

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER <b>HEALTH MANAGEMENT, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036</b>
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*Received  
7/13/18*

(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: INITIAL COMMENTS

H 000

An annual survey was conducted from 06/19/18 through 06/25/18 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 242 patients and employs 449 staff. The findings of the survey were based on a review of 15 current patient records, five discharged patient records, 15 employee records, and 65 complaints. The findings were also based on five home visits, ten current patient telephone interviews, and patient/staff interviews.

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

- DON - Director of Nursing
- HCA - Home Care Agency
- ml - milliliter
- POC - Plan of Care
- SN - Skilled Nurse

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 record review and interview, the HCA failed to ensure that the skilled nurse coordinated care with the HCA and the physician's office for two of ten active patients in the sample (Patients #1 and #3).

Findings included:

H 452

Response begins on page 2

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

*Blessy Thomas*

TITLE

*Clinical Director/DON*

(X6) DATE

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H 452	<p>Continued From page 1</p> <p>1. On 06/19/18 at 10:30 AM, review of Patient #1's clinical record showed that the patient was admitted to the agency following hospitalization with Hyperglycemia (High Blood Sugar). The clinical record also showed a POC with a certification period of 05/07/18 through 07/05/18 and diagnoses of Acute Kidney Failure and Type 2 Diabetes Mellitus. Further review of the POC showed that the SN was to visit the patient twice a week to teach management of diabetes, and the patient was ordered to receive subcutaneous Humalog Insulin on a sliding scale as follows: Blood Glucose of 201-250 = one unit Blood Glucose of 251-300 = two units Blood Glucose of 301-350 = three units Blood Glucose of 351-400 = four units Blood Glucose greater than 400 = five units The patient was also receiving subcutaneous Trulicity 0.75/.5 ml weekly.</p> <p>Review of the nursing notes dated 05/10/18 and 05/17/18 failed to evidence that the SN checked the blood glucose to determine the need for the Humalog administration.</p> <p>2. On 06/19/18 at 12:30 PM, review of Patient #3's clinical record showed a POC with a certification period of 10/14/17 through 10/14/18 and diagnoses of Osteoarthritis and Type 2 Diabetes Mellitus. The POC also contained physician orders for the SN to perform diabetic foot care to include monitoring for the presence of skin lesions on the lower extremities.</p> <p>Review of nursing notes dated 03/23/18, 04/19/18, and 05/29/18 failed to show that the SN performed diabetic foot care to include monitoring for the presence of skin lesions on the lower extremities.</p>	H 452	<p>H 452</p> <p>H 452 (1)</p> <ul style="list-style-type: none"> <li>Clinician was counseled regarding this deficiency.</li> <li>All of the clinicians have been instructed to monitor and record the blood sugar values in clinical notes each time visiting the patient. If there are changes in conditions, they are to notify the physician and also the Clinical Director. This instruction was given at the Clinical Staff Meeting on 7/13/18. Agenda and instructions are attached (Exhibit I and Exhibit II).</li> <li>Nurse Assistant to the Clinical Director will monitor the patient visits for any changes in the patient's condition.</li> <li>Clinical Director will meet with each clinician to review the care provided once per month to improve the quality of care.</li> </ul> <p>H 452 (2)</p> <ul style="list-style-type: none"> <li>Clinician was counseled regarding this deficiency</li> </ul>	<p>H 452 (1) -7/9/18</p> <p>-7/13/18</p> <p>-7/13/18 ongoing</p> <p>-ongoing</p> <p>H 452 (2) -7/09/18</p>

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H 452	Continued From page 2  During an interview on 06/21/18 at 3:00 PM, the DON stated that she will immediately in-service all SNs on the need to follow the POC and inform the agency and physician when and why procedures cannot be accomplished.	H 452	H 452 (2) Continued from page 2 <ul style="list-style-type: none"> <li>• Clinicians were given a memo of what should be included with each supervisory visit. Attached is a copy of the memo and policy on documentation (Exhibit II and Exhibit III).</li> <li>• Nurse Assistant to the Clinical Director will monitor the patient visits for any changes in the patient's condition.</li> <li>• Clinical Director will meet with each clinician to review the care provided once per month to improve the quality of care.</li> </ul>	H 452 (2) -7/13/18 ongoing  -7/13/18 ongoing  -ongoing