

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2016
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NAME OF PROVIDER OR SUPPLIER ABA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW WASHINGTON, DC 20011
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from February 10, 2016 through February 18, 2016, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The home care agency provides home care services for two hundred-fifty seven (257) patients, and employs four hundred seventy-four (474) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, eighteen (18) active patient records, two (2) discharged patient records, nine (9) telephone interviews, twenty-five (25) employee records, eleven(11) complaints, five (5) home visits and interviews with patients/family and staff.</p> <p>Please Note: Listed below are abbreviations used throughout the body of this report. ADL-Activities of Daily Living CAD - coronary artery disease CHF - congestive heart failure COPD - chronic obstructive pulmonary disease CVA - cerebral vascular accident DM - diabetes mellitus DOH - Department of Health HRLA - Health Regulation and Licensing Administration HCA - Home Care Agency HHA - Home Health Aide SN-Skilled Nurse PCA-Personal Care Aide POC-Plan of Care</p>	H 000	<p><i>Received 6/15/16</i></p>	
H 363	<p>3914.3(l) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following</p> <p>(l) Identification of employees in charge of managing emergency situations;</p>	H 363		

Health Regulation & Licensing Administration
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **Clinical Director** (X6) DATE **6/14/16**

Health Regulation & Licensing Administration

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H 363	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to identify personnel in charge of managing emergencies on the POC for three (3) of twenty (20) patients in the sample. (Patients' #1, #2, #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On February 11, 2016, at 11:00 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of December 7, 2015 and a certification period from December 7, 2015 to February 4, 2016. The clinical record and the aforementioned POC revealed that the patient's pertinent diagnoses were pressure ulcer, CHF, CAD and COPD. Further review of the POC failed to include identification of employees in charge of managing emergency situations for the patients. 2. On February 11, 2016, at 12:00 p.m., review of Patient #2's clinical record revealed a POC with a start of care date of August 16, 2010 and a certification period from November 7, 2015 to January 15, 2016. The clinical record and the aforementioned POC revealed that the patient's pertinent diagnoses were venous stasis ulcer-ankle, back pain, hypertension, asthma and hyperlipidemia. Further review of the POC failed to include identification of employees in charge of managing emergency situations for the patients. 3. On February 11, 2016, at 1:00 p.m., review of Patient #3's clinical record revealed a POC with a start of care date of January 13, 2016 and a certification period from January 13, 2016 to March 12, 2016. The record and the 	H 363	<p>H363 3914.3(1) PATIENT PLAN OF CARE EMERGENCY PROTOCOL PATIENTS #1, #2, and #3.</p> <p>ABA home Health Care has identified specific personnel that shall be in charge in managing emergency situations for patients #1, #2 and #3 on the plan of care. Plan of care for said patients have been updated to reflect a more specific emergency protocol including the following: initiation of CPR until help arrives, specific personnel in charge of the emergency call and specific individuals to be notified.</p> <p>The Director of Nursing (DON) or designated office registered nurse/Plan of care specialist (RN) shall ensure that all plans of care shall henceforth include documented evidence of specific personnel responsible for managing emergency protocol. DON or designated registered nurse shall ensure that employees responsible for plan of care generation are required to include the specified protocol on the plan of care. In addition, each plan of care shall be reviewed by plan of care specialist for updated emergency protocol inclusion.</p> <p>The Quality Assurance (QA) team shall monitor the inclusion of the updated emergency protocol on all plan of care going forward during QA review. Internal auditing tool has been updated to reflect the new emergency protocol for quality assurance monitoring. All staff shall be instructed on the new and updated emergency protocol and the need to implement it during emergencies.</p>	4/18/2016

