

Health Regulation & Licensing Administration

*Received
6/16/17*

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 05/22/2017
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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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H 000 INITIAL COMMENTS

An annual licensure survey was conducted from May 17, 2017 through May 22, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (home care agencies regulations). The home care agency was providing home care services to four hundred forty-four (444) patients and employed seven hundred (700) staff. The findings of the survey were based on a review of administrative records, thirteen (13) complaints, twenty-three (23) active patient records, two (2) discharged patient records, twenty-five (25) employee records, five (5) home visits and (5) telephone interviews with patients/family and staff.

The following are abbreviations used within the body of this report:

- BOD - board of directors
- CEO - chief executive officer
- DON - director of nursing
- HCA - home care agency
- HHA - home health aide
- PCA - personal care aide
- POC - plan of care
- RN - registered nurse
- SN - skilled nurse
- SOC - start of care

H 054 3903.2(c)(2) GOVERNING BODY

The governing body shall do the following:

(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:

H 000

3903.2 (C) (2) GOVERNING BODY

Berhan Home Health Care Agency is aware of the deficient practice that the agency failed to present to the board members the complaints made by the patient, nurse, case managers and personal care aides in its entirety and as a result the board was not able to review and evaluate all complaints and the agency's response.

Berhan Home Health Care Agency also acknowledges that every complaint should have been addressed to the board members at the meeting so that issues can be discussed and the board could have suggested a better way to handle complaints.

Going forward, Berhan Home Health Care Agency will address each and every complaints to the board for discussion and comments. The complaint will be categorized in group so the board can review them in an organized fashion.

The agency now realizes just presenting to the board only some complaints will not give the clear picture of the issues that it is facing.

H 054

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X5) DATE
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H 054 Continued From page 1

H 054

(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.

This Statute is not met as evidenced by:
Based on record review and interview, the HCA's governing body failed to review and evaluate all complaints made. Including the nature of each complaint and the agency's response, for the one (1) of one (1) meeting held by the agency's governing body in the past twelve (12) months.

The finding includes:

On May 17, 2017, beginning at approximately 1:00 p.m., review of the agency's complaint log revealed that thirteen (13) complaints were documented since the last licensure survey (completed March 11, 2016). Five (5) of the complaints came from either a patient or the patient's immediate family. Five (5) complaints were documented by HHAs, one (1) complaint was received from a case manager and two (2) complaints were documented by agency nurses.

On May 17, 2017, at 3:30 p.m., interview with the CEO revealed that the BOD met annually at which time the BOD reviewed some, but not all complaints received by the agency.

On May 17, 2017, beginning at 3:45 p.m., review of the minutes taken during the HCA's annual BOD meeting, dated September 23, 2016, revealed the following: "The board discussed in detail about how the agency handle (sic) grievances/complaints from our patients and/or employees. <Name of CEO> mentioned that the

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H 054	<p>Continued From page 2</p> <p>agency takes complaints very seriously... Each complaint is reviewed and reported to the DON... The board reviewed some of the complaints and the action the agency has taken and were pleased with what they saw." There was no evidence, however, that the board reviewed and evaluated each individual complaint that was received by the agency.</p> <p>At the time of the survey, the agency failed to show evidence that the governing body reviewed and evaluated each complaint, in accordance with this regulation.</p>	H 054	<p>3911.1 CLINICAL RECORDS</p> <p>Patients affected by the deficient practice:</p> <p>Patient #3</p> <p>Berhan Home Health Care Agency acknowledges that it failed to accurately develop a plan of care for the above reference patient as a result of which the patient's clinical record does not reflect the correct diagnosis.</p> <p>The agency will put a system in place so that deficient practice of this nature will not recur.</p> <p>Systemic Change:</p> <p>Going forward, Berhan Home Health Care Agency will review the plan of care for each client to make sure only diagnosis from the initial assessment are reflected in the plan of care.</p> <p>Once the plan of care is created, it will be reviewed by both the DON and quality assurance nurse to ensure the plan of care reflects only the appropriate diagnosis for each patient. In addition, the medication profile will be reviewed along with the plan of care to make sure the patient</p>	
H 260	<p>3911.1 CLINICAL RECORDS</p> <p>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.</p> <p>This ELEMENT is not met as evidenced by: Based on observation, interview and record review, the HCA failed to ensure each patient's record was accurately maintained for one (1) of twenty-three (23) patients in the sample (Patient #3)</p> <p>The finding includes:</p> <p>On May 17, 2017, at 10:38 a.m., review of Patient #3's POC revealed a SOC of August 23, 2010. The POC documented that the patient had diagnoses of Diabetes Mellitus, hypertension, Alzheimer's disease, and vertebrae fracture.</p> <p>On May 22, 2017, starting at 11:19 a.m., during a</p>	H 260		

