Re ulation & Licensin Administration

Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0079	A. BUILDING: B. WING	05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSAL HOME HEALTHCARE, INC	1220 12TH STREET, SE WASHINGTON, DC 20003

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

H 000	INITIAL COMMENTS An annual licensure survey was conducted on 05/02/2023 through 05/08/2023 to determine compliance with Title 22 B DCMR, Chapter 39. The Home Care Agency provided services to 180 clients and employed 189 staff. The findings of the survey were based on the review of administrative and clinical records, 15 active client records, four discharged client records, four expired client records, 12 personnel records, and 6 incidents. Additionally, three client home visits were completed. Listed below are abbreviations used throughout this report: Abbreviations: ADL - Activities of daily living AVF- Arteriovenous Fistula COPD- Chronic Obstructive Pulmonary Disease CPR - Cardiopulmonary Resuscitation ESRD- End Stage Renal Disease HHA/PCA- Home Health Aide/Personal Care Aide HIV- Human Immunodeficiency Virus LAKA- Left Above the Knee Amputation. LUE- Left upper extremity. POC- Plan of Care RN - Registered Nurse SN- Skilled Nurse	H 000	Please begin typing your responses here:	
H 053	3903.2(c)(1) GOVERNING BODY The governing body shall do the following: (c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:	H 053		

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

TITLE Administrator

Health Regulation & Licensing

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H 053	Continued From page 1 (1) The evaluation shall include feedback from a representative sample consisting of either ten percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients. This Statute is not met as evidenced by: Based on a review of the Governing Body Meeting minutes and staff confirmation, it was determined that the Governing body failed to include a representative sample of patient feedback as a component of its annual evaluation of patient services. Findings included: On 05/08/2023 at 10:00 AM, a face-to-face interview was conducted with the agency Administrator. A review of Governing Body meeting minutes review lacked evidence that a representative sample of patient feedback was included in the annual review of services provided. At the time of the review, the Administrator acknowledged the finding.	H 053	On an annual basis, the agency will evaluate and review all policies governing the operation of the agency. The review of the evaluation will include feedback from patients sampling 10% of total District of Columbia patients regarding services provided. The agency is sending out via mail and/or email a survey for the client's feedback. During the year end governing board meeting, the results of the summary will be discussed annually.	7/1/2023Ongoing
H 148	3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required;	H 148	The HR Coordinator will ensure all documents are submitted, in addition to reviewing all employment charts for completion prior to releasing the applicant as a new hire. The HR/Operation manager will double check to ensure accuracy and completion.	7/1/2023Ongoing

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H 148	Continued From page 2 This Statute is not met as evidenced by: Based on Personnel record review and staff confirmation, the agency failed to ensure that one of 15 staff sampled had documentation of current cardiopulmonary resuscitation (CPR) certification in their personnel record. (Employee #12). Findings included: A review conducted on 05/08/2023 at 9:30 AM with the agency Administrator showed the personnel records for Employee #12 Home Health Aide, lacked documentation of a current Cardiopulmonary resuscitation certification (CPR Card) on file. At the time of the review, the Administrator acknowledged the finding.	H 148	All HR reports are regularly run 3 months ahead to ensure that all employees submit their documents accordingly, including but not limited to CPR, Physical, etc. Once the report is run, all aids are notified of expiring documentation 3 months in advance in order to have enough time to obtain the updated documentation. No less than 10 randomly selected charts Will be audited monthly by the QA nurse to monitor and track the procedures to ensure the effectiveness compliance with this regulatory requirements.	
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on personnel record review and staff confirmation, the agency failed to ensure the completion of an annual evaluation for one of 15 records sampled. Employee #12 (home health aide). Findings included:	H 152	The HR Coordinator will ensure all documents are submitted, in addition to reviewing all employment charts for completion prior to releasing the applicant as a new hire. The HR/Operation manager will double check to ensure accuracy and completion. All HR reports are regularly run 3 months ahead to ensure that all employees submit their documents accordingly, including but not limited to CPR, Physical, etc. Once the report is run, all aids are notified of expiring documentation 3 months in advance in order to have ample to obtain the updated documentation.	7/1/2023Ongoing

