

Health Regulation & Licensing Administration

*Received  
3/8/18*

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HCA-0014</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/26/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>IDEAL NURSING SERVICES, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>820 UPSHUR STREET, NW, 2ND FLOOR<br/>WASHINGTON, DC 20016</b> |
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H 000 INITIAL COMMENTS H 000

An annual survey was conducted from 1/11/18 through 1/26/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency provides home care services to two hundred seventy-six (276) patients and employs five hundred sixty-eight (568) staff. The findings of the survey were based on a review of fourteen (14) active patient records, five (5) discharged patient records, twenty-eight (28) employee records, five (5) complaints, one (1) death record. The findings were also based on five (5) home visits, ten (10) telephone interviews, and interviews with patients/family and staff. The survey was extended for further review of the death record.

Listed below are abbreviations used throughout the body of this report:

- HCA - Home Care Agency
- AMS- Altered Mental Status
- CPR -Cardiopulmonary Resuscitation
- DNR - Do Not Resuscitate
- EMS - Emergency Medical Services
- PCA - Personal Care Aide
- HHA- Home Health Aide
- DON - Director of Nursing
- HR - Human Resources
- POC - Plan of Care
- SN- Skilled Nurse
- SOC- Start of Care
- UTI- Urinary Tract Infection

H 054 3903.2(c)(2) GOVERNING BODY H 054

The governing body shall do the following:

(c) Review and evaluate, on an annual basis, all

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| Health Regulation & Licensing Administration<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>Chwan-Lurdon</i> | TITLE<br><i>Administrator</i> | (X6) DATE<br><i>3-6-18</i> |
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| H 054 | <p>Continued From page 1</p> <p>policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.</p> <p>This Statute is not met as evidenced by:<br/>Based on record review and interview, the HCA failed to review all complaints made or referred to the agency, including the nature of each complaint and the agency's response to the complaints in the HCA's annual evaluation for 2017.</p> <p>Findings included:</p> <p>On 1/11/18 at 11:50 AM, a review of the the agency's complaint log revealed the HCA had six (6) complaints referred to the agency in 2017. On 1/11/18 at 4:15 PM, review of the HCA's governing body minutes, dated 7/19/17, showed "there were no complaints for the board's review this period." The governing body minutes dated 12/20/17 were also reviewed and showed that there were two (2) complaints regarding staff, which were handled by the agency's Staffing Coordinator. Further review of the minutes for December showed that "there were no other complaints to be reported and reviewed by the Board of Directors at this time."</p> <p>At 4:30 PM, the Assistant Administrator verified that all complaints and resolutions were not included in the Board meeting minutes for July</p> | H 054 | <p><i>TAG H 054</i></p> <p><b>What corrective action(s) will be accomplished to address the identified deficient practice?</b><br/>Assistant Administrator will create an addendum to the minutes of the Governing Body meeting held on 12/20/17 with documentation of complaints not included in report.</p> <p><b>What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur?</b><br/>The Complaint Policy was reinforced with all staff to include documentation of all complaints regardless of what level the complaint is resolved at. The nursing supervisor is responsible for maintain the log along with the administrator. Going forward the complaint log will be reviewed at the governing body meeting and a copy included with meeting agenda.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented?</b><br/>Assistant Administrator will monitor quarterly. The annual program evaluation and quality improvement program also includes a review of the complaints in its entirety by quality consultant.</p> |  |
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| H 054 | Continued From page 2<br><br>and December 2017. During an interview on 1/11/18 at 4:46 PM, the Assistant Administrator stated, "I give a verbal report of all the complaints, not a written report of all the complaints, to the Board." The Assistant Administrator stated that, in the future, the agency will include all of their complaints and resolutions of the complaints in Board meeting minutes.<br><br>This is a repeat deficiency (see survey report dated 3/10/17).  | H 054 |  |           |
| H 098 | 3905.2(h) POLICIES AND PROCEDURES<br><br>Written policies and procedures shall be developed for, at a minimum, the following:<br><br>(h) The provision of each service offered;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the HCA failed to have an effective home health aide policy to ensure aides provided services within their scope of practice.<br><br>Findings included:<br><br>Record review of the agency's policy titled, "Home Health Aide/PCA Services," dated 01/03/18, showed that aides are not allowed to perform duties outside their scope of practice, not limited to medication administration.<br><br>Observation of Patient #1's home on 01/16/18 at 9:15 AM showed HHA #4 opening the patient's medication bottles, removing pills, and placing | H 098 | <p><b>TAG H 098</b><br/>What corrective action(s) will be accomplished to address the identified deficient practice;</p> <p>Clinical Supervisor made a visit to the home of patient #1 home and met with family member to review schedule on all medication and assess the availability of caregiver to manage and administer medications. Family now administering medication.</p> <p><b>What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur</b></p> <p>Home health aides were advised at the meeting held on 2/10/18 of the current policy on aides and medication administration limitations.<br/><b>Attachment A #3</b></p> <p>The Employee Handbook and aide responsibilities were also revised to emphasize role of aide in medication management. A copy of the policy was placed in the paychecks on 2/19/18.<br/><b>Attachment B #10</b></p> <p>Nursing staff were advised at meeting held 2/5/18 thru 2/9/18 to review schedule on all medication and assess the availability of relatives and other family/caregivers to manage medications and reemphasize this on next supervisory visit.<br/><b>Attachment C #1</b></p> | 2/28/2018 |

