

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HCA-0060</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/31/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>IMMACULATE HEALTH CARE SERVICES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2512 24TH STREET, NE<br/>WASHINGTON, DC 20018</b> |
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| H 000 | <p><b>INITIAL COMMENTS</b></p> <p>An annual licensure survey was conducted in conjunction with a complaint, DC~12025 investigation 07/24/2023, 07/25/2023, 07/26/2023, 07/27/2023, 07/28/2023, and 07/31/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 207 patients and employed 440 staff. The findings of the survey were based on the review of administrative records, 15 active patient records, five 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 two home visits and one patient telephone interview.</p> <p>The findings of the survey and complaint investigation are detailed throughout the body of this report.</p> <p>Compliant Allegation: Missed personal care visit from Immaculate and home health aide sleeping while on duty.</p> <p>Conclusion:<br/>Based on record reviews and interviews, the home care agency violated the patient's rights by failing to provide skilled nursing and personal care services consistent with the plan of care (POC).</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living<br/>DON- Director of Nursing</p> | H 000 | H 000 | 9/22/2023 |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: administrator

(X6) DATE:

*[Handwritten Signature]*

*10/16/2023*

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| H 000              | Continued From page 1<br><br>ER - Emergency Room<br>HOME HEALTH AIDE -<br>Home Health Aide HCA -<br>Home Care Agency<br>IADL- Instrumental Activities of Daily Living<br>MG- Milligram<br>ML- Milliliter<br>PCA - Personal Care Aide<br>POC - Plan of Care<br>RI - Reportable Incidents<br>RN - Registered Nurse<br>SN - Skilled Nurse<br>SOC - Start of Care<br>SRI -Serious Reportable Incidents   | H 000         | H 000   |                    |
| H 054              | 3903.2(c)(2) GOVERNING BODY<br><br>The governing body shall do the following:<br><br>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:<br><br>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.<br><br>This Statute is not met as evidenced by:<br><br>Based on record review and interview, the Governing Body failed to evaluate and review complaints made or referred to the agency, including the nature of each complaint and the agency's response. | H 054         |   |                    |

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| H 054  | Continued From page 2<br><br>Findings included:<br><br>Review of the agency's complaint log on 07/24/2023 at 12:38 PM showed a listing of 46 complaints received during the period of 07/2022 through 06/2023, however, there was no evidence that the Governing Body evaluated or reviewed the documented complaints. Review of the agency's Governing Body's minutes on 07/25/2023 at 11:19 AM showed that Management Meetings were held on 10/21/2022, and 04/27/2023. Further review of the minutes revealed that a quarterly incident/complaint report was discussed and included the initials of the patients involved, however, the minutes failed to include the nature of each complaint referred to the agency and the Governing Body's evaluation and review of the complaints.<br><br>During an exit interview on 07/31/2023 at 2:30 PM, the agency leadership acknowledged that the nature of each of the complaints referred and the evaluation of those complaints were not included in the meeting minutes. | H 054   | Continued From page 2<br><br>H 054   |   |
| H 099  | 3905.2(i) POLICIES AND PROCEDURES<br><br>Written policies and procedures shall be developed for, at a minimum, the following:<br><br>(h) Infection control; and...<br><br>This Statute is not met as evidenced by:<br><br>Based on record and policy review and interview, the home care agency (HCA) failed to implement   | H 099   | Starting with the October 2023 Quarterly Board report, AGENCY will include in the Quarterly Board Notes the description of the issue and its resolution by the client's initials to provide information on the nature of Board's review and discussion on each of the incidents/complaints referred and the evaluation of those incidents/ complaints. | 9/22/2023   |

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| H 099 | <p>Continued From page 3</p> <p>its policy for unusual incident reporting for two of 20 patients sampled. Patients #11 and #14.</p> <p>Findings included:</p> <p>The agency policy on Incident Reporting included but was not limited to " ...Agency will document and report all incidents that deviate from routine agency operations and will or could result in injury or potential ham to a client/caregiver or employee ...Staff members will immediately report the incident to their supervisor. An Incident report form shall be completed in its entirety by the person involved or the first person to become aware of the incident ..."</p> <p>1. During the review of the complaint/incident log on 07/24/2023 at 12:41 PM, there was no documented evidence that the home care agency (HCA) implemented its Incident Reporting Policy as evidenced below:</p> <p>Review of Patient #14' s clinical record on 07/31/2023 at 10:00 am showed that the quality assurance nurse documented a communication note that read, 02/01/2023 "Patient #14 [named] had an ER [emergency room] visit today for removal of the stitches on the forehead which was sutured on 1/25/2023 post fall injury. Visiting nurse made aware and instructed to do a PRN [as needed] visit, an incident report and education on falls prevention."</p> <p>During the entrance conference on 07/31/2023 at 10:37 AM., the Director Of Nursing (DON) stated that in addition to the incident report form, incidents are also recorded in an electronic system, "District of Columbia (DC) Care Connect". Review of the DC Care Connect report</p> | H 099 | <p>Continued From page 3</p> <p>H 099</p> <p>The review of Patient #11 and #14 files conducted by the agency clinical team identified a practice deficiency related to documenting and reporting incidents in accordance with agency policy. A though review of all agency clients' Electronic Health Records system has been conducted by agency Clinical team. All medical records found to be affected have been updated. Effective date 9/22/2023.</p> <p>1) Agency submitted late entries in both the Agency's Complaint and Incident Log and the DC Care Connect System on the ER visits and fall for Patient #11 and #14. Attachment #2 – Updated Log entries and DC Care Connect Report.</p> <p>2) Re-education Care Coordinator on Incident Reporting Policy – See Attachment # 3 – Re-training on Incident Reporting</p> <p>3) Quality Assurance Nurse report daily to all on Reportable incidents and Serious reportable incidents.</p> <p>4) Care Coordinator enters all Reportable incidents and Serious reportable incidents in DC Care Connect System.</p> <p>5) If the Reportable incident involves a fall, the affect client's home health aide submits a written incident report. The Compliance Officer initiates an investigation and complete the incident report in the Agency's Complaint and Incident Log.</p> <p>6) The DON and Administrator reviews monthly the Complaint and Incident Log, and Reportable incidents and Serious reportable incidents in DC Care Connect System.</p> | <p>9/22/2023</p> <p>9/22/2023</p> |
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| H 099              | <p>Continued From page 4</p> <p>lacked evidence of an incident involving Patient #14.</p> <p>During an interview on 07/31/2023 at 11:43 AM, the agency's Compliance Officer stated that if the patient experienced a fall that occurred when the agency ' s staff was off duty, they were not required to complete an incident report. There was no documented evidence that agency staff completed an incident report as specified in the Incident Report Policy.</p> <p>2. Review of a 60 Day Summary for Patient #11 on 07/27/2023 at 01:30 pm showed that "in the past 60 days, client said she fell, and the Ambulance transported her to the ER, she was sent back home same day ..."</p> <p>It should be noted that in addition to the absence of an incident report, there was no evidence that the incident was documented in the DC Care Connect system.</p> <p>At the time of the survey, the agency failed to document and report incidents consistent with agency policy.</p> | H 099         | Continued From page 4   |                    |
| H 123              | <p>3906.1(d) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(d) The procedure for submitting clinical and</p>  | H 123         |   |                    |

