

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted on 12/15/2021, 12/16/2021, 12/17/2021, 12/20/2021, and 12/21/2021 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 92 patients and employed 134 staff. The findings of the survey were based on the review of administrative records, 10 active patient records, three discharged patient records, 14 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of seven patient telephone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <ul style="list-style-type: none"> ADL - Activities of Daily Living CHF - Congestive Heart Failure DON- Director of Nursing HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living mg/dl - milligrams per deciliter OT - Occupational Therapist PCA - Personal Care Aide POC - Plan of Care PT - Physical Therapist 	H 000	Please begin typing responses here:	03/31/22
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

E. Skelton Malabigne

TITLE

ADMINISTRATOR

(X8) DATE

05/04/22 REVISED

Health Regulation & Licensing Administration

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H 000	Continued From page 1 RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care	H 000		
H 162	<p>3907.6 PERSONNEL</p> <p>At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of communicable diseases within the six months immediately preceding the employee's date of hire for two of 14 employee's personnel files included in the sample (Field Supervisor, Staffing Coordinator, and Administrative Assistant).</p> <p>Findings included: A review of the facility's personnel records was conducted on 12/16/2021 at 2:04 PM and 12/17/2021 at 1:38 PM revealed the following: The personnel file for the agency's Field Supervisor included a hire date of 10/19/2015. Further review of his personnel file showed no documented evidence that he had ever been screened for and verified free of communicable disease.</p>	H 162	<p>3907.6 PERSONNEL</p> <p>Deficient practice: Alliance acknowledges the deficient practice by failing to verify that office employees must be free of communicable disease within six months prior to the date of hire. These findings were discussed with the HR manager so that newly hired employees will going forward present documents meeting the above requirements.</p> <p>The referenced employees in the audit have now complied and presented proof showing that they are free of communicable diseases.</p> <p>Systemic Change: Going forward, HR manager includes in the missing documents report office staff information to ensure they are not overlooked. The date of hire will also be checked to make sure the free of communicable disease documents are not exceeding six months prior the date of hire.</p>	03/31/22

Health Regulation & Licensing Administration

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H 162	<p>Continued From page 2</p> <p>The personnel file for the agency ' s Staffing Coordinator included a hire date of 10/24/2011. Further review of her personnel file showed no documented evidence that she had ever been screened for and verified free of communicable disease.</p> <p>The personnel file for the agency ' s Administrative Assistant included a hire date of 03/09/2018. Further review of her personnel file showed no documented evidence that she had ever been screened for and verified free of communicable disease.</p> <p>During an interview on 12/20/2021 at 3:04 PM, the Human Resources Director stated that the agency did not require any office staff to be screened for communicable diseases. It should be noted that further interview revealed that one of the Field Supervisor ' s duties included home visits to verify that the home health aides (HHAs) were on duty.</p> <p>The Human Resources Director was referred to Title 22 DCMR Chapter 39 for Home Care Agencies' regulations that require the HCA to verify that each employee has been screened for and verified free of communicable disease within six months prior to their date of hire.</p> <p>Review of the Home Care Agency's policy entitled "Health Screening Policy" on 12/20/2021 at 5:28 PM, showed "Any employee or contract personnel providing direct patient care, there shall be documentation of completion of a tuberculin (TB) skin test, via the Mantoux method." It should be noted that the personnel policy did not address that the agency would verify that all employees would be screened for and certified free of all communicable diseases within six months prior to</p>	H 162	<p>Quality assurance measure:</p> <p>Before hire, the HR manager will review the application to ensure and verify that each employee has been screened for and is free of communicable disease within the six months immediately preceding the date of hire.</p> <p>HR manger contacts new applicants if their screening exceeds six months before the date of hire in case, they have documentation showing they have been screened within the time frame specified in the regulation.</p>	03/31/22
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Health Regulation & Licensing Administration