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H 152	Continued From page 3 A review conducted on 05/08/2023 at 9:30 AM with the Administrator showed Employee #12s (home health aide) personnel record lacked a 2022 completed annual evaluation. At the time of the review, the agency Administrator acknowledged the finding.	H 152	From the electronic personnel record system, we will run a monthly report 30 days in advance to show all employees due for annual evaluations. This will ensure all evaluations are completed in a timely manner. No less than 10 randomly selected charts will be audited monthly by the QA nurse to monitor and track the procedures to ensure the effectiveness compliance with thi regulatory requirements.	7/1/2023Ongoing
H 156	3907.2(1) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (l) Results of any competency testing; This Statute is not met as evidenced by: Based on personnel record review and staff confirmation, the agency failed to ensure Competency Testing was completed and on file, for one of 15 Personnel Records sampled. Employee #13 (home health aide). Findings included: A review conducted on 05/08/2023 at 1 1 AM with the Administrator showed Employee #13s, personnel file lacked evidence of Competency Testing. At the time of the review, the agency Administrator acknowledged the finding.	H 156	The HR coordinator will ensure that all new hires have a completed competency testing on file prior to release as a new hire. The Operations Manager will confirm evidence of competency testing. No less than 10 randomly selected charts will be audited monthly by the QA nurse to monitor and track the procedures to ensure the effectiveness compliance with thi regulatory requirements.	
H 163	3907.7 PERSONNEL Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for	H 163		

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H 163	Continued From page 4 Disease Control, and shall be certified free of communicable disease. This Statute is not met as evidenced by: Based on personnel record review and staff confirmation, the agency failed to ensure the annual screening for communicable disease, for two of 15 personnel sampled. Employees #8 and #14 (home health aides) Findings included: A review conducted on 05/08/2023 at 9:30 AM with the Administrator showed the personnel records for Employees #8 and #14, Home Health Aides, lacked documentation of an annual screening for communinicable disease. At the time of the review, the agency Administrator acknowledged the finding.	H 163	The HR Coordinator will ensure all documents are submitted, in addition to reviewing all employment charts for completion prior to releasing the applicant as a new hire. The HR/Operation manager will double check to ensure accuracy and completion. All HR reports are regularly run 3 months ahead to ensure that all employees submit their documents accordingly. The employees will be notified of upcoming expiring communicable disease screenings. Follow up will be made to confirm compliance. No less than 10 randomly selected charts will be audited monthly by the QA nurse to monitor and track the procedures to ensure the effectiveness compliance with thi regulatory requirements.	7/1/2023Ongoing
H 300	3912.2(d) PATIENT RIGHTS &	H 300		

	RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (d) To receive treatment, care and services consistent with the agency/patient agreement and with the patien?s plan of care; This Statute is not met as evidenced by: Based on clinical record review, policy review, and staff interview, the agency staff failed to ensure care and treatment as evidenced by			