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| H 123              | <p>Continued From page 5</p> <p>progress notes, periodic patient evaluation, scheduling of visits, and other designated reports;</p> <p>This Statute is not met as evidenced by:<br/>Based on record review and interview, the home care agency failed (HCA) to include in the contractual agreements, the procedure for submitting clinical and progress notes, periodic patient evaluation, and other designated reports for nursing services for seven registered nurses (RNs #1, 2, 3, 4, 5, 6, and #7) and four licensed practical nurses (LPNs #1, #2, #3, and #4).</p> <p>Findings included:</p> <p>Review of licensed practical nurses (LPNs #1, 2, 3, and #4's) contractual agreements for the provision of nursing services on 07/25/2023 beginning at 10:41 AM and review of registered nurses (RNs) contractual agreements (RNs #1, 2, 3, 4, 5, 6, and #7) on 07/27/2023 at 10:22 AM showed no documented evidence that the agency included the procedure for submitting clinical and progress notes, periodic patient evaluation, and other designated reports.</p> <p>During an interview on 07/31/2023 at 12:57 PM, the director of nursing (DON) stated that the nurses were expected to submit clinical nursing notes within seven days.</p> <p>At the time of the survey, the agency failed to ensure the written contractual agreements for RNS #1, 2, 3, 4, 5, 6, and #7 and LPNs #1, 2, 3 and #4 for nursing services included the procedure for submitting clinical and progress notes, periodic patient evaluation, and other designated reports.</p> | H 123         | <p>Continued From page 5</p> <p>H 123</p> <p>A though review of all AGENCY contract agreement has been conducted by AGENCY Clinical team. All contract agreement have been updated. Effective date 9/22/2023.</p> <p>1) The contract for nurses were reviewed and amended to reference the procedure for submitting clinical and progress notes documenting services prescribed in the care plan, requiring "(a.) Nurses providing continuous hourly care services to conduct their documentation every two hours, and (b.) Nurses are to complete their documentation the day the service is rendered, and integrated into the clients' clinical record within seven (7) days following the provision of care."</p> <p>Attachment #4 – Revised RN and LPN Personnel Contract Template. Attachment # 8 – C-680 Clinical Documentation Policy</p> <p>To prevent any future deficiencies, the Human Resources Manager is responsible for ensuring that all newly hired contract nurses review and acknowledge understanding their duties in the position, regarding the referenced procedures for submitting clinical and progress notes, periodic patient evaluation, and other documentations. Any inconsistencies discovered during this review will be promptly addressed and resolved by the Human Resources Manager.</p> <p>Additionally, the Administrator and the Director of Nursing (DON) will each conduct reviews of all employee personnel records to confirm that the revised contract has been signed and placed in the nurses' personnel records. If any disparities are identified by the Administrator and/or the Director of Nursing (DON), they will collaborate with the Human Resources Manager to rectify and follow up on these issues until they are resolved. This will be an ongoing practice to ensure compliance with state regulations.</p> | <p>9/22/2023</p> <p>9/22/2023</p> <p>9/22/2023</p> |

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| H 154 | Continued From page 6  | H 154 | Continued From page 6   |           |
| H 154 | <p><b>3907.2(j) PERSONNEL</b></p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(j) Documentation of all personnel actions;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record and policy review and interview, the home care agency (HCA) failed to provide documented evidence of personnel action for three home health aides (HOME HEALTH AIDES #1, 2, and #4) alleged of sleeping while on duty.</p> <p>Findings included:</p> <p>During the review of the agency's complaint/incident log on 07/24/2023 at 12:41 PM, complaints were alleged that home health aides (HOME HEALTH AIDES #1, #2 and #4, were sleeping while on duty.</p> <p>1. On 5/15/2023, the agency received an email that Patient #1 alleged agency staff were asleep while on duty at his residence. The communication included pictures of what appeared to be a home health aide asleep in his residence during her assigned shift. (Home Health Aide (HOME HEALTH AIDE #1)</p> <p>2. On 6/11/2023, Patient #1 sent the agency's Director Of Nursing (DON) a picture of what appeared to be a weekend shift aide asleep while on duty at his residence. (HOME HEALTH AIDE #4)</p> <p>3. According to documentation recorded in DC Care Connect, on 06/12/2023 at 7:14 P.M,</p> | H 154 | <p>H 154</p> <p>The DON spoke with Home Health Aides #1, #2, and #4 regarding falling asleep while on an assignment.</p> <p>1) An extensive training have been conducted by The DON with all the employees on the sleeping policy and the Agency's disciplinary policy. Attachment # 9 - In-service on home health aide Care Services and Agency Disciplinary Policy. Home health aide#1,#2, and #4, signed acknowledgment, confirming that they have been duly informed of the paramount importance of remaining vigilant and attentive to the needs, condition, and overall situation of their client. Attachment #10 - Copy of Home health aide #1, #2, and #4, Signed Acknowledgment of Verbal Warning. The Acknowledgment was place in the HHA's personnel file.</p> <p>To prevent any future instances of deficiency regarding documentation of all personnel actions, the responsibility of daily monitoring and ensuring the proper placement of all personnel actions in employees' records has been assigned to the Quality Assurance Nurses and the Human Resources Manager.</p> <p>The Administrator and the Director of Nursing (DON) will each conduct monthly reviews on 10% of employee personnel records to verify the accurate placement of all personnel actions in the employees' records. If any discrepancies are identified by the Administrator and/or the Director of Nursing (DON), they will work in collaboration with the Quality Assurance Nurse and the Human Resources Manager to address and follow up on these issues, ensuring continuous adherence and compliance with this practice.</p> | 9/22/2023 |

