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FORM APPROVED


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/02/2018
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NAME OF PROVIDER OR SUPPLIER BERHAN HOME HEALTH CARE AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012
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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
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from 03/27/18 through 04/02/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 413 patients and employs 853 staff. The findings of the survey were based on a review of 20 current patient records, five discharged patient records, 26 employee records, and two complaints. The findings were also based on four home visits, ten current patient telephone interviews, and patient/staff interviews.</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>DON - Director of Nursing HCA - Home Care Agency POC - Plan of Care RN - Registered Nurse SN - Skilled Nurse</p>	H 000	<p>3917.2(h) SKILLED NURSING SERVICES</p> <p>Patients affected by the deficient practice:</p> <p>Patient #12</p> <p>Berhan Home Health Care Agency acknowledges the deficient practice in that the RN failed to inform the physician elevated blood pressure and blood sugar level.</p> <p>The involved staff was contacted and acknowledged the deficiency. A one on one counseling was done to ensure that in the future the physician must be informed of the patient's change in status and this interaction should be reflected in the nursing note. It was explained to the staff that leaving a message about the change in patient status at the physician office must be followed up to ensure the physician is aware of it.</p> <p>Systemic change:</p> <p>Going forward, the agency will also instruct current staff and the newly hired on the importance of informing the primary care physicians any significant change in their patient status and documenting them in the skilled nurse clinical notes.</p>	05/31/18
H 458	<p>3917.2(h) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(h) Reporting changes in the patient's condition to the patient's physician;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the SN failed to inform the physician of a change in the patient's status for one of 20 patients in the sample (Patient #12).</p> <p>Findings included:</p>	H 458		

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 5/6/18
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H 458	<p>Continued From page 1</p> <p>Review of Patient #12's current clinical record on 03/30/18 at 12:40 PM showed a nursing note dated 02/07/18, in which RN #4 documented that the patient had a blood pressure of 152/101 and a blood sugar of 380. Continued review of the record showed that the nurse left a message with the patient's physician's office, however, the record failed to show documented evidence that the physician was made aware of the patient's change in status.</p> <p>During an interview on 03/30/18 at 1:30 PM, the DON stated that the SN had made the physician aware, but the nursing note was not in the record at the time of the survey.</p> <p>At the time of the survey, the SN failed to inform the physician of Patient #12's elevated blood pressure and blood sugar level.</p>	H 458	<p>Staff will also be instructed to send a log in notification in regards to the change in the patient status to the DON or Assistant DON and their reporting to the physician.</p> <p>Quality Assurance Measure:</p> <p>On a monthly basis, the Director of Nurse (DON) reviews at least 50% of the charts focusing mainly on the reporting changes in the patient's condition to the patients physicians.</p> <p>Staff who fail to comply with this regulation will be contacted and counseled by the DON and/or the Administrator. Staff who consistently fails abide, will be subjected to suspension from duty including up to termination.</p>	05/31/18
H 472	<p>3918.2(b) PSYCHIATRIC NURSING SERVICES</p> <p>Psychiatric nursing services shall be provided by a registered nurse with:</p> <p>(b) A Bachelor of Science in Nursing (BSN) and 1 year of related work experience in an active treatment program for adult or geriatric patients in a psychiatric health care setting;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure a RN met the required qualifications to provide care for one of one psychiatric patient's in the sample (Patient # 12).</p> <p>Findings included:</p>	H 472	<p>Date of In-service:</p> <p>By the end of May 2018, all staff will receive an in service in regards to proper reporting procedure to the physicians when there is a significant change in the patient status.</p> <p>3918.2 (b) PSYCHIATRIC NURSING SERVICES</p> <p>Patients affected by the deficient practice:</p> <p>Patient #12</p>	

