

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036
---	--

(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>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 04/06/2023 through 04/11/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 173 patients and employed 258 staff. The findings of the survey were based on the review of administrative records, 11 active patient records, five discharged patient records, 13 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 two patient telephone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>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 mg- milligram OT - Occupational Therapist PCA - Personal Care Aide POC - Plan of Care PT - Physical Therapist RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care</p>	H 000		
H 152	<p>3907.2(h) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p>	H 152		

Health Regulation & Licensing Administration
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Blersy Thomas, R

TITLE

Clinical manager

(X6) DATE

05/26/2023

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036
---	--

(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 152	<p>Continued From page 1</p> <p>(h) Copies of completed annual evaluations;</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that the home care agency (HCA) failed to maintain accurate personnel records, which included documentation of annual reviews for eight of 17 Home Health Aides sampled. (Employee #8, 9, 10, 11, 12, 13, 14, and #15).</p> <p>Finding includes:</p> <p>On 04/11/2023 at approximately 9:45 AM, a review of employee personnel files lacked evidence of current annual reviews, for Home Health Aide Aides, Employees #8, 9, 10, 11, 12, 13, 14 and #15</p> <p>During a face-to-face interview with the Assistant Director of Nursing (Employee #4) and Nurse Supervisor (Employee #16), on 04/11/2023, at approximately 10:00 AM., it was acknowledged that the Annual Reviews for the HHA staff were not in the personnel files. Additionally, the interview revealed that the agency was in the process of completing the reviews.</p>	H 152	<ul style="list-style-type: none"> • Evaluations were done by the Nurse as required. They were not in the chart on the day of the survey. They are in the chart now. The nurse was instructed to bring them as they are done. • The intake coordinator will make sure the evaluations are done on time and be filed in the charts. • This will be one of the items that will be monitored during utilization review. 	05/26/2023
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 with the patient's plan of care;</p>	H 300		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023	
NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036		
(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	<p>Continued From page 2</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 provide personal care services consistent with the patient's plan of care (POC) for three of 11 patients, (Patient's #4, 5, and #7).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Review of Patient #4's clinical record on 04/07/2023 at 9:30 AM, showed a Plan of Care (POC) with a duration period of 06/01/2022 through 05/31/2023. The POC contained a physician's order for personal care services 10 hours a day seven days a week. Continued review of the patient's record for the period of 10/01/2022 through 12/31/2022 lacked evidence that personal care services were provided as ordered on 10/24/2022, 10/27/2022, 11/11/2022, 11/13/2022, 11/20/2022, 12/02/2022 and 12/04/2022. 2. Review of Patient #5's clinical record on 04/07/2023 at 10:30 AM, showed a Plan of Care (POC) with a duration period of 01/01/2022 through 12/31/2022. The POC contained a physician's order for personal care services 10 hours a day seven days a week. Continued review of the patient's record for the period of 10/01/2022 through 12/31/2022 lacked evidence that personal care services were provided on 11/21/2022. 3. Review of Patient #7's clinical record on 04/07/2023 at 11:00 AM, showed a Plan of Care (POC) with a duration period of 09/01/2022 through 08/31/2023. The POC contained a physician's order for personal care services 16 hours a day seven days a week. Continued 	H 300	<ul style="list-style-type: none"> • Missed visits were documented of patient#4. Dr. was notified. Copes are attached. (Attached copies of missed visits) • Missed visits were documented of patient#5. Dr. was notified. Copes are attached. (Attached copies of missed visits) • Missed visits were documented of patient#7. Dr. was notified. Copes are attached. (Attached copies of missed visits) 	Ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036		
(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 3 review of the patient's record for the period of 10/01/2022 through 12/31/2022 lacked evidence that personal care services were provided on 10/15/2022, 10/16/2022, 11/09/2022, 11/10/2022, and 11/19/2022. At the time of the clinical record review, the Director of Nursing, Employee #3 acknowledged the findings.	H 300		
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to the patient's diagnoses and medications in the plan of care (POC) for six of 11 active patients sampled (Patients #3, 4, 6, 7, 8, and #10). Findings included: 1. On 04/10/2023 at 11:15 AM, a review of Patient #3's clinical record showed a POC with a duration period of 01/01/2022 through 12/31/2022. The patient's diagnoses included congestive heart failure, type 2 diabetes mellitus non-insulin-dependent, and hypertension. Continued review of the POC lacked glucose parameters and/or glycemic precautions related to the patient's diabetes that may warrant intervention. 2. Review of Patient #4's clinical record on	H 364	<ul style="list-style-type: none"> • The clinicians were counseled regarding this deficiency. • An addendum was created to the plan of care for patient # 3 (attached copy of addendum) • All plans of care will be reviewed by the clinical manager prior to being sent to the Doctor's office. • Members of Quality Assurance will review on a quarterly basis to review 80% of all clinical records with the goal of 75% maintaining compliance. The Clinical Manager will be responsible for reviewing emergency protocols specific to the patients' diagnoses and medications in the plan of care to ensure individual clinicians' compliance with the Agency's policy. Any identified deficiency will be shared with the Governing body and the Clinicians as identified upon review. 	Ongoing and 05/2023