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| H 154              | <p>Continued From page 7</p> <p>Patient #1 sent the agency's Director Of Nursing (DON) a picture of what appeared to be a picture of a home health aide (HOME HEALTH AIDE#2) asleep while on duty at his residence.</p> <p>A review of personnel files on 07/25/2023 at 11:34 AM lacked evidence that the complaints alleging aides were sleeping while on duty was addressed. When asked if there was any corrective action taken to address the alleged behavior, the Compliance Officer stated that the DON was planning to talk to all the aides involved in the complaints.</p> <p>At the time of the survey, the agency failed to provide documented evidence of personnel action for three home health aides (HOME HEALTH AIDES #1, 2, and #4) alleged of sleeping while on duty.</p> | H 154         | Continued From page 7<br>H 154 (Continued)   |                                   |
| H 300              | <p>3912.2(d) PATIENT RIGHTS &amp; 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> <p>This Statute is not met as evidenced by:</p> <p>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 personal care visits for three of 15 active patients sampled (Patients #1, 7, and #8).</p>  | H 300         | <p>H 300</p> <p>To address and prevent the occurrence of missed visits for Patient #1, #7, and #8 the Agency has taken proactive steps by contracting with two staffing agencies and a new provider is now authorized to provide the overnight shift for patient #1 effective 8/14/2023. These strategic partnerships aim to enhance our ability to maintain consistent and uninterrupted care for the agency patients. (Attachments # 17 - License of Staffing Agencies).</p> <p>A comprehensive review of all agency clients' Electronic Health Records (Electronic Health Records) system has been conducted by agency Clinical team. All medical records found to be affected with missed visit have been updated effective 9/22/2023.</p> | <p>8/14/2023</p> <p>9/22/2023</p> |



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| H 300              | <p>Continued From page 8</p> <p>Findings included:</p> <p>1. On 07/24/2023 at 02:09 pm, review of Patient #1's plan of care (POC) showed a duration period of 12/01/2022 through 11/30/2023. The patient's diagnoses included quadriplegia, neuromuscular dysfunction of bladder, carbuncle, hidradenitis suppurativa, constipation, and non-vascular catheter. The POC indicated skilled nursing services one time a month and personal care services 24 hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #1's clinical record showed that personal care services were not provided on 05/07/2023, 05/14/2023, 05/28/2023, 06/24/2023, 06/25/2023, 07/01/2023, 07/08/2023, 07/13/2023, and 07/15/2023.</p> <p>2. On 07/26/2023 at 01:41 pm, review of Patient #7's POC showed a duration period of 12/01/2022 through 11/30/2023. The patient's diagnoses included pain in right leg, pulmonary embolism, hypertension, osteoarthritis, gastro-esophageal reflux disease, major depressive disorder, asthma, and history of falling. The POC indicated skilled nursing services one time a month and personal care services 16 hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #7's clinical record showed that personal care services were not provided on 07/07/2022, 07/08/2022, 07/14/2022, 07/15/2022, 07/22/2022, 08/19/2022, 08/25/2022, 08/26/2022, 09/01/2022, 09/02/2022, 09/08/2022, 09/09/2022, 10/06/2022, and 10/07/2022.</p> <p>3. On 07/25/2023 at 12:18 pm, review of Patient</p> | H 300         | <p>Continued From page 8</p> <p>H 300 (Continued)</p> <p>To ensure the continuous provision of patient services, the Clinical Nurse Manager will conduct a daily review of all missed visits. Any discrepancies identified during this review will be promptly addressed with appropriate resolutions, and these details will be diligently included in the 60-day summary.</p> <p>In addition, the Quality Assurance (QA) nurse will perform a review daily of all missed visits to maintain a high standard of accuracy and compliance. As part of our commitment to maintaining excellence and adherence to protocol, with the aim of preventing the recurrence of missed visits and to ensure that the physician is promptly notified when such an occurrence takes place.</p> <p>The Administrator and the Director of Nursing (DON) will each perform monthly reviews on ten percent (10%) of patient records with any missed visit services to address QA issues to prevent and resolve any future occurrences. This review will continue as an ongoing process to maintain compliance with this standard of practice.</p> | 9/22/2023          |

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| H 300              | <p>Continued From page 9</p> <p>#8's POC showed a duration period of 03/01/2022 through 02/28/2023. The patient's diagnoses included osteomyelitis, Type II diabetes with diabetic peripheral angiopathy, Human immunodeficiency virus [HIV] disease, and anemia. The POC indicated skilled nursing services one time a month and personal care services eight hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #8's clinical record showed that personal care services were not provided on 01/03/2023 through 01/05/2023.</p> <p>On 07/28/2023 at 3:48 PM, the director of nursing (DON) was informed of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that personal care services were provided in accordance with the plan of care for Patients #1, 7, and #8.</p> | H 300         | <p>Continued From page 9</p> <p>H 300 (Continued)</p>  |                    |
| H 355              | <p>3914.3(d) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;</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) included a description of the services to be provided,</p>   | H 355         | <p>H 355</p> <p>Agency Clinical Team reviewed Patients #9, #10, and #11 to ensure that each patient's plan of care (POC) include a description of the services to be provided, including frequency, amount, and duration of services</p> |                    |

