

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/05/2017
NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 NEW JERSEY AVENUE, SE SUITE 845 WASHINGTON, DC 20003			
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from 12/4/17, through 12/5/17, 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 for twenty-eight (28) patients and employs one hundred twenty-eight (128) staff including professional and administrative staff. The findings of the survey were based on a review of administrative records, fourteen (14) incident/complaint reports, eight (8) active patient records, two (2) discharged patient records and ten (10) employee records.</p> <p>The findings were also based on one (1) home visit and thirteen (13) telephone interviews with patients/family and staff.</p> <p>Listed below are abbreviations used throughout the body of this report.</p> <p>ADHD - Attention Deficit Hyperactivity Disorder ADL/IADL - Activities of Daily Living/Instrumental Activities of Daily Living DME- Durable Medical Equipment G-tube - Gastrostomy tube HCA - Home Care Agency HHA - Home Health Aide POC - Plan of Care RN - Registered Nurse ROM - Range of Motion SN - Skilled Nurse SOC - Start of Care</p>	H 000	<p><i>By submitting this Plan of Correction the agency does not admit the allegations in the survey report or that it violated any regulations. The agency is submitting this Plan of Corrections in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contrast any alleged findings, conclusions and deficiencies. The agency intends to request that this Plan of Correction service as its Credible Allegation of Compliance.</i></p>		
H 279	<p>3911.2(s) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p>	H 279			

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

STATE FORM

6899

VIOJ11

TITLE

(X6) DATE

January 2, 2018

If continuation sheet 1 of 6

If continuation sheet 2 of 6

Health Regulation & Licensing Administration

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H 279	<p>Continued From page 2</p> <p>Patient #1's "Nursing Flow Sheets" dated 10/20/17, through 11/25/17, showed no documented evidence that the SN provided the patient/caregiver with training and/or educational instructions related to any of the patient's diagnosed health care conditions.</p> <p>2. On 12/04/17, at 12:55 PM, review of Patient #2's POC showed a SOC date of 1/23/15, and a certification period of 11/09/17, through 1/07/18. The patient had diagnoses that included dysphagia, autistic disorder, congenital malformation of the larynx, encounter for attention to gastrostomy and supraventricular tachycardia. The POC showed a documented order for the SN to instruct the patient/caregiver on the following:</p> <p>ADL/IADLs; Bowel training regime; Diet maintenance; DME care; Fall prevention and ambulation safety measures; Fluid intake management; Medication management; Pulse oximetry; ROM exercises; and Routine G-tube care.</p> <p>On 12/04/17, beginning at 1:05 PM, review of Patient #2's "Nursing Flow Sheets" dated 11/9/17, and 11/11/17 through 11/16/17, showed no documented evidence that the SN provided the patient/caregiver with training and/or educational instructions related to any of the patient's diagnosed health care conditions.</p> <p>3. On 12/04/17, beginning at 1:30 PM, review of Patient #3's POC showed a SOC date of 4/15/14, and a certification period of 11/25/17, through</p>	H 279	<p><i>By submitting this Plan of Correction the agency does not admit the allegations in the survey report or that it violated any regulations. The agency is submitting this Plan of Corrections in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contrast any alleged findings, conclusions and deficiencies. The agency intends to request that this Plan of Correction service as its Credible Allegation of Compliance.</i></p>		

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H 279	<p>Continued From page 3</p> <p>1/23/18. The patient had diagnoses that included autistic disorder; cerebral palsy, unspecified convulsions, unspecified asthma, ADHD, and encounter for attention to gastrostomy. The POC showed a documented order for the SN to instruct the patient/caregiver on the following:</p> <p>ADL/IADLs; Bowel management; Dietary requirements; Fall prevention strategies; Fluid intake management; Maintenance/Improvement of short term memory; Medication regimen for high risk medications; Progressive exercise/ROM; and Seizure precautions.</p> <p>On 12/04/17, at 2:35 PM, review of Patient #3's "Nursing Flow Sheet" dated 11/25/17, showed no documented evidence that the SN provided the patient/caregiver with training and/or educational instructions related to any of the patient's diagnosed health care conditions.</p> <p>4. On 12/04/17, at 3:30 PM, review of Patient #10's POC showed a SOC date of 5/01/14, and a certification period of 10/19/17, through 12/17/17. The patient had diagnoses that included encephalopathy, quadriplegia, epilepsy, chronic respiratory failure with hypoxia, and altered mental status. The POC showed a documented order for the SN to instruct the patient/caregiver on the following:</p> <p>ADL/IADLs; Bowel management; Dietary requirements; Fall prevention strategies; Fluid intake management; Maintenance/Improvement of short term memory;</p>	H 279	<p><i>By submitting this Plan of Correction the agency does not admit the allegations in the survey report or that it violated any regulations. The agency is submitting this Plan of Corrections in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contrast any alleged findings, conclusions and deficiencies. The agency intends to request that this Plan of Correction service as its Credible Allegation of Compliance.</i></p>	

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H 279	Continued From page 4 Medication regimen for high risk medications; Progressive exercise/ROM; and Seizure precautions. On 12/04/17, at 4:00 PM, review of Patient #10's "Nursing Flow Sheets" dated 10/20/17, through 11/25/17, showed no documented evidence that the SN provided the patient/caregiver with training and/or educational instructions related to any of the patient's diagnosed health care conditions. On 12/04/17, 4:45 PM, interview with the clinical supervisor said that all SNs will be re-trained to ensure all patients/caregivers are given specific training and educational instructions as ordered by the POC. At the time of the survey, the HCA failed to ensure all SNs documented specific training and educational instructions to all of the patients/caregivers as ordered by the POC.	H 279	<i>By submitting this Plan of Correction the agency does not admit the allegations in the survey report or that it violated any regulations. The agency is submitting this Plan of Corrections in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contrast any alleged findings, conclusions and deficiencies. The agency intends to request that this Plan of Correction service as its Credible Allegation of Compliance.</i>	
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 a record review and interview, the HCA failed to ensure that each HHA observed, recorded and reported on the patient's physical condition, behavior or appearance, for one (1) of	H 411	DOCS AND Clinical Supervisor will re-educate the Clinical staff on documentation policy to include the ABC's (appearance, behavior and condition) of each patient during orientation, before new case is discuss on PSO (patient specific orientation sheet) and during monthly supervisory visits/recertification visits. DOCS teach and discusses POC adherence during orientation of all new staff.	12/20/2017 12/20/2017

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H 411	<p>Continued From page 5</p> <p>the three (3) patients who had an HHA in the sample. (Patient #7)</p> <p>Findings included:</p> <p>On 12/4/17, at 2:25 PM, review of Patient #7's, "Aide Weekly Notes" dated 10/16/17, through 11/19/17, showed that the HHA failed to observe and document the aforementioned patients' physical condition, behavior or appearance in the clinical record.</p> <p>On 12/4/17, at 3:30 PM, interview with the clinical supervisor said that the agency would conduct an in-service with all of the HHAs on how to document the patients' physical condition, behavior or appearance in the clinical record.</p> <p>At the time of the survey, there was no evidence the HHA documented the patients' physical condition, behavior or appearance in the clinical record.</p>	H 411	<p>Chart audit to be done quarterly by Quality Improvement Nurse and DOCS of 75% - 100% of charts with threshold of 90-100% of compliance.</p>	1/31/2018