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036
---	--

(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	<p>Continued From page 4</p> <p>04/07/2023 at 9:30 AM, showed a POC with a duration period of 06/01/2022 through 05/31/2023. The patient's diagnoses included type 2 diabetes mellitus insulin-dependent, hypertension, and stage 3 kidney disease. Daily medications included Lantus insulin 45 units daily, and Humalog insulin 5 units three times a day as needed. The diabetes order shows the patient is to self-monitor blood glucose, take insulin as ordered, and notify the physician of blood sugar greater than 400 or less than 65 mg/dl. Continued review of the POC lacked glycemic precautions related to the patient's diabetes diagnosis that may warrant intervention.</p> <p>3. Review of Patient #6's clinical record on 04/07/2023 at 3:45 PM, showed a POC with a duration period of 09/01/2022 through 08/31/2023. The patient's diagnoses included cerebral infarction, chronic congestive heart failure, and hypertension. Daily medications included Eliquis 5mg by mouth daily. Continued review of the POC lacked evidence of emergency protocol for bleeding precautions. Additionally, a review of the home health aide (HHA) care plan lacked bleeding precautions and/or instructions for the aide to follow if bleeding occurred.</p> <p>4. Review of Patient #7's clinical record on 04/07/2023 at 11:00 AM, showed a POC with a duration period of 09/01/2022 through 08/31/2023. Patient diagnoses includes cerebral infarction, unspecified convulsions, hypertension, and dysphagia. The medication list included Eliquis 5mg by mouth daily. Continued review of the POC lacked evidence of emergency protocol for bleeding precautions. Additionally, the home health aide (HHA) care plan lacked bleeding precautions and/or instructions for the aide to follow if bleeding occurred.</p>	H 364	<ul style="list-style-type: none"> • The clinicians were counseled regarding this deficiency. • An addendum was created to the plan of care for patient # 7 (attached copy of addendum) • All plans of care will be reviewed by the clinical manager prior to being sent to the Doctor's office. • Members of Quality Assurance will review on a quarterly basis to review 80% of all clinical records with the goal of 75% maintaining compliance. The Clinical Manager will be responsible for reviewing emergency protocols specific to the patients' diagnoses and medications in the plan of care to ensure individual clinicians' compliance with the Agency's policy. Any identified deficiency will be shared with the Governing body and the Clinicians as identified upon review. <ul style="list-style-type: none"> • The clinicians were counseled regarding this deficiency. • An addendum was created to the plan of care for patient # 7 (attached copy of addendum) • All plans of care will be reviewed by the clinical manager prior to being sent to the Doctor's office. • Members of Quality Assurance will review on a quarterly basis to review 80% of all clinical records with the goal of 75% maintaining compliance. The Clinical Manager will be responsible for reviewing emergency protocols specific to the patients' diagnoses and medications in the plan of care to ensure individual clinicians' compliance with the Agency's policy. Any identified deficiency will be shared with the Governing body and the Clinicians as identified upon review. <ul style="list-style-type: none"> • The clinicians were counseled regarding this deficiency. • An addendum was created to the plan of care for patient # 7 (attached copy of addendum) • All plans of care will be reviewed by the clinical manager prior to being sent to the Doctor's office. • Members of Quality Assurance will review on a quarterly basis to review 80% of all clinical records with the goal of 75% maintaining compliance. The Clinical Manager will be responsible for reviewing emergency protocols specific to the patients' diagnoses and medications in the plan of care to ensure individual clinicians' compliance with the Agency's policy. Any identified deficiency will be shared with the Governing body and the Clinicians as identified upon review. 	<p>Ongoing and 05/2023</p> <p>Ongoing and 05/2023</p> <p>Ongoing and 05/2023</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
--	--	---	--

NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036
--	--

(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	<p>Continued From page 5</p> <p>5. Review of Patient #8's clinical record on 04/07/2023 at 10:30 AM, showed a POC with a duration period of 09/01/2022 through 08/31/2023. Patient diagnoses included quadriplegia, shortness of breath, and gastro-esophageal reflux. The medication list included metformin 500mg at night. The POC contained a physician's order for diabetes care stating that the patient takes medication and that blood sugar is monitored by the MD in the office. Continued review of the POC lacked blood glucose parameters, and glycemic precautions related to the patient's diabetes that may warrant intervention.</p> <p>6. On 04/10/2023 at 2:15 PM, a review of Patient #10's clinical record showed a POC with a duration period of 03/01/2022 through 02/28/2023. Patient diagnoses included cerebral infarction, type 2 diabetes mellitus non-insulin dependent, and hypertension. Patient medications included Plavix 75mg by mouth daily and metformin 1000mg by mouth daily. The POC contained a physician's order for the RN to supervise the PCA at least every 30 days and as needed. A review of the POC lacked evidence of emergency protocol for bleeding precautions. Additionally, the home health aide (HHA) care plan lacked bleeding precautions and/or instructions for the aide to follow in the event bleeding occurs. Additionally, a review of the POC lacked blood glucose parameters, and/or glycemic precautions related to the patient's diabetes that may warrant intervention.</p> <p>At the time of the clinical record review, the Director of Nursing, Employee #3 and the Assistant Director of Nursing Employee #4 acknowledged the findings.</p>	H 364	<ul style="list-style-type: none"> • The clinicians were counseled regarding this deficiency. • An addendum was created to the plan of care for patient # 7 (attached copy of addendum) • All plans of care will be reviewed by the clinical manager prior to being sent to the Doctor's office. • Members of Quality Assurance will review on a quarterly basis to review 80% of all clinical records with the goal of 75% maintaining compliance. The Clinical Manager will be responsible for reviewing emergency protocols specific to the patients' diagnoses and medications in the plan of care to ensure individual clinicians' compliance with the Agency's policy. Any identified deficiency will be shared with the Governing body and the Clinicians as identified upon review. <ul style="list-style-type: none"> • The clinicians were counseled regarding this deficiency. • An addendum was created to the plan of care for patient # 7 (attached copy of addendum) • All plans of care will be reviewed by the clinical manager prior to being sent to the Doctor's office. • Members of Quality Assurance will review on a quarterly basis to review 80% of all clinical records with the goal of 75% maintaining compliance. The Clinical Manager will be responsible for reviewing emergency protocols specific to the patients' diagnoses and medications in the plan of care to ensure individual clinicians' compliance with the Agency's policy. Any identified deficiency will be shared with the Governing body and the Clinicians as identified upon review. 	<p>Ongoing and 05/2023</p> <p>Ongoing and 05/2023</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023	
NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036		
(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	<p>3914.4 PATIENT PLAN OF CARE</p> <p>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.</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 each patient's plan of care (POC) was approved and signed by a physician and/or qualified personnel within 30 days of the start of care (SOC) for one of 11 active patients in the sample (Patients #7).</p> <p>Findings included:</p> <p>A review of Patient #7's clinical record on 04/07/2023 at 11:00 AM, showed a Plan of Care (POC) with a duration period of 09/01/2022 through 08/31/2023. The POC contained a physician's order for skilled nursing services once a month and as needed to perform and assess all body systems, vital signs, patient/caregiver knowledge of disease process and home health aide (HHA) services 16 hours a day seven days a week. Further review of the patient's record showed that the POC was signed by the patient's physician on 11/09/2022, more than 30 days following the start of care.</p> <p>At the time of the record review, Employee #3, the Director of Nursing, acknowledged the</p>	H 366	<ul style="list-style-type: none"> Plan of care sent to the Doctor's office multiple time during the PHE (Attached are the faxed documents) 	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036
---	--

