STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0022	A. BUILDING _____ B. WING _____	03/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERHAN HOME HEALTH CARE AGENCY	7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	INITIAL COMMENTS An annual survey was conducted from March 10, 2016, through March 11, 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 four hundred and seventy-eight (478) patients and employs seven hundred and fifty-seven (757) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, twenty (20) active patient records, five (5) discharged patient records, twenty-five (25) employee records, (32) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff. The following are abbreviations used within the body of this report: HCA-Home Care Agency POC - Plan of Care SN - Skilled Nurse	H 000	Received 3/25/16 4/16/16	
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction, and This Statute is not met as evidenced by: Based on interview and record review, the SN's failed to document the specific level of the patient's understanding of the instructions given for four (4) of the twenty-five (25) patients in the	H 459	**3917.2 (i) SKILLED NURSING SERVICES.** **Patients affected by the deficient practice:** **Patient # 14, #16, #17 and #24.** Berhan Home Health Care Agency acknowledges the deficient practice in that it failed to document patient/caregiver level of understanding in regards to the teaching made by the agency nurses.	

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H 459	Continued From page 1 sample (Patient #14, #16, #17 and #24). The findings include: A. On March 10, 2016, at 11:25 a.m., review of Patient #14's POC dated January 29, 2016, through March 28, 2016, indicated that SN #3 was to instruct Patient #14 on the following: Wound care management; Medication management; and Safety precautions. On March 10, 2016, at 11:45 a.m., review of Patient #14's Skilled Nursing Visit Assessment Notes dated February 1, 2016, February 3, 2016, and February 10, 2016, indicated that SN #3 provided health teaching instructions on Lantus insulin medication management. However, SN #3 failed to document Patient #14's/caregiver's level of understanding with the aforementioned health teaching instructions. B. On March 10, 2016, at 12:25 p.m., review of Patient #16's POC dated December 2, 2015, through May 29, 2016, indicated that SN #3 was to instruct Patient #16 on the following: Medication management; Diet; Disease management; and Safety precautions at home. On March 10, 2016, at 12:55 p.m., review of Patient #16's Skilled Nursing Visit Assessment Notes dated January 5, 2016, and February 2, 2016, indicated that SN #1 provided health teaching instructions on medication management, diet, disease management and safety precautions at home. However, SN #1 failed to document	H 459	A one to one counseling made to SN#1 and SN#3 who were involved in providing care and the findings were discussed. The nurses acknowledge the deficient practice and the importance of proper documentation. Moving forward, they will document patients/caregivers level of understanding while evaluating their patients. In addition, the Director of Nursing will provide In-service to all nursing staff on how to accurately document the teachings provided to the patients/caregiver and patient response. **Systemic Change:** The deficient practice will be reviewed with all existing and new hires. All employees will be notified of the need of compliance in order to maintain continued employment with the agency. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to comply with established	4/11/16

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H 459	Continued From page 2 Patient #16's/caregiver's level of understanding with the aforementioned health teaching instructions. C. On March 10, 2016, at 1:25 p.m., review of Patient #17's POC dated February 12, 2016, through April 1, 2016, indicated that SN #3 was to instruct Patient #17 on the following: Medication management; Wound care management; and Safety precautions. On March 10, 2016, at 2:05 p.m., review of Patient #17's Skilled Nursing Visit Assessment Notes dated February 13, 2016, indicated that SN #3 provided health teaching instructions on wound care management. However, SN #3 failed to document Patient #17's/caregiver's level of understanding with the aforementioned health teaching instructions. D. On March 10, 2016, at 4:40 p.m., review of Patient #24's POC dated December 24, 2015, through June 20, 2016, indicated that SN #1 was to instruct Patient #24 on the following: Disease process management; Diet; and Hydration. On March 10, 2016, at 1:25 p.m., review of Patient #24's Skilled Nursing Visit Assessment Notes dated February 18, 2016, indicated that SN #1 provided health teaching instructions on diet management. However, SN #1 failed to document Patient #24's/caregiver's level of understanding with the aforementioned health teaching instructions.	H 459	4/16/16 regulation and/or policy and to ensure that this deficient practice does not recur **Quality Assurance Measure:** The DON/ADON will on a monthly basis review 50% of the charts to ensure that patient/caregiver level of understanding is documented in the clinical notes. Staffs who failed to document the patient response in the clinical notes will be contacted and counseled immediately so that they make appropriate and complete documentation going forward. Staff who consistently failed to follow the DON instruction will be suspended or terminated from practicing skilled nursing with this agency. The corrective action to this identified deficient practice will be monitored monthly by the Director of Nursing to improve the quality of services and to ensure that the deficient practice does not recur.	

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H 459	Continued From page 3 During a face to face interview with the administrator on March 10, 2016, at approximately 7:00 p.m., it was acknowledged that the SN's failed to document Patient #14, #16, #17 and #24's/caregiver's level of understanding with the aforementioned health teaching instructions. Further interview revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records. At the time of the survey, the HCA failed to provide documented evidence of the level of the patient's understanding of the instructions given in the medical record.	H 459		4/16/16