

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2017
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*Received
9/15/17
CW*

NAME OF PROVIDER OR SUPPLIER HEALTH MANAGEMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from August 7, 2017 through August 10, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to two hundred and seventy-five (275) patients and employs four hundred eighty-four (484) staff. The findings of the survey were based on a review of administrative records, eleven (11) complaints, fifteen (15) active patient records, five (5) discharged patient records, twenty (20) employee records, three (3) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide HR - Human Resources MD - Medical Doctor OT - Occupational Therapy PCA - Personal Care Aide PPD - Purified Protein Derivative PT - Physical Therapy SN - Skilled Nurse</p>	H 000		
H 122	<p>3906.1(c) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(c) The manner in which services will be</p>	H 122		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ruth Loren Dr. of Operation* TITLE _____ (X6) DATE **9/14/17**

STATE FORM 0689 UHME11 If continuation sheet 1 of 7

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H 122	<p>Continued From page 1</p> <p>controlled, coordinated and evaluated by the primary home care agency;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that contractual agreements outlined the manner in which services would be controlled and evaluated by the primary home care agency for six (6) of (6) contracts reviewed. (Contracts #1, #3, #4, #5 #6, and #7).</p> <p>The findings include:</p> <p>On August 8, 2017, at 9:22 a.m., during the entrance conference with the HCA's DON, it was revealed that the agency had six (6) professional contracts to provide skilled nursing care, PT services, and OT services on an as needed basis. A review of a document at 10:24 a.m., entitled "Professional Service Agreements" revealed no documented evidence how the services would be controlled and evaluated by the primary agency.</p> <p>At the time of the survey, the HCA failed to include the manner in which services would be controlled, and evaluated by the primary home care agency for skilled nursing, PT and OT contract agreements.</p>	H 122	<p>H122 3906.1 (c)</p> <p>a) A new "Professional Service Agreement" has been developed. A copy is attached (Exhibit 1). All of the contract professionals have signed the new "Professional Service Agreement" and the copies are attached (Exhibit 2).</p> <p>b) Any contract professionals contracted moving forward will be given the new "Professional Service Agreement" at hire, and all contract professionals renewing their contracts will be given the new "Professional Service Agreement" at the time of contract renewal.</p> <p>c) The Human Resources Director will review completed agreements and ensure that a complete and current version of the contract is in each contract professionals file at hire and at the time of contract renewal.</p>	<p>9/8/2017</p> <p>9/8/2017 and ongoing</p> <p>9/8/2017 and ongoing</p>
H 293	<p>3912.2(c)(1) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(c) To be informed orally and in writing of the</p>	H 293		

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H 293	<p>Continued From page 2 following:</p> <p>(1) Services to be provided by the agency, including any limits on service availability;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency failed to include services to be provided by the agency including limits on service availability in its Patient Rights and Responsibilities policy.</p> <p>The finding includes:</p> <p>On August 9, 2017, at approximately 2:30 p.m., a review of the agency's policy entitled "Your Bill of Rights and Responsibility" failed to reveal documented evidence that the agency included services to be provided by the agency, including limits on service availability in its Patient Rights and Responsibilities policy.</p> <p>During an interview with the DON on August 9, 2017, at approximately 2:45 p.m., the DON stated that every patient admitted to the agency is given a copy of the patient handbook that included their bill of rights and responsibilities. The DON further stated that the HCA's policy on the patient's rights and responsibilities is incomplete and will be revised to include the services to be provided by the agency, including limits on service availability. In addition, the DON stated that the revised policy will be distributed to every patient receiving services from the agency.</p>	H 293	<p>H 293 3912.2 (c) (1)</p> <p>a) The "Your Bill of Rights and Responsibility" document has been updated and included in the patient handbook "Your Guide to Home Care." Copy is attached (Exhibit 3).</p> <p>b)i. An updated handbook amendment entitled "Your Bill of Rights and Responsibility" will be given to all current patients by clinical staff or patient relations officers.</p> <p>b)ii. Updated patient handbook will be provided to all patients admitted after 9/8/2017.</p> <p>c)Intake Coordinator will ensure that the updated patient handbook is a part of all admission packages at time of admission.</p>	<p>9/6/2017</p> <p>11/1/2017</p> <p>9/11/2017 ongoing</p> <p>9/11/2017 ongoing</p>
H 294	<p>3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to</p>	H 294		