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H 162	Continued From page 3 the employee's hire dates.	H 162		
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: Based on record review and interview, the home care agency failed to verify that each employee was free of communicable diseases annually for three of 14 personnel files included in the sample (Field Supervisor, Staffing Coordinator, and Administrative Assistant).</p> <p>Findings included: A review of the facility's personnel records was conducted on 12/16/2021 at 2:04 PM and 12/17/2021 at 1:38 PM revealed the following: The personnel file for the agency's Field Supervisor included a hire date of 10/19/2015. Further review of his personnel file showed no documented evidence that he had ever been screened for and verified free of communicable disease. The personnel file for the agency ' s Staffing Coordinator included a hire date of 10/24/2011. Further review of her personnel file showed no documented evidence that she had ever been screened for and verified free of communicable disease.</p>	H 163	<p>3907.7 PERSONNEL</p> <p>Deficient practice: Alliance acknowledges the deficient practice by failing to verify that office employees must be free of communicable disease annually during the time of their employment with the agency. These findings were discussed with the HR manager so that employees will present documents annually showing they are free of communicable diseases. The referenced employees in the audit have now complied and presented proof showing that they are free of communicable diseases.</p> <p>Systemic Change: Going forward, HR manager incorporates in the missing documents report that all employees are screened annually to ensure compliance, HR manager contacts employees 30 days prior to expiration of their documents in order to maintain continued employment.</p>	03/31/22

Health Regulation & Licensing Administration

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H 163	<p>Continued From page 4</p> <p>The personnel file for the agency ' s Administrative Assistant included a hire date of 03/09/2018. Further review of her personnel file showed no documented evidence that she had ever been screened for and verified free of communicable disease.</p> <p>During an interview on 12/20/2021 at 3:04 PM, the Human Resources Director stated that the agency did not require any office staff to be screened for communicable diseases. It should be noted that further interview revealed that one of the Field Supervisor ' s duties included home visits to verify that the home health aides (HHAs) were on duty.</p> <p>The Human Resources Director was referred to Title 22 DCMR Chapter 39 for Home Care Agencies' regulations that required the HCA to verify that each employee has been screened for and free of communicable disease annually.</p> <p>Review of the Home Care Agency's (HCA) policy entitled "Health Screening Policy" on 12/20/2021 at 5:28 PM, showed no documented evidence that the HCA ' s policy required employees to be screened and free of communicable disease annually.</p>	H 163	<p>Quality assurance measure:</p> <p>In order to comply with this requirement, the HR manager will review twenty-five (25) percent of the personnel records monthly to review the time sheets for consistency. Any missed visits will have to be documented including the reason for it.</p>	03/31/22
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 services has the following rights:</p> <p>(d) To receive treatment, care and services consistent with the agency/patient agreement and</p>	H 300		

Health Regulation & Licensing Administration

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H 300	<p>Continued From page 5 with the patient's plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that services were provided in accordance with the plan of care (POC) as evidenced by missed visits for two of ten active patients in the sample (Patients #2 and #3).</p> <p>Findings included:</p> <p>1. On 12/16/2021 at 09:30 AM, review of Patient #2's plan of care (POC) showed a duration period of 05/01/2021 - 04/30/2022. The patient's diagnoses included Hemiplegia following Cerebral Infarct (left dominant side), Essential (primary) Hypertension. The POC indicated that personal care services were to be provided eight hours daily, seven days a week to assist patient with activities of daily living (ADLs), light housekeeping, light laundry, dishwashing, meal preparation, and assistance with medical appointments.</p> <p>Continued review of Patient #2's clinical record revealed personal care visits were not provided on 03/07/2021, 03/08/2021, 4/2/2021, 4/23/2021, 05/08/2021, 05/09/2021, 05/24/2021 through 05/28/2021, 07/03/2021 through 07/05/2021, 07/08/2021 through 07/11/2021, 07/17/2021, 07/18/2021, 07/24/2021, 07/25/2021, 07/29/2021, 07/31/2021, 08/01/2021, 08/07/2021, 08/08/2021, 08/14/2021, 08/15/2021, 08/21/2021, 08/22/2021, 08/28/2021 through 08/30/2021, 09/03/2021 through 09/05/2021, 09/11/2021, 09/12/2021, 09/18/2021, 09/19/2021, 09/25/2021, 09/26/2021, 10/02/2021, 10/03/2021, 10/09/2021, 10/10/2021, 10/16/2021, 10/17/2021, 10/23/2021, 10/24/2021,</p>	H 300	<p>3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Patients affected by deficient practice:</p> <p>Patient#2 and #3</p> <p>Alliance acknowledges the deficient practice by failing to ensure that services were provided to its clients as stipulated in the Plan of Care (POC).</p> <p>Systemic Change:</p> <p>Alliance will inquire patient and family members if they can refer someone with HHA credentials so that they maintained employment with Alliance.</p> <p>In addition, Alliance will encourage its current employees via email, texts and posting notices to refer potential employees that can be hired and work with Alliance as a PCA.</p> <p>The staffing coordinator, will develop a roster of employees willing to cover cases in emergency situations. In addition, staffing coordinator regularly broadcasts via group text to employees willing to cover cases that was not covered by the assigned PCA. The staffing coordinator will give a report to the DON weekly on missed visits.</p> <p>We are also looking for the possibility of working with staffing agency</p>	03/31/22