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H 260	<p>Continued From page 3</p> <p>visit to Patient #3's home, the patient was queried about who assessed his/her blood glucose. The patient informed the surveyor that he/she had never been diagnosed with diabetes. The patient further stated that his/her only diagnoses were knee pain from a previous fracture, hypertension and elevated cholesterol.</p> <p>On May 22, 2017, starting at 11:31 a.m., interview with RN #1 revealed that Patient #3 was not a diabetic, and did not have a diagnosis of Alzheimer's disease. The RN further stated that the error on the POC may have been inadvertently listed.</p> <p>At the time of the survey, the agency failed to accurately maintain the list of diagnoses on Patient #3's POC.</p>	H 260	<p>diagnosis correlates with the drug information listed in the profile.</p> <p>The responsible nurse for each patient will also be required to frequently check the plan of care and address any inconsistencies with the diagnosis and medication to the DON.</p> <p>Quality Assurance Measure:</p> <p>In addition to checking the plan of care for newly created clients, the DON will review at least 25 percent of the charts monthly to avoid the erroneous documentation of diagnosis not consistent to the patient condition.</p>	
H 350	<p>3914.1 PATIENT PLAN OF CARE</p> <p>Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to develop a written POC for three (3) of twenty-three (23) active patients in the sample. (Patient #3, #10 and #23)</p> <p>The findings include:</p> <p>1. On May 17, 2017, at 10:38 a.m., review of Patient #3's clinical record revealed that the patient was actively receiving SN and PCA</p>	H 350	<p>Berhan Home Health Care Agency understands the importance and seriousness of proper documentation and will give its utmost diligence to make sure incidents of this nature will not recur in the future.</p> <p>3914.1 PATIENT PLAN OF CARE</p> <p>EXPLANATION</p> <p>Berhan Home Health Care Agency provides home care services to the District of Columbia residents under Medicaid program. This program is run under the supervision of Department</p>	

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H 350	<p>Continued From page 4</p> <p>services. Further review of the clinical record revealed a POC with a certification period of November 6, 2016 to May 4, 2017, for monthly skilled nursing visits and personal care aide services eight (8) hours a day, (3) days a week. Continued review revealed that Patient #3's clinical record failed to provide documented evidence of a current POC</p> <p>2. On May 17, 2017, at 1:53 p.m., review of Patient #10's clinical record revealed that the patient was actively receiving SN and PCA services. Further review of the clinical record revealed a POC with a certification period of November 5, 2016 to May 3, 2017, for monthly skilled nursing visits and personal care aide services five (5) hours a day, seven (7) days a week. Continued review revealed that Patient #10's clinical record failed to provide documented evidence of a current POC.</p> <p>3. On May 18, 2017, at 1:02 p.m., review of Patient #23's clinical record revealed that the patient was actively receiving SN and PCA services. Further review of the clinical record revealed a POC with a certification period of November 17, 2016 to May 15, 2017, for monthly skilled nursing visits and personal care aide services sixteen (16) hours a day, (7) days a week. Continued review revealed that Patient #23's clinical record failed to provide documented evidence of a current POC.</p> <p>On May 17, 2017, at 11:20 a.m., interview with the agency's CEO revealed that the agency received notification that the patients' POC certification periods would be extended past the documented date. The CEO further stated that although the POCs did not have a current certification period, the agency had received</p>	H 360	<p>Health Care Finance (DHCF) with all the rules and regulations set forth for home care agencies that provide care to the District of Columbia's residents.</p> <p>Back in 2014, all Home Health Agencies in the district were instructed not to directly admit patient by DHCF and that Delmarva will be the agency that admits patients and then refer to the home care agencies for Direct Care services based on the beneficiary's choice.</p> <p>This admission process entails all the comprehensive assessment by the Delmarva admitting nurse initiating the assessment with the signed Prescription Order Form (POF) from the beneficiary's primary care physician. In cases, where patients are under EPD waiver program the Primary Care Physician should also sign the Level of Care (LOC).</p> <p>To avoid confusion and redundancy, on 11/06/15 DHCF issued a transmittal # 15 - 44 which clearly states that home care agencies are responsible for having the primary care physician sign only the initial plan of care.</p>	

