Health Regulation & Licensing Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ___<br>B. WING ___ | C<br>09/02/2016 |

NAME OF PROVIDER OR SUPPLIER: PREMIUM SELECT HOME CARE, INC

STREET ADDRESS, CITY, STATE, ZIP CODE: 5513 ILLINOIS AVENUE, NE, WASHINGTON, DC 20011

approved received 10/12/16

| (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 | INITIAL COMMENTS<br><br>On August 26, 2016, the Health Regulation and Licensing Administration's (HRLA) Intermediate Care Facilities Division received electronic mail notification from HRLA's Health Care Facilities Division regarding a safety concern for a patient that received services from Premium Select Home Care, Inc. According to the correspondence, allegedly the patient's dwelling had bed bugs. Due to the aforementioned assertion, the patient's home care services (aide services five hours a day/seven days a week) were placed on hold by a case manager from the District of Columbia Office on Aging beginning August 22, 2016.<br><br>An offsite investigation was initiated on August 26, 2016, to ensure the patient's safety and determine the agency's compliance with the regulations that govern home care agency operation (Title 22 B DCMR Chapter 39).<br><br>The following are abbreviations used within the body of this report:<br><br>DC - District of Columbia<br>DON - Director of Nursing<br>HCA - Home Care Agency<br>HHA - Home Health Aide<br>PCP - Primary Care Physician<br>POC - Plan of Care<br>SN - Skilled Nurse<br>SOC - Start of Care | H 000 | Premium Select Home Care has reviewed the Statement of Defeciencies and implemented a Plan of Correction to address the identified deficiencies. | 9/20/16 ongoing |
| H 199 | 3908.3(a) ADMISSIONS<br><br>The agency shall evaluate each request for home care services according to the following criteria:<br><br>(a) The ability of the program to provide or | H 199 | upon receiving a referral from Delmarva, the Director of Professional Services (DOPS) or the Director of Nursing (DON) routinely reviews the patient assessment done by the Delmarva Nurse to determine the need for personal care aide services (PCA) and the number of PCA hours needed. | |

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linda Hart Davis

TITLE: adm

(X6) DATE: 10/12/16

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ___ B. WING ___ | C 09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 199 | Continued From page 1<br>coordinate the services that the patient needs;<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the HCA failed to ensure services were coordinated and provided in accordance with the patient's needs, for one of one patient in the investigation (Patient #1).<br><br>The finding includes:<br><br>Interview with the DON on August 26, 2016, beginning at 2:27 p.m. and review of Patient #1's POC on August 29, 2016, at 9:30 a.m. (certification period July 7, 2016 through January 7, 2017) revealed that the patient was ordered to receive home health aide services five hours a day, seven days a week for twenty-four weeks. Further review of Patient #1's record revealed an order (not signed by a physician), dated July 27, 2016. The order indicated that the patient's case manager requested that Patient #1's HHA services be decreased to five hours per day, five days per week, and to place the weekend services on hold.<br><br>Review of Patient #1's available corresponding timesheets on August 29, 2016, at 2:30 p.m. revealed evidence HHA services beginning from on August 8, 2016 through August 19, 2016. Further review of the timesheets revealed no evidence that services were rendered on the weekends. Interview with the Director of Professional Services on August 29, 2016 beginning at 1:30 p.m. confirmed that the agency had not provided any weekend services until the weekend of August 27, 2016.<br><br>At the time of the investigation, the agency failed | H 199 | The DOPS or the DON after reviewing the assessment including the patient diagnoses, and number of hours required will then determine if we have the available staff to meet the needs of the client. Client #1 had a diagnoses of traumatic brain injury, history of falls, chronic pain, gastroparesis, and insomnia who would require 5 hours of PCA services per day for 7 days per week. We then notified Delmarva we would accept the client. We sent a nurse out to assess and admit the patient and develop a plan of care. Unfortunately we were not informed that the client had behavioral problems. It was not until after we admitted her and tried to contact her to send in a PCA that we realized she was very uncooperative, refusing to speak with the staffing nurse because she was a LPN. She would not accept PCA services and the PCA was put on hold on 7/8/16 We attempted to reach the primary care physician [redacted] and we found out that [redacted] was not going to follow-up with her because of the clients abusiveness towards him. The office then attempted to assist the client to identify another physician to manage the client care. The client agreed to allow [redacted] to do a home visit to manage her care, however, she became verbally abusive towards him and refused his care.<br><br>To address the deficiency H199 and to make sure it does not recur. The DOPS, DON, and other nurses taking referrals have been counselled on the following:<br>1. Each new patient's referral | 09/20/16 ongoing<br><br>09/20/16 ongoing |

