

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2023
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NAME OF PROVIDER OR SUPPLIER TLC HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 WASHINGTON, DC 20003
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H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 02/02/2023, 02/03/2023, 02/06/2023, 02/07/2023, 02/08/2023, and 02/09/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 165 patients and employed 23 staff. The findings of the survey were based on the review of administrative records, 14 active patient records, five discharged patient records, 12 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 three home visits.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living CM - Centimeters DON- Director of Nursing HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living LPN - Licensed Practical Nurse OT - Occupational Therapist PCA - Personal Care Aide POC - Plan of Care PPD - Purified Protein Derivative PT - Physical Therapist RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care ST - Speech Therapy</p>	H 000	<p>Please begin typing your responses here:</p>	
H 054	<p>3903.2(c)(2) GOVERNING BODY</p> <p>The governing body shall do the following:</p>	H 054	<p>H054:</p> <p>(1) The Director or designee will provide education no later than 4/14/23 on policies LD-001 (Governing Body) and LD-012 (Annual Program Evaluation per State Regulatory Requirements) with emphasis on inclusion of complaints in the annual program and submitting the annual program evaluation to the Governing Body for review.</p>	4/25/23

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
C. Turan *RN Alternate Administrator* TITLE
 STATE FORM 6899 SJ8S11 (X6) DATE *4/18/2023*

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H 120	Continued From page 2	H 120		
H 120	<p>3906.1(a) 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>(a) A description of the services to be provided;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on contract review and interview, the agency failed to ensure the contractual agreement for supplemental nurse staffing included a description of services to be provided.</p> <p>Findings included:</p> <p>On 02/02/2023 at 1:35 PM during an interview with the home care agency's leadership, it was identified that the agency utilized a third-party contractor to supplement nursing services.</p> <p>Review of the third-party contractual agreement on 02/06/2023 at 11:15 AM for services rendered by a contracted licensed practical nurse (LPN #1) showed a description of services to be provided by the overall agency, however, lacked evidence of a description of services to be provided specifically by the LPN.</p> <p>The findings were shared with facility leadership at the time of review.</p>	H 120	<p>H120:</p> <ol style="list-style-type: none"> (1) The Director or designee will provide education no later than 4/14/23 on policy LD-009 (Contracted Patient Services) with emphasis on elements required in the contract for services. (2) The Director or designee will review all contracts for the provision of temporary clinical staffing on an annual basis to ensure all required elements are included. (3) The Director is responsible for correction of this deficiency. (4) Remediation including one on one coaching, counseling, and HR disciplinary action will be completed as necessary based on trends of noncompliance. 	4/25/23
H 122	<p>3906.1(c) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is</p>	H 122		

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H 122	<p>Continued From page 3</p> <p>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>(c) The manner in which services will be controlled, coordinated and evaluated by the primary home care agency;</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 contractual agreement with a third-party vendor included the method in which services would be controlled, coordinated and evaluated by the agency.</p> <p>Findings included:</p> <p>On 02/02/2023 at 1:35 PM, during an interview with the home care agency's leadership, it was identified that the agency utilized a third-party contractor to supplement nursing services.</p> <p>Review of the contractual agreement on 02/06/2023 at 11:15 AM for the provision of nursing services by licensed practical nurse (LPN #1) showed no documented evidence that the agency included the method in which services would be controlled, coordinated and evaluated by the agency.</p> <p>During an interview on 02/09/2023, the agency's Area Vice President, an inquiry was made as to how the agency planned to control, coordinate and evaluate the performance activities of the nurse. The Area Vice President stated that the agency uses a skills checklist that is conducted</p>	H 122	<p>H122:</p> <ol style="list-style-type: none"> (1) The Director or designee will provide education no later than 4/14/23 on policy LD-009 (Contracted Patient Services) with emphasis on elements required in the contract for services. (2) The Director or designee will review all contracts for the provision of temporary clinical staffing on an annual basis to ensure all required elements are included. (3) The Director is responsible for correction of this deficiency. (4) Remediation including one on one coaching, counseling, and HR disciplinary action will be completed as necessary based on trends of noncompliance. 	4/25/23

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H 122	Continued From page 4 by the Clinical Manager in order to control, coordinate and evaluate the LPN. At the time of the survey, the agency failed to ensure the written contractual agreement included the manner in which services rendered by the nurse would be controlled, coordinated and evaluated by the agency.	H 122		
H 123	3906.1(d) CONTRACTOR AGREEMENTS 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: (d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports; This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to include in the third-party contractual agreement, the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports for nursing services. Findings included: On 02/02/2023 at 1:35 PM, during an interview with the home care agency's leadership, it was identified that the agency utilized a third-party contractor to supplement nursing services. Review of the contractual agreement on	H 123	<p>H123:</p> <ol style="list-style-type: none"> (1) The Director or designee will provide education no later than 4/14/23 on policy LD-009 (Contracted Patient Services) with emphasis on elements required in the contract for services. (2) The Director or designee will review all contracts for the provision of temporary clinical staffing on an annual basis to ensure all required elements are included. (3) The Director is responsible for correction of this deficiency. (4) Remediation including one on one coaching, counseling, and HR disciplinary action will be completed as necessary based on trends of noncompliance. 	4/25/23

