Health Regulation & Licensing Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING: ___ COMPLETED HCA-0010 B. WING 02/06/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW **ABA HOME HEALTH CARE** WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual survey was conducted from February 4, 2014, through February 6, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to four hundred and sixty-three (463) patients and employs four hundred and fifty-two (452) staff. The findings of the survey were based observations, record reviews, interviews with current patients and staff. Please Note: Listed below are abbreviations used in this report. Skilled Nurse (SN) Plan Of Care (POC) Director of Nursing (DON) Home Care Agency (HCA) As Needed (PRN) H 053 3903.2(c)(1) GOVERNING BODY 3903.2(c)(1) GOVERNING BODY H 053 03/31/2014 The Administrator shall report this omission to the The governing body shall do the following: governing body during the next meeting. The administrator shall maintain "policy and procedure manual review and (c) Review and evaluate, on an annual basis, all update" as an agenda item on all governing body meetings policies governing the operation of the agency to The Governing Body shall review, evaluate and approve determine the extent to which services promote all policies governing the agency's operation during the patient care that is appropriate, adequate, next board meeting that will be scheduled by the administrator. effective and efficient. This review and evaluation The governing body shall sign the policy and procedures must include the following: manual (1) The evaluation shall include feedback from a representative sample consisting of either ten percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients. Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE TURE

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0010 02/06/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW ABA HOME HEALTH CARE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 053 Continued From page 1 H 053 This Statute is not met as evidenced by: Based on interview and record review, it was determined that the Governing Body failed to review and evaluate on an annual basis all policies governing the agency's operation to determine if the services were appropriate. adequate, effective and efficient. The findings include: On February 4, 2014 at 10:00 a.m. the surveyor requested the HCA policy manual and a copy of the agency's annual report. The DON provided to the surveyor a policy manual that was approved on January 17, 2008 by the Medical Director, the Administrator and the Quality Improvement Coordinator, and a copy of the minutes of the annual meeting which was held on January 25, 2014. There was no documented evidence that the agency's policies were reviewed and approved since January 17, 2008. A face to face interview with the DON on February 4, 2014 at 11:00 a.m. confirmed that the HCA recently purchased updated manuals which were not reviewed and approved by the Governing Body at the time of the survey. H 199 3908.3(a) ADMISSIONS H 199 (1) The agency shall evaluate each request for home care services according to the following criteria: (a) The ability of the program to provide or coordinate the services that the patient needs:

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This Statute is not met as evidenced by:

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	interview, the HCA f was able to provide that the patients need patients in the sample and #10) The finding includes 1. Review of Patient period of Septembe on February 5, 2014 revealed the patient Congestive Heart Fa Diabetes Mellitus (Dalso contained a phylamonth and PRN (amonths to conduct devaluate nutrition state elimination status, to medication side effective from the patient of the patient on October 7, 20 rushed to the hospital 4, 2013." Further revealed that the Rethe patient on October for patient's hospitalization. Continued review of record revealed that the hospital on Deceivisited the patient on documented that the to exacerbation of Cartinuation of Cartinuati	on, record review and railed to ensure its program or coordinate the services eded for five (5) of twenty (20) ble. (Patients #5, #6, #7, #8, at #5's POC with a certification or 5, 2013, to March 5, 2014, at approximately 1:45 p.m., had diagnoses that included ailure (CHF), Lymphodemia, hM) and Glaucoma. The POC ysician order for SN one time as is necessary) for six (6) complete system assessment, atus, hydration and each disease process,	H 199 ⁽¹⁾	3908.3(a) ADMISSIONS The Registered Nurse(s) who provided care to p were informed of the deficiency and given the o to review their visit notes and the patient's medit The RN has visited Patient # 5 and re-assessed t need for skilled services to address the patient's conditions. A request for skilled nursing services (additional nursing visits) was sent to patient #5's physician approval of the service. The quality assurance staff are reviewing all clie records to ensure that all vital information is cold the Registered Nurse during the admission visit during all subsequent nursing visits. The quality staff shall review all referrals and admission doe ensure that all patients' needs are address by the All nurses will be trained on comprehensive clie assessments and documentation during the next meeting that will be scheduled by the Director of The Assistant Director of Nursing (ADON) shal any concerns with respective RNs monthly and He/she shall provide support and supervision whis need.	atient #5 pportunity cal needs. he patient's medical l skilled for ents' clinical lected by and updated y assurance cumentation e agency. ent nurses of Nursing. ll review as needed.	