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H 300	Continued From page 5 missed Personal Care Aide (PCA) visits and/or treatments as outlined in the Plan of Care (POC), for three of 15 clinical records reviewed, (Patient's #1, 2, 3). Findings included: 1. Review of Patient #1 clinical record on 05/03/2023 at 2:00 PM showed a Start of Care (SOC) date of 08/01/2022, with a duration of 08/01/2022 through 06/30/2023. Skilled Nursing (SN) services included monthly supervision and patient evaluation, with Personal Care Aide services 8 hours a day/7 day a week. Patient diagnosis included chronic kidney disease stage 3, morbid obesity, mitral valve insufficiency, and osteoarthritis. Personal Care Aide (PCA) POC showed assistance with ambulation and or transfer and exercise to improve cardiac and muscle strength. PCA documentation lacked evidence for patient assistance with transfer, toileting, and range of motion exercises on 10/03/2022, 10/10/2022, 1 1/10/2022, 11/19/2022, 11/26/2023, 12/18/2022, and 12/31/2022. 2. Review of Patient #2 clinical record on 05/03/2023 at 2:30 PM showed a Start of Care on 12/18/2018, with a duration period of 05/01/2022 through 04/30/2023. Skilled Nurse (SN) visits monthly, and PCA visits 8 hours a day/5 day per week. The patient's diagnosis included cerebral palsy, paraplegia, and muscle weakness. PCA POC showed extensive assistance with bathing, dressing, meal preparation, transfer, and walking. Clinical record documentation showed missed PCA visit on 12/05/2022. 3. Review of Patient #3 clinical record on 05/03/2023 at x: 12:00 PM showed a Start of Care (SOC) date of 04/10/2017 with a duration of	H 300	All clinical staff was inserviced regarding documenting the reasons for the missed visits and the necessity to notify the PCP and CM when a beneficiary is non-compliant with visits. The operations manager at the end of each month will generate a missed visit report. This report will be shared with the DON, Nurse Supervisor and QA nurses. The QA Nurses on a monthly basis will review the missed visit reports and confirm that visits were canceled are duly documented. During the QA nurse randomly selected 10 patient charts they will also look for any missed visits and confirm compliance. Any staff members who are found to be non compliant they will be re in -serviced. All Clinicians have been educated in the necessity to document within 48 hours of a visit. All staff have been educated in the necessity of proper and accurate documentation. No less than 10 randomly selected charts will be audited monthly by the QA nurse to monitor and track these procedures to ensure the effectiveness of this specific deficiency remains corrected and in compliance with this regulatory requirements.	7/1/2023Ongoing

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H 300 H 355	Continued From page 6 02/07/2022 through 02/28/2023. Skilled Nursing (SN) services included monthly supervision and patient evaluation, with Personal Care Aide services 8 hours a day without a daily determination. Patient diagnosis included chronic obstructive pulmonary disease (COPD), human immunodeficiency virus (HIV), muscle weakness, muscle spasms, and head injury. Personal Care Aide (PCA) POC shows extensive assistance with bathing, ambulation, transfers, and range of motion exercises. lacked an emergency protocol for COPD exacerbation, vital signs for abnormal values, skin infections, bleeding, and sudden loss of consciousness. Clinical record documentation showed missed PCA visits on 10/01/2022, 10/02/2022, 10/03/2022, 10/04/2022, 10/05/2022, 10/07/2022, 10/08/2022, 10/22/2022 and 11/03/2022 through 11/26/2022. 3914.3(d) PATIENT PLAN OF CARE	H 300	Clinicians have been instructed to double check their work prior to submitting POCs. The POC will be reviewed by the Supervisory Nurse. The supervisor nurse will monitor and review the POC every 60 days with the DON. This will ensure that errors are corrected and eliminated prior to signature and uploads. Changes and updates in services that will require the POC to be amended to effectuate the services are accurately being provided. The goals will be reviewed and monitored for any update's revisions or completions of goals and the development of new goals. This information will be shared with the Case Manager and all other disciplines for Coordination of Care. The Increase/Decrease Protocol will be followed and reviewed weekly to confirm that clients are receiving services to be rendered in the scope	7/1/2023Ongoing

	The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on clinical record review and staff confirmation, the Physician's Plan of Care failed to stipulate the number of days required for the provision of Personal Care Services for one of 15 clinical records reviewed, (Patient #3). Findings included.		and frequency ordered. All POC will reflect the authorized hours. No less than 10 randomly selected charts will be audited monthly by the QA nurse to monitor and track these procedures to ensure the effectiveness of this specific deficiency remains corrected and in compliance with this regulatory requirements.	