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H 123	<p>Continued From page 5</p> <p>02/06/2023 at 11:15 AM, for the provision of nursing services by the licensed practical nurse (LPN #1) showed no documented evidence that the agency included in writing, the procedure for submitting clinical and progress notes, periodic patient evaluations, scheduling of visits and other designated reports for one licensed practical nurse (LPN #1).</p> <p>During an interview on 02/09/2023, the agency ' s Area Vice President was asked if the third-party contractual agreement included the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports. The Area Vice President stated that the nurse was expected to complete nursing notes the same day for each visit.</p> <p>At the time of the survey, the agency failed to ensure the written contractual agreement for nursing services included the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports.</p>	H 123		
H 162	<p>3907.6 PERSONNEL</p> <p>At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that each employee was screened and verified free of communicable disease within the six months</p>	H 162	<p>H162:</p> <p>(1) The Director and office manager will audit all potential new hire files for documented evidence of verification of freedom of communicable disease prior to date of hire</p>	4/25/23

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H 162	<p>Continued From page 6</p> <p>immediately preceding the employee's date of hire for two of twelve personnel files sampled. The agency's Office Manager, Intake Coordinator #1, and licensed practical nurse (LPN #1).</p> <p>Findings included:</p> <p>A review of the facility's personnel records was conducted on 02/03/2023 at 2:02 PM and 02/06/2023 at 02:40 PM revealed the following ...</p> <ol style="list-style-type: none"> 1. The personnel file for the home care agency's Office Manager included a hire date of 08/02/2021. Further review of the file showed a screening questionnaire that lacked a clinicians' signature and there was no documented evidence verification of freedom of communicable disease. 2. The personnel file for the agency's Intake Coordinator #1 included a hire date of 02/08/2021. Further review the file lacked evidence of screening and verification of freedom of communicable disease. 3. The contractual agreement for licensed practical nurse (LPN#1) included a hire date of 05/25/2022. Review of her personnel file showed that the LPN had a purified protein derivative on 07/29/2021, ten months prior to her date of hire. The record lacked evidence of screening/verification within six months of hire. <p>At the time of the survey, the home care agency failed to ensure that all employees were screened and verified free of communicable disease within the six months of hire.</p>	H 162	<p>(2)The Director or designee will provide education no later than 4/14/23 to all staff members on DC DOH requirement that all newly hired employees be screened and verified free of communicable disease during the six months immediately preceding the date of hire.</p> <p>(3) The Director and Office Manager will ensure the screening questionnaire is completed and there is documented evidence of verification of freedom of communicable disease prior to hire.. This will be an ongoing process.</p> <p>(4) The Director is responsible for correction of this deficiency.</p> <p>(5) Remediation including one on one coaching, counseling, and HR disciplinary action will be completed as necessary based on trends of noncompliance.</p>	4/25/23
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H 163	Continued From page 7	H 163		
H 163	<p>3907.7 PERSONNEL</p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.</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 verify that each employee was screened and certified free of communicable disease annually for five of 12 personnel records sampled, occupational therapist (OT #1), licensed practical nurse (LPN #1), home health aide (HHA #1), registered nurse (RN #1), and Director of Operations.</p> <p>Findings included:</p> <p>A review of the agency's personnel records was conducted on 02/03/2023 at 2:00 PM and 02/06/2023 at 02:40 PM revealed the following ...</p> <p>1. The personnel file for occupational therapist (OT #1) included a hire date of 11/13/2013. Further review of the file showed that the OT was last screened for communicable diseases on 07/03/2021.</p> <p>2. The personnel file for licensed practical nurse (LPN#1) included a hire date of 05/25/2022. Further review of the file showed that the LPN had a purified protein derivative (PPD) on 07/29/2021. There was no documented evidence that she was screened since 07/29/2021.</p> <p>3. The personnel file for home health aide (HHA</p>	H 163	<p>H163:</p> <ol style="list-style-type: none"> (1) The Director and office manager will audit all personnel files of staff employed more than 1 year to ensure presence of screening with certification of being free of communicable disease no later than 4/10/23. Personnel files will be updated as needed no later than 4/25/23. (2) Education will be provided by the Director or designee no later than 4/14/23 to all staff members on DC DOH requirement that all employees be screened annually according to the guidelines by the federal Centers for Disease Control and certified free of communicable Disease. (3) The Director and Office Manager will ensure annual screening is completed and the employee is certified free of communicable diseases through use of calendar reminders of expiration dates as part of an ongoing process. (4) After the initial audit of all personnel files, the Director and/or Office Manager will audit personnel files on a yearly basis to ensure required items are present. (5) The Director is responsible for correction of this deficiency. (6) Remediation including one-on-one coaching, counseling, and HR disciplinary action will be as necessary 	4/25/23

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H 163	Continued From page 8 #1) included a hire date of 03/03/2014. Further review of the file showed that the HHA had a purified protein derivative (PPD) on 09/29/2021. There was no documented evidence that she was screened since 09/29/2021. 4. The personnel file for registered nurse (RN #1) included a hire date of 07/13/2015. Further review of the file showed that the RN was last screened on 07/13/2015. 5. The personnel file for the agency ' s Director of Operations included a hire date of 06/30/2021. Further review of the file showed that the Director of Operations was last screened on 11/29/2021. During the exit conference on 02/09/2023, the leadership staff acknowledged the findings.	H 163			
H 260	3911.1 CLINICAL RECORDS Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices. This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined that the home care agency's registered nurse (RN) failed to accurately assess and document the status of wounds for one of 14 active patients sampled (Patient #7). Findings included: On 02/09/2023 at 11:00 AM, review of Patient #7's clinical record showed that the patient's	H 260	H260: (1) The Director or designee will provide education no later than 4/14/23 to all clinical staff who provide wound care on Policies WC-001 (The Provision of Wound and Skin Care) with focus on wound measurements and IM-008(a) (Clinical Record-Contents) with a focus on accurate documentation. (2) Clinical managers will monitor wound dashboards for all wound assessment alerts and will contact the clinician to verify wound measurements are correctly documented when any alerts are related to wound size.	4/25/23	