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H 472	<p>Continued From page 2</p> <p>Review of Patient #12's current clinical record on 03/30/18 at 12:40 PM showed a POC with a start of care date of 02/07/18 and a certification period from 02/07/18 to 08/05/18. Further review of the POC showed that the patient had a primary diagnosis of Bipolar and a pertinent diagnosis of Major Depression. The POC also showed that the RN was to visit the patient once a month and as needed for six months.</p> <p>Review of the personnel file for RN #4 on 03/30/18 at 9:41 AM showed that she had a Bachelor of Science in Nursing (BSN) degree. However, the record failed to show evidence that she had the required "one (1) year of related work experience in an active treatment program for adult or geriatric patients in a psychiatric healthcare setting." The personnel record also showed that there was no documented evidence that RN #4 had experience working with psychiatric patients.</p> <p>During an interview on 03/30/18 at 3:00 PM, the DON stated that RN #4 had a BSN degree but did not have the required one year of psychiatric work experience.</p> <p>At the time of the survey, the HCA failed to ensure RN #4 met the required qualifications to provide care for Patient #12.</p>	H 472	<p>Berhan Home Health Care Agency acknowledges the deficient practice in that it failed to show evidence that the RN#4 has a one year of related work experience in adult or geriatric patients in a psychiatric healthcare setting.</p> <p>The involved staff was contacted and a one on one counseling was done and the staff acknowledged the deficient practice.</p> <p>Systemic change:</p> <p>The DON instructed all the nurses providing home care services to put in a mandatory Mental Health CEUs of 4 hours. The Mental Health CEUs will then be updated every two (2) years and will be kept in the RN personnel file.</p> <p>Quality Assurance Measure:</p> <p>The HR manger will quarterly review the personnel charts for staff providing skill nursing care to determine their charts entail the Mental Health/psychiatric CEUs.</p> <p>Staffs who are not compliant will be reported to the DON and/or Adminstrator. Staffs will then be suspended until this compliance is met.</p>	05/31/18
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GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

CRFMR
Rev. 9/02

**DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION**

Mailing Address
899 North Capitol St., NE
Washington DC 20002
2nd Floor
202-724-8800

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Survey Date: March 27, 2018- April 2, 2018 Follow-up Dates(s):	Completion Date
000	An annual survey was conducted from 03/27/18 through 04/02/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 413 patients and employs 853 staff. The findings of the survey were based on a review of 20 current patient records, five discharged patient records, 26 employee records, and two complaints. The findings were also based on four home visits, ten current patient telephone interviews, and patient/staff interviews.	7826 Eastern Ave. Wash., DC 20012			06/30/18

Name of Facility:
Berhan Home Health Agency

Carla S. Spade for Sheila West-McAtee 4/2/18
Name of Inspector Date Issued

Facility Director/Designee _____ Date _____



DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

4701

Background Check Requirement

4701.2

Each facility...shall cause each prospective employee or contract worker who will have, or foreseeably may have direct patient, resident or client access, to undergo a criminal background check that shall reveal the criminal history, if any, in the District of Columbia and the fifty (50) states. Finger printing or live scan shall be performed in the District of Columbia utilizing the Metropolitan Police Department (MPD) or a private agency. The criminal background check shall be performed, following finger printing or live scan, by the MPD and FBI in an FBI-approved environment. The results of the criminal background checks shall be forwarded to the Department of Health.

Based on record review and interview, the agency failed to obtain a fingerprint or live scan for three of 26 employees in the sample (Staffing Coordinators #1, #2, and #3).

4701.2 BACKGROUND CHECK REQUIREMENT

Employees affected by the deficient practice:

Employee #1, #2 and #3

Berhan Home Health Care Agency acknowledges the deficient practice in that it failed to obtain fingerprint or live scan for the above referenced employees.

The employees were contacted and informed that they are required to obtain finger print or live scan to comply with the rules and maintain continued employment with the agency.

Systemic change:

Going forward, each employee who will be required to go through criminal background check to determine their eligibility to work.

06/30/18

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<p>Findings included:</p> <p>Record review of the facility's policy titled "Personnel Records," not dated showed that the personnel record for an employee will include criminal history and background checks as required by law.</p> <p>Review of Staffing Coordinators #1, #2, and #3's personnel files on 3/30/18 at 9:41 AM showed that these records did not contain the required FBI fingerprinting or live scan.</p> <p>During an interview on 3/30/18 at 4:00 PM, the Director stated that she did not require Staffing Coordinators to provide a criminal background check, but she will ensure that all staff have the required FBI fingerprinting or live scan.</p> <p>At the time of the survey, the agency failed to ensure their Staffing Coordinators had the FBI fingerprinting or live scan conducted.</p> <p><i>It should be noted that Chapter 47 was amended to require FBI fingerprinting, effective December 2012.</i></p>	<p>The HR manager will run a quarterly report to ensure the background check requirement is satisfied for each employee.</p> <p style="text-align: right;">06/30/18</p> <p>Quality Assurance Measure:</p> <p>In addition to running report, the HR Manager will also review the personnel charts to ensure the background check requirement is satisfied.</p> <p>Date of compliance:</p> <p>By the end of June 2018, each staff working in the office will have the required fingerprinting or live scan.</p>
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