Health Regulation & Licensing Administration

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H 363	<p>Continued From page 2</p> <p>forementioned POC revealed that the patient's pertinent diagnoses were heart failure, hypertension, DM, asthma and sleep apnea. Further review of the POC failed to include identification of employees in charge of managing emergency situations for the patients.</p> <p>During an interview with the clinical director on February 11, 2016, at 2:00 p.m., revealed it was an oversight that the staff managing emergencies were not included on Patients #1, #2 and #3 aforementioned POCs.</p> <p>At the time of this survey, there was no documented evidence on the aforementioned Patients POC's of staff managing emergencies.</p>	H 363	<p>H 364</p> <p>3914.3(m) PATIENT PLAN OF CARE</p> <p>(m)Emergency Protocol Inclusion</p> <p>ABA Home Health Care clinical team shall include an updated emergency protocol on Plan of Care for Patients #1, #2, and #3 and forward updated copies to respective primary care physicians for review and approval.</p>	4/18/2018
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> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the POC included an emergency protocol for three (3) of twenty (20) patients in the sample. (Patients #1, #2, #3)</p> <p>The findings include:</p> <p>1. Review of Patient #2's POC on February 11, 2016, at 12:00 p.m., revealed the POC failed to include an emergency protocol.</p>	H 364	<p>The Director of Nursing (DON), ABA Clinical team and a designated office registered nurse shall henceforth ensure that all Plan of Cares include the updated emergency protocol.</p> <p>The Quality Assurance (QA) team shall ensure the inclusion of emergency protocol on all Plan of Care going forward during review. Internal Auditing Tool shall be updated to reflect the new emergency protocol for quality assurance monitoring. QA monitoring is completed on initial admission and at least quarterly by QA registered nurses.</p>	

Health Regulation & Licensing Administration

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H 364	<p>Continued From page 3</p> <p>2. Review of Patient #3's on February 11, 2016, at 1:00 p.m., revealed the POC failed to include an emergency protocol.</p> <p>3. Review of the Patient #1's POC on February 11, 2015, at 2:00 p.m., revealed the POC failed to include an emergency protocol.</p> <p>During an interview with the clinical director on February 11, 2016, at 2:15 p.m., revealed it was an oversight that Patients #1, #2 and #3 POCs did not include the agency's emergency protocol.</p> <p>At the time of this survey, there was no documented evidence of the agency's emergency protocol on the aforementioned patients POCs .</p>	H 364		4/18/2016
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: Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for eight (8) of twenty (20) patients in the sample. (Patients #6, #7, #11, #12, #13, #14, #15 and #16)</p> <p>The findings include:</p>	H 453	<p>H 453</p> <p>3917.2 SKILLED NURSING SERVICES Duties of Nurse: (C) Ensuring patients' needs are met in accordance with the Plan Of Care.</p> <p>Lack of documented evidence the SN ensured PCA services were provided as ordered.</p> <p>H 453 3971.2 Patient #6 ABA ITEM 1:</p> <p>PCA services were provided as evidenced by the attached Personal Care Aide (PCA) time sheets labeled: ITEM# 1 for patient #6.</p> <p>The Director of Nursing (DON) or designated registered nurse shall ensure that all PCA time sheets are processed and filed in a timely manner and be available on patient's chart for inspection when requested.</p> <p>The Quality Assurance registered nurse or designated personnel shall review patient charts on regular basis but at least quarterly to ensure that PCA time sheets have been properly filed and remain on patient's chart.</p>	

