



THE HSC HEALTH CARE SYSTEM  
HSC Home Care, LLC

July 16, 2015

Sharon H. Mebane, Program Manager  
Intermediate Care Facilities Department of Health  
District of Columbia Department of Health  
899 North Capitol Street, NE  
2<sup>nd</sup> floor  
Washington, DC 20002

Re: Revised Plan of Correction

Dear Ms. Mebane:

Per our telephone conversation, enclosed is the revised Plan of Correction for HSC Home Care, LLC to reflect the noted adjustments discussed today.

If you have any questions, please do not hesitate to contact me (202) 635-6146. Thank you.

Sincerely,

Patricia S. Austin, RN, MSN  
Vice President of Operations

PSA:lky

enclosure



**HSC Home Care, LLC** 1731 Bunker Hill Road, NE, Washington, DC 20017 202-635-5756, [www.hsc-homecare.org](http://www.hsc-homecare.org)

**The HSC Pediatric Center** 1731 Bunker Hill Road, NE, Washington, DC 20017 202-832-4400 TTY: 202-832-7848, [www.hscpediatriccenter.org](http://www.hscpediatriccenter.org)

**The HSC Foundation** 1808 Eye Street, NW, Suite 600, Washington, DC 20006 202-454-1220, [www.hscfoundation.org](http://www.hscfoundation.org)

**Health Services for Children with Special Needs, Inc.** 1101 Vermont Avenue, NW, Suite 1201, Washington, DC 20005 202-466-8483, [www.hscsn-net.org](http://www.hscsn-net.org)

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  
**HSC HOME HEALTH CARE, LLC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1731 BUNKER HILL ROAD, NE  
WASHINGTON, DC 20017**