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H 355	Continued From page 7 A review of Patient #3s clinical record on 05/03/2023 at noon showed a Start of Care (SOC) date of 04/10/2017 with a duration of 02/07/2022 through 02/28/2023. Skilled Nursing (SN) services included monthly supervision and patient evaluation, with personal care services 8 hours per day, however, the POC lacked specification of the number of days per week services were to be provided. At the time of the finding, the Director of Nursing acknowledged the finding.	H 355	During creation of the POC the clinician will ensure the HHA orders are recorded with accuracy including the amount of hours per day, per week, and the duration of service. Clinicians will be in serviced by the DON to enforce the accuracy of the orders. The supervisory nurse and QA nurses will review all completed POC. Continuous monitoring will continue with no less than 10 randomly selected charts to be audited monthly by the QA nurses to monitor and track this process to ensure the effectiveness of this deficiency remains corrected and in compliance with this regulatory requirements	
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and.. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to patient's diagnoses in the plan of care (POC) for four of 15 patients sampled (Patients #3,7, 9, and 12). Findings included: 1. Review of Patient #3 clinical record on 05/03/2023 at x: 12:00 PM showed a Start of Care (SOC) date of 04/10/2017 with a duration of 02/07/2022 through 02/28/2023. The Plan of Care (POC) Skilled Nursing (SN) services included monthly supervision and patient evaluation, with personal care services 8 hours a day. Diagnoses included chronic obstructive pulmonary disease	H 364	During the development of the POC the Clinician will include emergency protocols Person Centered to the client's specific diagnosis in each POC. The caregiver family will be educated on the included emergency protocols. This education will include education and demonstration of understanding. The nurse supervisor will review all completed POC to ensure all emergency protocols are documented and accurate. No less than 10 randomly selected charts will be audited monthly by the QA nurse to monitor and track these procedures to ensure the effectiveness of this specific deficiency remains corrected and in compliance with the regulatory requirements. Emergency protocols will include all chronic conditions and actions to follow when patient decompensates. The HHA will be educated on the emergency protocols and how to respond to the emergencies.	

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H 364	Continued From page 8 (COPD), muscle weakness, muscle spasms, and head injury. The personal care plan of care showed assistance with ADLs, ambulation, transfers, and range of motion exercises. The POC failed to include evidence of emergency protocols related to the patient's COPD diagnois. 2. Review of Patient #7 clinical record on 05/05/2023 at 1:30 PM showed a SOC date of 04/26/2017, with a duration of 09/01/2022 through 08/31/2023. The POC showed SN services included twice-monthly supervision and patient evaluation, with PCA services 12 hours a day/7 day a week. Diagnoses included diabetes mellitus, hypertension, end-stage renal disease (ESRD) with left upper extremity Arteriovenous Fistula (AVF) access for hemodialysis, and a left Above the Knee Amputation (LAKA)with lower leg prosthesis for ambulation. The personal care plan of care showed assistance required for hygiene, bed or bath, ambulation, and transfer, meal preparation, ensuring prosthesis proper fit, feet check daily for lesions, and a Suprapubic catheter drainage bag that requires frequent monitoring and emptying. The POC failed to include evidence of emergency protocols related to the possible untoward effects that may occur with the patient's Fistula and suprapubic indwelling catheter. 3. Review of Patient #9 clinical record on 05/04/2023 at 1:00 PM showed a SOC date of 05/08/2020 with a duration of 01/01/2022 through 12/31/2022. The POC showed SN services included twice-monthly supervision and patient evaluation, with PCA services 7 hours a day/5 day a week. Diagnoses included diabetes mellitus, chronic kidney disease, hypertension, chronic obstructive pulmonary disease, carpel tunnel	H 364	During creation of the POC, the nurse will assess for all chronic conditions and establish medical emergency protocols for each condition. The protocols will be included in the POC. The Supervisory Nurse and primary nurse will educate the aide, patient and family on how to manage chronic condition crisis. How to interpret the blood sugar, vital signs, testing and clear measures to follow for intervention of developing crisis. Proper documentation of the action will be entered in the patient's clinical record. Continuous quality monitoring will be ongoing. The supervisory and QA nurses will review all POC's for accuracy. No less than 10 charts will be randomly selected to monitor and track the progress and for necessary corrective measures to be implemented. The 10 charts selected will be audited monthly.	7/1/2023Ongoing