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H 260	Continued From page 9 diagnoses included left iliac pressure ulcer and right mid edge of foot wound, both requiring multiple dressing changes per week. A nursing note entry dated 12/02/2022 showed right foot measurements of 1.4 centimeters (cm) x (by) 0.8 x 0.1. left iliac showed 0.9 cm x 0.6 x 0.1. A nursing entry dated 12/16/2022 showed wound measurements, right foot 0.6 cm x 1 x 0.2 and left iliac as 0.8 cm x 0.8 x 0.1. Per conversation with the Area Vice President of Clinical Services at the time of record review, she stated "the nurse documented the foot with the iliac measurements, and the iliac with the foot measurements." The RN failed to accurately assess and record the status of Patient #7's wounds. The Vice President of Clinical Services acknowledged the findings. At the time of the survey, the registered nurse failed to accurately assess, and document wound status for Patient #7.	H 260	(3) Audits will be performed weekly by the Director or designee on 50% of all wound care charts to ensure documentation accurately reflects wound measurements. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks then will decrease to 25% of wound care charts. Audits will then continue until compliance is maintained at 95% 2 additional weeks. Audits will then decrease to quarterly during quality assurance/ performance improvement activities. (4) The Director is responsible for correction of this deficiency. (5) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance.	4/25/23
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 patient's diagnoses in the plan of care (POC) for 11 of 14 active patients included in the sample (Patients #1, 2, 3, 4, 5, 6, 7, 8, 10, 13, and #14).	H 364	H364: (1) Patients # 1, 2, 3, 5, 6, 8, and 14 have been discharged from the agency. Plan of care update orders were written and submitted to the physician to add emergency protocols for patients 4, 7, 10, and 13.	4/25/23

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H 364	<p>Continued From page 10</p> <p>Findings included:</p> <p>Review of the home care agency's clinical records beginning 02/02/2023 through 02/09/2023 showed that the agency failed to ensure that the plans of care (POC) included evidence of emergency protocols.</p> <p>On 02/03/2023 at 02:51 PM, interview with the Vice President of Operations revealed that there was no designated section for emergency protocols but instead the protocols were included in the diagnoses. A review of the protocols included in patient's diagnoses lacked specific parameters related to specific diagnoses.</p> <p>On 02/09/2023 at 01:23 PM, the agency's executive team was informed of the findings.</p> <p>At the time of survey, the home care agency failed to ensure that patient's plans of care included emergency protocols to properly manage the patient's diagnoses for 11 of 14 sampled patients.</p>	H 364	<p>(2) The Director or designee will provide education no later than 4/14/23 on policy AA-014 (Plan of Care/Care Planning Process) with focus on requirements for the plan of care to include emergency protocols specific to the patient's diagnoses.</p> <p>(3) Clinical managers will review all Plans of Care prior to submitting to the physician for presence of appropriate emergency protocols specific to the patient's diagnoses and collaborate with the clinician and/or physician to add protocols as needed. This will be part of an ongoing process.</p> <p>(4) The Director or designee will audit 25% of all active charts to ensure appropriate emergency protocols are present for the patient's specific diagnosis weekly until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities.</p> <p>(5) The Director is responsible for correction of this deficiency.</p> <p>(6) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance.</p>	4/25/23
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>	H 366		