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| H 355 | <p>Continued From page 10</p> <p>including frequency, amount, and duration of services for three of 15 active patients in the sample (Patients #9, 10, and #11).</p> <p>Findings included:</p> <p>1. On 07/27/2023 at 10:43 am, review of Patient #9's clinical record showed a plan of care (POC) with a duration period of 02/01/2023 through 01/31/2024. The patient's diagnoses included osteoarthritis, sciatica, major depressive disorder, gastro-esophageal reflux disease, polyneuropathy, and abnormalities of gait and mobility. The POC showed a physician's order for skilled nursing services once monthly and as needed to perform multi systems assessments, disease management, vital signs, patient instruction, and personal care Aide (PCA) supervision. Also, the POC included an order for personal care services eight hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of the POC failed to include a duration of the skilled nursing services to be provided.</p> <p>2. On 07/27/2023 at 12:44 pm, review of Patient #10's clinical record showed a POC with a duration period of 01/01/2023 through 12/31/2023. The patient's diagnoses included osteoarthritis, sciatica, Type II diabetes mellitus, hypertension, anemia, abnormal involuntary movements, hyperlipidemia, chronic obstructive pulmonary disease, and vertigo. The POC showed a physician's order for skilled nursing services once monthly and as needed to perform multi systems assessments, disease management, vital signs, patient instruction, and PCA supervision. Also, the POC included an order for personal care services eight hours per</p> | H 355 | <p>Continued From page 10<br/>H 355 (Continued)</p> <p>The Clinical Team review the identified patients clinical records, it was identified that the POC lack information on the duration of the skilled nursing services to be provided. A 486 form has been sent to the doctors, providing the correct information on the duration of service. Additionally, all agency clients' medical records have been reviewed, and the affected records have been rectified effective 9/22/2023. Attachment #14 – Copy of submitted 486.</p> <p>The Director of Nursing (DON) is reinforcing with the clinical staff to ensure the patients' POC include a description of the services to be provided, including frequency, amount, and duration of services.</p> <p>The DON has conducted a re-training session for all clinicians, focusing on Agency policies and protocols for preparing a Plan of Care (POC) with emphasis on include a description of the services to be provided, including frequency, amount, and duration of services. Attachment #13: POC documentation.</p> <p>To prevent any future instances of deficiency regarding description of the services to be provided, including frequency, amount, and duration of services, the Quality Assurance Nurses and Nurse Manager have been assigned the responsibility of daily monitoring 10% of clients' medical records.</p> <p>The Administrator will conduct a monthly review of 10% of clients' medical records in AXCESS, while the Clinical Manager will review 10% of clients' medical records on a biweekly basis. Should the Clinical Manager identify any related discrepancies, she will collaborate with the Quality Assurance Nurse to address and follow up on these issues, ensuring ongoing compliance with this practice.</p> | 9/22/2023 |
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| H 355 | <p>Continued From page 11</p> <p>day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of the POC failed to include a duration of the skilled nursing services to be provided.</p> <p>3. On 07/27/2023 at 01:30 pm, review of Patient #11's clinical record showed a POC with a duration period of 02/01/2023 through 01/31/2024. The patient's diagnoses included osteoarthritis, major depressive disorder, amnesia, carpal tunnel syndrome, hypertension, Bipolar II disorder, asthma, and history of falling. The POC showed a physician's order for skilled nursing services once monthly and as needed to perform multi systems assessments, disease management, vital signs, patient instruction, and PCA supervision. Also, the POC included an order for personal care services seven hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of the POC failed to include a duration of the skilled nursing services to be provided.</p> <p>On 07/28/2023 at 3:48 PM, the director of nursing (DON) was informed of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that the plans of care for Patients #9, 10, and #11 included the durations of the skilled nursing services to be provided.</p> | H 355 | Continued From page 11<br>H 355 (Continued) |  |
| H 364 | <p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p>  | H 364 |   |  |

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| H 364              | <p>Continued From page 12</p> <p>This Statute is not met as evidenced by:<br/>Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to patient's diagnoses in the plan of care (POC) for one of 15 active patients included in the sample (Patient #2).</p> <p>Findings included:</p> <p>1. On 07/26/2023 at 10:06 am, review of Patient #2's clinical record showed a plan of care POC with a duration period of 07/01/2021 through 06/30/2022. The patient's diagnoses included osteoarthritis, type II diabetes mellitus, hypertension, gastro-esophageal reflux disease, insomnia, sarcoidosis, and obesity. The POC showed that the patient was receiving Glimepiride 4 mg oral twice a day for diabetes mellitus and Lisinopril-Hydrochlorothiazide 20 mg-12.5 mg oral daily for hypertension. Continued review of the POC failed to include evidence of emergency protocols (parameters) related to the patient's diagnoses of diabetes mellitus and hypertension.</p> <p>On 07/28/2023 at 3:48 PM, the director of nursing (DON) was informed of the findings.</p> <p>At the time of survey, the home care agency failed to ensure that Patient #2 's plan of care included emergency protocol parameters related to the patient's diagnoses of diabetes mellitus and hypertension.</p> | H 364         | <p>Continued From page 12</p> <p><b>H 364</b><br/>Agency Clinical Team reviewed Patients #2 to ensure that the patient's plan of care (POC) include emergency protocols specific to patient's diagnoses.</p> <p>1 Patient #2 – In the Clinical Team review of the patient's clinical records for the period of 07/01/2021 to 06/30/2022, it was identified that the POC lack information on the emergency protocols specific to patient's diagnoses. A 486 form has been sent to the doctor, providing the correct information on the duration of service. Additionally, all agency clients' medical records have been reviewed, and the affected records have been rectified effective 9/22/2023. Attachment #14 – Copy of submitted 486.</p> <p>The Director of Nursing is reinforcing with the clinical staff to ensure the patients' POC include a description of the services to be provided, including emergency protocols specific to patient's diagnoses.</p> <p>The DON has conducted a re-training session for all clinicians, focusing on Agency policies and protocols for preparing a Plan of Care (POC) with emphasis on include a description of the services to be provided, including emergency protocols specific to patient's diagnoses. Attachment #13: POC documentation.</p> <p>To prevent any future instances of deficiency regarding description of the services to be provided, including frequency, amount, and duration of services, the Quality Assurance Nurses and Nurse Manager have been assigned the responsibility of daily monitoring 10% of clients' medical records.</p> <p>The Administrator will conduct a monthly review of 10% of clients' medical records in AXCESS, while the Clinical Manager will review 10% of clients' medical records on a biweekly basis. Should the Clinical Manager identify any related discrepancies, she will collaborate with the Quality Assurance Nurse to address and follow up on these issues, ensuring ongoing compliance with this practice.</p> | 9/22/2023          |
| 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</p>   | H 366         |   |                    |

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of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.

This Statute is not met as evidenced by:

Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's plan of care (POC) was approved and signed by a physician or authorized representative within 30 days of the start of care (SOC) for 14 of 15 active patients in the sample (Patients #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and #14).

Findings included:

Review of the home care agency's clinical records beginning 07/24/2023 through 07/31/2023 showed that the agency failed to ensure that the plans of care (POC) for Patients #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and #14 were reviewed and signed by a physician within 30 days of the start of cares (SOCs).

On 07/31/2023, the director of nursing (DON) and administrator were informed of the findings. The DON had indicated that she had them signed and will email the signed plan of care, but that never happened despite reminders from the surveyor during the survey period and again on 08/01/2023 post survey.

At the time of survey, the home care agency failed to ensure that plans of care were signed by physicians authorized representative within 30

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H 366

1) A comprehensive review of Patients #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and #14, a notable deficiency has been identified within the home care agency (HCA). Specifically, it has come to light that the HCA failed to ensure that three (3) out of 15 plan of care (POC) for each patient were duly approved and signed by a physician or authorized representative within the stipulated 30-day period from the start of care (SOC). (See attachment 15 timely signed plan of cares).

The DON has conducted a re-training session for all clinicians, focusing on Agency policies and protocols for ensuring a Plan of Care (POC) POC is reviewed and signed by a physician within 30 days of the start of cares (SOCs). Attachment #13: POC documentation.

