

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: _____	(X3) DATE SURVEY COMPLETED 05/18/2017
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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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(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

An annual survey was conducted from May 17, 2017, through May 18, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to three hundred-twelve (312) 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, twenty (20) employee records and five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.

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

HCA - Home Care Agency
Mg - Milligrams
POC - Plan of Care
SN - Skilled Nurse
SOC - Start of Care

H 000

Human Touch Home Health has reviewed 6/30/17 Licensure Survey Report dated May 18, 2017 and all record and results of home visits conducted during the Licensure Survey for May 17-18, 2017.

H 358 3914.3(g) PATIENT PLAN OF CARE

The plan of care shall include the following:

(g) Physical assessment, including all pertinent diagnoses;

This Statute is not met as evidenced by:
Based on record review and interview, the HCA failed to ensure the POCs specified (I) parameters for monitoring blood glucose levels and (II) parameters for monitoring vital signs (temperature, pulse, respirations and blood pressure) as part of the physical assessment for four (4) of fifteen (15) active patients in the

H 358

3914.36 PATIENT PLAN OF CARE 7/30/17

Human Touch Home Health Policy 2-018.1 Definitions: 1. Plan of Care: The clinical plan of care includes pertinent diagnosis... All delinquent POC's missing specific parameters for specific diagnosis has been corrected.

1. Corrective Actions.

Upon receiving the admission assessment of the clinician, a case conference will occur between the clinician and the Clinical Supervisor or Designee to assure all needs are covered, all pertinent diagnosis, clinical parameters are included in the POC's and intervention with each visit by the clinician. Each visit note will be reviewed by the Quality

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

TITLE

(X6) DATE

STATE FORM

6889

CQ5F11

If continuation sheet 1 of 10

William RN, DON

6/28/17

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HUMAN TOUCH HOME HEALTH CARE AGENCY **1416 9TH STREET, NW**
WASHINGTON, DC 20001

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H 358 Continued From page 1

sample. (Patient #1, #2, #4 and #15)

The findings include:

I. The HCA failed to ensure the patients' POCs specified parameters for monitoring blood glucose levels, as evidenced by:

1. On May 17, 2017, beginning at 10:15 a.m., review of Patient #1's POC revealed a SOC date of May 28, 2013, and a certification period from November 21, 2016, through May 19, 2017. The POC indicated Patient #1 had type II diabetes mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system during one (1) to two (2) home visits every sixty (60) days. However, there was no documented evidence the POC specified parameters for monitoring blood glucose levels.

2. On May 17, 2017, beginning at 10:26 a.m., review of Patient #2's POC revealed a SOC date of March 26, 2017, and a certification period from March 20, 2017, through November 30, 2017. The POC indicated Patient #2 had insulin dependent diabetes mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system during one to two home visits every 60 days. However, there was no documented evidence the POC specified parameters for monitoring blood glucose levels.

3. On May 17, 2017, beginning at 3:15 p.m., review of Patient #15's POC revealed a SOC date of December 4, 2008, and a certification period from December 17, 2016, through June 15, 2017. The POC indicated Patient #15 had type II diabetes mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system during one to two home visits

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Assurance personnel for completeness and issuing that all needs of the patient is being provided and documented.

2. Quality Assurance Program:

The Don/Clinical Manager will have a weekly meeting with the Quality Assurance Personnel to discuss findings with with the Chart Audit-POC and visit notes audit to determine if the clinician is needing further education, which will be provided or if this is a performance issue, the individual will be subjected to a disciplinary action.

3. Monitoring Corrective Action

A bi-weekly chart audit 50% of the active skill patient charts and 25% of the active non-skill 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 offer, and Senior management team during the Quarterly Meeting.

