

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division		(X3) DATE SURVEY COMPLETED 03/10/2016
NAME OF PROVIDER OR SUPPLIER HUMAN TOUCH HOME HEALTH CARE AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 1416 9TH STREET, NW WASHINGTON, DC 20001			
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H 000	INITIAL COMMENTS An annual survey was conducted from March 7, 2016 through March 10, 2016 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22B DCMR Chapter 39). The Home Care Agency provides home care services to four hundred (400) patients and employs five hundred fifty four (554) staff. The findings of the survey were based on record review and interviews with patients and staff. The following are abbreviations used within the body of this report: ADL - activities of daily living DON - Director of Nursing HCA - home care agency HHA - home health aide IADL - instrumental activities of daily living LPN - licensed practical nurse POC - plan of care RN - registered nurse SOC-start of care	H 000	Human Touch Home Health has reviewed the Licensure Survey Report dated March 31, 2016 and all records and results of home visits conducted during the Licensure Survey for March 7-10, 2016.	4/6/2016	
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on review of personnel records and interview, the HCA failed to ensure that each employee personnel records included completed annual evaluations, for four (4) of twenty three (23) employees in the sample. (Staff #1, #2, #3	H 152	H152 3907.2(h) Personnel Human Touch Home Health Policy No. 1-014.1 Performance Evaluation states "All staff will be evaluated at a periodic intervals based on the appropriate job description to determine strengths and areas requiring performance improvement." In #3 of the policy it states "Performance evaluations will be documented on the applicable form and discussed between the individual and the appropriate supervisor. At least annually, clinical personnel must demonstrate proficiencies in the appropriate core competency.	05/08/2016	

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

TITLE

(X6) DATE

STATE FORM

6009

KI5X11

If continuation sheet 1 of 6

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H 152	Continued From page 1 and #4) The finding includes: On March 8, 2016, starting at 10:25 a.m., a review of Staff #1, #2, #3 and #4's personnel records failed to evidence a current annual evaluation. During an interview with the administrator on March 9, 2016, at 2:00 p.m., the administrator reviewed Staff #1, #2, #3 and #4's files and concurred with the aforementioned findings. The administrator stated that the agency was currently conducting annual evaluations.	H 152	1. Corrective Action All delinquent Annual evaluation has been completed. A close observance of the Policy and Procedure will be followed by the HR Personnel. A weekly report of the performance evaluation will be run. Employees needing a performance/competency evaluation will be reported to their respective supervisor and a performance/competency will be done in 5 days. 2. Quality Assurance Program HR personnel will Audit 10 personnel charts week using the personnel chart tracking tool to ensure accuracy of the HR records. 3. Monitoring Corrective Action The Administrator will conduct a Monthly meeting and Audit of 5 HR charts Randomly chosen to ensure completeness.	
H 363	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to identify personnel in charge of managing emergencies on the POC for fifteen (15) of fifteen (15) patients receiving care, in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15) The findings include: Review of Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15), POCs beginning on March 7, 2016, through March 9, 2016, between the hours of 10:00 a.m., to 4:00	H 363	H363 3914.3(l) Human Touch Home Health Policy No. 7-001.1 the Executive Director/Administrator and supervisory personnel will be responsible for managing the Emergency Situation. 1. Corrective Action: Effective March 8, 2016, all emergency plan in the the POC will include "All staff present in the home, will initiate CPR/ call 911 in case of emergency except when valid Do Not Resuscitate order is present then, immediately report to the clinical supervisor or designee". 2. Quality Assurance Program The entire phrase of the Emergency Plan will be written in the POC the data entry and checked by the Quality Assurance personnel in the Skill and Non-Skill departments. 3. Monitoring Corrective Action Each POC will be signed off by the DON ensuring the added phrase "then, immediately report to the clinical supervisor or designee is part of the emergency plan in the POC.	03/08/16

epesman *Schor RN, DON*

4/7/16

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H 363	Continued From page 2 p.m., revealed that the POCs failed to identify staff in charge of managing emergencies. Interview with the administrator and DON on March 9, 2016, at approximately 3:00 p.m., it was acknowledged that the identification of employees in charge of managing emergency situations was not on the POC for the aforementioned patients. The administrator stated that the agency in the future would include the identification of the employees who would be responsible for managing emergency situations on the POCs.	H 363			
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that patients' POC's were approved and signed by a physician, within thirty (30) days of the SOC, for two (2) of twenty (20) active patients in the sample. (Patients #11 and #16) The findings include: 1. On March 8, 2016 starting at 1:32 p.m., review	H 366	H366 3914.4 Human Touch Health following the DC regulation for signing POC and Verbal orders of orders which is within 30 days. 1. Corrective Actions. All delinquent 485's has been signed by the doctor. A close observance of the Policy and Procedure for the physicians order /plan of care has been enforced. All orders and 485's that is not signed in 14 days the Administrator and DON will be notified by the Order Specialist. Then, a daily phone call by the order Specialist will be made until the order is received. Once the Order/485's is 21st day old the Order Specialist will go and see the physician in their office then to wait until the order/485 is signed. 2. Quality Assurance Program The Quality Assurance Personnels will run a weekly report of the orders/485's and Audit patient charts to determine the orders/485's that are not signed and how old.		05/08/2016