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H 350	Continued From page 5 funding authorization for an additional twelve (12) months of service. Additionally, he stated that the services on the previous POC would continue even in the absence of a current POC. At the time of survey, the agency failed to develop a current POC for each patient.	H 350	Please see attachment #1 transmittal 15 – 44 under the subject "Notice of Emergency and proposed Rule for Medicaid Reimbursement for Personal Care Aide Services"	
H 358	3914.3(g) PATIENT PLAN OF CARE The plan of care shall include the following: (g) Physical assessment, including all pertinent diagnoses: This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the POCs included parameters for blood glucose and vital sign monitoring, as part of the physical assessment for eight (8) of twenty-three (23) active patients in the sample. (Patients #1, #2 #3, #4, #5, #13, #19, and #24) The finding includes: On May 17, 2017 to May 18, 2017, from 9:00 a.m. to 4:30 p.m., review of Patients' (#1, #2 #3, #4, #5, #13, #19, and #24) POCs indicated that each had diagnoses including Diabetes Mellitus. The POCs lacked documented evidence of parameters for blood glucose. On May 17, 2017, at 3:10 p.m., interview with the DON revealed that the expectation was that all diabetic patients should have a blood glucose range on the POC. On May 22, 2017, at 2:40 p.m., follow-up interview with the DON revealed that since the discussion on May 17, 2017, she	H 358	3914.3 (g) PATIENT PLAN OF CARE Patients affected by the deficient practice: Patient #1, 2, 3, 4, 5, 13, 19 and 24 Berhan Home Health Care Agency acknowledges that it failed to ensure the plan of care to include parameters for blood glucose monitoring as part of the physical assessment for the above referenced patients. All involved employees were contacted and a one on one counseling was conducted to address the identified deficiency. Employees verbalized understanding of the offence and the need to comply in order to maintain continued employment with the agency.	

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H 358	Continued From page 6 had reviewed each diabetic patient's POC, added the blood sugar ranges, and sent them to each patient's physician for approval. At the time of the survey, the HCA failed to include parameters for blood glucose levels on each POC for patients with diabetes.	H 358	Systemic Change: Going forward, the agency's DON and / or the quality assurance nurse generate reports to identify patients diagnosed with diabetes. Once identified, each patient's chart will be reviewed to ensure the blood glucose parameters are incorporated in their assessment.	
H 409	3915.11(d) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (d) Assisting the patient with self-administration of medication; This Statute is not met as evidenced by: Based on interview, the HCA failed to ensure that each HHA only assisted the patient with the self-administration of medications, for one (1) of five (5) patients receiving HHA services. (Patient #1) The finding includes: On May 22, 2017, at 10:00 a.m., during a home visit, the surveyor queried Patient #1, who is legally blind, about how he/she takes medications. Patient #1 stated that the aide (PCA #1) pours the medication into daily medication boxes. When informed that aides should only give medication reminders and were prohibited from administering medications, the patient stated that his/her son could assist with the medication boxes going forward.	H 409	Employees who fail to record the blood glucose parameters will be contacted so that correction can be done immediately to reflect the blood glucose measurement. Quality Assurance Measure: In order to ensure that all diabetic patients' blood glucose parameters is documented, the DON and the quality assurance nurse will review at least 25 percent of the clinical records monthly. As mentioned in systemic change, any identified deficient practice will be rectified immediately. The goal is to attain 100 percent deficient free clinical record.	

