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	HCA-0003	A. BUILDING: _____ B. WING _____	11/19/2021

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HSC HOME HEALTH CARE, LLC	1731 BUNKER HILL ROAD, NE WASHINGTON, DC 20017

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H 000	INITIAL COMMENTS An annual licensure survey was conducted on 11/15/2021, 11/16/2021, 11/17/2021, 11/18/2021 and 11/19/2021 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 64 patients and employed 132 staff. The findings of the survey were based on the review of administrative records, 11 active patient records, three discharged patient records, 25 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 ten patient telephone interviews. Listed below are abbreviations used throughout this report: 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 RN - Registered Nurse SN - Skilled Nurse	H 000		
H 099	3905.2(i) POLICIES AND PROCEDURES Written policies and procedures shall be developed for, at a minimum, the following: (h) Infection control; and...	H 099		

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H 099	Continued From page 1 This Statute is not met as evidenced by: Based on interview and record review, the home care agency's (HCA's) nurses failed to implement policies and procedures for unusual incident reporting that included three licensed practical nurses (LPNs) providing services for Patient #11. (LPNs # 6, #7, and #8). Findings included: The agency's skilled nurses failed to implement the home care agency's (HCA's) policy and procedure for unusual incident reporting as evidenced by the following. Review of the agency's unusual incidents on 11/16/2021 at 10:14 AM, showed an incident report dated 08/23/2021, that involved Patient #11. Further review of the report revealed that licensed practical nurse (LPN #7) contacted the supervisory nurse on 08/23/2021 stating that Patient #11's mother reported that her son had experienced a fractured humerus. Continued review of the incident report showed that the patient's mother noted that the incident occurred on 08/12/2021 not on 08/23/2021 when it was reported. The report also documented that the patient's mother reported to LPN #6 on 08/12/2021 at 7:25 AM that she heard something pop in Patient #11's arm while putting his shirt on. It should be noted that LPN #6 never reported the incident. LPN #8 documented a nursing note dated 08/15/2021 at 11:00 PM, Patient #11's "Mom reported left hand fracture, in splint small swelling noted." It should be noted that LPN #8 failed to	H 099	**H099-3905.2(i) Policies and Procedures** This deficiency relates to the improper reporting of unusual incidents. **Preventative Actions** LPN # 6 was educated by her supervisor for not reporting the incident. LPN # 8 was educated by the nursing supervisor on the importance of immediately notifying the supervisor of an incident. LPN # 7 was educated on the importance of reporting all incidents promptly. All clinical nurses (RN's and LPN's) and therapists will be educated on the importance of informing nursing or therapy supervisory staff of any incidents that may cause harm to a patient during the delivery of care. A respective incident report is required to be completed on the day of the incident. Clinical nurse staff (RN's and LPN's) and therapists will be educated on the process of completing an incident report. **Measuring and Monitoring** A comprehensive educational program will be created for all staff on the importance of reporting all incidents. This program will include: The type of incidents to report, the importance of calling a supervisor and steps process the incident report and to support the patient family. Two organizational policies would be included in the comprehensive educational program: 1. An employee who is involved in an incident/occurrence or witnesses an incident outside of their normal job duties that may result in harm of a client, the incident must be reported to the supervisor immediately. 2. Nurses are responsible for reporting any significant changes in the patient's condition following an incident.	Nov 18,2021 Nov 18, 2021 Nov 18, 2021 Jan 14, 2022 Jan 14, 2022 Jan 27, 2022