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| H 098 | <p>Continued From page 3</p> <p>medications in the patient's mouth.</p> <p>During an interview on 01/16/18 at 9:30 AM, Patient #1's daughter stated that she instructed HHA #4 on what medications to administer to her mother.</p> <p>Review of HHA #4's personnel record at on 01/16/18 at 11:22 AM showed that the employee was a certified HHA in the District of Columbia. Continued review of HHA #4's personnel record showed a signed HHA job description dated 09/15/16, which lacked documented evidence that HHA #4 was to permitted administer medications.</p> <p>During an exit conference on 01/18/18 at 3:00 PM, the Director stated that HHAs are not allowed to administer medications. Additionally, the Director stated that she would ensure that the nurse performs a reassessment of Patient #1's current medications and re-educates the aide on the HCA's policy.</p> <p>At the time of the survey, the HCA failed to have an effective home health aide policy to ensure aides provided services within their scope of practice.</p> | H 098 | <p><i>TAG H 098 Continued</i></p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</b></p> <p>The medical record reviewers will review the meds schedule as part of the monthly record review and caregiver's availability and the quality consultant will include the findings in the quarterly review.</p> | 2/28/18 |
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| H 144 | <p>3907.1(e) PERSONNEL</p> <p>Each home care agency shall have written personnel policies that shall be available to each staff member and shall include the following:</p> <p>(e) Provisions for orientation, periodic training or continuing education, and periodic competency evaluation.</p> | H 144 |  |  |
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H 144 Continued From page 4

H 144

This Statute is not met as evidenced by:  
Based on record review and interview, the agency "Staff Hiring, Orientation, Competency Testing" policy failed to include an effective system for orienting fill-in HHAs to manage the care of newly assigned patients for one (1) of twenty (20) patient records reviewed (Patient #15).

**Findings included:**

Review of an incident report on 1/12/18 at 3:30 PM showed that Patient #15 expired while HHA #19 was in the home to provide HHA services.

Review of Patient #15's clinical record on 01/11/18 through 01/18/18 at 11:00 AM showed a SOC date of 04/23/14, and a POC with a certification period of 10/8/17 through 4/5/18. The POC showed that the patient had diagnoses of Alzheimer's disease, paraplegia, colostomy, an artificial opening of the urinary tract, and asthma. The POC also required the SN to provide services once a month and as needed to "instruct and supervise the PCA to assist the patient with personal care and activities of daily living." Additionally, the PCA was to provide services twelve (12) hours a day, seven (7) days a week to assist the patient with "bath[ing], hygiene/grooming, procedures, activities, nutrition, and others."