| | |
|---|---|
| Page 2 Cont<br><br>H 199 Continued<br><br>Information must be reviewed thoroughly to determine if the agency can meet the needs of the client. Do we have the appropriate staff. The client's insurance needs to be verified. For Medicaid PCA referrals, they need to review the complete Delmarva assessment, and verify that we have a pre-authorization.<br>2. Is the client under the care of a qualified physician and for Medicaid is the physician a DC Medicaid provider. | 09/20/16<br>ongoing |
| To monitor the corrective action to ensure the deficient practice does not recur: | |
| The DON and DOPS will review weekly all referrals and admissions to determine if the referrals and admissions were properly reviewed to determine if admission is appropriate, and whether all required services have been put in place. | 09/20/16<br>ongoing |
| Problems identified during the reviews will be discussed at the quarterly Quality Assurance/Improvement meeting to determine if new corrective interventions need to be implemented. | 10/31/16<br>ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/02/2016 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 199 | Continued From page 2<br>to ensure services were provided and coordinated in accordance with Patient #1's needs. | H 199 | To address and prevent deficiency H 260 from reoccurring:<br><br>The Director of Professional services, the Director of Nursing, the other office nurses and the staffing nurses have been counselled and inserviced on the requirement to document all pertinent information and communications regarding patients timely. | 009/20/16 ongoing |
| H 260 | 3911.1 CLINICAL RECORDS<br><br>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review, the HCA failed to ensure each patient's record was accurately maintained for one of one patient in the investigation (Patient #1).<br><br>The finding includes:<br><br>On August 29, 2016 at 9:30 a.m., review of Patient #1's record revealed a POC with a SOC of July 7, 2016 and a certification period of July 7, 2016 to January 7, 2017. The POC documented that, "Caregiver agrees to assist with care when {HHA} not available...".<br><br>On August 30, 2016 at 10:04 a.m., interview with Patient #1's case manager revealed that Patient #1 lived alone and had no other caregiver. The case manager also stated that Patient #1's mother and aunt lived out of state, and were both disabled and unable to provide care for the patient.<br><br>At the time of the investigation, the agency failed to accurately maintain Patient #1's record. | H 260 | The Director of professional Services, Director of Nursing and the staffing nurse have been given a written warning regarding their failure to document and maintain clear records of communications between patients, physicians, casemangement and other involved providers.<br><br>In addition, The admit nurse for client #1 was counsel regarding his inappropriate documentation of the statement that a caregiver agrees to assist with care. The admit nurse is required to do a complete assessment of the client, the home environment and the supportive services and family members or caregivers that the client identifies to assist with his/her care. The record has been corrected.<br><br>To ensure that deficiency H 260 does not reoccur a nursing inservice on assessment and documentation will continue to be done on all new nurses will have a nurse preceptor to assist them with their first admission. In addition, the nurses will be required to attend an assessment and documentation inservice annually | 09/20/16 ongoing<br><br>09/20/16 ongoing<br><br>09/20/16 ongoing |

| | |
|---|---|
| Page 3 continued:<br><br>H 260 Continued:<br><br>The corrective action will be monitored to ensure that the deficient practice H260 does not recur:<br><br>The quality assurance/improvement department will review 20% of all new admissions to determine accuracy of assessments and the completeness of documentation including incidence reports, unusual occurrences, and documented communications between staff, clients, relatives, and other caregivers. | 10/31/16<br>ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ______ B. WING ______ | C 09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 265 | Continued From page 3 | H 265 | To address deficiency H 265: | 09/19/16 |
| H 265 | 3911.2(e) CLINICAL RECORDS<br><br>Each clinical record shall include the following information related to the patient:<br><br>(e) Physician's orders;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, it was determined that the HCA failed to ensure that a clinical record included a physician order to provide HHA and SN care for one (1) of one (1) patient in the investigation. (Patient #1)<br><br>The finding includes:<br><br>On August 29, 2016, at 9:30 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of July 7, 2016 and a certification period of July 7, 2016 to January 7, 2017. Further review of the clinical record and the aforementioned POC revealed that the patient's pertinent diagnoses included: traumatic brain injury, history of falls, and insomnia.<br><br>Continued review of the clinical record revealed a skilled nursing visit admission note dated July 7, 2016, and HHA time sheets indicating care was provided for the patient on August 8 - 12, 2016 and August 15 - 19, 2016.<br><br>The clinical record lacked documented evidence that the attending physician ordered the aforementioned HHA and SN care.<br><br>During an interview with the Director of Professional Services on August 29, 2016 at 1:30 p.m., he/she indicated that the agency had complications getting in contact with the patient's | H 265 | The client had identified Dr. [redacted] as the Primary physician but he refused to sign orders because he had discharged her from his services because of lack of compliance concerns (see care coordinator note 9/19/16.The Director of Professional services had referred the client to Dr. [redacted], who went to visit the client and she verbally insulted him becoming extremely disrespectful and threatening.<br><br>Follow-up with [redacted] casemanager from the office on aging who agreed to try to get the physician Dr. [redacted] from Sibley who sent the initial referral to the Office on Aging to evaluate the client for Medicaid Waiver Services on 9/23/15. The Waiver was approved on 11/1/15 and a referral was sent to Premium Select on 7/5/16 from Delmarva.<br>Dr. [redacted] signed the POC on 8/16/16. As in this case the orders are tracked weekly after they are sent to the physician, however, Dr. [redacted] did not sign and gave no explanation about why he would not sign. We subsequently tried to assist the client to identified a physician for oversight of her care because she can not get to Dr. [redacted] who sees Sibley patients in Rockville. As forementioned Dr. [redacted] would not follow her and the patient is experiencing Medical and behavioral problems We eventually made an appointment for her to go to WHC with Dr. [redacted] on 9/6/16 which she attended. Apparently during the visit Client had low potassium (2.1) but refused to go back to the hospital as requested. The Client | ongoing<br><br>09/19/16 ongoing |

