

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2021</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7826 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>
---	---

(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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual licensure survey was conducted on 11/15/2021, through 11/17/2021 to determine compliance with the District of Columbia Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency employed 250 staff and provided services to 185 patients. The findings of the survey were based on a review of administrative records, ten active patient records, four discharged patient records, 14 employee records, five telephone patient interviews, and a review of the agency's response to complaints and incidents received.</p>	H 000		
H 364	<p><b>3914.3(m) PATIENT PLAN OF CARE</b></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: Based on record review and interview, it was determined the home care agency (HCA) failed to include emergency protocols in the Plan of Care (POC) for two of ten patients in the sample (Patient #3 and #4).</p> <p>Findings included:</p> <p>1. A review of Patient #3's clinical record on 11/15/2021 at 1:00 PM, showed a Plan of Care (POC) with a duration period of 10/14/21-12/12/21. Further review of the POC showed the patient had diagnoses that included diabetes mellitus, heart failure (unspecified), and malignant neoplasm of the colon. The POC also showed a physician order for skilled nursing visits one to two times a week for four weeks to conduct skilled observation of all systems, teach</p>	H 364	<p>Please begin typing your responses here:</p> <p><b>Affected Patient(s):</b> Patients #3 and #4</p> <p>Berhan Home Health Care Agency acknowledges the deficient practice that the clinical nurses failed to include emergency protocols on the above referenced patients.</p> <p>The Director of Nurse (DON) counseled the clinical nurses for affected patients on the deficient practice. Please see Attachment #1</p> <p>Patients #3 and #4 have been discharged from skilled services and as a result POC could not be revised. Moving forward, Berhan Home Health Care Agency will ensure that the plan of care includes the emergency protocol related to patient's diagnoses as an addendum.</p>	

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jessha M*

**CEO**

**11/7/22**

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2021</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7826 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>
---	---

(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 364 Continued From page 1

H 364

the patient management of the disease process, and notify the physician (MD) if blood pressure exceeds 160/90 or less than 90/60, blood glucose exceeds 250 or less than 60, and if the respiration rate exceeds 24 or less than 16. A continued review of the Plan of Care showed that the patient was treated with Glipizide 2.5 milligrams, daily for diabetes, Spironolactone 25 milligrams daily, and Metoprolol 50 milligrams daily for heart failure. Continued review of the POC failed to include evidence of emergency protocols related to the patient's heart failure diagnoses e.g., signs/symptoms and/or parameters such as weight gain that may warrant emergency intervention.

2. A review of Patient #4's clinical record on 11/15/2021 at 1:30 PM, showed a Plan of Care (POC) with a duration period of 08/03/2021-10/01/2021. Further review of the POC showed the patient had diagnoses that included heart failure (unspecified), emphysema, and hypertension. The POC also showed a physician order for skilled nursing visits one to two times a week for four weeks to conduct skilled observation of all systems, teach the patient management of the disease process, and notify the physician (MD) if blood pressure exceeds 160/80 or less than 80/60, and if the respiration rate exceeds 24 or less than 16. Continued review of the Plan of Care showed that the patient was treated with Sacubitril/Valsartan 24/25 milligrams two times daily, Metoprolol 12.5 milligrams daily, and Lasix 40 milligrams daily for heart failure. Continued review of the POC failed to include evidence of emergency protocols related to the patient's heart failure diagnoses e.g., signs/symptoms and/or parameters such as weight gain that may warrant emergency intervention.

**Systemic Change:**

12/17/2021

The importance of including emergency protocols related to patient-specific condition in the development of POC will be reviewed with all new hires and current skilled employees.

The DON will also review all newly generated plan of care to ensure it includes the emergency protocols related to patient's medical condition/diagnoses. The DON will further contact the skilled employee whose Plan of Care did not meet this standard to and ensure that it is corrected to contain all the pertinent information.

The DON will provide an in-service training to all the clinical staff regarding the importance of ensuring that patient's POCs include emergency protocols pertaining to patient's individualized medical needs.