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H 099	Continued From page 2 implement the agency's policy to report the incident immediately to a supervisor. Review of the agency's policies and procedures entitled Occurrence/Incident Reporting on 11/19/2021 at 12:01 PM showed that if an employee is involved in an incident/occurrence or witnesses an incident outside of their normal job duties that may result in harm of a client the incident must be reported to the supervisor. During an interview on 11/17/2021 at 12:35 PM, the Supervisory Nurse verified that the incident involving Patient #11 was not reported to her on 08/12/2021 by LPN #6 but was reported by LPN #7 on 08/23/2021. Continued interview with the Supervisory Nurse revealed that the nurses are responsible for reporting any significant changes in the patient's condition. The Supervisory Nurse stated that she spoke to each of the nurses regarding the lack of reporting the incident. LPNs #6, #7, and #8 failed to implement the agency's incident reporting policy.	H 099	**Measuring and Monitoring Cont.** Following this educational program, periodic audits will be conducted to ensure all incidents are reported. **Quality Integration** Findings from audit will be reported during Quality Compliance Advisory Council meetings on a quarterly basis. **H269-3911.2(i) Clinical Records** This deficiency relates to the inadequate supervisory visit on a biweekly basis. **Preventative Actions** Education of all nursing staff on the requirement of conducting supervisory visits biweekly as ordered by the physician. Education of nursing staff and nursing leadership on the responsibilities to notify the physician and obtain new orders when staff is not available.	Ongoing Quarterly Jan 7, 2022 Jan 7, 2022
H 269	3911.2(i) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (i) Documentation of supervision of home care services. This Statute is not met as evidenced by: Based on record review and interview, the home care agency's nurses (HCA) failed to document the supervision of services being delivered by each patient's home health aide (HHA) for three	H 269	**Measuring and Monitoring** Within a month of providing education to all nursing staff, a randomized audit of 25 patient charts will be conducted. The scope of the audit will be to determine whether biweekly supervisory visits were completed. Periodic audits of patient's clinical records will be conducted for skilled nursing supervisory visits until all records demonstrate compliance. **Quality Integration** Findings from audit will be reported during Quality Compliance Advisory Council meetings on a quarterly basis.	Jan 27, 2022 Ongoing Quarterly

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H 269	Continued From page 3 of the ten active patients in the sample receiving home care services from the agency (Patients #2, #6, and #8). Findings included: **1**. On 11/15/2021 at 09:25 AM, review of Patient #2's clinical record showed a plan of care (POC) that contained a physician's order that required skilled nursing supervisory visits twice a month and as needed for clinical management. The POC showed that the patient had diagnoses that included dependency on Ventilator, Tachycardia, Feeding Problems, Gastrostomy Tube Dependent, Wheezing, and Muscle Spasticity**.** Further review of Patient #2's clinical record failed to show documented evidence that the skilled nurse conducted supervisory visits every two weeks as ordered by the physician during the month of September 2021. **2**. On 11/18/2021 at 09:02 AM, review of Patient #6's clinical record showed a POC that contained a physician's order that required skilled nursing supervisory visits twice a month and as needed for clinical management. The POC showed that the patient had diagnoses that included Tracheostomy status and Gastrostomy status. Further review of Patient #6's clinical record failed to show documented evidence that the skilled nurse conducted supervisory visits during the month of June 2021. **3**. On 11/18/2021 at 12:40 PM, review of Patient #8's clinical record showed a POC that contained a physician's order that required skilled nursing supervisory visits twice a month and as needed for clinical management. The POC showed that	H 269	**Additional Information Support** Upon further review and investigation regarding twice a month supervision of clients, it was noted that the visits were conducted. During future surveys, our staff will ensure that each survey team member acknowledges receipt of the information provided prior to departure.	

