STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 000	INITIAL COMMENTS	H 000		

Received 9/28/16 CN

An annual survey and complaint investigation was conducted from August 16, 2016 through August 22, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to three hundred (300) patients and employs five hundred (500) staff. The findings of the survey were based on a review of administrative records, fifteen (15) active patient records, five (5) discharged patient records, nineteen (19) employee records, thirty-eight (38) complaints, five (5) home visits, eight (8) patient telephone interviews and interviews with patients/family and staff.

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

Abd - Abdominal Pads
DON - Director of Nursing
HCA - Home Care Agency
HHA - Home Health Aide
ID - Identification
IV - Intravenous
Mins - Minutes
Mmhg - Millimeters of Mercury
PCA - Personal Care Aide
PICC - Peripherally Inserted Central Catheter
POC - Plan of Care
SN - Skilled Nurse
Via - By way of

During this survey two allegations were investigated.

Allegation #1:

The home health aides were conducting finger-sticks for glucose testing on diabetic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 000	Continued From page 1	H 000		

patients. This allegation was received from the Department of Health Care Finance.

Finding:

On August 22, 2016, five home visits were conducted to the homes of Patients #5, #10, #11, #14 and #15. Four (4) of the five (5) patients visited had a diagnosis of Diabetes Mellitus (Patients #5, #11, #14 and #15).

During the home visit to Patients #5, #11 and #14 the patients stated that he/she did their own finger-stick for glucose testing.
During the home visit to Patient #15, the patient's daughter stated that she did the finger-stick for her mother's glucose testing.

The allegation was unsubstantiated.

Allegation #2:

Patients that are admitted to the hospital, and upon impending discharge require additional home health aide hours (greater than eight (8) hours a day) are discharged from the agency. This allegation was anonymous.

Finding:

During the survey five randomly selected discharge records were reviewed (Records #16, #17, #18, #19 and #20). There was no documented evidence that the above mentioned discharges were hospitalized and denied re-admission to the agency. Additionally, on August 24, 2016 at 11:25 a.m., the DON was interviewed regarding re-admission of hospitalized patients. The DON stated that he/she was not aware of any patients being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 000	Continued From page 2 denied re-admission to the agency from the hospital because of acuity of care or the need for extended hours of care. On September 7, 2016, at 3:30 p.m., interview with the DON again confirmed that no patient was discharged from the agency because of a need for more home health aide hours of care. The allegation was unsubstantiated.	H 000		
H 170	3907.11 PERSONNEL Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient. This Statute is not met as evidenced by: Based on observation and interview, the HCA staff failed to produce and/or maintain a valid agency ID badge prior to entering the home of each patient, for two (2) of two (2) HHA's observed and interviewed during home visits. (HHAs #4 and #13) The findings include: 1. On August 22, 2016, at 1:40 p.m., during a home visit with Patient #10, HHA #13 was observed not to be wearing an identification badge while on duty at Patient #10's home. Interview with HHA #13 on the same day at 1:50 p.m., revealed that he/she had been issued an ID by the agency. However; he/she left the ID card at home. On August 24, 2016, at 11:50 a.m., telephone interview with the DON revealed that the HCA staff would be re-trained on the importance of	H 170	• Employee # 4 and 13 were counseled by the Director of Operations regarding the policy that anytime they enter into the patient's dwelling, they must display the HMI Identification card. 9/16/2016 • Telephone message was sent by the Director of Operations to all aides reminding them to be sure to display their HMI I.D.s on them at all times during their assignment with HMI patients. 9/15/2016 • Spot checks are being conducted on a regular basis by the Patient Relations Officers during which time the HHAs/PCAs will be monitored for displaying the HMI I.D. cards. Also, during the supervisory visits by the R.N. this will be checked. Any infraction of this policy will be reported to the Director of Operations. The Director of Operations will in turn report the results of the monitoring of this policy to the Administrator who will be responsible to ensure that infractions of this policy are not repeated. On-going	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING: _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 170	Continued From page 3 how to present his/her ID card prior to entering Patient #10's home. At the time of survey, the agency failed to ensure that each HHA presented a valid agency ID badge prior to entering the home of each patient. 2. On August 22, 2016, at 2:20 p.m., during a home visit with Patient #5 HHA #4 was observed not to be wearing an identification badge while on duty at Patient #5's home. Interview with HHA #4 on the same day at 2:25 p.m., revealed that he/she had been hired by the agency on February 2, 2016, and accidentally left their I.D. badge at home. On August 24, 2016, at 11:55 a.m., telephone interview with the DON revealed that HHA #4 would be retrained on the importance of how to present his/her ID card prior to entering Patient #5's home. At the time of survey, the agency failed to ensure that each HHA presented a valid agency ID badge prior to entering the home of each patient.	H 170		
H 260	3911.1 CLINICAL RECORDS 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. This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to maintain accurate clinical records for two (2) of twenty (20) patients in the sample. (Patients #2 and #4) The findings include:	H 260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING: _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 260	Continued From page 4 1. On August 16, 2016, at 12:50 p.m., review of Patient #2's clinical record revealed a POC with a start of care date of June 8, 2016, and a certification period of June 8, 2016, to August 6, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: "Acute Osteomyelitis right ankle and foot and Diabetes Mellitus." The attending physician orders included the following SN services: "SN to perform and instruct administration of Unasyn 3 grams twice a day via right arm picc line per dial a flow pump over 30 mins. Perform diabetic ulcer care by cleansing with normal saline, pack with aquacel gauze and cover with dry 4x4 gauze, abd pad and wrap with kerlix. Change dressing at least 3 times a week." Further review of the clinical record revealed skilled nursing visit notes dated June 9, 2016, June 13, 2016, June 22, 2016, and June 25, 2016. Within these nursing notes is a section titled "Integumentary Status Locator" where the SN documented wound "cleansed with normal saline, packed with blac [sic] foam gauze, dressing applied WOUND VAC AT 125 MMGH [sic], cared by SN." Continued review of the above mentioned nurse's notes revealed another section titled "Services Provided/Items Taught" it was documented that the patient had a "Central Line." Further review of the nurse's notes within the section titled "Narrative" the SN documented "Unasyn 3 grams via right arm PICC line per dial a flow pump over 30 mins. Right foot wound cleansed with normal saline and patted dry. Aquacel gauze dressing	H 260	• Patient #2. The R.N. was counseled by the Director of Nursing (DON) on the discrepancies in documenting the wound care and PICC/Central line. The documents have been corrected to reflect the Doctor's orders as specified. • An in-service was conducted on August 26 which included instruction by the DON regarding completeness of Assessments and accuracy of documentation. A copy of the agenda and the attendance record are attached. (Attachment A) • Quality Assurance Nurse will review the documentation of all assessments and review charts with wound care and I.V. Therapy. Any deficiencies will be reported to the DON. The DON will in turn report such findings to the Administrator who will be responsible to ensure that the deficiencies do not recur.	9/14/16 8/26/16 On-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 260	Continued From page 5 applied and covered with dry 4x4 gauze, ABD pad and wrapped with kerlix." 2. On August 17, 2016, at 11:30 a.m., review of Patient #4's clinical record revealed a physician's resumption of care order dated August 6, 2016, for the SN to visit the patient "daily until August 12, 2016, then 3 times a week to perform and instruct administration of amikacin 500 mg iv and cefepime 2 grams iv via right arm picc line per elastomeric pump over 30 mins each until 8/12/16." Further review of the clinical record revealed SN notes dated August 7, 2016, August 8, 2016, and August 9, 2016. Within these notes is a section titled "Services provided/Items Taught" where the SN documented the patient had a "Central Line." Additional review of these notes under the section titled "Narrative" the SN documented that the above mentioned intravenous medications were administered via a PICC line. Interview with RN #2 on August 17, 2016, at 1:30 p.m., revealed that the patients had a PICC line and not a central line as indicated in the nurses notes. Additionally, Patient #2 did not have a wound vac as mentioned. RN #2 further stated that he/she will make the corrections in the computer.	H 260		
H 430	3916.1 SKILLED SERVICES GENERALLY Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.	H 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 430	Continued From page 6	H 430		

This Statute is not met as evidenced by:
Based on record review and interview, the HCA failed to review, evaluate and send a summary report to the physician of the skilled services provided for two (2) of fifteen (15) active patients in the sample at least every 62 days. (Patients #7 and #9)

The findings include:

1. On August 17, 2016, at 3:00 p.m., review of Patient #7's clinical record revealed a POC with a start of care date of February 2, 2016, and a certification period of February 2, 2016, to July 30, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: hypertension, chronic kidney disease and hyperlipidemia.

The attending physician orders included the following SN services:

"SN monthly to perform and assess vital signs, all body systems, patient/caregiver knowledge of disease process and associated care and treatment, medication regimen, knowledge and signs and symptoms of complications necessitating medical attention...."

Further record review revealed that the agency nurses had performed the skilled services ordered and a summary report was written on May 28, 2016. There was no documented evidence that a summary report was written and sent to the physician in the month of July 2016.