Further review of the clinical record showed a nursing note dated 12/01/17 that documented the patient was admitted to a local hospital from 11/11/17 through 11/30/17 with the following diagnoses: substance abuse, infection, hypovolemia, colostomy, neurogenic bladder, UTI, metabolic acidosis, hyponatremia, anemia,

**TAG H 144**

*What corrective action(s) will be accomplished to address the identified deficient practice;*

The agency policy has been amended to include a section on orientation of fill-in and new aide assignments.  
**Attachment I #1 thru #4**

**What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur**

1. The Aide Assignment Form given to aides has been revised to include a description of the duties.
2. The regular supervisory nurse or the assigned nurse responsible for follow-up visit post hospitalization is responsible for contacting the aide to provide a verbal update.
3. The nurse in the office or the weekend on-call nurse is responsible for reviewing the client status and aide responsibilities with fill-in staff. This may be done in person or via telephone.

This requirement was discussed in the staff meeting and with HR Director and a copy of the revised policy and was included in RN paychecks on February 19, 2018. Aides were advised at the staff meeting held on 2/10/18.  
**Attachment A #5 and C #1**

2/28/18

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| H 144 | <p>Continued From page 5</p> <p>and c. difficile. Continued review of the nursing note showed that during the course of hospital treatment, the patient was intubated for AMS on 11/12/17. Patient #15 was then extubated on 11/14/17 when his/her AMS improved.</p> <p>During an interview on 01/17/18 at 4:00 PM, HHA #19 stated that 12/02/17 was his/her first time working with Patient #15. The aide also stated that s/he was not provided any orientation for the provision of services for Patient #15. However, the Assistant Staffing Coordinator did provide him/her with the patient's diagnoses on the afternoon of 12/01/17.</p> <p>During an interview on 01/18/17 at 2:40 PM, the Assistant Staffing Coordinator stated that HHA #19 was in the office on 12/01/17, at which time a face-to-face meeting was conducted. During the meeting, the aide was verbally made aware of Patient #15's diagnoses and instructed to "fix [the patient] something to eat and remind [the patient] to take medications." Additionally, the Assistant Staffing Coordinator stated that HHA #19 was provided with an "Aide Assignment" sheet before leaving the office.</p> <p>Review of the unsigned "Aide Assignment" sheet on 01/17/18 showed that HHA #19 was scheduled to work with Patient #15 on 12/02/17 and 12/03/17 from 8:00 AM to 8:00 PM. The assignment sheet, however, lacked what services HHA #19 was to provide for Patient #15.</p> <p>Record review of the Assistant Staffing Coordinator's personnel record on 01/17/18 at 3:30 PM showed that the Assistant Staffing Coordinator was not a licensed nurse and did not have the clinical expertise to delegate tasks to</p> | H 144 | <p><i>TAG H 144 Continued</i></p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</b></p> <ol style="list-style-type: none"> <li>The Assistant Administrator will monitor monthly for compliance utilizing the call-in log and new hire list.</li> <li>The Quality Consultant will monitor this requirement utilizing the visit note and post hospitalization discharge list.</li> <li>Assistant Administrator or designee will do weekly spot checks via phone to HHA to ensure that assignment and review of client status was done by licensed staff. Tracking logs will be maintained and results will be discussed and documented in the monthly in-house meeting.</li> <li>Utilizing the call-in log the quality consultant will do a 100% interview of fill-in aides each month regarding how they were orientated to the client status and duties for 3 months or until 90% compliance is achieved. Findings will be discussed at quarterly quality improvement meeting.</li> </ol> | 2/28/18 |
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| H 144  | Continued From page 6<br><br>HHA #19.<br><br>Review of the agency's policy titled, "Staffing Hiring, Orientation, Competency Testing" dated September 2012 showed that the policy lacked documented evidence of how fill-in aides are oriented to manage care of newly assigned patients.<br><br>At the time of the survey, the HCA failed to demonstrate use of an effective system for orienting fill-in HHAs to manage the care of newly assigned patients.   | H 144   | <b>TAG H 153</b><br><br><b>What corrective action(s) will be accomplished to address the identified deficient practice;</b><br><br>The employee in question obtained a criminal background check on 2/6/18.   |
| H 153  | 3907.2(i) PERSONNEL<br><br>Each home care agency shall maintain accurate personnel records, which shall include the following information:<br><br>(i) Documentation of any required criminal background check;<br><br>This Statute is not met as evidenced by: Based on record review and interview, the agency failed to maintain accurate personnel records, which included documentation of the required criminal background check, for one (1) of twenty-eight (28) employee records reviewed (Assistant Staffing Coordinator/Receptionist).<br><br>Findings included:<br><br>Review of the Assistant Staffing Coordinator/Receptionist's employment application on 1/18/18 at 3:35 PM showed that s/he was hired by the HCA on 8/28/14. Further review of the application showed that the | H 153   | <b>What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur</b><br><br>All office employees of INS have been advised of the requirement to obtain a criminal background.<br><br>Personnel files are audited on a routine basis by HR Director and will include a review of all in-house staff monthly for first three months and on annual basis going forward. The policy and Employee Handbook has been revised to reflect that new requirement.<br><br><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</b><br><br>HR Director will monitor during routine review of personnel records and Quality Consultant will monitor quarterly. All new polices will be reviewed for compliance as part of the annual program evaluation by Quality Consultant. <b>Attachment D</b><br><br>2/28/18 |