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H 300	<p>Continued From page 6</p> <p>10/30/2021, 10/31/2021, 11/06/2021, 11/07/2021, 11/13/2021, 11/14/2021, 11/19/2021, 11/21/2021, 11/25/2021 through 11/28/2021 as ordered.</p> <p>During a phone interview with Patient #2 on 12/20/2021 at 01:09 PM, he stated "I was supposed to get an aide seven days a week, but I only get five."</p> <p>2. On 12/16/2021 at 11:49 AM, review of Patient #3's POC showed a duration period of 06/01/2021 - 05/31/2022. The patient's diagnoses included Hypertension, Type 2 Diabetes Mellitus, Osteoarthritis, and Lipid Storage Disorder.</p> <p>The POC indicated that personal care services were to be provided nine hours daily, seven days a week to assist patient with activities of daily living (ADLs), light housekeeping, light laundry, dishwashing, meal preparation, and assistance with medical appointments.</p> <p>Continued review of Patient #3's clinical record revealed personal care visits were not provided on 04/10/2021 and 04/11/2021, 04/17/2021 and 04/18/2021, 04/24/2021 and 04/25/2021, 09/04/2021 and 09/05/2021, 09/11/2021 and 09/12/2021, 09/18/2021 and 09/19/2021, 09/25/2021 and 09/26/2021, 10/02/2021 and 10/03/2021, 10/09/2021 and 10/10/2021, 10/16/2021 and 10/17/2021, 10/23/2021 and 10/24/2021, 10/30/2021 and 10/31/2021.</p> <p>When asked about the missed visits on 12/21/2021 at 2:30PM, the Director of Nursing stated, "there was a national shortage, and they informed the clients and Case Manager that they cannot provide aides on the weekends."</p> <p>At the time of the survey, the agency failed to</p>	H 300	<p>Quality assurance measure:</p> <p>Going forward, the DON will review five (5) percent of the chart weekly to ensure PCA services are not interrupted and to prioritize the need for PCA based on the patient's health condition.</p> <p>Employees who frequently miss work will be contacted and counseled on the importance of attending work service interruption to our client.</p>	03/31/22

Health Regulation & Licensing Administration

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H 300	Continued From page 7 ensure that personal care services were provided in accordance with the plan of care (POC) as evidenced by missed personal care visits for Patients #2 and # 3.	H 300	3914.4 PATIENT PLAN OF CARE Patients affected by deficient practice:	03/31/22
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 record review and interview, the home care agency (HCA) failed to ensure that each patient's plan of care (POC) was signed by the physician within 30 days for seven of the ten active patients included in the sample (Patients #1, 2, 3, 4, 7, 8, and #9). Findings included: 1. On 12/16/2021 at 08:49 AM, review of Patient #1's clinical record showed a plan of care (POC) with a duration period from 02/01/2021 through 01/31/2022. The POC included a physician's order for skilled nursing visits once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform, teach, and assess vital signs, all body systems, patient knowledge of disease process and care, medication management, signs and symptoms of	H 366	Patient# 1, 2, 3, 4, 7, 8, and 9 Alliance acknowledges the deficient practice by failing to meet the regulations that plan of care must be approved and signed by a physician within thirty days from the start of care date. These findings were discussed with the employee in charge of faxing, mailing and following up the plan of cares. Employee acknowledges the deficient practice and the importance of addressing them to the DON in case we have challenges having them getting signed on time. All POCs are signed now and filed in the patient's clinical chart.	