| | |
|---|---|
| Page 4 continued:<br><br>H 265 continued:<br><br>call 911 and went to Georgetown hospital 9/9/26 and was given IV potassium. Not available for PCA visits weekend 9/10-9/11/16. | |
| To prevent reoccurrence of H265, the DOPS and DON need to ensure that the client has a current physician to sign orders. | 09/19/16 ongoing |
| Future difficult and problematic cases will be discussed in a weekly staff conference between the administrator, the DON, DOPS, office nurses, staffing nurses. In addition, the physician liaison if there is problems getting orders signed. | 10/17/16 ongoing |
| In addition, the Quarterly Assurance/Improvement committee will review the charts of all patients that have been identified as challenging. These patients will be discussed during the Quality assurance/improvement meeting to determine if the intervention utilized have been effective. Additional corrective strategies could be developed and implemented. | 10/31/16 ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ______ B. WING ______ | C 09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 265 | Continued From page 4<br><br>physician, and that the agency was not currently aware of the identity of Patient #1's physician.<br><br>At the time of this survey, there was no documented evidence of a physician order for HHA and SN services. | H 265 | | |
| H 269 | 3911.2(i) CLINICAL RECORDS<br><br>Each clinical record shall include the following information related to the patient:<br><br>(i) Documentation of supervision of home care services;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the HCA failed to ensure documentation of supervision of home care services was done for one (1) of one (1) patient in the investigation. (Patient #1)<br><br>The findings include:<br><br>On August 29, 2016 at 9:30 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of July 7, 2016 and a certification period of July 7, 2016 through January 7, 2017.<br><br>The POC indicated that the skilled nurse would conduct monthly HHA supervision. Additional review of the clinical record revealed no documented evidence that the HHA had been supervised by the skilled nurse since the start of care.<br><br>During an interview with the Director of Professional Services on August 29, 2016, at | H 269 | To address deficiency H 269:<br><br>The client PCA services were put on hold due to get through to client from 7/7/16. Casemanager from the Office on Aging contacted Premium Select and spoke with staffing nurse [redacted], LPN on 7/27/16 instructing her to start PCA services 5 hours x5days per week and to hold the weekend services per patient request. However, she stated that she would have to be available at the client's home to encourage the client to let the PCA in. Ms. [redacted] was not able to meet with the PCA until 8/8/16 and the PCA services were then started.<br><br>The SN from Premium select attempted to visit the client on 8/3/16 and again on 8/10/16 but the client informed the patient that she was a nurse and asked him to please not come to her house.<br><br>On 8/28/16 we sent out SN to supervise the PCA and assess the client for a complaint of leg and shoulder pain. The client refused to let the nurse in and verbally abused the nurse.<br><br>Another nurse went on 8/30/16 and assessed the client and did a PCA supervision which was within 30 days of the start of PCA services. | 08/30/16 ongoing |

Page 5 continued:

H 269 continued:

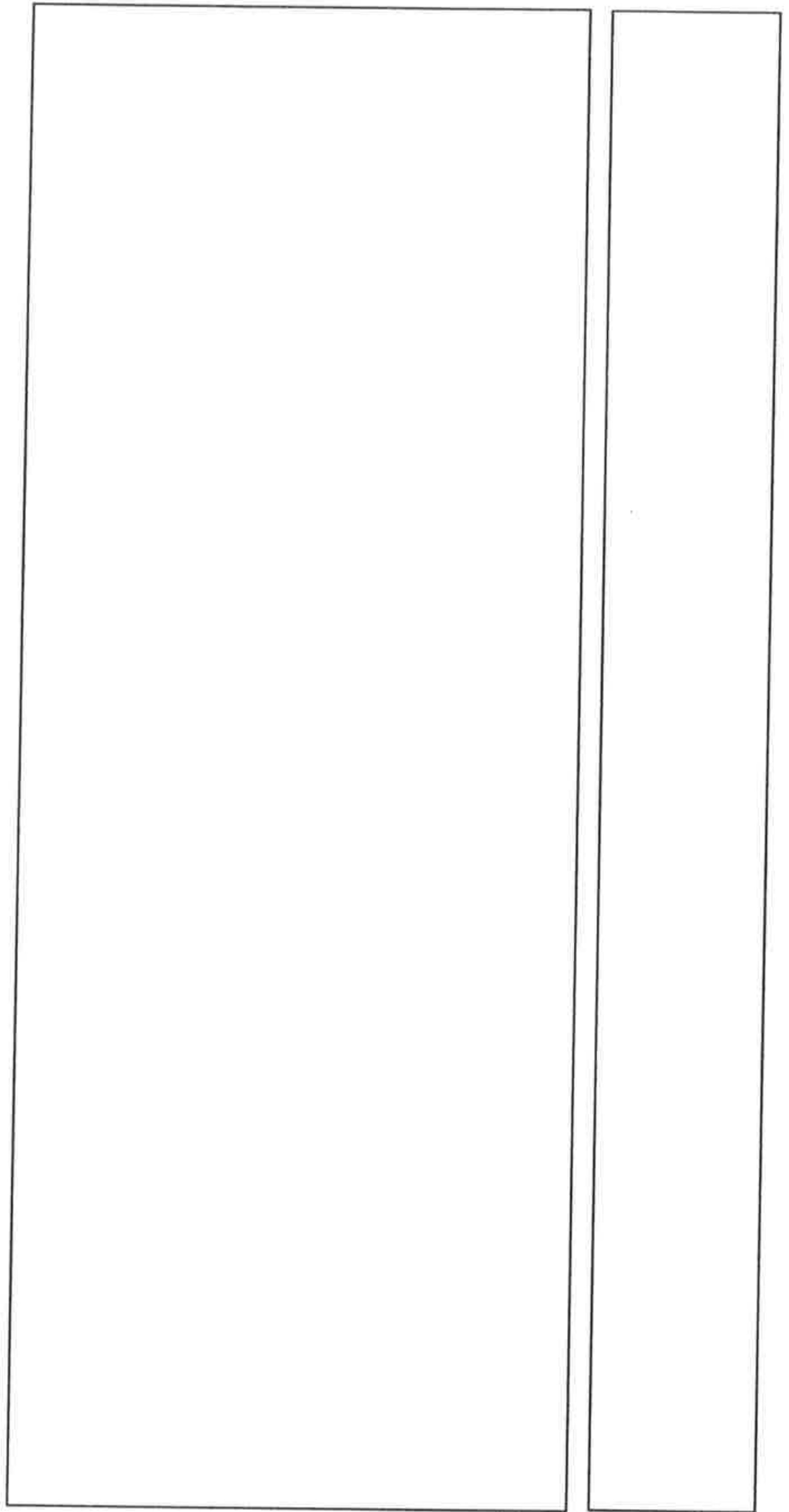
To ensure ongoing compliance and to prevent reoccurrence of deficiency H 269:

| | |
|---|---|
| The Quality Assurance/Improvement Committee will review 10% of the current patient's charts who have an assigned HHA/PCA to ensure that HHA/PCA supervisions are done as required, every 2 weeks for skilled patients and once monthly for unskilled patients. If deficiencies are found, nurse counselling or inservices will be implemented as needed. | 10/31/16 ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ______<br>B. WING ______ | C<br>09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE<br>WASHINGTON, DC 20011 |

| (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 269 | Continued From page 5<br>1:30 p.m., he/she stated that the nurse had attempted to make visits, however the patient would not allow access to the nurse into the home.<br><br>Continued review of Patient #1's record on August 30, 2016 at 9:35 a.m., revealed a nurse progress note, dated August 25, 2016. The progress note indicated that the nurse called the patient on August 3, 2016 and August 10, 2016 to schedule a home visit, however the patient refused. There was no evidence that there were any attempts to notify the DON or physician regarding Patient #1 refusal of nursing services. | H 269 | | |
| H 277 | 3911.2(q) CLINICAL RECORDS<br><br>Each clinical record shall include the following information related to the patient:<br><br>(q) Communications between the agency and all health care professionals involved in the patient's care;<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the agency failed to ensure communications between the agency and all health care professionals involved in the patient's care was documented for one (1) of one (1) patient in the investigation. (Patient # 1)<br><br>The finding includes:<br><br>On August 29, 2016, at 9:30 a.m., review of Patient #1's record revealed a POC with a SOC of July 7, 2016 and a certification period July 7, 2016 to January 7, 2017. Further review of the POC revealed that the patient's pertinent | H 277 | To address deficiency H 277<br>The Director of professional Services, Director of Nursing and the staffing nurse have been given a written warning regarding their failure to document and maintain clear records of communications between patients, physicians, casemangement and other involved providers.<br><br>To address and prevent deficiency H 277<br><br>The Director of Professional Services, the Director of Nursing, the other office nurses and the staffing nurses have been counselled and inserviced on the requirement to document all pertinent information and communications regarding patients timely. | 09/20/16 ongoing<br><br><br><br><br><br><br>09/20/16 ongoing |



| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ______<br>B. WING ______ | C<br>09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE<br>WASHINGTON, DC 20011 |

| (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 277 | Continued From page 6<br>diagnoses included traumatic brain injury, history of falls, chronic pain, and insomnia.<br><br>On August 30, 2016 at 9:35 a.m., review of the agency's timesheets for Patient #1's care, revealed that HHA services were initiated August 8, 2016. The agency failed to provide documented evidence that Patient #1's physician was notified of the delay in care.<br><br>Interview with the agency's Director of Professional Services on August 29, 2016 at 1:30 p.m. revealed that the agency had complications getting in contact with the patient physician, and that the agency was not currently aware of the identity of Patient #1's physician.<br><br>It should be noted that Patient #1 received case manager services from the DC Office on Aging, Ultimate Case Management, and the Department of Consumer and Regulatory Affairs. There was no evidence the HCA contacted any of the aforementioned agencies regarding the patient's care, nor to ascertain Patient #1's doctor's identity. | H 277 | H277 continued:<br>As mention earlier, the client had identified Dr [redacted] as her primary care physician. After several attempts to get the orders signed we were told that he could not sign the client's orders because he had discharged her for noncompliance. We attempted to help the client identify a home call physician, Dr. [redacted], he visited her but refused to accept the client because of her verbal abusiveness towards him<br><br>The administrator counselled the staff that they should have started discharge procedures for the client for several reasons: 1.There was no identified physician to sign the orders, 2. The client was abusive and noncompliant, 3. the client refuses to allow the PCA's to provide the PCA services that are required. | 09/20/16 ongoing |
| H 300 | 3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES<br><br>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:<br><br>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;<br><br>This Statute is not met as evidenced by: | H 300 | However, since the patient's behavior presents risk to herself, for instance she does not eat unless the PCA bring her food and she does not bathe or groom herself and she verbally abuse her neighbor on a regular basis and she calls the police on a mostly daily basis. We decided in the interest of the safety of the patient we would contact the Ombudsmen office to get assistance with getting services for the client. We had already called the office on aging and CPAP at behavioral health for assistance but was unable to get any assistance. Ms. [redacted] at the Ombudsmen office is scheduling a meeting to bring all the involved agency together to get this client the help she needs. | 09/20/16 ongoing |

Page 7 continued

H 277 continued:

| | |
|---|---|
| The corrective action will be monitored to ensure that deficiency H 277 does not recur.<br><br>The Quality Assurance/Improvement committee will review 10% of current patient charts including patients that have been identified as challenging and discuss them at the quarterly meeting. The charts will be reviewed to determine if communications between the agency and all other health care providers, and between the agency and patients, family members, and other caregivers are being documented. The reviews would include reviews of communications notes, unusual occurrences and incident reports or complaints. In addition, the committee will review the Medicare survey done by Deyta for premium Select to see if other complaints have been documented. The committee will examine and review these records and documents to determine if the interventions were effective or if new strategies and interventions need to be implemented. | 10/31/16<br>ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ____ B. WING ____ | C 09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 300 | Continued From page 7<br><br>Based on record review and interview, the HCA failed to develop and implement a policy to ensure treatment, care and services were consistent with the patient's POC for one (1) of one (1) patients in the investigation. (Patient #1)<br><br>The finding includes:<br><br>On August 29, 2016, starting at 9:30 a.m., review of Patient #1's record revealed a POC, with a SOC of July 7, 2016, and a certification period of July 7, 2016 to January 7, 2017. The POC documented that Patient #1 was to receive HHA services five hours per day, seven days per week; and SN services one to two times per month.<br><br>Review of the Patient #1's record on August 30, 2016, starting at 9:35 a.m., revealed HHA timesheets which reflected the services were only given on the following dates:<br><br>- August 8 - 11, 2016; and<br>- August 15 - 19, 2016.<br><br>On August 29, 2016, at 1:30 p.m., interview with the agency's Director of Professional Services revealed that services are usually given as ordered in the POC. He/she further stated that Patient #1 had a delay due to the staffing coordinator's inability to contact the patient via telephone.<br><br>On September 9, 2016 at 12:56 p.m., interview with the Director of Professional Services revealed that each new patient is given a booklet that explains all their rights and responsibilities.<br><br>On August 30, at 11:17 a.m., review of the agency's written policy for patient rights and responsibilities failed to indicate the right for | H 300 | H 300<br><br>Page 9 of the booklet "Patient Orientation for Home Health Care", given to patients at admissions, says (in the section on Patient Rights and Responsibilities "[YOU HAVE THE RIGHT TO] INFORMATION ABOUT YOUR CARE - to be informed about the care that is to be furnished, names and responsibilities of caregivers providing care, treatment or services, planned frequencies of visits proposed to be furnished, expected and unexpected outcomes, potential risks or problems and barriers to treatment."<br><br>This describes the key aspects of a Plan of Care, although it is not labeled as such.<br><br>Copy of section on Patient Rights and Responsibilities from "Patient Orientation for Home Health Care" is addendum #2.<br><br>The client PCA services were put on hold due to our inability get through to client from 7/7/16. The Casemanager from the Office on Aging contacted Premium Select and spoke with staffing nurse [redacted] [redacted], LPN on 7/27/16 instructing her to start PCA services 5 hours x5days per week and to hold the weekend services per patient request. However, she stated that she would have to be available at the client's home to encourage the client to let the PCA in. Ms. [redacted] was not able to meet with the PCA until 8/8/16 and the PCA services were then started. | 09/20/16 ongoing<br><br>08/08/16 ongoing |

