

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 07/18/2019
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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 survey was conducted from 07/15/19 through 07/18/19 to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 365 patients and employed 850 staff. The findings of the survey were based on the review of administrative records, 17 active patient records, three discharged patient records, 21 personnel records, ten complaints and eight incidents. The survey findings were also based on the completion of five home visits and ten patient telephone interviews.

Listed below are abbreviations used throughout the body of this report:

- CHF - Congestive Heart Failure
- DON - Director of Nursing
- HCA - Home Care Agency
- mg/dl - milligrams per deciliter
- POC - Plan of Care
- SN - Skilled Nurse
- DME - Durable Medical Equipment

H 364 3914.3(m) PATIENT PLAN OF CARE

The plan of care shall include the following:

(m) Emergency protocols; and...

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure emergency protocols on the POC were specific to patients' health care needs for one of one active patient in the sample with a CHF diagnosis (Patient #6).

Findings included:

H 000

H 364

3914.3 (m) PATIENT PLAN OF CARE

08/31/2019

Patients affected by the deficient practice:

Patient # 6

Berhan acknowledges the deficient practice in that it failed to document the weight parameter on the Plan of Care to indicate emergency intervention by the staff.

The DON made a one on one counseling with the employee on the identified deficient practice. Employee acknowledges the findings and going forward will document the weight with appropriate parameter.

Systemic change:

Going forward, the DON runs a report on the diagnosis of patients with CHF and treated with diuretics and heart medication to ensure the weight measurement is completed.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Fesha M

TITLE

CEO

(X6) DATE

8/8/19

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H 364 Continued From page 1

H 364

On 07/17/19 at 11:30 AM, review of the POC for Patient #6 showed that the patient had diagnoses of CHF and was being treated with diuretics and other cardiac medications. There was no evidence of weight parameter on the POC to indicate emergency intervention by the staff.

On 07/17/19 at 1:45 PM, the Director of Nursing acknowledged the omission, and stated that the parameters would be included in the POCs for patients with CHF going forward.

At the time of the survey, the HCA failed to include in the POC for Patients #6 the emergency protocols related to CHF.

This policy will be reviewed with all new hires and current staff to emphasize the importance of this practice and maintain continued employment with the agency.

Quality Assurance measure:

Going forward the DON and ADON review all active clinical charts with patients on CHF diagnosis to determine if weight is recorded within the specified parameters.

H 452 3917.2(b) SKILLED NURSING SERVICES

H 452

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

(b) Coordination of care and referrals;

This Statute is not met as evidenced by: Based on observation, record review and interview, the agency's nurse failed to ensure coordination of care for one of 17 active patients in the sample (Patient #16).

Findings included:

On 07/17/19 at 10:30 AM, review of Patient #16's POC showed that the patient had a diagnosis of diabetes. The SN was to visit the patient weekly to provide teaching and assessment. Additionally, the SN was to report to the patient's physician a blood glucose reading less than 70 mg/dl, or

Date of in service:

By 08/31/19, all clinical staff will be inserviced/counseled by the DON on the survey findings in regards to the need for weight measurement on patients with CHF.

3971.2 (b) SKILLED NURSING SERVICES 08/31/2019

Patients affected by the deficient practice:

Patient # 16

Berhan understands the importance of care coordination to promote the patient's well-

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H 452	<p>Continued From page 2 greater than 250 mg/dl.</p> <p>Review of Patient #16's nurse visit notes showed that the nurse performed visits once to twice weekly from 05/28/19 to 07/11/19. For each visit, the SN documented that the patient could not check their blood glucose because the patient did not have a glucometer. The nurse, however, did not document communication with the patient's physician.</p> <p>At 11:12 AM, the DON said that the HCA did not provide DME for patients. However, the patient's physician would write a prescription for the specific DME, and it was the patient's responsibility to obtain the equipment after receiving the prescription. The DON also said that she would look for additional documentation of communication with Patient #16's physician. No further documentation was provided.</p> <p>At the time of survey, the SN failed to coordinate care for Patient #16 to receive a prescription for a glucometer.</p>	H 452	<p>being. Berhan also acknowledges the survey findings that its employee failed to ensure coordination of care for the above specified patient and as a result was not able to secure a glucometer to measure her blood glucose daily.</p> <p>The DON made a one on one counseling with this employee and acknowledges the findings. Going forward, employee will maintain a care coordination when appropriate.</p> <p>Systemic change:</p> <p>This policy will be reviewed with all new hires and current staff to emphasize the importance of this practice and maintain continued employment with the agency.</p> <p>Quality Assurance measure:</p> <p>Going forward the DON and ADON review all active clinical charts to determine if there was a need for care coordination among disciplines and other health care facilities caring for our clients.</p>	
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