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H 366	<p>Continued From page 8</p> <p>complications necessitating medical attention and supervision of personal care services and to contact the physician for abnormal values. Further review of the patient's record showed that the POC was signed on 03/16/2021, 42 days after the start of care.</p> <p>2. On 12/17/2021 at 03:08 PM, a review of Patient #2's record showed a POC with a duration period of 05/01/2021 through 04/30/2022. The POC contained a physician's order for home health aide (HHA) services eight hours per day, times seven days per week, for 12 months to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC had not been signed by the patient's physician at the time of survey, over seven months since the start of care (SOC).</p> <p>3. On 12/17/2021 at 1:30 PM, review of Patient #3's clinical record showed a POC with a duration period from 06/01/2021 through 05/31/2022. The POC included a physician's order for HHA services nine hours per day, times seven days per week, for 12 months to assist with ADL and IADL. Further review of the patient's record showed that the POC was signed on 09/27/2021, over 117 days after the start of care.</p> <p>4. On 12/17/2021 at 1:30 PM, review of Patient #4's clinical record showed a POC with a duration period from 06/01/2021 through 05/31/2022. The POC included a physician's order for HHA services nine hours per day, times seven days per week, to assist with ADL and IADL. Further review of the patient's record showed that the POC was signed on 08/07/2021, over 60 days</p>	H 366	<p>Systemic Change:</p> <p>Going forward, the designated employee in charge of faxing and mailing POC will develop a contact list at the doctor's office by calling each office and obtain at least one name that he will be able to reach for issues related to signed POC.</p> <p>Employee will then follow up with the doctor's office staff at least every other day to ensure the POC is signed within the specified time frame as stipulated in the regulation.</p> <p>Quality assurance measure:</p> <p>On a monthly basis, the DON will run a report from the HHC 3000 software on list of plans of care that are due to be sent out and plan of cares that are not verified or signed by a physician after they are sent. This report will be utilized for follow up with the physician so that they are signed in a timely manner.</p> <p>The field supervisor will take the unsigned POC to the doctor's office to be signed by the physician. In addition, the field supervisor will obtain a list of contact person at the physician office for future reference.</p>	03/31/22