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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from June 18, 2015 through June 22, 2015 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 DCMR Chapter 39). The Home Care Agency provides home care services to one hundred and twenty (120) patients and employs two hundred and three (203) staff. The findings of the survey were based on record review and interviews with patients/family and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Home Care Agency (HCA) Home Health Aide (HHA) Plan Of Care (POC) Registered Nurse (RN) Skilled Nurse (SN)</p>	H 000	<p><b>H070 - 3904.1 - Director</b> <b>PLAN OF CORRECTION</b></p> <p><b>1. Corrective actions:</b></p> <p>a. The alleged training deficiency was directly addressed through the provision of training entitled, "Working with a Child Who Has Autism" to appropriate staff members on May 27, 2015. This training will be offered again in September, 2015 and will include training regarding de-escalation of aggressive behavior in intellectually and developmentally disabled patients.</p> <p>b. HSC Home Care will ensure that nurses and home health aides receive new hire orientation and annual in-service training focused on supervising and managing children with Autism Spectrum Disorder to include patients with aggressive behaviors.</p> <p><b>2. Measures to be put in place or systematic changes to be made to ensure deficiency does not recur:</b></p> <p>a. HSC Home Care, LLC will continue to provide in-service training on a regular basis for all home health aides.</p> <p>b. The training entitled "Working with a Child Who Has Autism" has been and will continue to be incorporated into all future orientation training and annual in-service trainings.</p> <p>c. <u>HSC Home Care, LLC will consult with one or more health care professionals with experience providing care to patients with behavioral health needs in conjunction with future training.</u></p> <p><b>3. Monitoring of corrective actions:</b></p> <p>a. The Quality Analyst will include the above-described training in the annual in-service education plan.</p> <p>b. Quality Indicators will be established to monitor quarterly care and management of patients with Autism Spectrum Disorder and patients with aggressive behaviors. Indicators will be established by August 3, 2015. Also, focused medical record reviews will be conducted monthly and reported to the Clinical Director to address any immediate concerns. The first quarterly review will be reported at the December, 2015 Quality Council meeting. This Plan of Correction constitutes HSC Home Care's written response of compliance for the deficiencies claimed herein. However, the submission of this Plan of Correction is not an admission that the deficiency exists based on the entirety of the relevant facts and circumstances and under the D.C. Code and Municipal Regulations.</p> <p><b>Response to Deficiency H070 - 3904.1 - Director</b></p> <p>HSC Home Care continually strives to provide excellent care to each of its patients and has instituted detailed practices and procedures to employ highly qualified home health aides. To that end, and in accordance with 22B DCMR §3915, the Director of HSC Home Care ensured that Employee #6 was a qualified certified home health aide prior to her employment with HSC Home Care. Prior to her employment, Employee #6 was confirmed to have completed one-hundred twenty-six hours of theoretical and practical training through the District of Columbia Institute of Allied Health and Technology Home Health Aide Training program. Employee #6 was confirmed to have an active Home Health Aide License issued by the District of Columbia Department of Health Board of Nursing upon her employment with HSC Home Care. Thus, the Director of HSC Home Care ensured that Employee #6 was certified via active license by the Board of Nursing as required by 17 DCMR §9301.1 and 22B DCMR §3907.9, and qualified as required by 22B DCMR §3915.</p>	5/27/2015  9/30/2015         8/3/2015
H 070	<p><b>3904.1 DIRECTOR</b></p> <p>The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained.</p> <p>This Statute is not met as evidenced by: Based on record review and interviews, it was determined that the agency's director failed to ensure that one (1) of eight (8) employees were adequately and appropriately trained. (Employee # 6)</p> <p>The finding includes:</p>	H 070		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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H 070	<p>Continued From page 1</p> <p>On June 10, 2015, the home health agency notified the surveying agency, via email and written correspondence, that Employee #6 (home health aide) was arrested and charged with attempted second degree cruelty to children and simple assault. Interview with Employee #6 revealed that the child (Patient #16), who was allegedly abused, was Autistic and had aggressive behaviors to include hitting and kicking. The employee stated that on May 22, 2015, the patient had several episodes of hitting other children during a community outing, and when home, the child was aggressive toward the aide. To prevent the patient from hitting, the aide (Employee #6) held the patient ' s hands down.</p> <p>On June 18, 2015, at approximately 10:30 a.m., Patient #16 ' s clinical record was reviewed and revealed that the patient had a principal diagnosis of "Autistic Disorder-Current". The current POC, dated May 5, 2015 through July 5, 2015, revealed a physician order for home health aide (HHA) services six (6) to eight (8) hours a day for nine (9) weeks. The order required the aide to provide personal care and emotional support. Further review of the clinical record revealed nursing and home health aide notes describing the patient ' s aggressive behaviors as hitting and kicking others, including the aides.</p> <p>On June 18, 2015, the agency ' s director was interviewed and revealed that Employee #6 had been the aide for Patient #16 for approximately 6 months. The agency ' s director was further interviewed to determine if the aide had any training that focused of Patient #16 ' s aggressive behaviors or autism. The director indicated that the employee had not been provided training to address Patient #16 aggressive episodes prior to</p>	H 070	<p>Additionally, it is the policy of HSC Home Care to provide educational and practical training to its home health aides in order to continually enhance patient care and provide quality service. The Director of HSC Home Care has ensured and will continue to ensure that staff members receive training at the start of employment with HSC Home Care, through regular quarterly in-service training sessions, and through education and instruction provided during regular skilled nursing supervisory visits. Upon the hiring of Employee #6 in October, 2014, Employee #6 received intensive training over a three-day orientation period, which specifically included a presentation on autism spectrum disorders, as demonstrated through attendance sheets and presentations provided to the Department. During the orientation process, Employee #6 completed an exhaustive clinical orientation checklist and passed a clinical competency assessment. In November, 2014, HSC Home Care provided Employee #6 with in-service training that specifically included a presentation on best practices for working with patients with intellectual and developmental disabilities. In February, 2015, HSC Home Care provided Employee #6 with four additional hours of in-service training. Also, on May 27, 2015, HSC Home Care provided Employee #6 with another in-service training, which included training entitled, "Working with a Child Who Has Autism."</p> <p>Furthermore, as of May 22, 2015, Employee #6 had been employed with HSC Home Care for less than one year of service. 22B DCMR §3915.6 mandates that, after a home health aide's first year of service, each aide shall obtain at least twelve hours of in-service training annually, which shall include information to help maintain or improve the aide's performance and shall include a component specifically related to the care of persons with disabilities. 17 DCMR §9311 also requires that HSC Home Care conduct a performance review of each home health aide at least once every twelve months and provide subsequent training to the home health aide based on the results of the annual performance review. Since Employee #6 was only employed with HSC Home Care for approximately seven months as of May 22, 2015, the specified training requirements of 22B DCMR §3915.6 were not yet applicable to Employee #6 and an annual performance review for Employee #6 was premature. Nevertheless, HSC Home Care actually provided Employee #6 with training related to the care of persons with disabilities on two separate occasions prior to May 22, 2015 and an additional training session after May 22, 2015. HSC Home Care also conducted an initial ninety-day performance evaluation of Employee #6 in January, 2015, which determined that Employee #6 was meeting or exceeding performance standards. Thus, the Director of HSC Home Care ensured that the training provided to Employee #6 during her first seven months of service with HSC Home Care exceeded requirements to include the provision of training specifically related to the "care of persons with disabilities" during the first seven months of service of Employee #6.</p>	