Health Regulation & Licensing Administration

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H 453	<p>Continued From page 4</p> <p>1. On February 12, 2016, at 12:00 p.m., review of Patient #6's clinical record revealed a POC with a start of care date of July 25, 2011, and a certification period from October 5, 2015 to April 5, 2016. Review of the clinical record and the aforementioned POC revealed that the patients pertinent diagnoses included: diabetes type II, hypertension, Alzheimer's disease, and gout.</p> <p>The attending physician orders included the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to twelve hours a day, up to seven days a week."</p> <p>Further review of the clinical record revealed the lack of documented evidence the SN ensured 12 hours of PCA services were provided seven days a week, as reflected below:</p> <ul style="list-style-type: none"> - PCA services were provided 4 hours from February 8th-12th of 2015; and - PCA services were not provided January 22nd, 24th and 25th of 2015. <p>During an interview with the clinical director on February 12, 2016 at 1:00 p.m., he indicated that he would investigate indicated why the PCA timeshares were not in the clinical record.</p> <p>2. On February 18, 2016, at 10:00 a.m., review of Patient #11's clinical record revealed a POC with a start of care date of January 27, 2016, and a certification period of January 27, 2016 to January 27, 2017. Review of the record and the</p>	H 453	<p>H 453</p> <p>3971.2 Patient # 11 ABA ITEM #2</p> <p>Agency protocol: PCA services shall resume within 24 hours of RN admission. Patient was admitted on 1/27/2016 and PCA started on 1/28/2016 with no break in services since that date as evidenced by attached PCA time sheet on ITEM #2 for patient #11. PCA time sheets were in various stages through billing department for QA review.</p> <p>The Director of Nursing (DON) or designated registered nurse shall ensure that all PCA time sheets are filed in a timely manner and be available in patient's clinical charts.</p> <p>The Quality Assurance registered nurse or designated personnel shall review patient chart on regular basis but at least quarterly to ensure that PCA time sheets have been properly filed and remain on patient's clinical record.</p>	4/18/2016

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H 453	<p>Continued From page 5</p> <p>aforementioned POC revealed that the patients pertinent diagnoses included: secondary hypertension, diabetes mellitus type II, cerebral infraction due to embolism , vascular dementia, depressive disorder and hemiplegia unspecified affecting left nondominant side.</p> <p>The attending physician ordered the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to ten hours a day, up to seven days a week."</p> <p>Further review of the clinical record revealed the lack of documented evidence that the SN ensured PCA services were provided from January 27, 2016 through January 31, 2016.</p> <p>During an interview with the clinical director on February 18, 2016, at 10:25 a.m., he indicated that he would investigate why the PCA timesheets were not in record for review.</p> <p>3. On February 18, 2016, at 10:30 a.m., review of Patient #12's clinical record revealed a POC with a start of care date of December 8, 2015, and a certification period of December 8, 2015 to December 8, 2016. Review of the record and the aforementioned POC revealed that the patients pertinent diagnoses included: secondary hypertension, difficulty in walking, arthritis, scoliosis and hyperlipidemia.</p> <p>The attending physician ordered the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective</p>	H 453	<p>H 453</p> <p>3917.2 Patient #12 Patient requested suspension of weekend services since 12/12/2015 until present.</p> <p>The Director of Nursing (DON) or designated registered nurse shall henceforth send suspension to the primary care physician for patients who request weekend services to be suspended for approval, and re-submit removal of suspension to the primary care physician when patient later request resumption of weekend services.</p> <p>Quality Assurance registered nurse shall henceforth conduct chart review on regular bases but at least quarterly to ensure that patients who have requested their weekend services to be suspended have appropriate suspension orders from the primary care physician on the clinical record.</p>	4/18/2016