To prevent any future instances of deficiency regarding a POC being reviewed and signed by a physician within 30 days of the start of cares (SOCs), the Quality Assurance Nurses and Nurse Manager have been assigned the responsibility flag POCs not signed by the physician after submission for 10 days, and calls to clients for assistance obtaining their physician's signature. Where possible the Agency sends staff to the physicians' office to collect signed POC. After 20 days before the SOC date, the Agency will sent the client a 30 days Intent to Discharge notice due to an unsigned POC.

The Administrator will conduct a monthly review of 10% of clients' medical records in AXCESS, while the Clinical Manager will review 10% of clients' medical records on a biweekly basis. Should the Clinical Manager identify any related discrepancies, she will collaborate with the Quality Assurance Nurse to address and follow up on these issues, ensuring ongoing compliance with this practice.

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| H 366              | Continued From page 14<br>days of the start of care.  | H 366         | Continued From page 14   |                    |
| H 432              | <p><b>3916.2(b) SKILLED SERVICES GENERALLY</b></p> <p>Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies shall include, at a minimum, the following:</p> <p>(b) Communicating patient needs to agency personnel and identifying other agencies that can meet patient needs;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the licensed professionals failed to communicate patient's needs to agency personnel and identify other agencies that could meet the patient's needs for one of 15 active patients sampled (Patient #5).</p> <p>Findings included:</p> <p>On 07/26/2023 at 3:15pm, review of Patient #5's clinical record showed a plan of care (POC) with a duration period of 04/29/2023 through 06/27/2023 that included orders for the registered nurse (RN) to visit the patient once a month and as needed for multi-systems assessments and disease management. The patient's diagnoses included intellectual disabilities, Type I diabetes mellitus, hyperlipidemia, and unspecified head injury. The patient was prescribed Humalog 100 units/ml, 5 units subcutaneous before meals; Lantus insulin 100 units / ml, 10 units two times a day subcutaneous before breakfast and bedtime; Metformin HCL 1000mg one tablet oral two times</p> | H 432         | <p><b>H 432</b></p> <p>The Agency clinical team has conducted a thorough review of Patient #5's file and identified a practice deficiency. This review revealed a lapse in communication among agency personnel regarding the patient's needs. To address this issue, the Agency Clinical team conducted a thorough review of all Electronic Health Records within our system. All medical records found to be affected by this deficit practice were promptly updated effective as of 9/22/2023.</p> <p>To address this issue, an extensive re-training session has been done with all clinical employees, focusing on the communication policy, care coordination policy, and medication administration policy. This training initiative is aimed at enhancing communication skills and ensuring that all team members adhere to the established policies and protocols. It underscores our commitment to improving the quality of care and patient experience within our organization. (Attachment #7 – In-Service training certificate</p> <p>To prevent any future instances of deficiency related to lapses in communication regarding the patient's needs among agency personnel, the Clinical Nurse Manager will implement a daily review of all clinical care coordination documentation notes.</p> | 9/22/2023          |

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| H 432  | <p>Continued From page 15</p> <p>daily.</p> <p>Review of the nurses' daily notes showed that the patient was administered 10 units of Humalog before lunch on 06/05/2023, 06/06/2023, 06/08/2023 through 6/13/2023; and 5 units on 06/14/2023, 07/19/2023, 07/21/2023, 07/24/2023, and 07/25/2023.</p> <p>On 07/27/2023 at 11:02 am, the director of nursing (DON) was interviewed. She acknowledged the discrepancies and reached out to the supervisory nurse. The latter provided a copy of a physician order dated 06/05/2023 that showed the physician increased the Humalog from 5 units to 10 units before meals. The medication administration record (MAR) for June 2023 failed to show the change in the order even though the skilled nurse was documenting on some days having given 10 units as ordered. Further interview revealed that the skilled nurse received the order from the patient's mother and failed to communicate it with the supervisory nurse. As a result, the change in medication did not reflect in the June MAR but appeared "handwritten" in the July MAR when requested for review. The skilled nurse documented having administered "5 units of Humalog" on these dates 07/19/2023, 07/21/2023, 07/24/2023, 07/25/2023.</p> <p>The records failed to show documented evidence of communication of patient's needs among agency personnel. There was no evidence that Patient #5 sustained untoward effects as a result of this practice.</p> <p>At the time of the survey, the home care agency failed to ensure communication of patient's needs among agency personnel for Patient #5.</p> | H 432   | <p>Continued From page 15</p> <p>H 432 (Continued)</p> <p>To maintain continuous compliance and address the issue of communication lapses regarding the patient's needs among agency personnel, the Quality Assurance (QA) nurse will conduct a monthly review of all newly developed clinical care coordination documentation notes.</p> <p>As part of our ongoing commitment to excellence and compliance, both the Administrator and the Director of Nursing will each monthly reviews of ten percent (10%) of patient records containing newly developed clinical care coordination documentation notes. This practice will be consistently maintained to ensure that communication among agency personnel remains effective and that patient needs are adequately addressed.</p> | 9/22/2023   |



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| H 452              | Continued From page 16   | H 452         | Continued From page 16   |                    |
| H 452              | <p><b>3917.2(b) SKILLED NURSING SERVICES</b></p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(b) Coordination of care and referrals;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure that the skilled nurse (SN) coordinated care with the physician's office for three of 15 active patients in the sample (Patients #2, 3, and #13).</p> <p>Findings included:</p> <p>1. On 07/26/2023 at 10:06 am, review of Patient #2's clinical record showed a plan of Care (POC) with a duration period of 07/01/2021 through 06/30/2022 that included orders for the registered nurse (RN) to visit the patient once a month and as needed for multi-systems assessments and disease management. The patient's diagnoses included osteoarthritis, type II diabetes mellitus, hypertension, gastro-esophageal reflux disease, insomnia, sarcoidosis, and obesity. Continued record review showed a communication note that the patient was hospitalized on 01/02/2023 for asthma exacerbation. Further review revealed that the SN visited the patient on 01/20/2023 with no evidence that she coordinated care with the physician's office following the patient's hospitalization and overall condition. In addition, the 60-day summary review dated 03/14/2023 that was sent to the physician indicated that there were no hospitalizations or emergency room visits over the past 60 days.</p> | H 452         | <p>H 452</p> <p>Agency Clinical Team reviewed Patients #2, 3, and 4, medical records to ensure that the skilled nurse (SN) coordinated care with the physician's office.</p> <p>The nurse updated the 60 days notes of the identified patient's medical records to include information on the hospitalization and any related changes in patient's condition. Attachment #16 – Copies of updated 60 – day summary notes.</p> <p>The DON has conducted a re-training session for all clinicians, focusing on Clinical Documentation including submitting Physician Notices on clients' hospital inpatient and ER visits. Attachment #13: POC documentation.</p> <p>To prevent any future instances of deficiency regarding adherence to Nurses' documentation and coordinating care with the physician's office, the Quality Assurance Nurses and Nurse Manager have been assigned the responsibility of daily monitoring 10% of clients' medical records.</p> <p>The Administrator will conduct a monthly review of 10% of clients' medical records in AXXESS, while the Clinical Manager will review 10% of clients' medical records on a biweekly basis. Should the Clinical Manager identify any related discrepancies, she will collaborate with the Quality Assurance Nurse to address and follow up on these issues, ensuring ongoing compliance with this practice.</p> | 9/22/2023          |