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H 364	Continued From page 9 syndrome, and polyneuropathy. The personal care plan of care showed ADLs, meal preparation, feet inspection daily for lesions, assistance with ambulation, transfers, and range of motion exercises. Durable medical equipment (DME) included an oxygen concentrator with oxygen supplies and a glucometer. The POC failed to include evidence of emergency protocols related to the possible untoward effects associated with the use of in-home oxygen and the patients diagnosis of COPD. 4. Review of Patient #12 clinical record on 05/03/2023 at 3:00 PM showed a SOC date of 07/25/2022 with a duration of 07/25/2022 through 07/24/2023. The POC showed SN services included monthly supervision and patient evaluation, with PCA services 8 hours a day/7 day a week. Patient diagnosis included type 2 diabetes mellitus with diabetic neuropathy, hyperlipidemia, and chronic obstructive pulmonary disease. The personal care plan of care showed ADLs, meal preparation, ambulation, and transfers, and assists with doctors' visits and appointments. Durable medical equipment (DME) included an oxygen concentrator with oxygen supplies and a glucometer. The POC failed to include evidence of emergency protocols related to the possible untoward effects associated with the use of in-home oxygen and the patient's diagnosis of COPD. At the time of survey, the home care agency failed to ensure that the patient's plan of care (POC) included an emergency protocol relative to the patient's diagnoses. The findings were discussed with the agency	H 364		

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H 364	Continued From page 10 Clinical Director at the time of the record review.	H 364		
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days. This Statute is not met as evidenced by: Based on clinical record review and staff confirmation, the physician failed to sign the Plan of Care (POC) within the 30-day requirement, for two of 15 patient records reviewed. (Patient #1, 8) Findings included: 1. Review of Patient #1 's clinical record on 05/03/2023 at 2:00 PM showed a Start of Care (SOC) date of 08/01/2022, with a duration of 08/01/2022 through 06/30/2023. The Plan of Care (POC) showed Skilled Nursing (SN) services included monthly supervision and patient evaluation, with Personal Care Aide (PCA) services 8 hours a day/7 day a week. Diagnoses included chronic kidney disease morbid obesity, mitral valve insufficiency, and osteoarthritis. The POC showed a physician's signature dated 09/29/2022, greater than the 30-day requirement. 2. Review of Patient #8 clinical record on 05/05/2023 at 10:30 AM showed a SOC date of	H 366	The agency has implemented methods of managing the POC, for physicians to sign within 30 days. A monthly list of all POC's expiring for a specific month is generated 90 days in advance. Both the DON and QA nurses review all POC's for the specific month that is up for renewal. Once the POC is prepared within 2 days it will be faxed out to the physicians office. The faxed confirmation transmission will be filed for reference. After completion all signed POC's will be reviewed by the QA nurses for compliance. In addition, on a monthly basis 10 randomly selected POC's will be selected for review and compliance, and to ensure that all POC's are signed within 30 days of the start of care.	7/1/2023Ongoing

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H 366	Continued From page 11 04/03/2019, with a duration of 08/01/2022 through 07/31/2023. The POC showed SN services monthly for supervision and patient evaluation, with PCA services 8 hours a day/7 days a week. Diagnoses included encephalopathy, hypertension, gastro-esophageal reflux, muscle weakness, and fluid overload. The POC showed a physician's signature greater than the 30-day requirement. The findings were shared with the agency Administrator at the time of the reivew.	H 366		
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on clinical record review and staff confirmation, the home care agency failed to ensure that the home health aide (HHA) recorded and reported the patient's physical condition, behavior, and/or appearance for eight of 15 clinical records reviewed. (Patient #4, 6, 7, 8, 9, 10, 12, and #15) Findings included: 1. Review of Patient #4's clinical record on 05/03/2023 at 2:00 PM showed a Start of Care (SOC) date of 07/19/2022 with a duration of	H 399		