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H 366	<p>Continued From page 11</p> <p>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 and/or designee within 30 days of the start of care (SOC) for four of 14 active patients in the sample (Patients #2, 3, 7, and #8).</p> <p>Findings included:</p> <p>1. On 02/03/2023 at 10:00 AM, review of Patient #2 's record showed a Plan of Care (POC) with a duration period of 12/18/2022 through 02/13/2023. The POC included a physician's order for skilled nursing services (once a week for one week), physical therapy services (once a week for one week, twice a week for two weeks, and once a week every two weeks for two weeks), and occupational therapy services (once a week for one week). Further review of the patient's record showed that the POC was not signed by the patient's physician and/or designee at the time of survey, greater than 30 days.</p> <p>2. On 02/03/2023 at 11:00 AM, review of Patient #3 's record showed a plan of care (POC) with a duration period of 10/13/2022 through 12/11/2022. The POC included a physician's order for skilled nursing services (once a week for one week), physical therapy services (once a week for one week, twice a week for three weeks, and once a week every two weeks for two weeks). Further review of the patient's record showed that the POC was not signed by the patient's physician and/or designee at the time of survey, greater than 30 days.</p> <p>3. On 02/07/2023 at 1:30 PM, review of Patient</p>	H 366	<p>H366:</p> <ol style="list-style-type: none"> (1) The Director or designee will provide education to all staff on policy TX-001 (Physician Orders and Medical Supervision of the Plan of Care) no later than 4/14/23 with a focus on the requirement for plans of care to be signed by the physician within 30 days. (2) Clinical Managers will ensure that plans of care are processed timely to allow ample time for physician signature. (3) Office manager will monitor outstanding orders and inform director and marketing staff of unsigned plans of care aged over 14 days to solicit assistance in obtaining signature. (4) The Director or designee will audit 25% of all active charts to ensure plans of care are signed by the physician within 30 days. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities. 	4/25/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER TLC HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 WASHINGTON, DC 20003		
(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 12 #7 's record showed a plan of care (POC) with a duration period of 03/09/2022 through 05/07/2022. The POC included a physician's order for skilled nursing services (once a week for one week, three times a week for two weeks, and twice a week for six weeks). Further review of the patient's record showed that the POC was not signed by the patient's physician and/or designee at the time of survey, greater than 30 days. 4. On 02/06/2023 at 12:53 PM, review of Patient #8's record showed a plan of care (POC) with a duration period of 12/23/2022 through 02/20/2023. The POC included a physician's order for physical therapy services (once a week for two weeks, twice a week for three weeks, once a week for two weeks, and once every two weeks for two weeks), occupational therapy services (once a week for one week), and home health aide (HHA) services (once a week for six weeks). Further review of the patient's record showed that the POC was not signed by the patient's physician and/or designee at the time of survey, greater than 30 days. On 02/09/2023 at 01:23 PM, the agency's executive team were informed of the findings. At the time of survey, the home care agency failed to ensure that the plans of care were signed by physicians and/or designee within 30 days of the start of care for Patients #2, 3, 7, and #8.	H 366	(5) The Director is responsible for correction of this deficiency. (6) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance.	4/25/23
H 433	3916.2(c) SKILLED SERVICES GENERALLY Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies	H 433		

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H 433	<p>Continued From page 13</p> <p>shall include, at a minimum, the following:</p> <p>(c) Coordinating services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the patient's needs; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview it was determined that the agency failed to document coordination of services between two agencies providing care, for one of 14 active patients sampled (Patient #12).</p> <p>Findings included:</p> <p>On 02/07/2023 at 03:31 PM, review of Patient #12's clinical record showed a plan of care (POC) with a duration period from 12/20/2022 through 02/17/2023. The POC included a physician's order for skilled nursing visits once a week for three weeks to conduct a skilled assessment of body systems, safety, medication management, and patient education. The patient's diagnoses included hemiplegia, dementia, dysphagia, type II diabetes mellitus, end stage renal disease, epilepsy, hyperlipidemia, muscle weakness, abnormalities of gait and mobility, hypokalemia, and long-term use of insulin. The POC listed "Davita" as the dialysis center that would be managing the patient's needs related to his diagnosis of end stage renal disease. Continued review of the records showed that the client was receiving dialysis three days per week, and the listed diet was "diabetic, tube feedings." Furthermore, the records lacked evidence of care coordination with the dialysis center.</p>	H 433	<p>H433:</p> <ol style="list-style-type: none"> (1) The Director or designee will provide education to all staff on policy TX-002 (Coordination of Care) no later than 4/14/23 with a focus on coordination of care with any entities involved in the care of the patient including, but not limited to, dialysis centers. (2) Clinical Managers will review all plans of care to ensure the correct diet/nutritional requirements are included and will check charts at SOC, ROC, Recert, Transfer, and Discharge to ensure care coordination with entities involved in the patient's care is documented. (3) The Director or designee will audit 25% of all active charts to ensure coordination of care with entities providing care to the patient is documented. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities. (4) The Director is responsible for correction of this deficiency. (5) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance. 	4/25/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2023
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H 433	<p>Continued From page 14</p> <p>Interview with the Clinical Director on 02/08/2023 at 12:41 PM revealed that the patient was previously on a Renal Diet, Nepro bolus tube feeding four times a day. She believed that the patient was still on a renal diet but could not verify it nor did she have an order for fluid restriction. She acknowledged the lack of care coordination with the dialysis center.</p> <p>The agency's policy on care coordination titled "Policy Tx-002" stipulated that the "clinician or designee would ensure communication of significant changes in care and attempt to correct any conflicts and/or eliminates duplication between/among providers."</p> <p>On 02/09/2023 at 01:23 PM, the agency's executive team was informed of the findings.</p> <p>At the time of the survey, the agency failed to coordinate services with another entity actively involved in providing care for Patient #12.</p>	H 433		
H 451	<p>3917.2(a) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(a) Initial assessment and evaluation;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the registered nurse (RN) failed to perform a comprehensive initial assessment inclusive of the status of skin integrity for one of 14 active patients sampled (Patient # 13).</p> <p>Findings included:</p>	H 451	<p>H451:</p> <p>(1) The director or designee will provide education to all nursing staff on policy AA-003 (Patient Assessment/Reassessment) no later than 4/14/23 with a focus on performing a complete and thorough comprehensive assessment of the patient's health status including, but not limited to, the integumentary status.</p>	4/25/23