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H 294	<p>Continued From page 3</p> <p>ensure that each patient who receives home care services has the following rights:</p> <p>(c) To be informed orally and in writing of the following:</p> <p>(2) Whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to inform the patients in writing whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patients may be liable for four (4) of fifteen (15) patients in the sample receiving services. (Patients #2, #3, #5, and #6)</p> <p>The findings include:</p> <p>Review of Patients #2, #3, #5, and #6 clinical records on August 8, 2017, between the hours of 9:00 a.m. to 4:00 p.m., revealed a document in each record entitled "Admission Consent." Review of these documents revealed a section entitled "authorization for payment" that describes the charge per visit, the amount the insurance that will pay per visit, and the amount the patient is expected to pay. This section was left blank.</p> <p>On August 9, 2017, at approximately 3:00 p.m., an interview with the DON confirmed that the section identifying the authorization for payment and the cost to the patient was supposed to be completed by the RN admitting the patient. The DON further stated that an in-service will be</p>	H 294	<p>H 294 3912.2 (c) (2)</p> <p>a) In-service was conducted on September 8, 2017 for all clinicians. The agenda included the oral and written information on the limits of service availability in the Patient Rights and Responsibilities policy. In-service agenda and sign-in sheet are attached (Exhibit 4).</p> <p>b) i. At the in-service, clinicians were instructed to complete new "Admission Consent" documents for all current patients with a target date of November 1, 2017.</p> <p>b) ii. Training on the "Admission Consent" documents will recur once per quarter during clinicians meeting.</p> <p>c) i. The Clinical Director and Quality Assurance Nurse will monitor and audit files quarterly until 100% compliance is met.</p> <p>c) ii. The Intake Coordinator will monitor "Admission Consent" forms when they are submitted by clinicians and review for completeness when compiling patient charts at admission.</p>	<p>9/8/2017</p> <p>11/1/2017</p> <p>beginning 9/8/2017 - quarterly</p> <p>beginning 9/8/2017 - quarterly</p> <p>beginning 9/8/2017 - ongoing</p>

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H 294	Continued From page 4 conducted with all admitting staff reiterating the importance of completing the admission consent form on admission.	H 294		
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each POC included the expected duration of the SN and PCA services to be provided, for eight (8) of fifteen (15) active patients in the sample. (Patients #2, #3, #5, #6, #11, #13, #14, and #15) The findings include: Review of clinical records #2, #3, #5, #6, #11, #13, #14, and #15 on August 7, 2017, through August 9, 2017, revealed POCs with physician's orders for skilled nursing visits monthly to supervise the HHA and teach the patients and caregivers' disease management and medication compliance, action and side effects. The POCs also contained orders for HHA services five (5) to seven (7) days a week to provide hands on personal care and other services to maintain the patient's health, but failed to evidence the duration of the services.	H 355	H 355 3914.3(d) a) During the in-service for the clinicians on September 8, 2017, clinicians were instructed to include the duration of service along with the frequency on each plan of care. b) Prior to sending the plans of care to the physician, the Clinical Director will review each plan of care to ensure that duration of service and frequency is included on each plan of care. c) Clinical Director and Quality Assurance Nurse will monitor through a quarterly audit on an ongoing basis.	9/8/2017 9/8/2017 ongoing ongoing - once per quarter

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H 355	Continued From page 5 On August 9, 2017, at 3:00 p.m., interview with the DON revealed that the POCs always included the duration of services and would ensure it is again added to the POCs in the future.	H 355	H 390 3915.6 a) On August 10, 2017, the Human Resources Director verified through a review of in-service tests submitted to the agency that HHA #8 completed all 12 in-service hours through the agency in 2016. The nine hours missing from the file were completed through take-home packages completed by the HHA after the scheduled in-service dates. The in-service tests and certificates for April, July, and September 2016 are attached (Exhibit 5).	8/10/2017
H 390	3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that after the first year of service, HHA's completed at least twelve (12) hours of continuing education or in-service training annually for one (1) of twenty (20) HHAs in the sample. (HHA #8) The finding includes : On August 8, 2017, at 1:15 p.m., review of HHA #8's personnel record revealed that the HHA was hired on April 25, 2013. Further review of the personnel record revealed that the HHA attended three (3) hours of in-service on December 18, 2016. It should be noted that the review of additional personnel records revealed other in-services were held on April 3, 2016, July 10, 2016, and September 25, 2016; however, there was no documented evidence that HHA #8 attended any of the aforementioned in-services.	H 390	b) Human Resources Director will review all sign-in sheets after each in-service beginning with 9/24/2017 and send a reminder to HHAs who did not attend to submit documentation of completion of in-service hours and topics through either another agency or a course approved by CE Broker. This memo will be sent within one week after the in-service. HHAs working during the scheduled in-service will continue to have the option of making up the in-service through a take-home package. Any HHA completing the take-home package will sign a sign-in sheet when picking up the package, and the HR Director will record on the same sheet when the test is returned, and this test will be immediately filed.	9/24/2017 ongoing

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H 390	Continued From page 6 Interview with the agency's Human Resources Director on August 9, 2017, at 3:15 p.m. revealed that it was the agency's policy to allow HHAs to attend other HCAs to complete their 12 (twelve) hours. Continued discussion with the Human Resources Director revealed HHA #8 had completed her 12 (twelve) hours, but the agency had not received the documentation from the HHA. At the time of the survey, the HCA failed to provide documented evidence that HHA #8 completed nine (9) additional hours to fulfill the mandatory (twelve) 12 hours of continuing education for 2016.	H 390	H 390 3915.6 (continued) c) HR Director will monitor through the electronic employee record any employee who did not complete in-service with the agency to ensure that proof of continuing education or in-service is on file beginning with 9/24/2017 in-service.	9/24/2017 ongoing