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H 269	Continued From page 4 the patient had diagnoses that included Cerebral Palsy, Developmental Disorder of Speech and Language, Acid Reflux, and Gastrostomy Tube Status. Further review of Patient #8's clinical record failed to show documented evidence that the skilled nurse conducted supervisory visits every two weeks as ordered by the physician during the month of May 2021 and September 2021. On 11/19/2021 at 2:30 PM, the Clinical Director was informed of the findings. At the time of the survey, the home care agency failed to ensure that the skilled nurse visits were conducted as ordered by physicians for patients #2, #6, and #8.	H 269	**3912.2(d) Patient Rights & Responsibilities** This deficiency is related to inadequate following of plan of care for clients. **Preventative Actions**	
H 300	3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care. 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 skilled nursing visits for Patient #8. Findings included:	H 300	All staff will receive education on the importance of providing care according to the Plan of Care (POC). All Staff will receive education on the importance of managing and following the plan of care for services rendered. Additional education will be provided to all staff if orders are not up to date in the clinical chart. Education will be provided to skilled nursing staff to ensure care provided to the client reflects all orders provided by the physician. **Measuring and Monitoring** Following this educational program, an audit of 25 patient charts will be conducted to determine if the plan of care has been followed as stated. Periodic audits of patient's clinical records will be conducted until all clinical records reflect the care provided as stated in plan of care	Jan 13, 2022 Jan 13, 2022 Jan 13, 2022 Feb 17, 2022 Ongoing

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H 300	Continued From page 5 On 11/17/2021 at 11:30 AM, review of Patient #8''s plan of care (POC) showed a duration period of 05/07/2021 through 07/05/2021. The patient's diagnoses included Gastrostomy status, Cerebral palsy, Gastro-esophageal reflux disease, and Developmental disorder of speech and language. The POC indicated that skilled nursing services were to be provided six hours daily, three times a week for assessments, medication administration including nebulizer treatments, monitoring all night for respiratory distress and safety maintenance. Continued review of Patient #8's clinical record revealed skilled nursing visits were not provided on 05/05/2021, 05/10/2021, 05/11/2021, 05/12/2021, 05/18/2021, 05/19/2021, 05/24/2021 and 05/25/2021 as ordered. When asked about the missed visits, the Clinical Nurse Manager submitted missed visit notes signed by a nurse on 11/21/2021 (six months) after the missed visits occurred.	H 300	**Quality Integration** Findings from audit will be reported during Quality Compliance Advisory Council meetings on a quarterly basis.	Quarterly
H 391	3915.7 HOME HEALTH & PERSONAL CARE AIDE SERVICE Each home health or personal care aide shall be supervised by a registered nurse or other health professional for performing tasks specific to that profession. On-site supervision of skilled services shall take place at least once every two (2) weeks. On-site supervision of all other services shall take place at least once every sixty-two (62) calendar days. This Statute is not met as evidenced by: Based on record review and interview, the home	H 391	**3915.7 Home Health & Personal Care Aide Service** This deficiency relates to the inadequate supervision of LPN's/HHA as it relates to patient care. **Preventative Actions** Education will be provided to nursing leadership that Licensed Practical Nurses /Home Health Aide must be supervised onsite by a registered nurse. Education will include the requirements that the registered nurse must visit the patient biweekly for two months.	Jan 11, 2022

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H 391	Continued From page 6 care agency (HCA) failed to ensure that each licensed practical nurse (LPN) providing services was supervised onsite by a registered nurse (RN) for three of the 10 patients receiving skilled care services (Patients #1, 2, and #7). Findings included: **1.** On 11/15/2021 at 11:42 AM, review of Patient #1's plan of care (POC) showed a duration period of 10/13/2021 - 12/11/2021. The POC required the Registered Nurse (RN) to visit the patient two times a month for two months for clinical management. Further review of the clinical record showed that the nurse conducted telephone visit with the patient during the month of November 2021. There was no evidence that the RN conducted onsite supervision of services provided by the LPN during the month of October or November 2021. **2**. On 11/15/2021 at 03:15 PM, review of Patient #2's plan of care (POC) showed a duration period of 09/17/2021- 11/15/2021. The POC required the Registered Nurse (RN) to visit the patient two times a month for two months for clinical management. Further review of the clinical record showed that the nurse conducted telephone visits with the patient during the month of June 2021, July 2021, and September 2021. There was no evidence that the RN conducted onsite supervision of services provided by the LPN during these months. 3. On 11/16/2021 at 08:40 AM, review of patient	H 391	**Measuring and Monitoring** Within a month of providing education to the nursing staff, a randomized audit of 25 patient charts will be conducted to evaluate visits by Supervisory RN's. Periodic audits will continue until 100 percent compliance on biweekly supervisory visits by RN's. **Quality Integration** Findings from audit will be reported during Quality Compliance Advisory Council meetings on a quarterly basis. **Additional Information Support:** Upon further review of the supervision for the clients listed, it was noted that client #2 & #7 reflected Signed Telehealth Contract for supervision due to COVID concerns.	Feb 8, 2022 Ongoing Quarterly