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H 366	<p>Continued From page 9 after the SOC.</p> <p>5. On 12/20/2021 at 08:35 AM, review of Patient #7's record showed a POC with a duration period of 06/01/2021 through 05/31/2022. The POC contained a physician's order for HHA services seven hours per day, times seven days per week, to assist with ADL and IADL. Further review of the patient's record showed that the POC was signed on 08/31/2021, over 90 days after the SOC.</p> <p>6. On 12/20/2021 at 12:45 PM, review of Patient #8's record showed a POC with a duration period of 11/01/2020 through 10/31/2021. The POC contained a physician's order for HHA services seven hours per day times seven days per week to assist with ADL and IADL. Further review of the patient's record showed that the POC was signed on 01/15/2021, over 60 days after the start of care.</p> <p>7. On 12/17/2021 at 1:00 PM, review of Patient #9's clinical record showed a POC with a duration period from 09/01/2021 through 08/31/2022. The POC included a physician's order for HHA services 15 hours per day times seven days per week to assist with ADL and IADL. Further review of the patient's record showed that the POC was signed on 11/05/2021, over 64 days after the SOC.</p> <p>On 12/21/2021 at 2:30 PM, the Director of Nursing and the Administrator were informed of the findings. The latter stated that the agency will designate someone to take the forms to the physicians to be signed immediately.</p> <p>At the time of survey, it was determined that the agency failed to ensure that plans of care were</p>	H 366		03/31/22
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 366	Continued From page 10 signed by patients' physicians within 30 days of the start of care for Patients #1, 2, 3, 4, 7, 8, and #9.	H 366	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE	03/31/22
H 399	<p>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> <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 patient's physical condition, behavior, and/or appearance for three of ten active patients included in the sample (Patients #2, #3, and #7).</p> <p>Findings included:</p> <p>1. On 12/17/2021 at 03:08 PM, review of Patient #2's record showed a plan of care (POC) with a duration period of 05/01/2021 through 04/30/2022. The POC contained a physician's order for home health aide (HHA) services eight hours per day, times seven days per week, for 12 months to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL).</p> <p>Further review of the clinical records showed the home health aides failed to document about the patient's physical condition, behavior, and or appearance on 03/09/2021 through 03/12/2021,</p>	H 399	<p>Patients affected by deficient practice:</p> <p>Patient # 2, 3, and 7</p> <p>Alliance acknowledges the deficient practice that its Home Health Aides (HHA) failed to record and report patient's physical condition, behavior, and/or appearance on the above referenced patients.</p> <p>A one-on-one counseling was conducted with the HHAs and they acknowledge the findings. Going forward, they will comply with the findings stated in the deficient practice.</p> <p>Systemic Change:</p> <p>Going forward, a designated person in the office will review the incoming time sheets to ensure the HHAs have recorded and reported the patient's physical condition, behavior or appearance.</p> <p>Employees with deficient practice will be contacted and counseled so that they comply with this requirement.</p> <p>New hires and existing employees will be oriented on the importance of documentation of patient's condition, behavior and appearances in order to maintain continued employment.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 399	<p>Continued From page 11</p> <p>03/15/2021 through 03/19/2021, 05/21/2021 through 05/23/2021.</p> <p>2. On 12/17/2021 at 1:30 PM, review of Patient #3's clinical record showed a POC with a duration period from 06/01/2021 through 05/31/2022. The POC included a physician's order for HHA services nine hours per day, times seven days per week, for 12 months to assist with ADL and IADL.</p> <p>Further review of the clinical records showed the HHAs failed to document the patient's physical condition, behavior, and or appearance on 04/05/2021 through 04/09/2021, 04/12/2021 through 04/16/2021, 04/19/2021 through 04/23/2021, 04/26/2021 through 04/30/2021, 08/30/2021 and 08/31/2021, 09/01/2021 through 09/03/2021, 09/06/2021 and 09/10/2021, 09/13/2021 through 09/17/2021, 9/20/2021 through 09/24/2021, 09/27/2021 through 09/30/2021, 10/04/2021 through 10/08/2021, 10/11/2021 through 10/15/2021, 10/18/2021 through 10/22/2021, 10/25/2021, and 10/26/2021 through 10/29/2021.</p> <p>3. On 12/20/2021 at 08:35 AM, review of Patient #7's record showed a POC with a duration period of 06/01/2021 through 05/31/2022. The POC contained a physician's order for HHA services seven hours per day, times seven days per week, to assist with ADL and IADL.</p> <p>Further review of the clinical records showed the home health aides failed to document the patient's physical condition, behavior, and or appearance on 03/29/2021 through 04/25/2021, 05/01/2021 and 05/02/2021, 09/27/2027 through</p>	H 399	<p>By 03/31/22, all staff will be in serviced regarding the identified deficiency in this section of the survey.</p> <p>Quality assurance measure:</p> <p>In order to comply with this requirement, the DON will review twenty-five (25) percent of the clinical records monthly to review the time sheets for proper documentation of the patient's physical condition, behavior and appearance.</p> <p>Employees who fail to comply with these requirements will be counseled on the importance of proper documentation.</p>	03/31/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 399	Continued From page 12 10/26/2021. On 12/21/2021 at 2:30 PM, the Director of Nursing (DON) and the Administrator were informed of the findings. At the time of survey, it was determined that the agency failed to ensure that the home health aides observed, recorded, and or reported the physical condition, behavior, and or appearance of Patients #2, #3, and #7.	H 399		