Erasmus Schen RN, DON

4/7/16

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H 366	Continued From page 3 of Patient #11's clinical record revealed a POC with a certification period of February 1, 2016 through March 31, 2016. The POC was signed by the physician on March 6, 2016, 34 days after the certification period began. 2. On March 8, 2016, at 3:01 p.m., review of Patient #16's clinical record revealed a POC with a certification period of January 22, 2016 through March 21, 2016. The POC was signed by the physician on March 8, 2016, 58 days after the certification period began. Interview with the DON on March 8, 2016, starting at 11:13 a.m., revealed that the aforementioned POC's were signed after the 30-day period because of difficulty getting in touch with the physician.	H 366	3. Monitoring Corrective Action Weekly the Administrator, DON, Quality Assurance personnel and Order Specialist will have a meeting to discuss the status of the un signed orders. A weekly Audit of the charts 50% of the skill patients and 5 charts a week for the non-skill patients. A chart Audit tracking tool will be utilized to monitor level of compliance. The results will be reported to the DON, QI officer and Senior Management team during the Quarterly meeting.	
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that HHAs documented the patient's physical condition, behavior or appearance on the medical record for six (6) of fourteen (14) patients in the sample that were receiving HHA services. (Patients #1, #2, #3, #4, #5 and #8)	H 411	H411 3915.11(f) Home Health & Personal Care Finding: The Human Touch Health Time Sheet has the behavior or appearance documentation portion but the telephony, computerized time sheet has no area of such documentation. The HCA failed to provide a form electronically to included confused, happy, sad, angry, active, distressed and for physical condition, appearance, behavior the HCA does not have choices of Good, Fair or Poor.	08/08/2016

Health Regulation & Licensing Administration

STATE FORM

6898

KI5X11

If continuation sheet 4 of 6

James Nelson RN, DON

4/7/16

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H 411	Continued From page 4 The finding includes: On March 7, 2016, through March 9, 2016, starting at 10:00 a.m. through 4:00 p.m., review of Patient #1, #2, #3, #4, #5 and #8's clinical records revealed that the HHA's had not documented the patient's physical condition, behavior, or appearance in the clinical record. Further review of the record revealed that the HHAs only documented on ADLs and IADLs performed. On March 9, 2016, interview with the administrator and DON, starting at approximately 3:00 p.m., revealed that the HHA documentation is done on a computerized time sheet that has no area for such documentation. The administrator further stated that the agency is currently working with the software company to create an area on the HHA timesheet that would allow the HHA to include such documentation.	H 411	1. Corrective Action Human Touch Home Health is working with Home Solution (Software Company) in incorporating the documentation missing electronically as to recording the patient physical condition, behavior or appearance and mentioned above in the findings. A proposed draft is being worked on. Upon approval of the draft HHA will have an inservice to educate on how to use the system and on how to record or document the the patient's physical condition, appearance or behavior. 2. Quality Assurance Program. The Quality Assurance Personnel will review the notes of the HHA's as it is being submitted for completeness and making sure that the physical condition, behavior, or appearance is documented. Any incomplete documentation will not be accepted and returned for immediate correction. Any contineous miss documentation will be subjected to disciplinary action. 3. A bi-weekly chart audit will be conducted on the active patients by the Quality Assurance personnel, 20 patient charts bi-weekly, using the tracking tool will be utilized to monitor level of compliance. The results will be reported monthly and on the Quarterly meetings with the DON, QI offer and Senior Management Team.	
H 453	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for one (1) of twenty (20) active patients in the sample. (Patient #12) The findings include:	H 453	H453 3917.2 (c) Skill Nursing Services Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care. Clinician with (Patient#12) has been counselled and educated on DM management. 1. Corrective Actions. Upon recieving the admission assessment of the clinician, a case conference will occur between the clinician and the Clinical Supervisor to ensure all needs are provided. Each visit note will be reviewed by the Quality Assurance personnel for completeness and issuing that all needs of the patient is being provided and documented. A weekly case conference will be conducted between the Clinical Supervisor or designee and the clinician(s) and or patients that are problematic.	05/08/16

Gasmir Selvan

DN, DON

4/7/16

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H 453	Continued From page 5 On March 8, 2016, starting at 10:33 a.m., review of Patient #12's clinical record revealed a POC with the certification period of February 11, 2016 through April 10, 2016. The POC indicated that the patient had a diagnoses of diabetes and dementia. The skilled nurse was to provide the following services: - Perform skilled observation/assessment of all systems 1-3 times weekly; and - Diabetic teaching and report blood sugar of less than 70 or greater than 300 to the patient's physician. Review of the weekly nurse visit notes for Patient #12 on March 9, 2016 at 11:00 a.m. failed to evidence that the nurse performed blood sugar checks. During a interview with the director on March 9, 2016, starting at 11:13 a.m., the DON indicated that the nurse should have taken the patient's blood sugar during each visit.	H 453	2. Quality Assurance Program The DON/Clinical Manager will have a weekly meeting with the Quality Assurance Personnel to discuss findings with the visit notes Audit and determine if clinician needing further education, which will be provided or if this is a performance issue, the individual will be subject to a disciplinary action. 3. Monitoring Corrective Action A bi-weekly chart audit 50% of the active skill patient charts by the QA nurse and DON, using the chart audit tracking tool. The result of the audit will be reported to the DON, QI officer and Senior management Team during the Quarterly Meeting.	

Yasmeen Achon RN, DON

4/7/16