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2. On 07/25/2023 at 11:20 am, review of Patient #3's clinical record showed a plan of care (POC) with a duration period of 04/01/2022 through 03/31/2023 that included orders for the registered nurse (RN) to visit the patient once a month and as needed for multi-systems assessments and disease management. The patient's diagnoses included chronic gout, pain, sciatica, major depressive disorder, bipolar disorder, hypertension, type II diabetes mellitus with hyperglycemia, and mild cognitive impairment. Continued record review showed a communication note that the patient was hospitalized on 02/12/2023 for chest pain. Further review revealed that the SN visited the patient on 03/05/2023 with no evidence that she coordinated care with the physician's office following the patient's hospitalization and overall condition. In addition, the 60-day summary review dated 03/01/2023 that was sent to the physician indicated that there were no hospitalizations or emergency room visits over the past 60 days.

3. On 07/28/2023 at 12:28 pm, review of Patient #13's clinical record showed a plan of care (POC) with a duration period of 11/01/2022 through 10/31/2023 that included orders for the registered nurse (RN) to visit the patient once a month and as needed for multi-systems assessments and disease management. The patient's diagnoses included asthma, disorders of brain, unspecified convulsions, human immunodeficiency virus [HIV] disease, hypertension, and Type II diabetes mellitus. Continued record review showed a communication note that the patient was hospitalized on 11/26/2022 for seizures with status epilepticus. Further review revealed that the SN visited the patient on 11/28/2022 with no

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| H 452              | <p>Continued From page 18</p> <p>evidence that she coordinated care with the physician's office following the patient's emergency room visit and overall condition. In addition, the 60-day summary review dated 12/25/2022 that was sent to the physician indicated that there were no hospitalizations or emergency room visits over past 60 days.</p> <p>On 07/28/2023 at 3:48 PM, the director of nursing (DON) was informed of the findings.</p> <p>At the time of the survey, the agency failed to ensure that the skilled nurse coordinated care with the physician's office.</p>   | H 452         | <p>Continued From page 18<br/>H 452</p>   | 9/22/2023          |
| H 453              | <p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</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 skilled nursing services were provided in accordance with the patient's plan of care (POC) for four of 15 active patients sampled (Patients #1, 4, 5, and #14).</p> <p>Findings included:</p> <p>1. On 07/24/2023 at 02:09 pm, review of Patient #1's plan of care (POC) showed duration periods of 04/23/2023 through 06/21/2023 and 06/22/2023 through 08/20/2023. The patient's</p> | H 453         | <p>H 453</p> <p>Agency Clinical Team reviewed Patients #1, 4, 5, and #14 to ensure that skilled nursing services were provided in accordance with the patient's plan of care (POC).</p> <p>In the Clinical Team review of the identified patient's clinical records, it was identified that the skilled nursing services provided were not consistent with the patient's plan of care (POC).</p> <p>A comprehensive review of the identified patient's clinical records by the clinical team revealed a practice deficiency related to missed visits. A review of the files revealed that the agency had not ensured the provision of skilled nursing services in alignment with the patient's plan of care.</p> <p>To address and proactively prevent the recurrence of missed visits for the identified patient's clinical records, the Agency has taken significant measures by establishing partnerships with two staffing agencies. For patient #1 a new Provider has been authorized to provide the overnight shift, a change that took effect on August 14, 2023. These strategic alliances are aimed at enhancing our capacity to deliver consistent and uninterrupted care to all agency patients. Attachment #18 - Care coordination email between both agencies.</p> |                    |

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| H 453              | <p>Continued From page 19</p> <p>diagnoses included quadriplegia, neuromuscular dysfunction of bladder, carbuncle, hidradenitis suppurativa, constipation, and non-vascular catheter. The POC indicated skilled nursing (SN) services 20 hours a day, seven days a week for assessments, medication administration, straight catheterization, and patient/caregiver education. Continued review of the clinical record lacked evidence that skilled nursing (SN) services were provided overnight in January 2023, March 2023, May 2023, June 2023, and July 2023. The records showed that the agency has been providing mostly 10 hours of skilled nursing services per day.</p> <p>Interview with the director of nursing (DON) on 07/25/2023 at 09:45 am, revealed that the patient's night nurse no longer wanted to work with the patient due to her health and the agency had been having difficulties finding a night nurse willing to work with the patient in addition to the nursing shortage. Furthermore, the DON and administrator indicated that the patient and mother had been challenging to work with and thus reducing their efforts for staffing despite financial incentives. The agency is working with another agency to provide night coverage pending authorization.</p> <p>A home visit to Patient #1's home was conducted on 07/27/2023 at 03:15 pm. Interview with the patient and his nurse confirmed the lack of coverage. The patient indicated that his mother had been taking care of him including catheterization at night. He indicated having made several complaints to the agency due to lack of coverage, poor communication, staff sleeping on the job etc. without any satisfaction.</p> <p>2. On 07/26/2023 at 11:36 am, a review of Patient</p> | H 453         | <p>Continued From page 19<br/>H 453</p> <p>1 Patient #1 – (Continued)<br/>A comprehensive review of all agency clients' Electronic Health Records (Electronic Health Records) system has been conducted by agency Clinical team. All medical records found to be affected with missed visit have been updated effective 9/22/2023.</p> <p>To ensure the continuous provision of patient services, the Clinical Nurse Manager will conduct a daily review of all missed visits. Any discrepancies identified during this review will be promptly addressed with appropriate resolutions, and these details will be diligently included in the 60-day summary.</p> <p>In addition, the Quality Assurance (QA) nurse will perform a weekly review, also on a daily basis, of all missed visits to maintain a high standard of accuracy and compliance.</p> <p>Furthermore, as part of our commitment to maintaining excellence and adherence to protocol, both the Administrator and the Director of Nursing (DON) will conduct monthly reviews of ten percent (10%) of patient records with missed visit services. Their objective is to ensure that these records are accurately reflected in the 60-day summary. This review process will be ongoing.</p> | 9/22/2023          |