H 430	<p>3916.1 SKILLED SERVICES GENERALLY</p> <p>Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to send physicians, a summary of the review and evaluation of skilled services provided for eight of ten active patients included in the sample (Patients #1, #2, #5, #6, #7, #8, #9, and #10).</p> <p>Findings included:</p> <p>1. On 12/16/2021 at 08:49 AM, review of Patient #1's clinical record showed a plan of care (POC) with a duration period from 02/01/2021 through 01/31/2022. The POC included a physician's order for skilled nursing visits once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform, teach,</p>	H 430	<p>3916.1 SKILLED SERVICES GENERALLY</p> <p>Patients affected by deficient practice:</p> <p>Patient # 1, 2, 5, 6, 7, 8, 9 and 10</p> <p>Alliance acknowledges the deficient practice by failing to send a sixty-two (62) summary of the review and evaluation of skilled services to physician as stipulated in the regulation.</p> <p>A one-on-one counseling was conducted in regards to the identified deficient practice and the nurses acknowledged the findings. The nurses were also counseled on the importance of reviewing and evaluating the skilled nursing notes every 62 days.</p>	03/31/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 430	<p>Continued From page 13</p> <p>and assess vital signs, all body systems, patient knowledge of disease process and care, medication management, signs and symptoms of complications necessitating medical attention and supervision of personal care services and to contact the physician for abnormal values.</p> <p>Continued review of the patient's clinical record lacked evidence that the agency reviewed and evaluated the provision of skilled nursing services every 62 days in July 2021, September 2021, and November 2021. Also, there was no evidence that the physician was informed regarding the status of skilled services.</p> <p>2. On 12/17/2021 at 03:08 PM, review of Patient #2's record showed a POC with a duration period of 05/01/2021 through 04/30/2022. The POC included a physician's order for skilled nursing visits once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform, teach, and assess vital signs, all body systems, patient knowledge of disease process and care, medication management, signs and symptoms of complications necessitating medical attention, and supervision of personal care services and to contact the physician for abnormal values.</p> <p>Continued review of the patient's clinical record lacked evidence that the home care agency sent the summary reports to the physician.</p> <p>3. On 12/16/2021 at 09:20 AM, review of Patient #5's record showed a POC with a duration period of 01/01/2021 through 12/31/2021. The POC included a physician's order for skilled nursing visits once or twice a month and as needed</p>	H 430	<p>Systemic Change:</p> <p>Nurses must be counseled and educated on the importance of completing 62 days summary reports and the need to do them regularly</p> <p>The designated employee will ensure all the 62 days summaries are faxed to the physicians and obtain a confirmation page and file it in the patient's clinical charts.</p> <p>The front desk person was also instructed not to discard any fax confirmation sent to the doctor's office.</p> <p>Any 62 days summary that is not sent or has a busy signal will be sent again until the confirmation page appears.</p> <p>By 03/31/22, all staff will be in serviced regarding the identified deficiency in this section of the survey.</p> <p>Quality assurance measure:</p> <p>In order to comply with this requirement, the DON will review twenty-five (25) percent of the clinical records monthly to review the 62 days summaries are completed and sent to the physician.</p> <p>Nurses who fail to comply with these requirements will be counseled and explained the importance of proper documentation in order to maintain continued employment. Summary reports that were not sent will be faxed to the doctor's office within 24 hours.</p>	03/31/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021	
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H 430	<p>Continued From page 14</p> <p>(PRN) times 12 months. The skilled nurse was required to "assess and evaluate for hypo/hypertension, educate patient and caregiver Warfarin-action, side effects, food to avoid, signs and symptoms reportable to nurse and primary care physician, administration time and method."</p> <p>Continued review of the patient's clinical record lacked evidence that the HCA sent September 2021 and November 2021 summary reports to the physician.</p> <p>4. On 12/16/2021 at 10:21 AM, a review of Patient #6's record showed a POC with a duration period of 04/01/2021 through 03/31/2022. The POC included a physician's order for skilled nursing visits once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to "assess and evaluate for hypo/hyperglycemia, educate patient and caregiver on Asthma precautions and safety, signs and symptoms reportable and complications."</p> <p>Continued review of the patient's clinical record lacked evidence that the HCA sent the November 2021 summary report to the physician.</p> <p>5. On 12/20/2021 at 08:35 AM, review of Patient #7's record showed a plan of care (POC) with a duration period of 06/01/2021 - 05/31/2022. The clinical record showed that the nurse was required to visit the patient once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform and assess vital signs, all body systems, patient's knowledge of disease process and care, medication management, signs and symptoms of complications necessitating medical attention and</p>	H 430		03/31/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 430	<p>Continued From page 15</p> <p>supervision of personal care services and to contact the physician for abnormal values.</p> <p>Continued review of the patient's clinical record lacked evidence that the HCA reviewed and evaluated the provision of skilled nursing services every 62 days in April 2021, June 2021, and August 2021. Also, there was no evidence that the physician was informed regarding the status of skilled services.</p> <p>6. On 12/20/2021 at 12:45 PM, review of Patient #8's record showed a POC with a duration period of 11/01/2020 - 10/31/2021. The clinical record showed that the nurse was required to visit the patient once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform and assess vital signs, all body systems, patient's knowledge of disease process and care, medication management, signs and symptoms of complications necessitating medical attention and supervision of personal care services and to contact the physician for abnormal values.</p> <p>Continued review of the patient's clinical record lacked evidence that the HCA sent the summary reports to the physician.</p> <p>7. On 12/17/2021 at 1:00 PM, review of Patient #9's clinical record showed a POC with a duration period from 09/01/2021 through 08/31/2022. The POC included a physician's order for skilled nursing visits once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to "evaluate for signs and symptoms of hypo/hyperglycemia, fingerstick blood sugar each visit, instruct on signs and symptoms reportable, instruct on management and complications."</p>	H 430		03/31/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 430	<p>Continued From page 16</p> <p>Continued review of the patient's clinical record lacked evidence that the home care agency reviewed and evaluated the provision of skilled nursing services every 62 days in November 2021. Also, there was no evidence that the physician was informed regarding the status of Patient #9 skilled services.</p> <p>8. On 12/20/2021 at 03:32 PM, review of Patient #10's record showed a POC with a duration period of 10/01/2021 through 09/30/2022. The clinical record showed that the nurse was required to visit the patient once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to "evaluate for signs and symptoms of hypo/hyperglycemia, fingerstick blood sugar each visit, instruct on signs and symptoms reportable, instruct on management and complications."</p> <p>Continued review of the patient's clinical record lacked evidence that the home care agency sent the October 2021 summary report to the physician.</p> <p>On 12/21/2021 at 2:30 PM, the DON and the Administrator were informed of the findings.</p> <p>At the time of the survey, the agency failed to review and evaluate the provision of skilled nursing services and send a summary of the evaluations to patient's physicians.</p>	H 430		03/31/22