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H 153 Continued From page 7 H 153

employee lived in the State of Maryland and worked in the District of Columbia for more than seven (7) years prior to being hired by the agency.

During an interview with the HR Manager on 1/18/18 at 3:29 PM, the HR Manager stated, "I didn't know that [s/he] had to have a criminal background check because [s/he] works in the office."

At the time of the survey, the HCA failed to provide evidence that fingerprinting or a live scan had been conducted for the Assistant Staffing Coordinator/Receptionist.

**TAG H 163**

**What corrective action(s) will be accomplished to address the identified deficient practice;**

The employee in question obtained a chest-x-ray on 2/17/18.

**What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur?**

All personnel files are being rechecked to ensure that dates are documented on a TB test and diagnostic test requested by agency HR department and staff.

H 163 3907.7 PERSONNEL H 163

Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.

This Statute is not met as evidenced by:  
Based on record review and interview, the HCA failed to ensure that each HHA was screened for communicable diseases annually for two (2) of twenty-eight (28) employees in the sample (HHA #2 and the Assistant Staffing Coordinator/Receptionist).

Findings included:

Review of HHA #2's personnel record on 1/11/18 at 11:22 AM showed no evidence that HHA #2 had been certified as free from communicable disease in 2017. Further review of the personnel

Agency will have 100% review completed by 3/31/18. The personnel files are audited on a routine basis and will include a review of all in-house staff monthly times 3 months after 2/28/18 and on annual basis going forward.

All 15 Administrative staff of INS have been advised of the requirement to obtain a tuberculosis test and/or chest-x-ray by 3/10/18. The policy and Employee Handbook has been revised to reflect new requirement.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

HR Director will monitor during routine review of personnel records and Quality Consultant will monitor quarterly. All new policies will be reviewed for compliance as part of the annual program evaluation by Quality Consultant.

**Attachment D** 3/10/18



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**H 163** Continued From page 8

record showed that HHA #2 had a chest x-ray, however, it failed to show the date that the diagnostic was performed. At the conclusion of the survey, there was no evidence that a physical assessment had been completed or that HHA #2 was determined to be free of communicable disease.

On 1/18/18 at 3:33 PM, review of the personnel record for the Assistant Staffing Coordinator/Receptionist showed no evidence that s/he had been certified as free from communicable disease in 2017.

During an interview on 1/18/18 at 3:29 PM, the HR Manager stated, "I didn't know that [s/he] had to have one because [s/he] works in the office."

**H 163**

**TAG H268**

**What corrective action(s) will be accomplished to address the identified deficient practice;**

The Aide Activity Sheet in question was located and is now in the clinical record. The document had an error and was returned to the aide for correction.

**H 268. 3911.2(h) CLINICAL RECORDS**

Each clinical record shall include the following information related to the patient:

(h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff;

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to maintain an activity record in the clinical record for one (1) of twenty (20) patients in the sample (Patient #15).