**Quality Assurance Measure:**

On a monthly basis, the DON will review twenty-five (25) percent of the clinical records to ensure all POCs include individualized emergency protocols as it relates to patient's health condition.

**Anticipated Date of Completion:**

December 17, 2021

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7826 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>
---	---

(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 364 Continued From page 2

H 364

On 11/17/2021 at 2:00 PM, the DON acknowledged the deficiency on the POC during the exit conference.

H 453 3917.2(c) SKILLED NURSING SERVICES

H 453

Duties of the nurse shall include, at a minimum, the following:

(c) Ensuring that patient needs are met in accordance with the plan of care;

This Statute is not met as evidenced by:

Based on record review and interview it was determined that the skilled nurse failed to ensure the patient needs were met according to the Plan of Care (POC) for two of ten active patients in the sample (Patient #7 and #9).

Findings included:

1. A review of Patient #7's s clinical record on 11/16/2021 at 10:05 AM showed a POC with a service period of 07/21/2021 through 02/28/2022. The Plan of Care contained physician orders for the skilled nurse to visit the patient monthly to conduct skilled observation of all systems, teach the patient management of the disease process and report to the physician a blood sugar reading greater than 250 milligrams per deciliter or less than 60 milligrams per deciliter. Additionally, it must be noted that the patient was receiving Lantus insulin 40 units subcutaneously daily and Novolog insulin 17 units subcutaneously before meals daily for blood glucose control.

**Affected Patient(s):**

Patient #7 & #9

12/17/2021

Berhan Home Health Care Agency acknowledges the deficient practice that the nurses failed to assess the patient's blood glucose level while conducting visits. Berhan Home Health Care Agency also acknowledges that it failed to meet the patient's needs as specified in the plan of care.

The DON provided counseling to the identified clinical employees in regards to the findings and the clinical nurses acknowledged the deficient practice. Please see Attachment #1.

**Systemic Change:**

This policy will be reviewed with all new hires and current employees on the importance of meeting all the patient's needs as stipulated in the plan of care.

The DON will review visits notes to ensure all the needs were met according to the plan of care and any inconsistencies will be rectified by contacting the clinical employee conducted the visit.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERHAN HOME HEALTH CARE AGENCY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7826 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012</b>
---	---

(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 453 Continued From page 3

H 453

A continued review of the clinical record showed the skilled nurse visited the patient six times on 05/18/2021, 06/18/2021, 07/14/2021, 08/17/2021, 09/17/2021, and 10/15/2021 and failed to assess the patient's blood glucose level during the nursing visit. The skilled nurse failed to ensure the patient's needs were met according to the POC.

2. A review of Patient #9's clinical record on 11/16/2021 at 12:20 PM showed a POC with a service period of 04/01/2021 through 03/31/2022. The Plan of Care contained physician orders for the skilled nurse to visit the patient monthly to conduct skilled observation of all systems, teach the patient management of the disease process and report to the physician a blood sugar reading greater than 250 milligrams per deciliter or less than 70 milligrams per deciliter. Additionally, it must be noted that the patient was receiving Novolog 70/30 insulin 18 units subcutaneously in the morning and 10 units subcutaneously in the evening for blood glucose control.

A continued review of the clinical record showed the skilled nurse visited the patient two times on 08/31/2021, and 09/09/2021 and failed to assess the patient's blood glucose level during the nursing visit. The skilled nurse failed to ensure the patient's needs were met according to the POC.

On 11/17/2021 at 2:00 PM, the DON acknowledged the deficiency on the POC during the exit conference.

**Quality Assurance Measure:**

On a monthly basis, the DON will review twenty-five (25) percent of the clinical charts to ensure the clinical notes reflects all the needs specified in the plan of cares.

The DON will conduct a post survey in-service training to discuss the deficient practice and the importance of adhering to the plan of cares while conducting the nursing visits.

**Anticipated Date of Completion:**

December 17, 2021