gachon RD, DON

6/28/17

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H 358	Continued From page 2 every 60 days. However, there was no documented evidence the POC specified parameters for monitoring blood glucose levels. On May 17, 2017, at 4:00 p.m., interview with the administrator indicated the HCA would request the aforementioned patients' physicians to specify parameters for monitoring blood glucose levels on the POC. At the time of the survey, the HCA failed to specify parameters for monitoring blood glucose levels on the POCs. II. The HCA failed to ensure patients' POCs specified parameters for monitoring vital sign levels, as evidenced by: 1. On May 17, 2017, beginning at 10:15 a.m., review of Patient #1's POC indicated Patient #1 had hypertension and type II diabetes mellitus. According to the POC, the SN was to assess and evaluate the patients' vital signs during one to two home visits every 60 days. However, there was no documented evidence the POC specified parameters for monitoring vital sign levels. 2. On May 17, 2017, beginning at 10:26 a.m., review of Patient #2's POC indicated Patient #2 had hypertension and insulin dependent diabetes mellitus. According to the POC, the SN was to assess and evaluate the patient's vital signs during one to two home visits every 60 days. However, there was no documented evidence the POC specified parameters for monitoring vital sign levels. 3. On May 17, 2017, beginning at 11:20 a.m., review of Patient #4's POC revealed a SOC date	H 358			

epchem RN, DON

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H 358	Continued From page 3 of April 1, 2015, and a certification period from March 27, 2017, through February 28, 2018. The POC indicated Patient #4 had hypertension and a history of cerebral vascular accident. According to the POC, the SN was to assess and evaluate the patients' vital signs during one to two home visits every 60 days. However, there was no documented evidence the POC specified parameters for monitoring vital sign levels. 4. On May 17, 2017, beginning at 3:15 p.m., review of Patient #15's POC revealed the patient had hypertension. According to the POC, the SN was to assess and evaluate the patients' vital signs during one to two home visits every 60 days. However, there was no documented evidence the POC specified parameters for monitoring vital sign levels. On May 17, 2017, at 4:05 p.m., interview with the administrator indicated the HCA would request the aforementioned patients' physicians to specify parameters for monitoring vital sign levels on the POCs. At the time of this survey the HCA failed to specify parameters for monitoring vital sign levels on the POCs.		H 358		
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;		H 453		

epicure *MR. DON*

6/28/17

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H 453	Continued From page 4 This Statute is not met as evidenced by: Based on record review and interview, it was determined the HCA failed to ensure the patient's needs were met in accordance with their POC for four (4) of fifteen (15) active patients in the sample. (Patient #1, #2, #14 and #15) The findings include: The agency failed to ensure all SNs performed a skilled assessment of the endocrine system in accordance with the POC, as evidenced by: 1. On May 17, 2017, beginning at 10:15 a.m., review of Patient #1's POC revealed a SOC date of May 28, 2013, and a certification period from November 21, 2016, through May 19, 2017. The POC indicated Patient #1 had type II diabetes mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system during one (1) to two (2) home visits every 60 days. On May 17, 2017, at 10:18 a.m., review of a Nursing Intervention visit note, dated March 3, 2017, revealed the SN failed to provide documented evidence a blood glucose level was performed on Patient #1. 2. On May 17, 2017, beginning at 10:26 a.m., review of Patient #2's POC revealed a SOC date of March 26, 2017, and a certification period from March 20, 2017, through November 30, 2017. The POC indicated Patient #2 had insulin dependent diabetes mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system during one to two home visits every 60 days. Additionally, the POC indicated the SN was to teach the patient/caregiver how to perform and record daily	H 453	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 to the plan of care. 1. Corrective Actions: Upon receiving 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 (vital signs, weight, Glucose blood sugar and etc.) . A weekly case conference will be conducted between the Clinical Supervisor or designee and the clinician(s) and or patients that are problematic. A mandatory educational in-service will be conducted to educate all Nurses with blood sugar taking, taking of patient weights and monitoring vital signs. 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 disciplinary action. 3. Monitoring Corrective Action: A bi-weekly Chart Audit 50% of the active skill and 25% of the Active Non-skill patient charts by the QA nurse and or DON, using the the chart audit tool. The result will be reported to the DON, QI officer and Senior management team during the Quarterly Meeting.	7/30/17