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H 409 Continued From page 7

On May 22, 2017, starting at 2:40 p.m., interview with the DON revealed that the aides were informed at new hire orientation that they should only give medication reminders to the patient.

At the time of the survey, the HCA failed to ensure that the HHAs only assisted Patient #1 with self-administration of medications.

H 409

Employees will also be counseled by the DON that they need to conduct a comprehensive assessment and continuous failure to do so may lead to termination of employment with the agency.

In service date:

H 453 3917.2(c) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the following:

(c) Ensuring that patient needs are met in accordance with the plan of care;

H 453

All employees will receive an in service/training on the importance of documenting blood glucose parameters by the end of July, 2017.

3915.11 (d) HOME HEALTH & PERSONAL CARE AIDE SERVICE

Patients affected by the deficient practice:

Patient # 1

Berhan Home Health Care Agency acknowledges the deficient practice in that HHA assigned for the above referenced patient administered medication which is beyond the scope of duties for HHA.

This Statute is not met as evidenced by: Based on record review and interview, it was determined that SN failed to ensure that services were provided in accordance with the POC for five (5) of twenty-three (23) active patients in the sample. (Patients #1, #2, #3, #4 and #5)

The findings include:

I. The SN failed to provide skilled visits as follows:

On May 18, 2017, at 10:23 a.m., review of Patient #4's clinical record revealed a POC with a SOC of December 23, 2010, and a certification period November 24, 2016 through May 22, 2017. The POC indicated that the patient had diagnoses of diabetes, depression, and hypertension. According to the POC, the SN was to visit the patient once per month for skilled assessment, patient and caregiver teaching, and PCA supervision. Continued review of Patient #4's

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H 453	Continued From page 8	H 453	<p>The employee was contacted and received a one on one counseling that going forward employee can only assist in medication administration. Employee understands that compliance of the agency rule is a key factor to maintain continued employment.</p> <p>Please see attachment #3 of a signed copy of attestation that the HHA received a training on assisting with medication administration.</p> <p>Systemic change:</p> <p>This policy will be reviewed with all new hires and existing employees during annual in services to comply in order to maintain continued employment with the agency. For new hires, there will be more emphasis during orientation on understanding the distinction between medication administration and assist with medication administration.</p> <p>Quality Assurance Measure:</p> <p>The agency nurse while conducting a home visit, will reinforce the teaching of assist in medication administration to the HHA so this can keep them in track.</p>	
<p>clinical chart revealed nursing clinical notes for the SN's visits. At the time of review, the record lacked documented evidence that the SN made a visit to the patient since December 2016.</p> <p>On May 18, 2017, at 10:51 a.m., during an interview with the DON, she confirmed that Patient #4 had not been assessed by the nurse since December 2016. She further stated that she would have a nurse to visit the patient as soon as possible.</p> <p>On May 22, 2017, at 1:07 p.m., interview with Patient #4, during a home visit, revealed that a SN had visited the patient that morning (May 22, 2017).</p> <p>II. The SN failed to assess the patient's blood glucose as a part of the patient's assessment as follows:</p> <p>A. On May 17, 2017, at 10:38 a.m., review of Patient #3's POC, with a certification period of November 6, 2016 through May 4, 2017, revealed that Patient #3 had diagnoses that included Diabetes Mellitus. According to the POC, the SN was to perform a monthly skilled assessment of each system.</p> <p>On May 17, 2017, starting at 10:45 a.m., review of SN visit notes dated November 11, 2016, December 9, 2016, January 13, 2017, February 15, 2017 and March 13, 2017, revealed that the nurse failed to provide documented evidence that a blood glucose test was performed on Patient #3.</p> <p>B. On May 17, 2017, at 1:03 p.m., review of Patient #5's POC, with a certification period of January 18, 2017 through July 16, 2017,</p>				