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visited the patient after January 5, 2014 to teach

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H 199	Continued From pa	ige 3	H 199 ⁽²⁾	3908.3(a) ADMISSIONS		03/31/2014	
	disease managemere-hospitalization. A evidence of a weighthe client's clinical reface to Face intervial, 2014, at 4:30 p.m should have commodiated have commodiated by a should have commodiated have confined address the patient. A home visit was confined from the patient of th	ent to prevent Additionally, there was no nt either actual or reported in record. riew with the DON on February n. confirmed that the agency unicated with the physician to to teach the patient effective ent to prevent hospitalization. rimed that the SN failed to 's weight in the clinical record. Inducted to Patient #5 on the approximately 2:30 p.m. The patient sitting in a chair in the atient legs were grossly approximately 28-30 inches ound the mid-leg area) with the area and soiled bandages ankle. The patient stated to the hospitalizations were due to the in the legs was due to the the by the tissue fluid oozes the Patient also stated that no the mid-legs was due to the the by the tissue fluid oozes the Patient also stated that no the since January 5, 2014 to sing changes to the legs the DON from Patient #5's told that the agency will try to	ת שפו	The RN was instructed on nursing care for a particle defibrillator. The RN was instructed to re-assert defibrillator during subsequent nursing visits at patient about the medical devise, as well as compatient's physician as needed for orders for additionary visits. All nurses will be trained on comprehensive classessments and documentation during the next meeting that will be scheduled by the Director The quality assurance staff are reviewing all clarecords to ensure that the nurses are conducting documenting a comprehensive assessment of comedical needs during all nursing visits. The quality assurance staff shall review all refer post hospitalization orders and RN visit notes that the agency addresses all clients' needs, and compliance issues to the ADON. The ADON shall review all concerns with respondthly and as needed. He/she shall provide supervision when there is need.	ess the patient and teach ontact the ditional lient at nurses of Nursing. lients' clinical g and clients' Ferrals, to ensure d report any	's	
	obtain orders from the	he physician for increased skilled care to the patient.					

2. Patient #6's POC with a certification period of October 18, 2013, to April 18, 2014, was reviewed on February 5, 2014 at approximately 2:10 p.m. The POC revealed the patient had diagnoses that included CHF, Hypertension and Obesity. The

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status, cardiopulmonary status, hydration and elimination status, teach disease process.

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(6) months to conduct complete system

assessment, evaluate nutrition status, hydration and elimination status, teach disease process. medication side effects and compliance.

Further review of Patient #8's clinical record revealed a SN note dated September 26, 2013 that states "Patient is undergoing daily radiation therapy for vaginal Cancer times 3 treatments.