(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 7 finding.	H 366		
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, Agency policy review, and interview, the home care agency (HCA) failed to ensure that the home health aide (HHA)/personal care aide (PCA) recorded the patient's physical condition, behavior, and/or appearance for two of 11 active patients sampled (Patient's #3, and 5).</p> <p>Findings included:</p> <p>1. On 04/10/2023 at 11:15 AM, a review of Patient #3's clinical record showed a POC with a duration period of 01/01/2022 through 12/31/2022 and included personal care services eight hours a day, seven days a week. POC included assistance with bathing, dressing/personal care, ambulation, meal preparation, laundry, and medical appointments.</p> <p>A surveyor review of the clinical record showed the HHA failed to document patient care on 10/05/22 and 10/18/2022.</p> <p>2. On 04/10/2023 at 10:15 AM, a review of Patient #5's clinical record showed a POC with a</p>	H 399	<ul style="list-style-type: none"> • PCA time sheets with ADL time allotted/rendered was implemented on February 13, 2023 • All PCA's are informed of this via email communication on 02/13/2023 (Attached email) • Time sheets are monitored on bi-weekly basis by the staffing Co-Ordinator's prior to billing. • Evaluation of compliance is monitored on a quarterly basis by the Utilization review committee /Quality assurance committee. 	02/13/2023

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036
---	--

(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 399	<p>Continued From page 8</p> <p>duration period of 01/01/2022 through 12/31/2022 and included personal care services 10 hours a day, seven days a week. POC care included assistance with bathing, dressing/personal care, ambulation, meal preparation, laundry, and medical appointments.</p> <p>Surveyor review of the clinical record showed the HHA failed to document patient care on 11/15/2022 AM and PM shifts, 11/16/2022 AM and PM shifts, 11/18/2022 AM and PM shifts, 11/22/2022 AM and PM shifts, and 11/23/2022 AM and PM shifts.</p> <p>The home health aides failed to document the patient's physical condition, behavior, and/or appearance for Patient's #3 and 5. At the time of the clinical record review, ADON and SN acknowledged the findings.</p>	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 staff interview, the home care agency failed to ensure the Supervisory Skilled Nursing 62-day summary of services was provided to the physician, for two of the 11 active patients in the sample, (Patients #4 and #8).</p> <p>Findings included:</p>	H 430	<ul style="list-style-type: none"> 62 Day summary was faxed to the physician for patient # 4 on 11/29/2022 (Attached is the conformation) 	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2023
NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036		
(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 430	<p>Continued From page 9</p> <p>1. Review of Patient #4's clinical record on 04/07/2023 at 9:30 AM, showed a Plan of Care (POC) with a duration period of 06/01/2022 through 05/31/2023. The POC contained a physician's order that required the nurse to visit the patient once a month and as needed. Additionally, the POC required the nurse to provide health assessment, patient education on disease management, and monthly home health aide supervision. Further review of the patient's record for 10/01/2022 through 12/31/2022 lacked evidence that the physician was provided the 11/07/2022 Supervisory Skilled Nursing Visit 62-day Summary.</p> <p>2. Review of Patient #8's clinical record on 04/07/2023 at 10:30 AM, showed a POC with a duration period of 09/01/2022 through 08/31/2023. The POC contained a physician's order that required the nurse to visit the patient once a month and as needed. Additionally, the POC required the nurse to provide health assessments and knowledge of signs and symptoms of complications necessitating medical attention and physician notification, patient education on disease management, and monthly home health aide supervision. Further review of the patient's record for 10/01/2022 through 12/31/2022 lacked evidence that the physician was provided the 11/12/2022 Supervisory Skilled Nursing Visit 62-day Summary.</p> <p>These findings were acknowledged by the Director of Nursing at the time of the review.</p>	H 430	<ul style="list-style-type: none"> • The clinician documented the 62-day summary along the supervisory visit note for patient # 8, and it was missed. 62-day summary note was faxed to the doctor's office on 05/23/2023 (Attached is the conformation) • Going forth the clinician instructed to document 62-day summary under care coordination note. • This will be monitored by the Assistant clinical manager on an ongoing basis. • Members of Quality Assurance will review on a quarterly basis to review 80% of all clinical records with the goal of 75% maintaining compliance. Any identified deficiency will be shared with the Governing body and the Clinicians as identified upon review. 	Ongoing and 05/2023