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H 453	<p>Continued From page 9</p> <p>revealed that Patient #5 had diagnoses that included Diabetes Mellitus. According to the POC, the SN was to perform a monthly skilled assessment of each system.</p> <p>On May 17, 2017, starting at 1:15 p.m., review of SN visit notes dated February 3, 2017, March 30, 2017, and April 26, 2017, revealed that the nurse failed to provide documented evidence that a blood glucose test was performed on Patient #5.</p> <p>C. On May 18, 2017, at 12:35 p.m., review of Patient #1's POC, with a certification period of December 30, 2016 through June 27, 2017, revealed that Patient #1 had diagnoses that included Diabetes Mellitus. According to the POC, the SN was to perform a monthly skilled assessment of each system.</p> <p>On May 18, 2017, starting at 12:45 p.m., review of SN visit notes dated January 10, 2017 and February 2, 2017, revealed that the nurse failed to provide documented evidence that a blood glucose test was performed on Patient #1.</p> <p>D. On May 18, 2017, at 1:01 p.m., review of Patient #2's POC, with a certification period of December 14, 2016 through June 11, 2017, revealed that Patient #2 had diagnoses that included Diabetes Mellitus. According to the POC, the SN was to perform a monthly skilled assessment of each system.</p> <p>On May 18, 2017, starting at 1:18 p.m., review of SN visit notes dated January 13, 2017 and March 15, 2017, revealed that the nurse failed to provide documented evidence that a blood glucose test was performed on Patient #2.</p> <p>On May 17, 2017, at 12:41 p.m., interview with</p>	H 453	<p>-----</p> <p>Besides, the nurse should address any identified deficient practice by the HHA to the office so appropriate measure can be taken.</p> <p>In-service Date:</p> <p>All employees will receive an in service/training on medication administration by 07/31/17.</p> <p>3917.2 (C) SKILLED NURSING SERVICES</p> <p>Patients affected by the deficient practice:</p> <p>Patient #4</p> <p>Berhan Home Health Care Agency acknowledges that it failed to provide the skilled services in accordance with the plan of care. The deficiency includes missed visits since December 2016 and failure to check the patient's blood glucose while assessing the patient on 05/22/17.</p> <p>Patient # 1, 2, 3 and 5</p> <p>Berhan Home Health Care Agency acknowledges that it failed to provide the skilled services in accordance with the plan of care. The deficiency includes failure to perform the</p>	
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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 05/22/2017
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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
H 453	<p>Continued From page 10</p> <p>the agency's DON revealed that the expectation was that each diabetic patient would have their blood glucose checked at each skilled nursing visit.</p> <p>At the time of the survey, the HCA's SNs failed to perform a complete skilled assessment of all systems, as ordered by the physician.</p>	H 453	<p>patient's blood glucose test while assessing the above referenced patients on 05/17/17 and 05/18/17.</p> <p>Systemic Change:</p> <p>As for the missed visit on Patient #4 case, the DON will generate a monthly report from HHC 3000 software to review and check for any missed visits that need immediate attention. Also, if the visit is not done for the month in question, there needs to be a missed visit note explaining the reason for it.</p> <p>The DON or the quality assurance nurse will also run a report based on diagnosis to identify patients with diabetes.</p> <p>In-service Date:</p> <p>All employees will receive an in service/training on blood glucose test by 07/31/17.</p> <p>Quality Assurance Measure:</p> <p>On a monthly basis the DON and/or the quality assurance nurse will review at least 25 percent of the diabetic patient's clinical record to ensure that blood glucose test is performed.</p> <p>Employee who fails to perform blood glucose test will be counseled and informed the need to comply with the agency regulation to maintain continued employment.</p>	