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NAME OF PROVIDER OR SUPPLIER TLC HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 WASHINGTON, DC 20003		
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H 451	Continued From page 15 On 02/07/2023 at 1:30 PM, record review for Patient #13 showed that the registered nurse (RN) failed to complete a comprehensive initial assessment for Patient #13, whose diagnosis included a right lower leg wound. The nurse's assessment lacked evidence of a description of the status of altered skin for Patient #13. The plan of care included physician orders for the skilled nurse to provide wound treatment to the patient's right lower leg wound. Continued review of Patient #13's clinical record showed that the skilled nurse visited the patient on 03/21/2022, 03/24/2022, and 03/28/2022, with no evidence of wound assessment and evaluation. A face-to-face interview was conducted on 02/08/2023 at 10:30 AM, with the clinical manager, who stated, "On the initial assessment, the skilled nurse should have removed any dressing on the patient and assessed, measured, and treated the wound. Wound measurements should be taken and recorded at the time of the first assessment." On 02/08/2023, the Clinical Manager acknowledged the findings. At the time of the survey, the skilled nurse failed to perform an initial assessment to include an assessment of Patient #13's altered skin.	H 451	(2) Clinical managers will review each comprehensive assessment to ensure all body systems have been assessed and negative findings are addressed including, but not limited to, any wounds being assessed and measured. (3) The Director or designee will audit 25% of all active charts to ensure a complete comprehensive assessment was performed including, but not limited to, assessment of wounds. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities. (4) The Director is responsible for correction of this deficiency. (5) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance.	4/25/23
H 453	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following:	H 453		

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H 453	<p>Continued From page 16</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: 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 five of 14 active patients sampled (Patients #1, 4, 10, 11, and #12).</p> <p>Findings included:</p> <p>1. On 02/03/2023 at 09:44 AM, review of Patient #1's clinical record showed a plan of care (POC) with a duration period of 11/25/2022 through 01/23/2023, for skilled nursing (SN) visits one time a week for five weeks to conduct a skilled assessment of body systems, safety, medication management, and patient education. The patient's diagnoses included pneumonia, malignant neoplasm of breast, atrial fibrillation, hemiplegia, bradycardia, hypertension, osteoarthritis, and hyperlipidemia. In addition, the record showed a physician order dated 12/13/2022 indicating the following: "Skilled nurse to instruct patient on the actions, side effects, adverse reactions, drug and food interactions on Metoprolol 50mg oral daily effective 12/13/2022." Continued review of the clinical record showed the nurse visited Patient #1 on 12/13/2022, but her assessment note lacked evidence that she provided patient instructions on the Metoprolol as ordered.</p> <p>2. On 02/03/2023 at 01:45 PM, review of Patient #4's records showed a plan of care (POC) with a duration period of 01/14/2023 through 03/14/2023</p>	H 453	<p>H453:</p> <p>(1) The Director or designee will provide education to all nursing staff on policies TX-001 (Physicians Orders/ Management of the Plan of Care), AA-014 (Plan of Care/ Care Planning Process), and TX-002 (Coordination of Care) no later than 4/14/23 with a focus on providing all services ordered by the physician.</p> <p>(2) The Office Manager or designee will ensure that all missed visits are properly documented on a missed visit communication note completed by the clinician and the physician is notified of the missed visit. This is part of an ongoing process.</p> <p>(3) The Director or designee will audit 25% of all active charts where nursing services are provided to ensure all physician orders have been followed or the physician has been notified of the inability to follow the order. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities.</p>	4/25/23
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIER TLC HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 WASHINGTON, DC 20003		
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H 453	<p>Continued From page 17</p> <p>for skilled nursing (SN) visits once a week for one week, twice a week for one week, and once a week for two weeks to conduct a skilled assessment of body systems, safety, medication management, and patient education. The patient's diagnoses included osteoarthritis bilateral hips, Right hip bursitis, abnormalities of gait and mobility, congestive heart failure, hyperlipidemia, prediabetes, benign prostatic hyperplasia, and dementia. Further review of the POC included an order for the nurse to record the patient's weight or weigh the patient as needed, report to the physician increased edema or weight gain of more than 2lbs in one day, or greater than 5lbs in one week or 5lbs or more over target weight. Further review of the clinical record showed that the RN visited Patient #1 on 01/17/2023 and 01/20/2023 with no evidence of an assessment of the patient's weight to determine whether the results warranted intervention or physician notification.</p> <p>Interview with the Clinical Manager on 02/03/2023 at 02:58 PM revealed that the agency's clinicians would distribute a congestive heart failure booklet on admission. In the booklet, the patient was supposed to weigh himself/herself and record it on the booklet. Nevertheless, there was no indication that Patient #4's weight was recorded or assessed as ordered. The Clinical Manager acknowledged the findings.</p> <p>3. On 02/07/2023 at 12:08 PM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 11/30/22 through 01/28/2023, for skilled nursing (SN) visits twice a week for nine weeks to conduct a skilled assessment of body systems, safety, medication management, wound care, and patient education. The patient's diagnoses included hemiplegia,</p>	H 453	<p>(4) The Director is responsible for correction of this deficiency.</p> <p>(5) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance</p>	4/25/23