Health Regulation & Licensing Administration

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H 453	<p>Continued From page 6</p> <p>personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to eight hours a day, up to seven days a week."</p> <p>Further review of the clinical record revealed the lack of documented evidence that the SN ensured PCA services were provided five days a week from December 9, 2015 through February 12, 2016.</p> <p>During an interview with the clinical director on February 18, 2016, at 11:00 a.m., he indicated that he would investigate why PCA services were only provided 5 days week.</p> <p>4. On February 18, 2016, at 11:00 a.m., review of Patient #13's clinical record revealed a POC with a start of care date of January 5, 2016, and a certification period of January 5, 2016 to January 5, 2017. Review of the record and the aforementioned POC revealed that the patients pertinent diagnoses included: secondary hypertension, difficulty walking, arthritis, glaucoma and malignant neoplasm of right female breast.</p> <p>The attending physician ordered the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to eight hours a day, up to seven days a week."</p> <p>Further review of the clinical record revealed the lack of documented evidence that the SN ensured PCA services were provided on the following dates:</p>	H 453	<p>H453</p> <p>3917.2 Patient #13 Services were provided as requested by patient. Start of Care (SOC) was on 1/5/2016, a PCA was assigned on 1/7/16, but patient requested that PCA services must resume on 1/11/2016 and in addition, requested her weekend services to be suspended.</p> <p>The Director of Nursing (DON) or designated registered nurse shall henceforth ensure the sending of suspension to the primary care physician for patients who request weekend services to be suspended for approval, and re-submit resumption of suspension notice to the primary care physician when patient later request resumption of weekend services. Clinical Team or designated registered nurse shall ensure that suspension of services are documented and placed on the clinical record for review when requested.</p> <p>Quality Assurance registered nurse shall henceforth conduct chart review on regular bases but at least quarterly to ensure that patients who have requested their weekend services to be suspended have appropriate suspension orders from the primary care physician on the clinical record.</p>	4/18/2016

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H 453	<p>Continued From page 7</p> <p>- January 5th, 7th-10th, 16th, 17th, 21st-25th, 27th, 30th and 31st of 2016; and</p> <p>- February 7th, 13th and 14th of 2016.</p> <p>During an interview with the clinical director on February 18, 2016, at 11:20 a.m., he indicated that he would investigate why the PCA timesheets were not in the clinical record.</p> <p>5. On February 18, 2016, at 11:30 a.m., review of Patient #14's clinical record revealed a POC with a start of care date of November 5, 2015, and a certification period of November 5, 2015 to November 5, 2016. Review of the record and the aforementioned POC revealed that the patients pertinent diagnoses included: asthma, bipolar disorder, fibromyalgia, weakness and chronic pain.</p> <p>The attending physician ordered the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to eight hours a day, seven days a week.</p> <p>Further review of the clinical record revealed the lack of documented evidence that the SN ensured PCA services were provided on November 5th, 6th and 10th-15th of 2015.</p> <p>6. On February 18, 2016, at 12:00 p.m., review of Patient #15's clinical record revealed a POC with a start of care date of November 12, 2015, and a certification period of November 12, 2015 to November 12, 2016. Review of the record and</p>	H 453	<p>H 453</p> <p>3917.2 Patient #14 ABA ITEM 5 Personal Care Aide (PCA) services were provided as evidenced by attached PCA time sheets on ITEM# 5 for patient #14.</p> <p>ABA Home Health Care Clinical and Administrative team shall ensure the timely processing and filling of PCA time sheets on the clinical record.</p> <p>Quality Assurance registered nurse or designated personnel shall on regular basis and at least quarterly ensure the presence of documented evidence on the clinical record to indicate that PCA services were provided as ordered.</p> <p>H 453.</p> <p>3917.2 Patient #15 ABA ITEM #15.</p> <p>PCA services were provided in November 2015 (with delay in start of care) and February 8-12th 2016 as evidenced by attachment ITEM #15.</p>	4/18/2016