Findings included:

Review of an incident report dated 12/14/17 involving Patient #15 showed that HHA #19 provided PCA services for the patient on

**H 268**

**What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur?**

An administrative staff verifies completion of duties, assignment and signature as part of our fraud and abuse program. The record reviewers also review the record for presence of notes, data collection notes, adherence to duties and nurse supervision.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

Administrative staff will continue to verify Aide Activity Sheet on a weekly basis for completion of duties, assignment and signature. The record reviewers will continue to review the record for presence of notes, data collection, adherence to duties and nurse supervision. Quality Consultant will review quarterly for compliance and findings are part of the quarterly record review and quality improvement program.

**Attachment E**

2/28/18

Health Regulation & Licensing Administration

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| H 268 | Continued From page 9<br>12/02/17. | H 268 |  |  |
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Review of Patient #15's clinical record on 01/12/18 at 3:00 PM showed a POC with a certification period of 10/08/17 to 04/05/18. The POC required the HHA to provide services twelve (12) hours a day, seven (7) days a week. Further review of the medical record showed that it lacked documented evidence of the HHA's activity record for 12/02/17.

During an interview on 01/12/18 at 3:30 PM, the Assistant Administrator stated that the HHA #19 was at Patient #15's home on 12/02/17. The Assistant Administrator was unsure why the activity sheet was not contained within the patient's clinical record.

At the time of the survey, the HCA failed to include an activity sheet for 12/02/17 in Patient #15's clinical record.

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| H 300 | 3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES | H 300 |  |  |
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Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:

(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;

This Statute is not met as evidenced by:  
Based on record review and interview, the HCA failed to include in the "Patient's Rights and Responsibility" policy that patients have the right to receive treatment, care and services consistent

**TAG H300**

**What corrective action(s) will be accomplished to address the identified deficient practice;**  
The Patient handbook and policy was recently revised to include this language and the new Medicare regulations regarding Patient rights.

**What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur?**

Each client currently under service prior to 3/1/18 will receive a copy of the additional information in a packet and the nurse will review and document the review and document the review with them.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

Going forward the new clients admitted after 3/1/18 will receive this information in the Patient Handbook wherein they will sign for receipt. All Supervisory RNs were advised of this addendum to the Patient's Rights during the staff meeting on 2/5/18 thru 2/9/18.

**Attachment C #2 & F #31**

2/28/18

Health Regulation & Licensing Administration

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| H 300              | Continued From page 10<br><br>with the agency/patient agreement and with the patient's POC.<br><br>Findings included:<br><br>Review of the agency's policy titled, "Patient's Rights and Responsibility," undated, showed that it lacked documented evidence that patients have the right to receive treatment, care and services consistent with the agency/patient agreement and with the patient's POC.<br><br>During a telephone interview on 01/24/18 at 1:00 PM, the Assistant Administrator stated that the HCA would revise the "Patient's Rights and Responsibility" policy to include that patients have the right to receive treatment, care and services consistent with the agency/patient agreement and with the patient's POC.<br><br>At the time of the survey, the HCA's "Patient's Rights and Responsibility" policy did not include that patients have the right to receive treatment, care and services consistent with the agency/patient agreement and with the patient's POC. | H 300         | <b>TAG H 300 Continued</b><br><br><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</b><br><br>The Clinical Supervisor will monitor monthly and Quality Consultant will monitor quarterly for compliance. Findings will be included in the quarterly quality improvement program.  | 2/28/18            |
| H 364              | 3914.3(m) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(m) Emergency protocols; and...<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the HCA failed to ensure the emergency protocol with code status was included on the POCs for fifteen (15) of twenty (20) patient POCs reviewed  | H 364         | <b>TAG H 364</b><br><br><b>What corrective action(s) will be accomplished to address the identified deficient practice;</b><br><br>Information regarding DNR status is included in the oasis data collection obtained on admission. All Aides were in-serviced on 2/10/18. All Supervisory RNs were given an in-service and post-test in Advance Directives, DNR and Living Will. They were advised during the meeting held on 2/5/18 thru 2/9/18 that they are to include DNR status on the Plan of Care.<br><br>Attachments A #6, C #1, G | 2/28/18            |

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H 364 Continued From page 11  
(Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15).