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0010 02/06/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW ABA HOME HEALTH CARE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 199 Continued From page 6 H 199 The last treatment will be on October 3, 2013, she (the patient) was educated to expect side effects of radiation therapy like....). There was no evidence that the RN visited the patient again until October 30, 2013. A face to face interview with the DON on February 4, 2014, at 4:35 p.m. confirmed that the agency should have communicated with the physician to obtain more visits to give adequate nursing care to the patient following the radiation treatments. Patient #10 had a start of care of November. 3908.3(a) ADMISSIONS 03/31/2014 H 199 (5) 15, 2012. Patient #10's skilled and non-skilled All staff that provide care to patient # 10 were given the records were reviewed during the survey. opportunity to review the clinical records of the patient after they were informed of the deficiency. The RN reassessed patient # 10's medical needs and the Patient #10's skilled POC with a certification patient's physician was contacted for orders on the period of December 24, 2013, to February 21, supra-pubic catheter. The physician was notified 2014, was reviewed on February 5, 2014 at of the patient's refusal of Santyl ointment treatment and approximately 3:10 p.m. The POC contained the wound care orders were clarified. diagnoses of Decubitus Ulcer -Leg, Colostomy. All nurses will be trained on comprehensive client Osteoarthritis Multiple Sites, Tachycardia and assessments and documentation during the next nurses Sacral Wound. The POC also contained a meeting that will be scheduled by the Director of Nursing physician order for skilled nurse three (3) to six The quality assurance staff are reviewing all clients' clinical (6) times weekly for nine (9) weeks to clean records to ensure that the nurses are conducting and sacral and right leg wounds with normal saline. documenting a comprehensive assessment of clients' apply Santyl, cover with dry dressing and secure medical needs during all nursing visits. The quality assurance team shall also ensure that all orders and with tape. Measure wounds weekly and teach family wound care. The POC contained no order notifications are forwarded to the patients' physicians immediately for review and approval. for Foley Catheter care or management. The quality assurance staff shall review RN and LPN visit notes to ensure that the agency addresses all clients' Review of nurses' notes from December 24, 2013 needs, and report any compliance issues to the ADON. through January 31, 2014 all states "dry The ADON shall review all concerns with respective RNs dressings applied to sacral wounds because monthly and as needed. He/she shall provide support and patient refuses Santyl ointment to sacral wound." supervision when there is need.

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There was no documented evidence that the physician was informed of the patient's refusal of

Santyl ointment to the sacral wound.

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information related to the patient:

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H 261	Continued From page	ge 8	H 261 (a)	3911.2 (a) CLINICAL RECORDS		03/31/2014
	(a) Admission data, date of application, case number, next of date accepted by the and source of paym. This Statute is not represented by the and source of paym. This Statute is not represented by the addression of the survey of the patient of the survey of the surv	including name, address, date of birth, sex, agency of kin or responsible party, e agency to receive services, ent, if applicable; met as evidenced by: on, record review and ermined that the agency failed ormation regarding the the clinical records for one (1) ints. (Patient #7)	H 261 (a)	The staff who had entered the information incorgiven the opportunity to review the deficiency at the records. The typing error on patient # 7's recorrected. The street name has been corrected at street" to "8th street". Patient # 7's telephone nubeen updated to the current number. The quality assurance staff are reviewing all part to ensure that all data were transcribed accurated discrepancies shall be forwarded to the ADON review then with respective staff monthly, then support and supervision as needed. Agency has bought a medical record software a currently training to use electronic medical record goes operational, it will eliminate significantly possibility of transcription errors as nurses will update client records in the field into the electronic medical records.	and correct cord has been from "5th amber has tients' record ely. All who will provide and staff are ords. When y the enter and	n
	a telephone interview	at approximately 2:00 p.m. was attempted with Patient ne number listed on the "Plan				

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H 261	Continued From pa	ge 9	H 261			
	surveyor that contain information. The sutelephone interview	locument given to the ned the patient's demographic irveyor attempting the was told by the individual hone that it was the wrong				
H 352	3914.3(a) PATIENT	PLAN OF CARE	H 352 (a)	3914.3(a) PATIENT PLAN OF CARE The Registered Nurse who provides care to pati		03/31/2014
	The plan of care sha	all include the following:		was informed of the deficiency and given the op to review his/her visit notes and patient's medic		
	(a) Physician orders	for skilled services;		The RN re-assessed the patient's need for skille and other vital information necessary for compresser of the patient's medical conditions.	d services rehensive	
	This Statute is not met as evidenced by: Based on observation, record review and interview, the HCA failed to ensure the POC included physician orders for skilled nursing services for five (5) of twenty (20) patients in the sample. (Patients #5, #6, #7, #8 and #10). A request for skilled nursing services (additinursing visits) was sent to patient #5's physical approval of the service. The quality assurance staff are reviewing all records to ensure that all vital information is the Registered Nurse during the admission was and during all nursing visits. The quality assert review all referrals and admission document		ent's clinica llected by to the patie nce staff sha on to ensure	nt all		
	The findings include	:		that all patients' needs are address by the agency All nurses will be trained on comprehensive cli		
	1. Review of Patient #5's POC with a certification period of September 5, 2013, to March 5, 2014, on February 5, 2014 at approximately 1:45 p.m., revealed the patient had diagnoses that included Congestive Heart Failure (CHF), Lymphodemia, Diabetes Mellitus (DM) and Glaucoma. The POC also contained a physician order for SN (skilled nurse) one time a month and PRN (as is necessary) for six (6) months to conduct complete system assessment, evaluate nutrition status, hydration and elimination status. Teach disease process, medication side effects and compliance.		at .	assessments and documentation during the next meeting that will be scheduled by the Director of Nurses shall also be trained on accurately addreclients' needs on the plan of care. The Assistant Director of Nursing (ADON) sha any concerns with respective RNs monthly and He/she shall provide support and supervision w is need.	of Nursing. essing all ll review as needed.	
	Further review of Pat	tient #5's clinical record				