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If continuation sheet 5 of 10

action RN, DON

6/28/17

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H 453	Continued From page 5 glucose level checks. On May 17, 2017, at 10:30 a.m., review of a Nursing Intervention visit note, dated April 19, 2017, revealed the SN failed to provide documented evidence a blood glucose level was performed on Patient #2. 3. On May 17, 2017, beginning at 3:05 p.m., review of Patient #14's POC revealed a SOC date of April 5, 2017, and a certification period from May 5, 2017, through June 3, 2017. The POC indicated Patient #14 had type II diabetes mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system during home visits one to three times a week for nine (9) weeks. On May 17, 2017, at 3:08 p.m., review of Nursing Intervention visit notes, dated April 12, 2017, and April 19, 2017, revealed the SN failed to provide documented evidence blood glucose levels were performed on Patient #14 on the aforementioned days. 4. On May 17, 2017, beginning at 3:15 p.m., review of Patient #15's POC revealed a SOC date of December 4, 2008, and a certification period from December 17, 2016, through June 15, 2017. The POC indicated Patient #15 had type II diabetes mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system during one to two home visits every 60 days. On May 17, 2017, beginning at 3:28 p.m., review of Nursing Intervention visit notes, dated March 15, 2017, February 2, 2017, January 4, 2017 and December 26, 2016, revealed the SN failed to provide documented evidence blood glucose	H 453			

epclm RN, DON

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**1416 9TH STREET, NW
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H 453 Continued From page 6

levels were performed on Patient #15 on the
aforementioned days.

On May 17, 2017, at 3:35 p.m., interview with the
administrator revealed the agency would conduct
an in-service training with all the SNs to monitor
blood glucose levels as part of the skilled
assessment of the endocrine system.

At the time of this survey the agency's SNs failed
to monitor blood glucose levels as part of the
skilled assessment of the endocrine system.

H 453

H 454 3917.2(d) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum,
the following:

(d) Implementing preventive and rehabilitative
nursing procedures;

This Statute is not met as evidenced by:
Based on interview and record review, the HCA's
SN failed to ensure preventive nursing
procedures were afforded to patients related to
their health conditions, for five of fifteen patients
in the sample. (Patient #1, #3, #4, #14 and #15).

The findings include:

The agency failed to ensure all SNs actually
weighed or recorded the patient's reported weight
as part of the physical assessment as evidenced
by:

1. On May 17, 2017, beginning at 10:15 a.m.,
review of Patient #1's POC revealed a SOC date

H 454

3917.2(d) SKILLED NURSING SERVICES 7/30/17

Duties of the shall include, at the minimum the
following.

(d) Implementing preventative and rehabilitative
nursing procedure.

1. Corrective Action:

All Nurses will have a mandatory in-service
about taking patient weights and a weighing
scale will be given to each nurse to take patient
weights if the patient does not have a weighing
scale.

All new Nurses will be given a weighing scale
and taking patient weight will be a part of their
Orientation.

2. Quality Assurance Program:

Quality Assurance Personnel will review all
visit notes for completeness, making sure that
patient weight is documented if patient weight
taking is required. Any continuous miss
documentation will be subjected to disciplinary
action.

3. Monitoring Corrective Action:

A biweekly chart Audit will be conducted on the
20 active patient's chart, using the tracking tool.

upclm and, DON

6/28/17

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H 454	Continued From page 7 of May 28, 2013, and a certification period from November 21, 2016, through May 19, 2017. The POC indicated Patient #1 had hypertension and was prescribed Amlodipine Besylate 10 mg one (1) tablet once a day to lower blood pressure. According to the POC, the SN was to assess and evaluate the patient's disease processes during one to two home visits every sixty (60) days. It should be noted Amlodipine Besylate may cause fluctuations in weight. On May 17, 2017, at 10:18 a.m., review of a Nursing Intervention visit note, dated March 3, 2017, revealed no documented evidence SN #1 actually weighed Patient #1 or recorded the patient's reported weight as part of the physical assessment. 2. On May 17, 2017, beginning at 11:00 a.m., review of Patient #3's POC revealed a SOC date of May 28, 2016, and a certification period from November 27, 2016, through May 25, 2017. The POC indicated Patient #3 had hypertension and was prescribed Lasix 40 mg 1 tablet once a day to prevent fluid retention. According to the POC, the SN was to assess and evaluate the patient's disease processes during one to two home visits every 60 days. It should be noted Lasix may cause fluctuations in weight. On May 17, 2017, at 11:10 a.m., review of Nursing Intervention visit notes dated February 15, 2017, January 25, 2017, and December 29, 2016, revealed no documented evidence SN #1 actually weighed Patient #3 or recorded the patient's reported weight as part of the physical assessment on the aforementioned dates. 3. On May 17, 2017, beginning at 11:20 a.m., review of Patient #4's POC revealed a SOC date	H 454	will be utilized to monitor level of compliance . The results will be reported monthly and on the Quarterly Meetings with the DON, QI officer and Senior Management Team.	