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| H 453 | <p>Continued From page 20</p> <p>#4's clinical record showed a POC with a duration period of 05/01/2022 through 04/30/2023. The patient's diagnoses included hypertension, pain in leg, peripheral vascular disease, neuropathy, difficulty in walking and diabetes mellitus. Continued review of the POC showed a physician's order for the skilled nurse to visit the patient every 30 days and as needed for multi-systems assessment and disease management. Also, the skilled nurse was to "instruct the client, caregiver, and home health aide (HOME HEALTH AIDE) to recognize and take measures per protocol if client experiences hyper[glycemia] /hypoglycemia ... excessive or increased thirst, increased hunger, dry mouth, needing to void frequently, tiredness, blurred vision, blood glucose reading greater than 350; or signs and symptoms of hypoglycemia such as sweating, hunger or nausea, shakiness, headache, irritability, dizziness or lightheadedness, difficulty concentration, blood glucose reading less than 70mg/dl." Further review of the record lacked evidence of blood glucose readings from July 2022 to July 2023 during monthly nursing visits.</p> <p>3. On 07/26/2023 at 3:15pm, review of Patient #5's clinical record showed a plan of care (POC) with a duration period of 04/29/2023 through 06/27/2023 that included orders for the registered nurse (RN) to visit the patient once a month and as needed for multi-systems assessment and disease management. The patient's diagnoses included intellectual disabilities, Type I diabetes mellitus, hyperlipidemia, and unspecified head injury. The patient was prescribed Humalog 100 units/ml, 5 units subcutaneous before meals; Lantus insulin 100 units / ml, 10 units two times a day subcutaneous before breakfast and bedtime; Metformin HCL 1000mg one tablet oral two times</p> | H 453 | <p>Continued From page 20<br/>H 453</p> |  |
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| H 453 | <p>Continued From page 21</p> <p>daily.</p> <p>Review of the nurses' daily notes showed that the patient was administered 10 units of Humalog before lunch on 06/05/2023, 06/06/2023, 06/08/2023, 06/09/2023, 06/10/2023, 06/11/2023, 06/12/2023, 6/13/2023; and 5 units on 06/14/2023, 07/19/2023, 07/21/2023, 07/24/2023, 07/25/2023.</p> <p>On 07/27/2023 at 11:02 am, the director of nursing (DON) was interviewed. She acknowledged the discrepancies and reached out to the supervisory nurse. The latter provided a copy of a physician order dated 06/05/2023 that showed the physician increased the Humalog from 5 units to 10 units before meals. The medication administration record (MAR) for June 2023 failed to show the change in the order even though the skilled nurse was documenting on some days having given 10 units as ordered. Further interview, revealed that the skilled nurse received the order from patient's mother and failed to communicate it with the supervisory nurse. As a result, the change in medication did not reflect in the June MAR but appeared "handwritten" in the July MAR when requested for review. Despite that, the skilled nurse was documenting having administered "5 units of Humalog" on these dates 07/19/2023, 07/21/2023, 07/24/2023, 07/25/2023. The records failed to show evidence that the agency's nurses ensured that Patient #5's needs were met in accordance with the plan of care. Based on record review and interview with the DON, there was no evidence that Patient #5 sustained untoward effects as a result of this practice.</p> <p>4. On 07/31/23 at 10:01 am, review of Patient</p> | H 453 | Continued From page 21<br>H 453 |  |
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| H 453              | <p>Continued From page 22</p> <p>#14's record showed that the patient's diagnoses included epilepsy, hypertension, paranoid schizophrenia, and mild cognitive impairment. The POC contained a physician's order for skilled nursing services once a month and as needed (PRN) for multi-systems assessment, disease management, and personal care aide (PCA) supervision. Also, the POC included an instruction for the nurse to visit the patient one to three times a month as needed for significant changes in conditions such as but not limited to cardiovascular crisis and increase in pain level. Continued review revealed a communication note from the quality assurance nurse indicating the following on 02/01/2023: "Ms. [Patient #14] had an ER [emergency room] visit today for removal of the stitches on the forehead which was sutured on 1/25/2023 post fall injury. Visiting nurse made aware and instructed to do a PRN visit, an incident report, and education on falls prevention." Further review of the records and interview with the agency's Compliance Officer on 07/31/2023 at 11:43 AM, there was no incident report or follow up visit from the nurse as ordered and requested. The records failed to show evidence that the agency's nurses ensured that Patient #14's needs were met in accordance with the plan of care.</p> <p>On 07/31/2023 at 02:39 PM, the DON and Administrator were informed of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that patient's needs were met in accordance with the patient' POC for (Patients #1, 4, 5, and #14).</p> | H 453         | Continued From page 22<br>H 453   |                    |
| H 458              | 3917.2(h) SKILLED NURSING SERVICES  | H 458         |   |                    |

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| H 458 | <p>Continued From page 23</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(h) Reporting changes in the patient's condition to the patient's physician;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the skilled nurse (SN) failed to report changes in the patient's condition to the physician for two of 15 active patients sampled (Patients #11 and #14).</p> <p>Findings Included:</p> <p>1. On 07/27/2023 at 01:30 pm, review of Patient #11's clinical record showed a Plan of Care (POC) with a duration period of 02/01/2023 through 01/31/2024. The patient's diagnoses included osteoarthritis, major depressive disorder, amnesia, carpal tunnel syndrome, hypertension, Bipolar II disorder, asthma, and history of falling. The POC showed a physician's order for skilled nursing services once monthly and as needed to perform multi systems assessment, disease management, vital signs, patient instruction, and home health aide supervision. Also, the POC included an order for personal care services seven hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of Patient #11's clinical record showed the SN visited the patient on 03/30/2023 and documented the following: "client reported she fainted on 03/21/2022, 911 was called for her, but she was not taken to the hospital, home safety check done, no concern noted..." There was no documented evidence that the nurse informed the physician of the changes</p> | H 458 | <p>Continued From page 23<br/>H 458</p> <p>Agency Clinical Team reviewed Patients #11, and 14 to ensure that nurses report changes in the patient's condition to the physician.</p> <p>Patient's #11 and #14 – In the Clinical Team review of the patient's clinical records, it was identified that the patient's physician wasn't informed. A complete review of all agency clients Electronic Health Records system has been conducted by agency Clinical team. All medical records found to be affected with this practice have been updated effective 9/22/2023.</p> <p>The DON conducted a re-training session for all clinicians, focusing on Clinical Documentation and Skilled Nursing including how to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC). Attachment #13: In-Service on POC documentation and Skilled Nursing.</p> <p>The Director of Nursing is reinforcing with the clinical staff to ensure skilled nursing services are provided in accordance with the patient's plan of care (POC) by requiring the Quality Assurance Nurse to track daily Patient's physician's notifications on changes in the patient's conditions resulting from all incidents.</p> <p>To prevent any future instances of deficiency regarding adherence to Nurses' documentation and coordinating care with the physician's office, the Quality Assurance Nurses and Nurse Manager have been assigned the responsibility of daily monitoring 10% of clients' medical records.</p> <p>The Administrator will conduct a monthly review of 10% of clients' medical records in AXXESS, while the Clinical Manager will review 10% of clients' medical records on a biweekly basis. Should the Clinical Manager identify any related discrepancies, she will collaborate with the Quality Assurance Nurse to address and follow up on these issues, ensuring ongoing compliance with this practice.</p> | 9/22/2023 |
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in the patient' s condition.