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	HCA-0079	A. BUILDING: B. WING	05/08/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1220 12TH STREET, SE
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H 399	Continued From page 12 07/19/2022 through 05/31/2023. The POC showed Skilled Nursing (skilled nurse) services included monthly supervision and patient evaluation, with HHA services 8 hours a day/7 day a week. Patient's diagnoses included diabetes mellitus, chronic kidney disease, chronic pain, and abnormalities of gait and mobility. The personal services plan of care shows feet inspection daily for lesions, extensive assistance with bathing, recording blood glucose in a daily logbook, ambulation, transfers, and range of motion exercises. HHA documentation showed no daily foot inspection on 11/14/2022, 11/15/2022, 11/16/2022, 11/17/2022, 11/18/2022, and 11/19/2022. There was no evidence in the clinical record of a daily blood glucose log as detailed in the POC. 2. Review of Patient #6[1]s clinical record on 05/05/2023 at 2:30 PM showed a SOC date of 08/20/2022, with a duration of 08/20/2022 through 12/31/2022. The POC showed skilled nurse services included monthly supervision and patient evaluation, with HHA services 8 hours a day/7 day a week. Diagnoses included diabetes mellitus, essential hypertension, and osteoarthritis. The personal services plan of care shows personal care and hygiene, assistance with ambulation and transfer, assistance with documentation of blood glucose monitoring logbook, meal preparation, and feet inspection daily for lesions. There was no evidence in the clinical record of a daily blood glucose log as detailed in the POC. 3. Review of Patient #7's clinical record on 05/05/2023 at 1 PM showed a Start of Care	H 399	All clinicians will be in serviced on proper documentation of all information into the POC and medication profile. Each beneficiary will receive a patient specific comprehensive assessment. All clinicians are being in serviced on conduct accurate reviews and document updates. The RN developing the POC will cross reference to ensure consistency of information between DCCC, CRISP, Medication Profiles, InterRAl, Pharmacy list and discharge summaries to ensure accuracy of patient's physical condition, behavior, or appearance. During each visit the Clinician must ask the patient if there are any new changes to include in their profile and Physician's POC to reflect the current condition. Ensure that the aides are reporting any changes in the patient's condition or behavior. Review the aides visit notes for notations regarding any information or problems regarding the patient's condition behavior and appearance. During each monthly nurse supervisory visit, the clinician will review the PCA POC to confirm compliance. The Supervisory nurse will confirm that all duties stated in the POC are being performed as stated. At each supervisory visit, the supervisory nurse will review all daily log books to confirm compliance. No less than 10 randomly selected charts will be audited monthly by the QA	7/1/2023Ongoing

	(SOC) date of 04/26/2017, with a duration of 09/01/2022 through 08/31/2023. The Plan of Care (POC) showed skilled nurse services included		nurse to monitor and track these procedures to ensure the effectiveness of this specific deficiency remains corrected and in compliance with the regulatory requirements.	