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NAME OF PROVIDER OR SUPPLIER TLC HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 WASHINGTON, DC 20003		
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H 453	Continued From page 18 dysphagia, type II diabetes mellitus, spinal stenosis, hyperlipidemia, osteoarthritis, hypertension, muscle weakness, and right buttock pressure ulcer. Continued review of the clinical record lacked evidence that the SN visited Patient #10 two times a week as ordered during the weeks of 11/30/2022 and 12/11/2022. Furthermore, the POC included an order for diabetic management and for the nurse to report to the physician blood glucose readings greater than 300 or less than 60. Continued review of the clinical record showed that the skilled nurse visited Patient #10 on 11/10/2022, 12/06/2022, 12/09/2022, 12/13/2022, and 12/19/2022 with no evidence of an assessment of the patient's blood glucose to determine whether the results warranted intervention or physician notification. Of note, the nurse discharged the patient on 12/19/2022 from skilled nursing services. 4. On 02/07/2023 at 02:49 PM, review of Patient #11's clinical record showed a plan of care (POC) with a duration period of 01/09/2023 through 03/09/2023, for skilled nursing (SN) visits one time a week for one week to evaluate for medication management, disease process, and teaching. The patient's diagnoses included lymphedema, chronic pain, hypertension, gout, depression, hyperlipidemia, prediabetes, acid reflux, muscle weakness, obesity, and blepharospasm. Continued review of the POC included an order for the nurse to report vital signs falling outside the following parameters: Temperature less than 98 or greater than 100; pulse less than 60 or greater than 100; respiration less than 12 or greater than 20; systolic blood pressure less than 90 or greater than 180; and diastolic blood pressure less than 50 or greater than 100; and pain level greater than 7. Further review of the clinical record showed that the RN	H 453		

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H 453	<p>Continued From page 19</p> <p>visited Patient #11 on 01/16/2023 with no evidence of an assessment of the patient's blood pressure and pulse to determine whether the results warranted intervention or physician notification.</p> <p>5. On 02/07/2023 at 03:31 PM, review of Patient #12's clinical record showed a plan of care (POC) with a duration period of 12/20/2022 through 02/17/2023, for skilled nursing (SN) visits once a week for three weeks to conduct a skilled assessment of body systems, safety, medication management, and patient education. The patient's diagnoses included hemiplegia, dementia, dysphagia, type II diabetes mellitus, end stage renal disease, epilepsy, hyperlipidemia, muscle weakness, abnormalities of gait and mobility, hypokalemia, and long-term use of insulin. Continued review of the clinical record lacked evidence that the SN visited Patient #12 the week of 12/25/2022.</p> <p>Review of the agency 's policy "TX-002 Coordination of care" revealed the following: "a missed visit communication note is completed when a home care visit is unable to be completed as scheduled and cannot be rescheduled within the patient 's Medicare treatment week." There was no evidence of a missed visit communication note as stipulated in the above policy.</p> <p>On 02/09/2023 at 01:23 PM, the agency's executive team were informed of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with Patients #1, 4, 10, 11, and #12 's plans of care.</p>	H 453		
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H 455	Continued From page 20	H 455	<p>H455:</p> <ol style="list-style-type: none"> (1) The Director or designee will provide education to all nursing staff on policy AA-007(a) (Services Provided/Supervision of Disciplines – RN/LPN) no later than 4/14/23 with a focus on RN supervision of the LPN at least every 60 days. (2) Clinical managers and/or Office Managers will ensure LPN supervisory visits are plotted on the patient's visit calendar at least every 60 days. This is part of an ongoing process. (3) The Director or designee will audit 25% of all active charts where an LPN provided nursing services to ensure LPN supervision is performed at least every 60 days. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts receiving nursing services. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities. (4) The Director is responsible for correction of this deficiency. (5) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance. 	4/25/23	
H 455	<p>3917.2(e) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(e) For registered nurses, supervision of nursing services delivered by licensed practical nurses, including on-site supervision at least once every sixty-two (62) calendar 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 show ensure that the registered nurse (RN) supervised the nursing services delivered by licensed practical nurses (LPN), for one of 14 active patients sampled (Patient #13).</p> <p>Findings included:</p> <p>On 02/07/2023 at 1:30 PM, record review for Patient #13's clinical record showed the registered nurse, (RN), failed to conduct supervisory visits of the nursing services delivered by licensed practical nurses (LPN). The plan of care (POC) showed a certification period of 11/19/2021 through 01/17/2022 for skilled nursing (SN) visits for wound treatment and caregiver training for wound management.</p> <p>The clinical record revealed the LPN performed wound treatment and patient/caregiver education per physician orders during the period of 11/28/2021 through 01/02/2022. The record lacked evidence that the registered nurse supervised the nursing services delivered by the LPN.</p>	H 455			

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H 455	Continued From page 21 At the time of the survey, the home care agency failed to ensure that the RN supervised the practices of the LPN for Patient #13. The findings were shared with agency leadership at the time of record review.	H 455		
H 459	<p>3917.2(i) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evalutaion 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 (SN) failed to document what instructions were given to the patient and what was understood for one of 14 active patients sampled (Patient #1).</p> <p>Findings included:</p> <p>Cross Referenced to 3917.2(c), H453</p> <p>On 02/03/2023 at 09:44 AM, review of Patient #1's clinical record showed a plan of care (POC) with a duration period of 11/25/2022 through 01/23/2023, for skilled nursing (SN) visits one time a week for five weeks to conduct a skilled assessment of body systems, safety, medication management, and patient education. The patient's diagnoses included pneumonia, malignant neoplasm of breast, atrial fibrillation, hemiplegia, bradycardia, hypertension, osteoarthritis, and hyperlipidemia. In addition, the</p>	H 459	<p>H459:</p> <ol style="list-style-type: none"> (1) The Director or designee will provide education to all nursing staff on policy TX-003 (Patient/Caregiver Education) no later than 4/14/23 with a focus on providing education as ordered and documenting the patient/caregiver response to the education. (2) The Director or designee will audit 25% of all active charts where nursing services were provided to ensure education was provided as ordered and the patient/caregiver response to the education is documented. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts receiving nursing services. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities. (3) The Director is responsible for correction of this deficiency. (4) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance. 	4/25/23