| | |
|---|---|
| Page 8 continued:<br><br>H 300 continued:<br><br>PCA and SN services were not provided as initially ordered on the POC date 7/7/16 because the patient was uncooperative and did not want the services. It was only after the casemanager from the Office on Aging intervened that the client accepted the PCA services.<br><br>Again as I mentioned earlier we plan to discharge the patient but we have to follow the rules of the Waiver program. We are required to give the patient a 30 day notice and advice them of their right to seek an appeal by contacting the Ombudsmen office to seek a fair hearing. Because the client is at high risk, we have contacted the Ombudsmen office for assistance in bringing together the various agencies to assist the client with her behavioral issues and possibly see if the Office on Aging or the Ombudsmen office can get the client a guardian. In the meantime, we did get the orders signed by the initial referring physician Dr. [illegible]. Hopefully, the client can be transferred to the home care agency in the District that has a CON to provide services to clients with behavioral problems. | 09/20/16<br>ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ___ B. WING ___ | C 09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 300 | Continued From page 8<br>patients to receive treatment and care in accordance to the POC.<br><br>At the time of the investigation, the agency failed to develop and implement a policy to ensure Patient #1 received services in accordance with the POC. | H 300 | | |
| H 351 | 3914.2 PATIENT PLAN OF CARE<br><br>The plan of care shall be approved by the patient's physician.<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the agency failed to ensure that one (1) of one (1) patient's plan of care was approved by the patient's physicians. (Patient #1)<br><br>The findings include:<br><br>On August 29, 2016, starting at 9:30 a.m., review of Patient #1's clinical record revealed an unsigned and undated POC; and documented evidence that the patient received HHA services and skilled nursing visits by the RN, beginning July 7, 2016 to August 19, 2016. There was no documented evidence that a POC was approved by the patient's physician.<br><br>During interview with the Director of Professional Services on August 29, 2016, starting at 1:30 p.m., it was acknowledged that there was no evidence of physician approval for the patient's POC. The director of professional services also stated that the agency was not currently aware who Patient #1's PCP was. | H 351 | To address H 351:<br>The client had identified Dr. [redacted] as the Primary physician but he refused to sign orders because he had discharged her from his services because of lack of compliance concerns (see care coordinator note 9/19/16.The Director of Professional services had referred the client to Dr. [redacted] who went to visit the client and she verbally insulted him becoming extremely disrespectful and threatening.<br><br>The orders have been signed on 8/18/16 by the initial referring physician Dr. [redacted] from Sibley Hospital who made the initial referral to the Office on Aging for Waiver Services. However, Dr. [redacted] can not continue to follow the clients because she is now practicing in Rockville at a Sibley/ John Hopkins site<br><br>The patient has been referred to a clinic at Washington Hospital Center for care under Dr. [redacted].<br><br>To prevent reoccurrence of H 351, the DOPS and DON need to ensure that the client has a current physician to sign orders. | 09/19/16 ongoing<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>09/19/16 |

| | |
|---|---|
| Page 9 Continued:<br><br>H 351 Continued<br><br>Future Difficult and problematic cases will be discussed in a weekly staff conference between the administrator, the DON, DOPS, office nurses, staffing nurses. In addition, the physician liaison if there are problems getting orders signed. | 10/17/16<br>ongoing |
| In addition, the Quarterly assurance/improvement committee will review the charts of all patients that have been identified as challenging. These patients will be discussed during the Quality assurance/improvement meeting to determine if the intervention utilized have been effective. Additional corrective strategies could be developed and implemented. | 10/31/16<br>ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **HCA-0009** | A. BUILDING: ______ B. WING ______ | C **09/02/2016** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PREMIUM SELECT HOME CARE, INC** | **5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011** |