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H 070	Continued From page 2 the May 22, 2015 incident.  On June 18, 2015, at approximately 10:30 a.m., Employee #6 ' s personnel file was reviewed. The file confirmed that on May 27, 2015, the employee completed a training course entitled, "Working with a Child who has Autism".  On June 26, 2015, at 9:34 a.m., Employee #6 was interviewed to ascertain the types of training offered to her/him to assist in the care of Patient #16. The employee stated that the patient has repeated outbursts of aggressive behavior that she could not managed. The employee stated that he/she observed and used the patient ' s therapist behavioral techniques, such as, holding down the patient ' s hands. The employee stated that he/she never received training in caring for patient's aggressive behavior from the agency.	H 070	Also, as noted in the Department's deficiency findings and the clinical record, HSC Home Care's POC in place for Patient #16 for May 5, 2015 through July 5, 2015 was based on a treating provider's order for home health aide services to provide personal care and emotional support. HSC Home Care home health aides, including Employee #6, do not provide occupational or behavioral therapy services and were not ordered to provide such services by the treating provider managing the care of Patient #16. The services provided by Employee #6 could not and did not go beyond the bounds of the express order of the treating provider. Patient #16 was receiving Applied Behavioral Analysis Therapy from a separate provider outside of the POC approved by the treating provider. As demonstrated by the active licensure of Employee #6 along with the orientation training, regular in-service trainings, and regular skilled nursing education and training, Employee #6 was qualified, licensed, and appropriately trained to provide the home health aide services ordered through the POC in place for Patient #16. <b>H458 - 3917.2 (h) - Skilled Nursing Services</b> <b>PLAN OF CORRECTION</b> 1. Corrective actions: a. The Registered Nurses' (RNs) patient documentation will continue to be entered in patients' electronic record under clinical notations to support physician communication. HSC Home Care will provide RNs with in-service education and training by August 14, 2015 in order to enhance documentation practices. b. The thirty and sixty day patient summaries will continue to include changes in patients' conditions to enhance documentation and support communications with patients' doctors. HSC Home Care will provide RNs with in-service education no later than August 14, 2015 and annually thereafter, and education will also be provided during new hire orientation to support documentation on patients' thirty and sixty day summaries. c. HSC Home Care will maintain communications logs regarding documentation provided to patients' treating providers as part of the POC review process. d. HSC Home Care will provide nurses (RNs and LPNs) with in-service training on documenting changes in patients' conditions and notification of treating providers regarding the same. This training will occur no later than August 31, 2015, as well as during new hire training and annual training thereafter. e. <u>HSC Home Care, LLC will consult with one or more health care professionals with experience providing care to patients with behavioral health needs in conjunction with future training.</u> 2. Measures to be put in place or systematic changes to be made to ensure deficiency does not recur: a. Patient medical chart reviews are scheduled to occur on a monthly basis effective August 1, 2015. The medical record review checklist will include Change in Condition Physician Notifications.	
H 458	<b>3917.2(h) SKILLED NURSING SERVICES</b>  Duties of the nurse shall include, at a minimum, the following:  (h) Reporting changes in the patient's condition to the patient's physician;  This Statute is not met as evidenced by: Based on record review and interview, it was determined the skilled nurse failed to inform the physician of a change in the patient's condition for one (1) of ten (10) patients in the sample. (Patient #16)  The finding includes:	H 458		8/14/2015  8/14/2015  8/31/2015  8/1/2015