H 457	<p>3917.2(g) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p>	H 457	3917.2(g) SKILLED NURSING SERVICES	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 457	<p>Continued From page 17</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: Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that the skilled nurses documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days for two of the ten sampled patients receiving skilled services (Patients #1 and #3).</p> <p>Findings included...</p> <p>1. On 12/16/2021 at 08:49 AM, review of Patient #1's clinical record showed a plan of care (POC) with a duration period from 02/01/2021 through 01/31/2022. The POC included a physician's order for skilled nursing visits once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform, teach, and assess vital signs, all body systems, patient's knowledge of disease processes and care, medication management, signs and symptoms of complications necessitating medical attention and supervision of personal care services and to contact the physician for abnormal values.</p> <p>Further review of the clinical record lacked evidence of skilled nurse progress notes during the months of June 2021, July 2021, August 2021, September 2021, and November 2021. On 12/16/2021 at 11:04AM, the Administrator was informed of the findings. He stated that the "patient went to Maryland to stay with her daughter for a while, was the reasoning for the</p>	H 457	<p>Patient affected by the deficient practice:</p> <p>Patient #1 and 3</p> <p>Alliance acknowledges the deficient practice by failing to ensure the agency nurses documented progress notes at least once every 30 days and summary notes at least every 62 calendar days.</p> <p>Systemic Change:</p> <p>A one-on-one counseling was conducted with all nurses on the importance of documenting progress and summary notes as specified in the regulation to determine client health condition.</p> <p>By 03/31/22, all staff will be in serviced regarding the identified deficiency in this section of the survey.</p> <p>Quality assurance measure:</p> <p>In order to comply with this requirement, the DON will review twenty-five (25) percent of the clinical records monthly to review the progress notes and summary notes are entered in the system.</p> <p>Nurses who fail to complete the progress notes will be contacted and counseled by the DON to make sure that they comply with regulations going forward. The 62 days summaries that were not sent will be faxed to the physician immediately and obtain a fax confirmation. This summary report will be filed in the patient clinical record.</p>	03/31/22
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 457	<p>Continued From page 18</p> <p>gap." There was no documentation confirming the patient's stay in Maryland.</p> <p>2. On 12/17/2021 at 1:30 PM, review of Patient #3's clinical record showed a POC with a duration period from 06/01/2021 through 05/31/2022. The POC included a physician's order for skilled nursing visits once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform, teach, and assess vital signs, all body systems, patient's knowledge of disease processes and care, medication management, signs and symptoms of complications necessitating medical attention and supervision of personal care services and to contact the physician for abnormal values.</p> <p>Further review of the clinical record lacked evidence of skilled nurse progress notes for the month of October 2021.</p> <p>On 12/21/2021 at 2:30 PM, the DON and the Administrator were informed of the findings.</p> <p>At the time of survey, it was determined that the agency failed to ensure that the skilled nurses documented monthly progress notes in accordance with the regulatory requirements for Patients #1 and #3.</p>	H 457	<p>3917.2(h) SKILLED NURSING SERVICES</p> <p>Patient affected by the deficient practice:</p> <p>Patient #7</p> <p>Alliance acknowledges the deficient practice by failing to report changes in a patient's condition to the physician for patient #7.</p>	03/31/22
H 458	<p>3917.2(h) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(h) Reporting changes in the patient's condition to the patient's physician;</p>	H 458		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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H 458	<p>Continued From page 19</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the skilled nurse failed to report changes in a patient's condition to the physician for one of ten sampled patients. (Patients #7).</p> <p>Findings Included:</p> <p>On 12/17//2021 at 08:26 AM, a review of Patient #7's plan of care (POC) showed that the patient's diagnoses included Chronic Obstructive Pulmonary Disease, Unilateral Pulmonary Emphysema, Allergies, Hypertension and Asthma.</p> <p>The clinical record showed that the nurse was required to visit the patient once or twice a month and as needed (PRN) times 12 months. The skilled nurse was required to perform and assess vital signs, all body systems, patient knowledge of disease process and care, medication management, signs and symptoms of complications necessitating medical attention and supervision of personal care services delivered by personal care aides.</p> <p>Also, the POC required that the skilled nurse (SN) would notify the physician of temperature ranges greater than 101 and less than 95, systolic Blood pressure greater than 160 and less than 90, diastolic blood pressure greater than 90 and less than 60, pulse greater than 96 and less than 60, respiration greater than 22 and less than 15.</p> <p>Further review of Patient #7's clinical record showed the nurse documented:</p> <p>On 03/07/2021, "Pulse Radial: 100 Regular,</p>	H 458	<p>A one-on-one counseling was conducted with the nurse identified in the deficient practice. The nurse acknowledged the finding and going forward will report any significant change in the patient condition to the physician.</p> <p>In addition, this nurse is instructed to meet with the DON and review the visit/documentation monthly for the next six months.</p> <p>Systemic Change:</p> <p>Going forward, all current and new hires will be oriented on the importance of adhering to the POC and to report changes in patients' condition to the physician.</p> <p>By 03/31/22, all staff will be in serviced regarding the identified deficiency in this section of the survey.</p> <p>Quality Assurance measures:</p> <p>In order to comply with this requirement, the DON will review twenty-five (25) percent of the clinical records monthly to ensure compliance with the POC.</p> <p>Nurses who fail to comply with these requirements will be counseled and explained the importance of complying with POC.</p> <p>The nurse will conduct a follow up visit for assessment and evaluation and update the physician on the patient's conditions.</p>	03/31/22
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Health Regulation & Licensing Administration

