and weight gains of two (2) pounds or more in 24 hours or five (5) or more pounds in one week. Further review of the clinical record showed that the nurse visited Patient #9 on 06/22/2022, 09/23/2022, and 10/13/2022 with no evidence of an assessment of the patient's weight to determine whether the results warranted intervention or physician notification.</p> <p>On 12/01/2022 at 04:15 PM, the director of nursing (DON) and administrator were made aware of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with the patient' s POC for (Patients #5 and #9).</p>	H 453	<p>How Compliance will be monitored:</p> <p>Compliance with QA findings and requests will be tracked weekly by Clinical Supervisor and reported to Agency Administrator and Director of Nursing.</p> <p>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process.</p>	

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H 457 H 457	<p>Continued From page 18</p> <p>3917.2(g) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that the skilled nurse documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days for three of ten active patients in the sample (Patients #2, 5, and #10).</p> <p>Findings included:</p> <p>1. 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.</p> <p>2. 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</p>	H 457 H 457	<p>We will comply 3917.2 Skilled Nursing Services</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;</p> <p>Corrective actions:</p> <p>The Director of Nursing:</p> <p>1) Provided counseling to RN of patient #2, #5 and #10.</p> <p>2) Provided an in-service to all Supervising 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)</p> <p>Measures put into place to ensure deficient practice does not occur:</p> <p>The Director of Nursing: Developed and implemented a process to ensure progress notes are completed in EMR for patient who had missed visits for months in which 60 day summaries are not generated. (see addendum # 17)</p> <p>How Compliance will be monitored:</p> <p>Compliance with implemented process will be tracked monthly by Scheduling Coordinator and reported to Agency Administrator and Director of Nursing.</p> <p>Clinicians who fail to comply with implemented process will be re-counseled by DON and closely monitored for compliance with process.</p>	02/09/23

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H 457	<p>Continued From page 19</p> <p>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 July 2022.</p> <p>3. On 12/01/2022 at 01:28 PM, review of Patient #10's plan of care (POC) showed a duration period of 11/01/2021 through 10/31/2022 with a start of care date (SOC) of 12/08/2015. 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 August 2022.</p> <p>On 12/01/2022 at 04:15 PM, the director of nursing (DON) 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, and #10.</p>	H 457		
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