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H 459	<p>Continued From page 22</p> <p>record showed a physician order dated 12/13/2022 indicating the following: "Skilled nurse to instruct patient on the actions, side effects, adverse reactions, drug and food interactions on Metoprolol 50mg oral daily effective 12/13/2022." Continued review of the clinical record showed the nurse visited Patient #1 on 12/13/2022, but her assessment note lacked evidence of patient education or evaluation of instruction on the Metoprolol as ordered.</p> <p>On 02/09/2023 at 01:23 PM, the agency's executive team were informed of the findings.</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 for Patient #1.</p>	H 459		
H 550	<p>3922.1 OCCUPATIONAL THERAPY SERVICES</p> <p>If a home care agency provides occupational therapy services, it shall provide those services in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the home care agency (HCA) failed to ensure occupational therapy (OT) services were provided in accordance with the patient's plan of care (POC) for two of 14 active patients sampled (Patients #8 and #12)</p> <p>Findings included:</p> <p>1. On 02/06/2023 at 12:53 PM, review of Patient #8's clinical record showed a plan of care (POC) with a duration period of 12/23/2022 through</p>	H 550	<p>H550:</p> <p>(1) The Director or designee will provide education to all occupational therapy staff on policy TX-002 (Coordination of Care) no later than 4/14/23 with a focus on providing care as ordered by the physician with an emphasis on visit frequency.</p> <p>(2) Office Manager or designee will ensure that all missed visits are properly documented on a missed visit communication note completed by the clinician and the physician is notified of the missed visit. This is part of an ongoing process.</p>	4/25/23

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H 550	<p>Continued From page 23</p> <p>02/20/2023. The POC also included OT visits one time a week for one week, two times a week for one week, and one time a week for three weeks to evaluate for OT services and establish a plan of treatment, rehabilitation goals, and home environment for accessibility and safety. The patient's diagnoses included Pneumonia, malignant neoplasm of breast, atrial fibrillation, hemiplegia, bradycardia, hypertension, osteoarthritis, and hyperlipidemia. Further review of the records lacked evidence that OT services were provided during the week of 01/15/2023.</p> <p>2. On 02/07/2023 at 03:31 PM, review of Patient #12's clinical record showed a plan of care (POC) with a duration period of 12/20/2022 through 02/17/2023, for OT visits one time a week for five weeks to evaluate for OT services and establish a plan of treatment, rehabilitation goals, and home environment for accessibility and safety. The patient's diagnoses included hemiplegia, dementia, dysphagia, type II diabetes mellitus, end stage renal disease, epilepsy, hyperlipidemia, muscle weakness, abnormalities of gait and mobility, hypokalemia, and long term use of insulin. Further review of the records lacked evidence that OT services were provided during the weeks of 12/18/2022 and 12/25/2022.</p> <p>On 02/09/2023 at 01:23 PM, the agency's executive team were informed of the findings.</p> <p>At the time of the survey, the home care agency failed to provide documented evidence that the occupational therapist provided services in accordance with the plan of care for Patients #8 and #12.</p>	H 550	<p>(3) The Director or designee will audit 25% of all active charts where occupational therapy services were provided to ensure missed visits were properly documented and the physician was notified. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts receiving occupational therapy services. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities.</p> <p>(4) The Director is responsible for correction of this deficiency.</p> <p>(5) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance.</p>	4/25/23

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H 560 H 560	<p>Continued From page 24</p> <p>3923.1 PHYSICAL THERAPY SERVICES</p> <p>If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the home care agency (HCA) failed to ensure physical therapy (PT) services were provided in accordance with the plan of care (POC) for three of 14 active patients in the sample (Patients #9, 10, and #13).</p> <p>Findings included:</p> <p>1. On 02/06/2023 at 02:01 PM, review of Patient #9's clinical record showed a plan of care (POC) with a duration period of 12/09/2022 through 02/06/2023 that indicated physical therapy services one time per week for five weeks, and one time every two weeks for two weeks for evaluation and treatment. The patient's diagnoses included type II diabetes mellitus, trigeminal neuralgia, hypertension, hyperlipidemia, and surgical wound on left posterior head. The physical therapy (PT) services included the following: evaluation, assessment, and treatment, patient instruction in transfer training for safe functional transfers, therapeutic exercise, and functional mobility. Further review of the records lacked evidence that PT services were provided during the weeks of 12/11/2022, 01/01/2023, and 01/22/2023.</p> <p>2. On 02/07/2023 at 12:08 PM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 11/30/2022 through 01/28/2023 that indicated physical therapy</p>	H 560 H 560	<p>H560:</p> <p>(1) The Director or designee will provide education to all physical therapy staff on policy TX-002 (Coordination of Care) no later than 4/14/23 with a focus on providing care as ordered by the physician with an emphasis on visit frequency.</p> <p>(2) The Office Manager or designee will ensure that all missed visits are properly documented on a missed visit communication note completed by the clinician and the physician is notified of the missed visit. This is part of an ongoing process.</p> <p>(3) The Director or designee will audit 25% of all active charts where physical therapy services were provided to ensure missed visits were properly documented and the physician was notified. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. Once this occurs, audits will decrease to 10% of active charts receiving occupational therapy services. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance improvement activities.</p>	4/25/23