epichon RN, DON

6/28/17

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H 454	Continued From page 8 of April 1, 2015, and a certification period from March 27, 2017, through February 28, 2018. The POC indicated Patient #4 had hypertension and was prescribed Lasix 20 mg 1 tablet once a day to prevent fluid retention. According to the POC, the SN was to assess and evaluate the patient's disease processes during one to two home visits every 60 days. It should be noted Lasix may cause fluctuations in weight. On May 17, 2017, at 11:35 a.m., review of a Nursing Intervention visit note dated April 11, 2017, revealed no documented evidence the SN actually weighed Patient #4 or recorded the patient's reported weight as part of the physical assessment. 4. On May 17, 2017, starting at 3:05 p.m., review of Patient #14's POC revealed a SOC date of April 5, 2017, and a certification period from May 5, 2017, through June 3, 2017. The POC indicated Patient #14 had essential hypertension and was prescribed Lasix 40 mg 1 tablet once a day to prevent fluid retention. According to the POC, the SN was to assess and evaluate the patient's disease processes one to three times a week for nine weeks. It should be noted Lasix may cause fluctuations in weight. On May 17, 2017, at 3:08 p.m., review of a Nursing Intervention visit note, dated April 19, 2017, revealed the SN failed to provide documented evidence the SN actually weighed Patient #14 or recorded the patient's reported weight as part of the physical assessment. 5. On May 17, 2017, beginning at 3:15 p.m., review of Patient #15's POC revealed a SOC date of December 4, 2008, and a certification period from December 17, 2016, through June 15, 2017.	H 454			

Yolun RN, DON

6/28/17

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H 454	Continued From page 9 The POC indicated Patient #15 had gout and was prescribed Allopurinol 300 mg 1 tablet daily to reduce uric acid. According to the POC, the SN was to assess and evaluate the patient's disease processes during one to two home visits every 60 days. It should be noted Allopurinol may cause fluctuations in weight. On May 17, 2017, beginning at 3:28 p.m., review of Nursing Intervention visit notes, dated March 15, 2017, February 2, 20017, January 4, 2017, and December 26, 2016, revealed no documented evidence the SN actually weighed Patient #15 or recorded the patient's reported weight as part of the physical assessment on the aforementioned days. On May 17, 2017, at 3:50 p.m., interview with the administrator revealed the POCs would be updated to specify instructions for the SNs to weigh or record the patients reported weights for the aforementioned patients. Further interview revealed the SNs would be re-trained on how to document the patients actual or reported weight on the Nursing Intervention visit notes. Additionally, the SNs will be reminded to use the body weight scales issued by the agency to weigh patients during their nursing intervention visits. At the time of this survey there was no documented evidence the SN actually weighed or recorded the patient's reported weight as part of the physical assessment.	H 454		

upclm RN, DON

6/28/17

McGee, Cindy (DOH)

From: Yasmin Schorr, RN, DON <yschorr@humantouchhealth.com>
Sent: Thursday, June 29, 2017 10:26 AM
To: McGee, Cindy (DOH)
Cc: Walker, Ericka (DOH); Sheila Ball, RN, DON; Ruth Amenu; Karen Bush
Subject: Plan of Correction
Attachments: Plan of Correction for Survey 5-17-18.pdf

Dear Ms. McGee,

I am attaching our Plan of Correction signed and dated. I will be dropping off the original signed papers to the office address to Ms. Sharon Mebane today. Please let me know if you have any questions.



Yasmin Schorr
Director of Nursing, Washington DC
Human Touch Health
1416 9th St. NW
Washington DC 20001
Phone: 202-483-9111
Fax: 202-483-8181