revealed a note titled "suspension of services"

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CHF and the edema in the legs was due to the

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0010 B WING 02/06/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW ABA HOME HEALTH CARE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 352 Continued From page 11 H 352 Lymphodemia whereby the tissue fluid oozes through the skin. The Patient #5 also stated that no nurse visited him since January 5, 2014 to assist him with dressing changes to the legs which he cannot effectively perform due to its location. The surveyor called the DON from Patient #5's residence and was told that the agency will try to obtain orders from the physician for increased nursing visits to give skilled care to the patient. H 352 (2) 03/31/2014 3914.3(a) PATIENT PLAN OF CARE 2. Patient #6 POC with a certification period of The RN was instructed on nursing care for a patient with a October 18, 2013, to April 18, 2014, was reviewed defibrillator. The RN was instructed to re-assess the patient's on February 5, 2014 at approximately 2:10 p.m. defibrillator during subsequent nursing visits and to teach The POC revealed the patient had diagnoses that the patient about the medical devise, as well as contact the included CHF, Hypertension and Obesity. The patient's physician as needed to order additional nursing POC also contained a physician order for SN one visits All nurses will be trained on comprehensive client time monthly and PRN for six (6) months to assessments and documentation during the next nurses conduct complete system assessment, evaluate meeting that will be scheduled by the Director of Nursing. nutrition status, cardiopulmonary status, hydration Nurses shall also be trained on accurately addressing all and elimination status, teach disease process. clients' needs on the plan of care. medication side effects and compliance. The quality assurance staff are reviewing all clients' clinical records to ensure that the nurses are conducting and Further review of Patient #6's clinical record documenting a comprehensive assessment of clients' revealed a note titled "suspension of services" medical needs during all nursing visits. dated October 18, 2013, which states "client went The quality assurance staff shall review all referrals, to the hospital. Client informed the office." post hospitalization orders and RN visit notes to ensure Additional review of the clinical record revealed that the agency addresses all clients' needs, and report any an RN note dated October 25, 2013, which compliance issues to the ADON. indicated that the patient went to the hospital for a The ADON shall review all concerns with respective RNs cardiac defibrillator implant. There was no monthly and as needed. He/she shall provide support and supervision when there is need. documented evidence that the RN visited the Patient #6 until November 26, 2013, following the October 25, 2013, visit. A face to face interview with the DON on February 4, 2014, at 4:30 p.m. confirmed that the

agency should have communicated with the physician to obtain more visits to monitor the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
	patient for negative confirmed that the Spatient's weight in the Spatient's weight in the Spatient's weight in the September 30, 2013 reviewed on Februa 2:30 p.m. The POC diagnoses that incluand Thyroid Problem a physician order for PRN for six (6) mon system assessment cardiopulmonary status, teach disease effects and complianed Further review of Parevealed a communication of the spatient #7's clinical reviewed to the hospital varine) and the doctor (an anticoagulant) for nursing visit was consumed to the spatient for close observations of the spatient for	outcomes. The DON also SN failed to address the ne clinical record. with a certification period of St. to March 30, 2014, was ry 5, 2014 at approximately revealed the patient had ded Alzheimer, Hypertension, ns. The POC also contained resonant SN one time monthly and this to conduct complete revaluate nutrition status, tus, hydration and elimination exprocess, medication side note. Itient #7's clinical record cation note dated October res "Patient went to" Additional review of the record revealed a nursing S1, 2013, which states client with hematuria (blood in restated to hold the Pradaxa refive (5) days. The next ducted on November 5, ce that the agency he physician need to skill the ervation and teaching of	H 352 (3)		RN was of medication ne patient to patient's to visits. eent nurses of Nursing. ressing all eents' clinical and ients' trrals, to ensure report any eective RNs	