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H 391	Continued From page 7 #7's plan of care (POC) showed a duration period of 12/04/2020 - 02/01/2021. The plan of care required the Registered Nurse (RN) to visit the patient two times a month for two months for clinical management. Further review of the clinical record showed that the nurse conducted telephone visits with the patient during the month of January 2021. There was no evidence that the RN conducted onsite supervision of services provided by the LPN during the month of January 2021. On 11/19/2021 at 2:30 PM, the Clinical Director was informed of the findings. At the time of the survey, the home care agency failed to ensure that each licensed practical nurse/home health aide (HHA) providing services to the patients was supervised onsite by a registered nurse (RN) for three of the 10 patients receiving services from the agency (Patients #1, #2, and #7).	H 391		
H 453	3917.2(c) SKILLED NURSING SERVICES 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 interviews, the home care agency (HCA) failed to ensure skilled nursing services were provided in accordance	H 453		

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H 453	Continued From page 8 with the patient's plan of care (POC) for five of the 10 patients in the sample receiving skilled nursing services (Patients #1, #2, #6, #7, and #8). The findings included... 1. On 11/16/2021 at 10:31 AM, review of Patient #1's clinical record revealed the patient had diagnoses that included Dependence on Respirator (Ventilator), Unspecified Chronic Respiratory Disease, Bronchopulmonary Dysplasia, Tracheotomy status, and Gastrostomy status. The plan of care showed a physician's order for skilled nursing services 8 hours a day six days a week. The plan of care (POC) required the skilled nurse to check the Gastrostomy tube for correct placement prior to each enteral feed and to check gastric residual before bolus feeding and as needed for gastrointestinal distress. Further review of the patient's clinical record showed that there was no tube feeding flush, placement and or residual check documented by nurses on 10/14/2021, 10/15/2021, 10/26/2021, 10/27/2021, 10/29/2021, 10/30/2021, 11/3/2021, 11/4/2021, and 11/5/2021. 2. On 11/16/2021 at 12:45 PM, review of Patient #2's clinical record revealed the patient had diagnoses that included Dependency on ventilator, Tachycardia, Feeding Problems, Gastrostomy Tube Dependent, Wheezing, and Muscle Spasticity. The POC showed a physician's order for skilled nursing services 16 to 24 hours a day, times 7days a week for 9 weeks. The POC required the skilled nurse to check the Gastrostomy tube for correct placement prior to each enteral feed and to check gastric residual before bolus feeding and as needed for gastrointestinal distress.	H 453	**3917.2(c) Skilled Nursing Services** This deficiency relates to the inadequate gastrostomy care that was provided to clients. **Preventative Actions** All current staff involved with gastrostomy care will be contacted to ensure care provided to clients are adhering to HSC Home Care Gastrostomy Care guidelines. Review and update organizational policies and procedures related to gastrostomy care and management. A robust training program will be developed for all nurses and nursing supervisors to ensure complete understanding of gastrostomy care and importance of providing care based on the physician's orders. In addition, this training program will educate all nurses on gastrostomy tube feedings, gastrostomy placements, residual checks, and gastrointestinal distresses. This educational training will include observations of skills and techniques related to gastrostomy care. Education will also include information on reporting incidents in a timely manner. Yearly educational checks on skills and techniques will be required for all nurses. **Measuring and Monitoring** Following this educational program, a randomized audit of 25 charts will be conducted to determine staff's adherence to gastrostomy care policies and procedures. Randomized audits of chart reviews and incidents will continue until 100% compliance is achieved in following gastrostomy care guidelines. **Quality Integration** Findings from audit will be reported during Quality Compliance Advisory Council meetings on a quarterly basis.	Jan 12, 2022 Feb 9, 2022 Mar 10, 2022 Ongoing Quarterly