2. On August 18, 2016, at 11:00 a.m., review of Patient #9's clinical record revealed a POC with a start of care date of August 27, 2015, and a certification period of February 23, 2016, to

Patient # 7:

- The clinician missed the regularly scheduled visit because the patient was not home. A late entry submission was sent by the DON to the physician. Copy attached.(Attachment B) — 9/13/16
- Supervisory visits will be monitored by the DON on a weekly basis to avoid missed visits. — On-going
- The DON will report the compliance with this requirement to the Administrator who will be responsible to make sure that any deficiencies with this requirement are not repeated. — On-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING: _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 430	Continued From page 7 August 20, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: hypertension, end stage renal disease, congestive heart failure and hyperlipidemia. The attending physician orders included the following SN services: "SN monthly to perform and assess vital signs, all body systems, patient/caregiver knowledge of disease process and associated care and treatment, medication regimen, knowledge and signs and symptoms of complications necessitating medical attention...." Further record review revealed that the agency nurses had performed the skilled services ordered and a summary report was written on January 31, 2016. There was no documented evidence that a summary report was written and sent to the physician in the month of March 2016. During an interview with the DON on August 19, 2016, at 3:00 p.m., it was revealed that the agency's nurses had performed skilled services as ordered. However, the agency did not evaluate, review and/or send a summary report to the patient's physician at least every sixty-two days as required. The DON further stated that he/she will conduct an inservice with the agency's staff.	H 430	Patient # 9: • The regularly scheduled nurse moved from the area and a new R.N. started visiting this patient in March; the 62-day summaries were done for April and June. Those records were available in the system; they have been printed by the DON (copies are attached). (Attachment C). 4/14/16 6/28/16 • A spread sheet has been maintained by the DON in order to monitor the 62-day summaries for all admissions. On-going • The DON will report on the monitoring of this requirement to the Administrator who will be responsible to ensure compliance. On-going	
H 456	3917.2(f) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (f) Supervision of services delivered by home	H 456		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING: _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 456	Continued From page 8 health and personal care aides and household support staff, as appropriate; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to document the supervision of services being delivered by each patient's personal care aide (PCA) or home health aide (HHA), for three (3) of the fifteen (15) sampled active patients. (Patients #7, #10 and #12) The findings include: 1. On August 17, 2016, at 3:00 p.m., a review of Patient #7's clinical record revealed a POC with a certification period of February 2, 2016, to July 30, 2016. This POC contained a physician order for "home health aide 8 hours a day times 5 days a week to provide hands on personal care. Skilled Nurse to visit once a month to supervise the home health aide." Further review of Patient #7's clinical record revealed the skilled nurse did not visit the patient in July 2016, and did not document supervision of care provided by the PCA. 2. On August 18, 2016, at 2:45 p.m., a review of Patient #10's clinical record revealed a POC with a certification period of April 22, 2016, to March 3, 2017. This POC contained a physician order for "home health aide 8 hours a day times 4 days a week, and 4hrs a day times 3 days a week to provide hands on personal care. Skilled Nurse to modify home health aide care plan as necessary and supervise the home health aide services at least once a month." Further review of Patient #10's clinical record	H 456	• Patient # 7: Late entry of the missed visit was done by the RN (copy attached).(Attachment D) Patient # 10: The corrected supervisory visit document by the RN is attached. (Attachment E) Patient # 12: Corrected version, by the RN, of the supervisory visit notes is attached. (Attachment F) • In-service was conducted for the clinicians on 8/26/16. The DON emphasised the appropriate documentation that should include supervision of the PCAs. • Random review of documents will be conducted by the DON to ensure the supervisory visits are appropriately documented. The DON will report on the review of this requirement to the Administrator who will be responsible to ensure that deficiencies are not recurring.	9/12/16 9/13/16 9/13/16 8/26/16 On-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0055	A. BUILDING: _____ B. WING _____	08/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH MANAGEMENT, INC	1707 L STREET, NW SUITE 900 WASHINGTON, DC 20036

(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 456	Continued From page 9 revealed the skilled nurse visited the patient on May 12, 2016, and May 19, 2016, but failed to document supervision of care provided by the PCA. 3. On August 19, 2016, at 8:30 a.m., a review of Patient #12's clinical record revealed a POC with a certification period of December 6, 2015, to June2, 2016. This POC contained a physician order for "skilled nurse to once a month to supervise PCA. Patient to receive home health aide 8 hours a day 7 days a week." Further review of Patient #12's clinical record revealed the skilled nurse visited the patient on May 30, 2016, and June 26, 2016, and did not document supervision of care provided by the PCA. During a face to face interview with the DON on August 19, 2016, at approximately 3:20 p.m., the DON stated that he/she will in-service the nurses on the importance of supervising the PCA and documenting accordingly.	H 456		