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H 458	<p>Continued From page 3</p> <p>Based on record review and interviews, it was determined that the agency ' s director failed to ensure that one (1) of eight (8) employees were adequately and appropriately trained. (Employee # 6)</p> <p>The finding includes:</p> <p>On June 10, 2015, the home health agency notified the surveying agency, via email and written correspondence, that Employee #6 (home health aide) was arrested and charged with attempted second degree cruelty to children and simple assault. Interview with Employee #6 revealed that the child (Patient #16), who was allegedly abused, was Autistic and had aggressive behaviors to include hitting and kicking. The employee stated that on May 22, 2015, the patient had several episodes of hitting other children during a community outing, and when home, the child was aggressive toward the aide. To prevent the patient from hitting, the aide (Employee #6) held the patient ' s hands down.</p> <p>On June 18, 2015, at approximately 10:30 a.m., Patient #16 ' s clinical record was reviewed and reviewed that the patient had a principal diagnosis of "Autistic Disorder-Current". The current POC, dated May 5, 2015 through July 5, 2015, revealed a physician order for home health aide (HHA) services six (6) to eight (8) hours a day for nine (9) weeks. The order required the aide to provide personal care and emotional support. Further review of the clinical record revealed nursing notes dated November 10, 2014, December 10, 2014, January 12, 2015, February 11, 2015, March 2, 2015, April 1, 2015, and May7, 2015. The notes described numerous episodes agitation, and aggression, including kicking, hitting self and others. There was no</p>	H 458	<p>1. <b>Monitoring of corrective actions:</b></p> <p>a. The Quality Analyst will review all RN new hire checklists quarterly to ensure training regarding thirty and sixty day summary documentation was provided during in-service education effective August 14, 2015.</p> <p>b. The Quality Analyst will review Annual Competencies to ensure Change in Condition Physician Notification is included on the competency checklist effective August 14, 2015. Results of this review will be reported at the quarterly Quality Council meeting effective September, 2015.</p> <p>c. The content and sign-in sheets for in-service training regarding Change in Condition Physician Notification will be reviewed on or before September 1, 2015 to ensure compliance with scheduled in-service training.</p> <p>d. The Quality Analyst will include Change in Condition Physician Notification training in the annual in-service training calendar no later than September, 2015.</p> <p>This Plan of Correction constitutes HSC Home Care's written response of compliance for the deficiencies claimed herein. However, the submission of this Plan of Correction is not an admission that the deficiency exists based on the entirety of the relevant facts and circumstances and under the D.C. Code and Municipal Regulations.</p>	<p>8/14/2015</p> <p>8/14/2015</p> <p>9/1/2015</p> <p>9/30/2015</p>

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H 458	<p>Continued From page 4</p> <p>documented evidence in the clinical record indicating that the nurse reported these behavioral changes to the patient's physician. It should be noted that the POC failed to include behavioral management techniques to ensure the safety of the patient and others.</p> <p>Telephone interview with the Director and nursing supervisor on June 29, 2015, at approximately 3:00 p.m., confirmed that there was no documented evidence in the clinical record that the nurse had reported the patient's behavior to the physician.</p> <p>This is a repeat citation.</p>	H 458	<p><u>Response to Deficiency H458 – 3917.2 (h) – Skilled Nursing Services</u></p> <p>It is the practice of HSC Home Care to keep patients' treating providers fully informed of all material changes in patient status, to promote efficient and detailed communication between HSC Home Care and patient treating providers, and to provide employee training on proper clinical documentation.</p> <p>It has also been the practice of HSC Home Care to provide treating providers, including the physician of Patient #16, with patient-specific nursing supervisory visit notes and home health aide progress notes during the POC review process. It is the practice of HSC Home Care to provide patients' recent clinical documentation via facsimile to patients' treating providers during the POC review process and in advance of the patient's next clinical review. This clinical documentation provides detailed information and assessments as to the patient's conditions and clinical status. With respect to Patient #16, HSC Home Care faxed nursing supervisory notes from March 2, 2015 and April 1, 2015 as well as home health aide progress notes from March 2, 2015, April 1, 2015, and April 27, 2015 to the treating provider of Patient #16. The nursing supervisory notes describe the patient as very agitated. The April 1, 2015 note specifically states that the patient's treating provider was made aware of the patient's behavioral issues (biting) and that the treating provider had recommended intensive therapy. This clinical information was provided as part of the patient's clinical review and prior to the treating provider's certification of the POC effective for the period of May 7, 2015 through July 5, 2015. Thus, HSC Home Care provided the patient's treating provider with the two most recent (at the time of submission) monthly nursing supervisory notes prior to the treating provider's approval of the POC effective as of May 7, 2015. This same practice was utilized by HSC Home Care as part of previous POC reviews for Patient #16. HSC Home Care will continue to provide this clinical documentation to patients' treating providers in order to provide comprehensive and effective POCs for all patients.</p> <p>As noted in the deficiency findings, the clinical record of Patient #16 notes a principal diagnosis of Autistic Disorder-Current and a pattern of aggression displayed by Patient #16 is noted in the nursing supervisory visit notes and home health aide progress notes. The treating provider of Patient #16 was aware of the patient's behavioral issues, which is why Patient #16 was receiving numerous interventions, including Applied Behavioral Therapy, from separate providers outside of the POC applicable to HSC Home Care's home health aide services. These therapies are continually referenced and noted in the clinical record. Thus, in addition to being provided with clinical notes by HSC Home Care on a regular basis, the patient's treating provider was actually aware of the patient's behavioral issues and had ordered separate interventions that were ongoing during the time period referenced in the deficiency findings.</p>	