| (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 9 | H 366 | To address H 366: | 08/18/16 ongoing |
| H 366 | 3914.4 PATIENT PLAN OF CARE<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the HCA failed to ensure that each POC was approved and signed by a physician within thirty (30) days of the start of care, for one (1) of one (1) patient in the investigation. (Patient #1)<br><br>The finding includes:<br><br>On August 29, 2016, starting at 9:30 a.m., review of Patient #1's POC, which indicated a start of care of July 7, 2016., revealed the POC was not approved and signed by a physician within thirty (30) days of the start of care. At the time of review (53 days after the SOC), the POC was not signed.<br><br>During an interview on August 29, 2016, beginning at 1:30 p.m., with the Director of Professional Services, he/she acknowledged the aforementioned POC was not signed by the physician within the thirty (30) days of the start of care. The director of professional services also stated that the agency was not currently aware of the identity of Patient #1's physician. | H 366 | The client had identified Dr. [redacted] as the Primary physician but he refused to sign orders because he had discharged her from his services because of lack of compliance concerns (see care coordinator note 9/19/16.The Director of Professional services had referred the client to Dr. [redacted], who went to visit the client and she verbally insulted him becoming extremely disrespectful and threatening.<br><br>The orders have been signed on 8/18/16 by the initial referring physician Dr. [redacted] from Sibley Hospital who made the initial referral to the Office on Aging for Waiver Services. However, Dr. [redacted] can not contiune to follow the clients because she is now practicing in Rockville at a Sibley/ John Hopkins site<br><br>The patient has been referred to a clinic at Washington Hospital Center by Dr. [redacted].<br><br>To prevent reoccurrence of H 366, the DOPS and DON need to ensure that the client has a current physician to sign orders. | 09/17/16 ongoing |

| Page 10 continued:<br><br>H 366 Continued:<br><br>Future Difficult and problematic cases will be discussed in a weekly staff conference between the administrator, the DON, DOPS, office nurses, staffing nurses. In addition, the physician liaison if there are problems getting orders signed.<br><br>In addition, the Quarterly assurance/improvement committee will review the charts of all patients that have been identified as challenging. These patients will be discussed during the Quality assurance/improvement meeting to determine if the intervention utilized have been effective. Additional corrective strategies could be developed and implemented. | <br><br><br><br>10/17/16<br>ongoing<br><br><br><br><br>10/31/16<br>ongoing |
|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______ | (X3) DATE SURVEY COMPLETED C 09/02/2016 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 10 | H 453 | | |
| H 453 | 3917.2(c) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following:<br><br>(c) Ensuring that patient needs are met in accordance with the plan of care;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for one (1) of one (1) patient in the investigation.<br>(Patients #1)<br><br>The finding includes:<br><br>On August 29, 2016, at approximately 9:30 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of July 7, 2016 and a certification period of July 7, 2016 to January 7, 2017. Review of the record and the aforementioned POC revealed that the patients pertinent diagnoses included: traumatic brain injury, history of falls, chronic pain, and insomnia.<br><br>The POC included the that the HHA was to provide services five hours per day, seven days per week. Additionally, the POC documented that the skilled nurse would perform assessment of all systems and supervise the HHA monthly. It should be noted that the POC was not signed by a physician.<br><br>Review of the agency's timesheets for Patient #1's care, on August 30, 2016 at 9:35 a.m., failed to evidence that the SN ensured HHA services | H 453 | To address deficiency H453:<br><br>The client PCA services were put on hold due to due to our inability to reach the client from 7/7/16. The Casemanager from the Office on Aging contacted Premium Select and spoke with staffing nurse [redacted], LPN on 7/27/16 instructing her to start PCA services 5 hours x5days per week and to hold the weekend services per patient request. However, she stated that she would have to be available at the client's home to encourage the client to let the PCA in. Ms. [redacted] was not able to meet with the PCA until 8/8/16 and the PCA services were then started.<br><br>The SN from Premium Select attempted to visit the client on 8/3/16 and again on 8/10/16 but the client informed the patient that she was a nurse and asked him to please not come to her house.<br><br>On 8/28/16 we sent out SN to supervise the PCA and assess the client for a complaint of leg and shoulder pain. The client refused to let the nurse in and verbally abused the nurse.<br><br>Another nurse went on 8/30/16 and assessed the client and did a PCA supervision which was within 30 days of the start of PCA services. | 08/30/16 ongoing |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ______ B. WING ______ | C 09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 11<br>were provided on the following dates:<br><br>- July 7, 2016 to August 7, 2016;<br>- August 12-14, 2016;<br>- August 19, 2016; and<br>- August 20, 2016 to August 29, 2016.<br><br>Further review of the clinical record failed to evidence that the SN performed a monthly assessment of all the patient's systems and provided HHA supervision.<br><br>During an interview with the Director of Professional Services on August 29, 2016 at 1:30 p.m., she/he indicated that HHA hours were not provided to Patient #1 from, July 7, 2016 through August 8, 2016, because the staffing coordinator could not get in contact with the patient at the start of care. It should be noted that the agency failed to provide documentation that the agency attempted to contact the patient.<br><br>On August 30, 2016, at 9:35 a.m., another review of Patient #1's record revealed a physician order, dated July 27, 2016 which documented that the patient's case manager requested that the patient HHA hours be decreased to five hours per day, five days per week. The order, however was not signed by a physician.<br><br>At the time of this survey, the agency's skilled nurse failed ensure that the aforementioned patients needs were met in accordance to their POC's. | H 453 | H453 continued<br><br>The administrator counselled the staff that they should have started discharge procedures for the client for several reasons: 1.There was no identified physician to sign the orders, 2. The client was abusive and noncompliant, 3. the client refuses to allow the PCA's to provide the PCA services that are required.<br><br>However, since the patient's behavior presents risk to herself. For instance she does not eat unless the PCA bring her food and she does not bathe or groom herself and she verbally abuse her neighbor on a regular basis and she calls the police on a mostly daily basis. We decided in the interest of the safety of the patient we would contact the Ombudsmen office to get assistance with getting services for the client. We had already called the Office of Adult Protection and CPAP at The Office of Behavioral Health for assistance but was unable to get any assistance.<br>Ms. [redacted] at the Ombudsmen office is scheduling a meeting to bring all the involved agencies together to get this client the help she needs.<br><br>The Ombudsmen office has subsequently gotten the Office of Adult Protection to open a case on the client. The Office of Behavioral Health has also gotten involved and is sending CPAP services out to evaluate the client. | 09/20/16 ongoing<br><br>09/20/16 ongoing<br><br>10/06/16 ongoing |
| H 457 | 3917.2(g) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following: | H 457 | | |