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H 399	Continued From page 13 twice-monthly supervision and patient evaluation, with Personal Care Aide (HHA) services 12 hours a day/7 day a week. Diagnoses included diabetes mellitus, hypertension, end-stage renal disease (ESRD) with a left upper extremity Arteriovenous Fistula (AVF) access for hemodialysis, and a left Above the Knee Amputation (LAKA)with lower leg prosthesis for ambulation. The personal services plan of care shows assistance with documentation of required for daily blood pressure and blood glucose log maintenance, hygiene, bed or bath, ambulation and transfer, meal preparation, ensuring prosthesis proper fit, feet check daily for lesions, a Suprapubic catheter drainage bag that requires frequent monitoring, emptying and a log for intake and output, and documentation of patient blood pressure and glucose monitoring in the daily log. HHA documentation shows no documentation related to suprapubic drainage bag emptying on the 6:00 AM to 11:00 AM shift: 10/03/2022, 10/04/2022, 10/05/2022, 10/06/2022, 10/07/2022, 4:30 to 8:30 PM shift: 10/03/2022, 10/04/2022, 10/05/2022, 10/06/2022, and 10/07/2022, 4:30 to 8:30 PM shift: 10/10/2022, 10/11/2022, 10/12/2022, 10/13/2022, and 10/14/2022. There no evidence found in the clinical record of an intake and output log. Additionally, there was no evidence in the clinical record of daily blood pressure and blood glucose log as detailed in the POC. 4. Review of Patient #8's clinical record on 05/05/2023 at 10:30 AM showed a SOC date of 04/03/2019, with a duration of 08/01/2022 through 07/31/2023. The POC showed skilled nurse services monthly for supervision and patient evaluation, with HHA services 8 hours a day/7 day a week. Diagnoses included encephalopathy,	H 399		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(Xl) PROVIDER]SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED 05/08/2023

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H 399	Continued From page 14 hypertension, gastro-esophageal reflux, muscle weakness, and fluid overload. There was no evidence in the clinical record of daily blood pressure and as detailed in the POC. 5. Review of Patient #9's clinical record on 05/04/2023 at 1:00 PM showed a Start of care (SOC) date of 05/08/2020 with a duration of 01/01/2022 through 12/31/2022. The POC showed Skilled Nursing (skilled nurse) services included twice-monthly supervision and patient evaluation, with HHA services 7 hours a day/5 day a week. Diagnoses included diabetes mellitus, chronic kidney disease, hypertension, chronic obstructive pulmonary disease, carpel tunnel syndrome, and polyneuropathy. The personal services plan of care shows personal care and hygiene, assistance with documentation of blood glucose monitoring logbook, meal preparation, feet inspection daily for lesions, and extensive assistance with bathing, ambulation, transfers, and range of motion exercises. There was no evidence in the clinical record of daily blood pressure and blood glucose log as detailed in the POC. 6. Review of Patient #10's clinical record om 05/03/2023 at 1 PM showed a start of care date of 08/22/2017 with a duration of 01/01/2022 through 12/31/2022. The POC showed skilled nurse visits monthly for HHA supervision and ongoing patient evaluation. HHA services 8 hours a day/7 day/week. Diagnoses included diabetes mellitus, hypertension, and generalized muscle weakness. The personal services plan of care shows personal care and hygiene, assistance with documentation of the blood glucose recording in logbook, meal preparation, feet inspection daily	H 399		

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H 399	Continued From page 15 for lesions, assistance with bathing, ambulation, transfers, and range of motion exercises, and documentation of patient blood glucose monitoring in the daily log. There was no documented evidence in the clinical record of daily blood pressure and blood glucose log as detailed in the personal services plan of care. 7. Review of Patient #12's clinical record on 05/03/2023 at 3:00 PM showed a SOC date of 07/25/2022 with a duration of 07/25/2022 through 07/24/2023. The POC showed skilled nurse services included monthly supervision and patient evaluation, with HHA services 8 hours a day/7 day a week. Diagnoses included diabetes mellitus with diabetic neuropathy, hyperlipidemia, and chronic obstructive pulmonary disease. The personal services plan of care shows personal care and hygiene, meal preparation, ambulation, and transfers, and assists with doctors' visits and appointments, and documentation of patient blood glucose monitoring in the daily log. Documentation by the aide shows no assistance with bowel or bladder elimination on 10/3/2022 through 10/07/2022, 10/10/2022 through 10/14/2022, 10/17/2022 through 10/21/2022, 11/07/2022 through 11/11/2022, 10/31/2022 through 11/04/2022, 11/21/2022 through 11/25/2022 and 11/28/2022 through 11/30/2022. There was no evidence in the clinical record of a daily blood glucose log as detailed in the POC. 8. Review of Patient #15's clinical record on 05/04/2018 at 2:15 PM showed a start of care date of 04/05/2018 with a duration of 03/01/2022 through 02/28/2023. The POC showed skilled nurse visits monthly for HHA supervision and ongoing patient evaluation. HHA services 10 hours a day/7 day/week. Diagnoses included	H 399		