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H 560	<p>Continued From page 25</p> <p>services once a week for two weeks, once every three weeks for three weeks, and once every two weeks for two weeks. The PT services included the following: evaluation, assessment, and treatment, patient instruction in transfer training for safe functional transfers, therapeutic exercise and functional mobility. Further review of the patient ' s record lacked evidence that PT services were provided during the week of 01/01/2023.</p> <p>3. On 02/08/2023 at 02:00 PM, review of Patient #13's clinical record showed a plan of care (POC) with a duration period of 01/18/2022 through 03/18/2022 that indicated physical therapy services twice a week for three weeks, and once a week for three weeks, effective 01/18/2022. The PT services included the following: evaluation, assessment, and treatment; patient instruction in mobility training, transfer training neuromuscular re-education/balance training, gait training, and for safe functional transfers, therapeutic exercise and functional mobility. Further review of the records lacked evidence that PT services were provided on the weeks of 01/16/2022, 01/23/2022, and the week of 02/06/2022.</p> <p>On 02/08/2023 at 2:00 PM, the Area Vice President of Clinical Services acknowledged the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that physical therapy services were provided in accordance with the plans of care for Patients #9, 10, and #13.</p>	H 560	<p>(4)The Director is responsible for correction of this deficiency.</p> <p>(5) Remediation including one on one coaching, counseling, and HR disciplinary action will be as necessary based on trends of noncompliance.</p>	4/25/23
H 580	3925.1 SPEECH LANGUAGE PATHOLOGY SERVICES	H 580		

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H 580	Continued From page 26 If speech language pathology services are provided, they shall be delivered in accordance with the patient's plan of care. This Statute is not met as evidenced by: Based on interview and record review, the home care agency (HCA) failed to ensure speech therapy (ST) services were provided in accordance with the patient's plan of care (POC) for three of 14 active patients in the sample (Patients #4, 5, and #10). Findings included: 1 On 02/03/2023 at 01:45 PM, review of Patient #4's records showed a plan of care (POC) with a duration period of 01/14/2023 through 03/14/2023, for speech therapy visits one time per week for one week effective 01/22/2023 to evaluate and establish a plan of treatment. The patient's diagnoses included osteoarthritis bilateral hips, right hip bursitis, abnormalities of gait and mobility, congestive heart failure, hyperlipidemia, prediabetes, benign prostatic hyperplasia, and dementia. Further review of the records lacked evidence that the speech therapist evaluated the patient as ordered at the time of survey. 2. On 02/03/2023 at 03:51 PM, review of Patient #5's records showed a plan of care (POC) with a duration period of 12/21/2022 through 02/18/2023, for ST visit one time a week for one week effective 12/25/2022 to evaluate and establish a plan of treatment. The patient's diagnoses included neuropathy, end stage renal disease, type II diabetes mellitus, visual disturbances, hyperlipidemia, and vitamin D	H 580	H580: (1) The Director or designee will provide education to all speech therapy staff on policies TX-001 (Physicians Orders/ Supervision of the Plan of Care) and TX-002 (Coordination of Care) no later than 4/14/23 with a focus on providing care as ordered by the physician. (2) Clinical managers will review all plans of care and subsequent orders to determine if speech therapy evaluations were ordered and scheduled according to orders. This will be part of an ongoing process. (3) The Office Manager or designee will ensure that all missed visits are properly documented on a missed visit communication note completed by the clinician and the physician is notified of the missed visit. This is part of an ongoing process. (4) The Director or designee will audit 25% of all active charts where speech therapy services were provided to ensure evaluations were performed as ordered and missed visits were properly documented and the physician was notified. Audits will continue until 95% compliance is achieved and maintained for 3 consecutive weeks. (5) Once this occurs, audits will decrease to 10% of active charts receiving speech therapy Services. If 95% compliance is maintained for 2 additional weeks, audits will decrease to quarterly during quality assurance performance activities.	4/25/23

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H 580	<p>Continued From page 27</p> <p>deficiency. Further review of the records lacked evidence that the speech therapist evaluated the patient as ordered at the time of survey.</p> <p>Interview with the clinical director on 02/06/2023 at 02:53 PM revealed that the "admitting clinician did not add the speech therapy services to the calendar to generate the workflow to be scheduled." She added that she would notify the physician and ensure that the client was evaluated for speech therapy the next day.</p> <p>3. On 02/07/2023 at 12:08 PM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 11/30/22 through 01/28/2023, for speech therapy (ST) visit one time a week for one week effective 12/04/2022 to evaluate and establish a plan of treatment. In addition, the POC showed an order to continue speech therapy services one time a week for one week effective 01/22/2023. The patient's diagnoses included hemiplegia, dysphagia, type II diabetes mellitus, spinal stenosis, hyperlipidemia, osteoarthritis, hypertension, muscle weakness, and right buttock pressure ulcer. Further review of the records lacked evidence that the speech therapist provided the speech therapy as ordered the week of 01/22/2023.</p> <p>On 02/09/2023 at 01:23 PM, the agency ' s executive team were informed of the findings.</p> <p>At the time of the survey, the home care agency failed to provide documented evidence that the speech therapist provided services in accordance with the plans of care for Patients #4, 5, and #10.</p>	H 580		