2. On 07/31/23 at 10:01 am, review of Patient #14's record showed that the patient's diagnoses included epilepsy, hypertension, paranoid schizophrenia, and mild cognitive impairment. The POC contained a physician's order for skilled nursing services once a month and as needed (PRN) for multi-systems assessment, disease management, and home health aide supervision. Also, the POC included an instruction for the nurse to visit the patient one to three times a month as needed for significant changes in conditions such as but not limited to cardiovascular crisis and increase in pain level. Continued review revealed a communication note from the quality assurance nurse indicating the following on 02/01/2023: "Ms. [Patient #14] had an ER [emergency room] visit today for removal of the stitches on the forehead which was sutured on 1/25/2023 post fall injury. Visiting nurse made aware and instructed to do a PRN visit, an incident report, and education on falls prevention." Further review of the records and interview with the agency's Compliance Officer on 07/31/2023 at 11:43 AM, determined there was no incident report or follow up visit from the nurse as ordered and requested. There was no documented evidence that the nurse informed the physician of the changes in the patient's condition.

On 07/28/2023 at 3:48 PM, the director of nursing (DON) was informed of the findings.

At the time of survey, the agency nurse(s) failed to report changes in the patients' condition to the physician for Patients #11 and #14.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HCA-0060</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/31/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>IMMACULATE HEALTH CARE SERVICES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2512 24TH STREET, NE<br/>WASHINGTON, DC 20018</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE |
|--------------------|--|--------------------|---|--------------------|
| H 459<br><br>H 459 | <p>Continued From page 25</p> <p><b>3917.2(i) SKILLED NURSING SERVICES</b></p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evaluation of patient instruction; and</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the skilled nurse failed to document what instructions were given to the patient and what was understood in two of 15 clinical records reviewed (Patients #4 and #5).</p> <p>Findings included:</p> <p>1. On 07/26/2023 at 11:36 am, a review of Patient #4's clinical record showed a Plan of Care (POC) with a duration period of 05/01/2022 through 04/30/2023. The patient's diagnoses included hypertension, pain in leg, peripheral vascular disease, neuropathy, difficulty in walking and diabetes mellitus. Continued review of the POC showed a physician's order for the skilled nurse to visit the patient every 30 days and as needed for multi-systems assessment and disease management. Also, the skilled nurse was to "instruct the client, caregiver, and home health aide to recognize and take measures per protocol if client experiences hyper[glycemia] /hypoglycemia." Further review of the records showed skilled nursing monthly assessment notes from July 2022 to July 2023 with no evidence of patient education or evaluation of instruction.</p> | H 459<br><br>H 459 | <p>Continued From page 25<br/>H 459</p> <p>Agency Clinical Team reviewed Patients #4, and 5 records and finding revealed the skilled nurse failed to document what instructions were given to the patient and what was understood.</p> <p>Patients #4, and #5– In the Clinical Team review of the patient's clinical records, it was identified that the nurse did not document whether instructions were given to the patient and what was understood. A complete review of all agency clients Electronic Health Records system has been conducted by agency Clinical team. All medical records found to be affected with this practice have been updated effective 9/22/2023.</p> <p>The DON conducted a re-training session for all clinicians, focusing on Clinical Documentation and Skilled Nursing including how to ensure skilled nursing services were provided in accordance with the patient's plan of care and instructions were given to the patient and what was understood. Attachment #13: In-Service on Plan of care documentation, Skilled Nursing, and Client and Home Health Aide Education.</p> <p>The Director of Nursing is reinforcing with the clinical staff to ensure skilled nurse are documenting on their giving instructions to the patient and what was understood asking the quality assurance nurse highlight nurses client's instructional information in their visit summary notes and reports.</p> <p>To prevent any future instances of deficiency regarding adherence to Nurses' documentation and coordinating care with the physician's office, the Quality Assurance Nurses and Nurse Manager have been assigned the responsibility of daily monitoring 10% of clients' medical records.</p> <p>The Administrator will conduct a monthly review of 10% of clients' medical records in AXCESS, while the Clinical Manager will review 10% of clients' medical records on a biweekly basis. Should the Clinical Manager identify any related discrepancies, she will collaborate with the Quality Assurance Nurse to address and follow up on these issues, ensuring ongoing compliance with this practice.</p> | 9/22/2023          |

Health Regulation & Licensing Administration

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| H 459  | <p>Continued From page 26</p> <p>2. On 07/26/2023 at 3:15pm, review of Patient #5's clinical record showed a plan of care (POC) with a duration period of 04/29/2023 through 06/27/2023 that included orders for the registered nurse (RN) to visit the patient once a month and as needed for multi-systems assessment and disease management. The patient's diagnoses included intellectual disabilities, Type I diabetes mellitus, hyperlipidemia, and unspecified head injury. The patient was prescribed Humalog 100 units/ml, 5 units subcutaneous before meals; Lantus insulin 100 units / ml, 10 units two times a day subcutaneous before breakfast and bedtime; Metformin HCL 1000mg one tablet oral two times daily. Also, the POC included an order indicating the following: " SN to instruct on diabetic management to include medication administration and proper diet." Further review of the records lacked documented evidence of patient education or evaluation of instruction.</p> <p>On 07/27/2023 at 11:02 am, the Director of Nursing (DON) was informed of the findings. She stated that she will re-educate all the nurses regarding patient education and evaluation of instruction.</p> <p>At the time of the survey, the agency failed to provide documented evidence that the registered nurses (RNs) provided patient instruction and evaluation of instruction as ordered for Patients #4 and #5.</p> | H 459   | Continued From page 26<br>H 459   |                    |