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0010 B. WING 02/06/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW ABA HOME HEALTH CARE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 3914.3(a) PATIENT PLAN OF CARE 03/31/2014 H 352 Continued From page 13 H 352 (4) The RN who provided care to patient #8 was informed of period of September 9, 2013, to March 9, 2014, the deficiency noted by the surveyor. The RN was educated on February 5, 2014 at approximately 2:10 p.m., on the need to perform comprehensive assessments and revealed the patient had diagnoses that included then follow up with the patients' physicians to obtain skilled Degenerative Joint Disease, Arthritis, GERD and nursing visit orders to ensure that the clients' needs are Obesity. The POC also contained a physician addressed appropriately. All nurses will be trained on comprehensive client order for SN one time a month and PRN for six assessments and documentation during the next nurses (6) months to conduct complete system meeting that will be scheduled by the Director of Nursing. assessment, evaluate nutrition status, hydration The quality assurance staff are reviewing all clients' clinical and elimination status. Teach disease process. records to ensure that the nurses are conducting and medication side effects and compliance. documenting a comprehensive assessment of clients' medical needs during all nursing visits. Further review of Patient #8's clinical record The quality assurance staff shall review all referrals, revealed a SN note dated September 26, 2013 post hospitalization orders and RN visit notes to ensure that states "Patient is undergoing daily radiation that the agency addresses all clients' needs, and report any therapy for vaginal Cancer X 3 treatments. The compliance issues to the ADON. last treatment will be on 10/3/13 she was The ADON shall review all concerns with respective RNs monthly and as needed. He/she shall provide support and educated to expect side effects of radiation supervision when there is need. therapy like). There was no evidence that the RN visited the patient again until October 30, 2013. A face to face interview with the DON on February 4, 2014, at 4:35 p.m. confirmed that the agency should have communicated with the physician to obtain more visits to give adequate care to the patient following the radiation treatments. 5. Patient #10 had a start of care of November 03/31/2014 3914.3(a) PATIENT PLAN OF CARE H 352 (5) 15, 2012. The Patient #10 skilled and non-skilled The staff who provided care to patient # 10 were given the opportunity to review the clinical records of the patient records were reviewed during the survey. and reassess the client after they were informed of the deficiency. The RN re-assessed patient # 10 and his/her Patient #10's skilled POC with a certification medical needs and the patient's physician was contacted for period of December 24, 2013, to February 21, supra-pubic catheter and the physician was notified of the 2014, was reviewed on February 5, 2014 at patient's refusal of Santyl ointment treatment. approximately 3:10 p.m. The POC contained the All nurses will be trained on comprehensive client diagnoses of Decubitus Ulcer -Leg, Colostomy,

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Osteoarthritis Multiple Sites, Tachycardia and

Sacral Wound. The POC also contained a

assessments and documentation during the next nurses

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meeting that will be scheduled by the Director of Nursing.

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change or management to the patient's Foley catheter form October 2013 to January 31, 2014.

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physician order for skilled nurse three (3) to six

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On February 6, 2014 a home visit was conducted

PRINTED: 02/18/2014 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0010 02/06/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW ABA HOME HEALTH CARE WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 452 Continued From page 17 H 452 to Patient #10 at approximately 11:00 a.m. During the home visit the surveyor noted that the Patient #10 was no longer on intravenous antibiotic and the patient had a supra-pubic Foley catheter instead of a intra-urethral Foley catheter. There was no documented evidence of collaboration of care for this catheter between the agency and the physician's office.

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