Health Regulation & Licensing Administration

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H 453	<p>Continued From page 8</p> <p>the aforementioned POC revealed that the patients pertinent diagnoses included: essential hypertension, hemiplegia affect left non-dominant side, gout, chronic obstructive pulmonary disease, osteoarthritis, difficulty walking.</p> <p>The attending physician ordered the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to eight hours a day, seven days a week.</p> <p>Further review of the clinical record revealed the lack of documented evidence that the SN ensured PCA services were provided from November February 8th-12th of 2016.</p> <p>7. On February 18, 2016, at 12:30 p.m., review of Patient #16's clinical record revealed a POC with a start of care date of January 6, 2016.12 and a certification period of January 6, 2015 to January 6, 2016. Review of the record and the aforementioned POC revealed that the patients pertinent diagnoses included: intracranial injury, difficulty in walking, abnormalities of gait and mobility, amnesia, aphasia and tremors.</p> <p>The attending physician ordered the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to eight hours a day, seven days a week.</p> <p>Further review of the clinical record revealed the</p>	H 453	<p>H453: 3917.2. Patient #15 continued</p> <p>ABA Home Health Care Clinical and Administrative team shall henceforth ensure the PCA services are implemented within 24 hours of admission based on patient availability, ensure timely processing and filling of PCA time sheets on the clinical record.</p> <p>Quality Assurance registered nurse or designated personnel shall on regular basis and at least quarterly ensure the presence of documented evidence on the clinical record to indicate that PCA services were provided as ordered.</p> <p>H 453 3917 Patient #16: ITEM #16.</p> <p>Agency protocol: PCA services shall resume within 24 hours of PCA admission. Patient was admitted on 1/6/2016. PCA services resumed on 1/7/2016. For January 9th, 10th, 16th, 23rd, 24th, 30th, 31st, 2016, agency is authorized to provide PCA services of 8 hours/day x 5 days/week with no weekend services, as evidenced by ITEM # 16.</p> <p>ABA home Health Care clinical team shall ensure that physician order and plan of care actually corresponds with the personal care aide services as authorized.</p> <p>Quality Assurance registered nurse or designated personnel shall on regular basis but at least quarterly ensure that there are documented evidence on the clinical record of ordered PCA services matches authorized services.</p>	4/18/2016

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H 453	<p>Continued From page 9</p> <p>lack of documented evidence that the SN ensured PCA services were provided on January 6th, 9th, 10th, 16th, 17th and 23rd-31st of 2016.</p> <p>During an interview with the clinical director on February 18, 2016, at 1:30 p.m., he indicated he would investigate why the missing timesheets were not in the aforementioned records.</p> <p>8. On February 12, 2016, at 1:30 p.m., review of Patient #7's clinical record revealed a POC with a start of care date of September 19, 2015, and a certification period of September 19, 2015 to September 19, 2016. Review of the record and the aforementioned POC revealed that the patients pertinent diagnoses included: CHF, obstructive chronic bronchitis without exacerbation, rheumatoid arthritis, toxic diffuse goiter without mention of thyrotoxic crisis or storm, hyperlipidemia, hereditary peripheral neuropathy and pure hypercholesterolemia.</p> <p>The attending physician ordered the following PCA services:</p> <p>" [PCA] to assist with client ADL's: effective personal care, do laundry, light housekeeping, meal preparation, errands and accompany client to appointments as needed; up to eight hours a day, up to seven days a week."</p> <p>Further review of the clinical record revealed the lack of documented evidence that the SN ensured PCA services were provided from September 19th-23rd of 2015.</p> <p>During an interview with the clinical director on February 12, 2016, at 2:00 p.m., he stated, "The patient refused services until February 24, 2016."</p>	H 453	<p>H 453</p> <p>3917.2 Patient # 7</p> <p>Patient was admitted on 9/19/2015 but requested her services to resume on 9/24/15.</p> <p>The Director of Nursing (DON) or designated registered nurse shall henceforth ensure that documented evidence of patients who have been admitted but opted to suspend ordered services are properly filed on a timely manner.</p> <p>Quality Assurance registered nurse shall henceforth conduct chart review on regular bases but at least quarterly to ensure that patients who have requested their services to be suspended have appropriate suspension orders from the primary care physician on the clinical record.</p>	4/18/2016

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2016
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NAME OF PROVIDER OR SUPPLIER ABA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 821 KENNEDY STREET, NW WASHINGTON, DC 20011
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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 453	Continued From page 10 At the time of this survey, the agency's skilled nurse failed ensure that the aforementioned patients needs were met in accordance to their POC's.	H 453		