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H 399	Continued From page 16 diabetes mellitus with diabetic neuropathy, pain in the leg unspecified, hypertension, and back pain. The personal services plan of care shows personal care and hygiene, meal preparation, ambulation, and transfers, and assists with doctors' visits and appointments, and documentation of patient blood glucose monitoring in the daily log. There was no evidence in the clinical record of a daily blood glucose log as detailed in the POC. The findings were shared with the agency clinical director at the time of the reivew.	H 399		7/112023Ongoing
H 433	3916.2(c) SKILLED SERVICES GENERALLY Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies shall include, at a minimum, the following: (c) Coordinating services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the patient's needs; and... This Statute is not met as evidenced by: Based on clinical record review and staff confirmation, the Skilled Nursing Staff failed to coordinate services with other agencies actively involved in patient care, through written communication and/or interdisciplinary conferences, for two of 15 clinical records reviewed, (Patient #7 and # 13). Findings included:	H 433	The corrective actions to all identified deficiencies will be applied across the board to all beneficiaries and or staff to improve the quality of services rendered. All clinicians will undergo training on reviewing the beneficiary's InterRAl Assessment & CM PCSP to include the interdisciplinary teams involved in the patient's care. It is imperative that the whole treatment team participate in care coordination conferences to discuss the identification of patient needs and factors that could affect the effectiveness of the patient's safety and treatments. This best practice will ensure that all coordinated services are documented in the Person Centered Plan of Care. The documentation needs to reflect interchange of information between all individuals who are providing services to the beneficiary. The clinician will document the review of the InterRAl and PCSP in the case notes as documented evidence.	

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H 433	Continued From page 17 1. Review of Patient #7's clinical record on 05/05/2023 at 1:30 PM showed a Start of Care (SOC) date of 04/26/2017, with a duration of 09/01/2022 through 08/31/2023. The Plan of Care (POC) showed skilled nursing (SN) services included twice-monthly supervision and patient evaluation, with home health aide, personal care services 12 hours a day/7 days a week. Patient #7s diagnoses included intellectual disabilities, type 1 diabetes mellitus, pacemaker, hypertension, end-stage renal disease (ESRD) with hemodialysis. Additionally, there was no evidence of written communication or coordination between the agency and the outpatient hemodialysis center or cardiologist as it relates to the patient's renal and cardiac status. 2. Review of Patient #13[1]s clinical record on 05/05/2023 at 2:30 PM showed a Start of Care (SOC) date of 10/04/2019, with a duration of 03/01/2022 through 02/28/2023. The Plan of Care (POC) showed SN services included monthly supervision and patient evaluation, with home health aide, personal care services 6 hours a day/2 days a week, and 5 hours a day/3 days a week. Patient #13's diagnoses included type 2 diabetes mellitus, pacemaker, hypertension, chariot's joint, left ankle, and foot, and end-stage renal disease with right upper extremity arteriovenous fistula and outpatient hemodialysis. Additionally, there was no evidence of written communication or coordination between the agency and the outpatient hemodialysis center or cardiologist as it relates to the patient's renal and cardiac status. The findings were shared with the agency clinical	H 433	No less than 10 randomly selected charts will be audited monthly by the QA nurse to monitor and track these procedures to ensure the effectiveness of this specific deficiency remains corrected and in compliance with the regulatory requirements. An In-Service was held on May 23rd topics included InterRai Assessment and PCSP reviews. All clinicians have been instructed to document that they have reviewed both the InterRai and PCSP. Training also included the importance and expectations of proper care coordination.	

Health Re ulation & Licensin Administration

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H 433	Continued From page 18 director at the time of the reivew.	H 433		