Findings included:

Review of current POCs for Patients #1 through #15 starting on 01/11/18 through on 01/18/18 showed that all POCs documented, "all staff will call 911 for emergencies while in pt's (patient's) home."

During an interview on 01/12/18 at 2:30 PM, the DON stated that all staff who visit patients' homes are CPR certified, and if any patient were in cardiac or pulmonary arrest, the staff would perform CPR unless the patient has a DNR order.

At the time of the survey, the agency failed to ensure that the emergency protocol for CPR or DNR was included on the current POCs for Patients #1 through #15.

H 364

*TAG H 364 Continued*

**What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur?**  
A policy was developed regarding the Advance Directives, DNR and Living Will Once the DNR status is obtained and signed off by MD, a copy will be the filed in the clinical record. The nurse will alert the aide and include the information on the Emergency Plan Form in the home.  
**Attachments H, J**

2/28/18

Aides were informed where the information is located at meeting held 2/10/18. Additionally, an in-service was given on medical emergencies which included a number of scenarios and appropriate interventions to include calling 911, compressions, DNR, etc. Training certificate will be placed in personnel records. A make-up session is planned for 1st week in March 2018 for those who could not attending training session held on 2/10/18.  
**Attachment A #6 and C #1**

H 390 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE

H 390

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

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

This in-service will be given annually going forward and reviewed by nursing staff during orientation for new hires. Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly. All new polices will be reviewed for compliance as part of the annual program evaluation by Quality Consultant.

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**H 390** Continued From page 12

continuing education or in-service training annually for one (1) of twenty-one (21) HHAs in the sample (HHA #19).

**Findings included:**

Review of HHA #19's personnel record on 1/12/18 at 3:27 PM showed that the HHA was hired on 5/23/14. Further review of the personnel record showed that HHA #19 attended six (6) hours of in-service training on 7/8/17. It should be noted that the review of additional personnel records showed other required in-services were held on 4/20/17 and 10/21/17, however, there was no documented evidence that HHA #19 attended these in-services in April or October 2017.

During an interview on 1/17/18 at 3:24 PM, the HR Manager stated that s/he thought HHA #19 may have had an appointment on the day of the 10/21/17 in-service, but was not certain as to why HHA #19 did not attend the required in-service on 4/20/17.

At the time of the survey, the HCA failed to provide documented evidence that HHA #19 completed six (6) additional hours to fulfill the mandatory twelve (12) hours of continuing education for 2017.

**H 390**

**TAG H 390**

**What corrective action(s) will be accomplished to address the identified deficient practice;**  
INS will continue to offer 4 in-service training sessions yearly for HHAs and 1 make-up in-service training to capture aides who were unable to attend regular session.

**What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur?**  
Personnel file reviews remain ongoing and monthly. Nursing Management and HR will stay abreast of any in-services at the local university and apprise HHA for additional alternatives to meeting the 12-hour in-service requirement.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**  
HR Director will monitor on a monthly basis and a random review of personnel files will be done annually as part of program evaluation by Quality Consultant and/or designee.

2/28/2018

**H 453** 3917.2(c) SKILLED NURSING SERVICES

**H 453**

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;