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H 453	Continued From page 9 Further review of the patient's clinical record showed there was no tube feeding flushes, placement and or residual checks documented by the nurses on 6/2/2021, 6/3/2021, 6/6/2021, 6/7/2021, 6/8/2021, 6/9/2021, 6/10/2021, 6/11/2021, 6/12/2021, 6/13/2021, 7/4/2021.9/16/2021, 9/17/2021, 9/18/2021, 9/19/2021, 9/20/2021, 9/21/2021, 9/22/2021, 9/23/2021, 9/24/2021, 9/25/2021, 9/26/2021, 9/27/2021, 9/28/2021, 9/29/2021, and 9/30/2021. 3. On 11/17/2021 at 9:10 AM, review of Patient #6's clinical record revealed the patient had diagnoses that included Tracheostomy and Gastrostomy status. The POC showed a physician's order for skilled nursing services 12 hours a day, seven days a week. The POC required the skilled nurse to check the gastrostomy tube for correct placement prior to each enteral feed and to check gastric residual before bolus feeding and as needed for gastrointestinal distress. Further review of the patient's clinical record showed that on 05/27/2021 the nurse documented that the patient threw up 3 times after starting the G-tube feeding, on 05/29/2021, patient vomited at 3:45 AM after taking 53 ml of formula, held feeding for 30 minutes, vomited again at 3:25 AM after taking 67 ml, held formula again. On 05/30/2021 at 11:00 PM, enteral feeding up and running @ 50 ml/hr. There was no documentation that the nurse checked for residual before initiating the tube feedings. 4. On 11/16/2021 at 3:06 PM, review of Patient #7's clinical record revealed the patient had diagnoses that included Acid Reflux, Seizures, Cerebral Palsy, Hydrocephalus, Gastrostomy	H 453		

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H 453	Continued From page 10 Status, and Feeding Difficulties. The POC showed a physician's order for skilled nursing services 16 hours a day, seven days a week. The POC required the skilled nurse to check the gastrostomy tube for correct placement prior to each enteral feed and to check gastric residual before bolus feeding and as needed for gastrointestinal distress. Further review of the patient's clinical record showed there were no tube feeding flushes, placement and or residual checks documented by nurses on 1/9/2021, 1/10/2021, 1/24/2021, 2/6/2021, 2/7/2021, 2/13/2021, 2/14/2021, 2/20/2021, 2/27/2021, 2/28/2021, 3/5/2021, 3/6/2021, 3/7/2021, 3/8/2021, 3/10/2021, 3/13/2021, 3/14/2021, 3/20/2021, 3/21/2021, and 3/27/2021. 5. On 11/17/2021 at 12:06 PM, review of Patient #8's clinical record revealed the patient had diagnoses that included Cerebral Palsy, Developmental Disorder of Speech and Language, Acid Reflux, Gastrostomy Tube Status. The plan of care showed a physician's order for skilled nursing services eight hours a day five days a week for nine weeks. The plan of care required the skilled nurse to check the gastrostomy tube for correct placement prior to each enteral feed and to check gastric residual before bolus feeding and as needed for gastrointestinal distress. Further review of the patient's clinical record showed there were no tube feeding flushes, placement and or residual checks documented by nurses on 06/07/2021, 06/08/2021, 06/09/2021, 06-16-2021, 06-18-2021, 06/22/2021, 07/12/2021, and 07/28/2021.	H 453		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0003	A. BUILDING: _____ B. WING _____	11/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HSC HOME HEALTH CARE, LLC	1731 BUNKER HILL ROAD, NE WASHINGTON, DC 20017

(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 During interview on 11/19/2021 at 2:30 PM, the Clinical Services Director was informed of the findings. At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with the patient's plan of care POC for Patients #1, #2, #6, #7, and #8).	H 453		