| Page 12 Continued<br><br>H 453 Continued:<br><br>Future difficult and problematic cases will be discussed in a weekly staff conference between the administrator, the DON, DOPS, office nurses, staffing nurses. In addition, the physician liaison if there is problems getting orders signed.<br><br>In addition, the Quarterly assurance/improvement committee will review the charts of all patients that have been identified as challenging. These patients will be discussed during the Quality assurance/improvement meeting to determine if the intervention utilized have been effective. Additional corrective strategies could be developed and implemented. | <br><br><br><br>10/17/16<br>ongoing<br><br><br><br><br>10/30/16<br>ongoing |
| --- | --- |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HCA-0009 | A. BUILDING: ______ B. WING ______ | C 09/02/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PREMIUM SELECT HOME CARE, INC | 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 |

| (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 457 | Continued From page 12<br><br>(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, it was determined that the HCA failed to ensure that the SN documented a progress note at least every thirty (30) days for one (1) of one (1) patient in the investigation. (Patient #1)<br><br>The finding includes:<br><br>On August 29, 2016, starting at 9:30 p.m., review of Patient #1's record revealed a certification period of July 7, 2016 to January 7, 2017. Further review of the POC revealed a SN initial assessment dated July 7, 2016. The record, however, failed to provide documented evidence of a skilled nursing progress note until August 25, 2016 (49 days after the SOC).<br><br>During an interview with the Director of Professional Services on August 29, 2016 at 1:30 p.m., it was revealed that there were no other nurse progress notes. The Director of Professional Services also stated that the patient refused care from the nurse. It should be noted that there are no other notes indicating the nurse's attempts to visit the patient prior to the August 25, 2016 note.<br><br>At the time of the survey, the HCA failed to provide documented evidence that the SN documented progress notes at least every 30 days on Patient #1 according to the state licensure regulations. | H 457 | To address deficiency H457:<br><br>The client PCA services were put on hold because we could not able to reach the client from 7/7/16. The Casemanager from the Office on Aging contacted Premium Select and spoke with staffing nurse [redacted], LPN on 7/27/16 instructing her to start PCA services 5 hours x5days per week and to hold the weekend services per patient request. However, she stated that she would have to be available at the client's home to encourage the client to let the PCA in. Ms. [redacted] was not able to meet with the PCA until 8/8/16 and the PCA services were then started.<br><br>The SN from Premium select attempted to visit the client on 8/3/16 and again on 8/10/16 but the client informed the patient that she was a nurse and asked him to please not come to her house.<br><br>On 8/28/16 we sent out SN to supervise the PCA and assess the client for a complaint of leg and shoulder pain. The client refused to let the nurse in and verbally abused the nurse.<br><br>Another nurse went on 8/30/16 and assessed the client and did a PCA supervision which was within 30 days of the start of PCA services. | 08/20/16 ongoing |

| Page 13 Continued:<br><br>H 457 continued: | |
|---|---|
| To correct continued problems the agency contacted the Ombudsmen office to get help in obtaining assistance from all agencies involved: The office on aging, behavioral health, casemanagement, DHCF, and DOH to assist in developing a strategy to meet the client's needs. | 08/20/16<br>ongoing |
| Future Difficult and problematic cases will be discussed in a weekly staff conference between the administrator, the DON, DOPS, office nurses, staffing nurses. In addition, the physician liaison if there is problems getting orders signed. | 10/17/16<br>ongoing |
| In addition, the Quarterly assurance/improvement committee will review the charts of all patients that have been identified as challenging. These patients will be discussed during the Quality assurance/improvement meeting to determine if the intervention utilized have been effective. Additional corrective strategies could be developed and implemented. | 10/30/16<br>ongoing |