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| H 453 | <p>Continued From page 13</p> <p>This Statute is not met as evidenced by:<br/>Based on record review and interview, the SN failed to ensure that services were provided per the POC for one (1) of twenty (20) patients in the sample (Patient #15).</p> <p>Findings included:</p> <p>Review of the Board of Directors meeting minutes on 01/11/18 at 4:20 PM showed that Patient #15 expired while HHA #19 was in the home to provide PCA services.</p> <p>Review of Patient #15's clinical record on 01/11/18 through 01/18/18 at 11:00 AM showed a SOC date of 04/23/14, and a POC with a certification period of 10/8/17 through 4/5/18. The POC showed that the patient had diagnoses of Alzheimer's disease, paraplegia, colostomy, an artificial opening of the urinary tract, and asthma. The POC also required the SN to provide services once a month and as needed to "instruct and supervise the PCA to assist the patient with personal care and activities of daily living." Additionally, the PCA was to provide services twelve (12) hours a day, seven (7) days a week to assist the patient with "bath[ing], hygiene/ grooming, procedures, activities, nutrition, and others."</p> <p>Further review of the clinical record showed a nursing note dated 12/01/17, which documented the patient was admitted to a local hospital from 11/11/17 through 11/30/17 with the following diagnoses: substance abuse, infection, hypovolemia, colostomy, neurogenic bladder, UTI, metabolic acidosis, hyponatremia, anemia, and c. difficile. Continued review of the nursing</p> | H 453 | <p><b>TAG H 453</b></p> <p><b>What corrective action(s) will be accomplished to address the identified deficient practice;</b><br/>INS had amended the policy on "Aide Responsibilities" to include a requirement to observe the patient every hour, regardless of whether patient is asleep or awake. This requirement was discussed at the staff meetings held during week of 2/5/18 thru 2/10/18, along with responsibilities of an aide in a medical emergency and what to do if there are barriers to fulfilling their observation.</p> <p><b>What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur?</b><br/>The Supervisory nurse assigned to the clients will advise the clients and care givers of this requirement at the next supervisory visit.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</b><br/>Clinical Director and QA reviewer will monitor monthly and Quality Consultant will review quarterly for compliance. All new polices will be reviewed for compliance as part of the annual program evaluation by Quality Consultant.</p> <p><b>Attachments A#1 and B #9</b></p> | 2/28/18 |
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| H 453 | <p>Continued From page 14</p> <p>note showed that during the course of hospital treatment, the patient was intubated for AMS on 11/12/17. Patient #15 was then extubated on 11/14/17 when his/her AMS improved.</p> <p>During an interview on 01/17/18 at 1:00 PM, the SN said that the patient had returned home from the hospital on 11/30/17 after being in the hospital for "about a month." The nurse stated that s/he had assessed the patient on 12/01/17 at 6:30 PM, at which time the patient was alert, oriented to name, place, and time with vital signs of 97.3, 64, 17, 92/60. The nurse also stated that Patient #15 continued to require total assistance with ADLs due to his/her diagnosis of paraplegia. Additionally, the nurse stated that s/he has worked with the patient since the patient was admitted to the agency in 2014. The SN was asked whether s/he provided HHA #19 with orientation or instruction on the provision of care and services to Patient #15. The SN said "No, because I do not provide orientation or instruction for fill-in aides. That is the office's role."</p> <p>During an interview on 01/17/18 at 4:00 PM, HHA #19 stated that 12/02/17 was the first time s/he was assigned to work with Patient #15. The aide also stated that s/he was not provided with any orientation or instruction for the care of Patient #15. However, the Assistant Staffing Coordinator provided her with the patient's diagnoses on the afternoon of 12/01/17. The aide stated that s/he arrived at Patient #15's home on 12/02/17 at 8:00 AM and was instructed by the patient's sister not to go into the patient's room because the patient was sleeping. The aide then stated that the sister left the apartment at about 9:30 AM. When asked if s/he checked on the patient after the sister left the apartment, the aide stated that because the sister told him/her not to go in the room and to let</p> | H 453 |  |  |
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| H 453 | <p>Continued From page 15</p> <p>the patient sleep, s/he "did not check on the patient."</p> <p>The aide then stated that around 12:00 PM someone knocked on the door, so s/he called the sister's cell phone and was instructed by the sister not to open the door. S/he then went to the closed door and informed the person who was knocking that the patient's sister said not to open the door. The aide then stated that around 12:30 PM, the person started knocking harder, so the aide opened the door. When s/he opened the door, the two people at the door introduced themselves as the Case Manager and the neighbor. Once inside the home, the aide, the Case Manager, and the neighbor went in the patient's room and found the patient unresponsive. The Case Manager immediately started CPR, and the neighbor called 911. The aide stated that when asked by the Case Manager, EMS, and the detective about the patient's care, s/he told them, "This is my first day. I don't know anything." When asked if s/he had observed or provided any assistance for the patient from 8:00 AM to 12:30 PM, the aide stated, "No, because I was respecting what the sister said to me. I trusted her."</p> <p>At the time of the survey, the SN failed to ensure services were provided per the POC.</p> | H 453 |  |  |
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