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 458	<p>Continued From page 20</p> <p>Pulse is Strong."</p> <p>On 04/30/2021, "Pulse Radial: 107, client has asymptomatic tachycardia, stated she has had this for a long time and her Primary Care is aware."</p> <p>On 05/26/2021, "Pulse Radial: 107 Regular."</p> <p>On 06/30/2021, "Pulse Radial: 100 Regular."</p> <p>On 07/27/2021, "Pulse Radial: 112, client reported that she is usually tachycardic without Physical symptoms."</p> <p>On 08/27/2021 "Pulse Radial: 100."</p> <p>On 09/14/2021 "Pulse Radial: 110, Pulse is Strong."</p> <p>On 11/14/2021 "Pulse Radial: 100 Regular."</p> <p>On 11/24/2021 "Pulse Radial: 100, client was experiencing some anxiety, and some heart palpitations. Nasal Cannula oxygen 4 Liters per/min was applied, and she return to bed for rest and be made comfortable."</p> <p>There was no documented evidence that the nurse informed the physician when the patient's assessed heart rates repeatedly exceeded the prescribed parameters.</p> <p>On 12/21/2021 at 2:30 PM, the DON and the Administrator were informed of the findings.</p> <p>At the time of survey, the skilled nurses failed to report changes in the patients' condition to the physician as ordered Patient #1.</p>	H 458		03/31/22
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