

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NURSING ENTERPRISES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5101 WISCONSIN AVE NW WASHINGTON, DC 20016</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>A monitoring visit was conducted on September 9, 2014 and September 11, 2014, to determine compliance with Title 22 CRM, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency's administrator stated that the agency was not providing any home care services at this time and that three hundred-thirty-eight patients (338) were transferred to other home care agencies and three (3) skilled patients had been discharged. The agency employs thirteen (13) employees to include professional and administrative staff. The findings of the monitoring visit were based on the review of three discharge records, five (5) personnel records and interviews with the administrative staff. The agency was in substantial compliance with Title 22 DCMR, Chapter 39 Home Care Agencies Regulations.</p>	H 000		

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  
**NURSING ENTERPRISES, INC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5101 WISCONSIN AVE NW  
WASHINGTON, DC 20016**

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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from March 13, 2014, through April 1, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to three hundred seventy-two (372) patients and employs three hundred ninety-one (391) employees to include professional and administrative staff. The findings of the survey were based on observations, record reviews and interviews with current patients and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <ul style="list-style-type: none"> <li>Activities of Daily Living (ADL)</li> <li>Cardiopulmonary (CP)</li> <li>Cardiovascular (CV)</li> <li>Cardiopulmonary Resuscitation (CPR)</li> <li>Congestive Heart Failure (CHF)</li> <li>Director of Nursing (DON)</li> <li>Home Care Agency (HCA)</li> <li>HRS (Hours)</li> <li>Home Health Aide (HHA)</li> <li>Human Resources (HR)</li> <li>Instrumental Activities of Daily Living (IADL's)</li> <li>Gastrointestinal (GI)</li> <li>Genitourinary (GU)</li> <li>Pounds (LBS)</li> <li>Medical Doctor (MD)</li> <li>Personal Care Aide (PCA)</li> <li>Physical Therapist (PT)</li> <li>Plan of Care (POC)</li> <li>Occupational Therapist (OT)</li> <li>She or He (S/he)</li> <li>Signs and Symptoms (S/S)</li> <li>Start of Care (SOC)</li> <li>Wk (Week)</li> </ul>	H 000	<p>The deficiencies cited in this report related primarily to the delivery of service to the Medicaid non-skilled patients. As of May 2014, the agency no longer provide any services to this clientele, has no contractual agreements with staffing agencies, have no Personal Care Aides and no supervisory nurses supervising the Personal care Aides for which they must provide 60 day summaries to the physician.</p> <p>The corrective action plan presented in the following pages is to ensure that these deficiencies do not occur in the skilled population currently served and to describe quality assurance measures to be implemented or are currently on-going to prevent recurrence of similar type problems within the skilled services delivered..</p>	

Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
899 North Capitol St., N.E.  
Washington, D.C. 20002

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

*Mystle L. Boney*

TITLE

*President*

(X6) DATE

*7-20-14*

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H 054	<p><b>3903.2(c)(2) GOVERNING BODY</b></p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all 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: Based on record review and interview, it was determined that the HCA failed to include all complaints made or referred to the agency, including the nature of each complaint and the agency's response to the complaints in the agency's annual evaluation for 2013. (Complaint #1, #2, #3, #4, #5 and #6)</p> <p>The finding includes:</p> <p>On March 13, 2014, at approximately 1:30 p.m., a review of the the agency's complaint book revealed the agency had six (6) complaints referred to the agency for 2013.</p> <p>During an interview with the administrator on March 13, 2014, at approximately 2:00 p.m., the administrator stated, We only had two board meetings for 2013.</p> <p>On March 31, 2014, at approximately 9:00 a.m., review of the two (2) board meeting minutes</p>	H 054	<p>The administrator reviewed the results of the survey with members of the Governing Board on 7/ 15/14 including review of Policy 100.01 5(b) regarding the required annual review and evaluation of patient complaints including, nature of the complaint and response to the complaint as part of its annual evaluation of the agency in 2013. The Annual Evaluation Form was revised to include Review and Analysis of patient complaints under PI (2).</p> <p>To ensure no repeat of this deficiency, the annual evaluation will be reviewed by members of the Professional Advisory Committee, the oversight body for the agency, to ensure all complaints reported or referred are reviewed including the nature of the complaints and the response and recommendations made to the administrator as appropriate to ensure no repeat of similar type complaints.</p> <p>Patient complaints will continue to be reviewed 100% as an adverse outcome by the Director of Professional Services (DPS) and Administrator as an Adverse Outcome Event and reported to PAC on a quarterly basis as part of the PI Program. It will be listed as an item to be discussed in the annul evaluation by PAC for 2014.</p>	<p>7/15/14</p> <p>9/1/14</p> <p>7/15/14 and Ongoing</p>

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H 054	Continued From page 2  dated April 22, 2013 and September 18, 2013, failed to evidence any of the six (6) complaints made to the agency in 2013.  During a telephone interview with the administrator on March 31, 2014, at approximately 12:00 p.m., the administrator stated, " We will start adding all complaints to our board meeting minutes."	H 054		
H 122	3906.1(c) CONTRACTOR AGREEMENTS  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (c) The manner in which services will be controlled, coordinated and evaluated by the primary home care agency;  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that contractual agreements outlined the manner in which services would be controlled, coordinated, and evaluated by the primary home care agency for ten (10) of ten (10) contracts reviewed. (Contracts #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10)  The finding includes:  On March 31, 2014, at approximately 1:00 p.m., review of the ten (10) contractual agreements revealed that ten (10) licensed staffing agencies	H 122	The policy 100.10 Contractual Agreements was reviewed and revised to ensure compliance with DCMR 3906, 1 (c)  Regarding the cited staffing contracts, the agency has since terminated all staffing contracts as of May 2014 and will not be entering any agreements with staffing agencies in the future.	7/15/14

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H 122	Continued From page 3  would supply HHAs to Nursing Enterprises (primary home care agency); however, the agreements failed to evidence the manner in which Nursing Enterprise would control, coordinate, and evaluate the home health aide services.  On April 1, 2014, at approximately 9:45 a.m., during a telephone interview with the DON, the DON indicated that the agency would include the required information in all contracts.	H 122		
H 127	3906.1(h)(1) CONTRACTOR AGREEMENTS  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (h) Assurance that the contractor will comply with:  (1) All applicable agency policies, including the assurance that contract personnel meet the qualifications and fulfill the responsibilities of agency employees as set out in these rules;  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to include the assurance that the contractor will comply with all applicable agency policies, including the assurance that contract personnel meet the qualifications and fulfill the responsibilities of agency employees, for ten (10) of ten (10) contracts reviewed. (Contracts #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10)	H 127	Policy 100.10 on Contractual Agreements was reviewed and revised to reflect all requirements of DCMR 3906.1. (h) (1). All existing Staffing agency contracts were terminated May 2014 and the agency will no longer engage in contractual agreements with staffing agencies.	7/15/14

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H 127	<p>Continued From page 4</p> <p>The finding include:</p> <p>On March 31, 2014, at approximately 1:00 p.m., review of the ten (10) contractual agreements revealed that ten (10) licensed staffing agencies would supply HHA's for Nursing Enterprises (primary home care agency). Further review of the contractual agreements revealed that there was no provisions in the contracts which ensured that the contractors would comply with all agency policies and qualifications for contracted employees.</p> <p>On April 1, 2014, at approximately 9:45 a.m., during a telephone interview with the DON, the DON agreed to include the required information in all contracts.</p>	H 127		
H 128	<p><b>3906.2(h)(2) CONTRACTOR AGREEMENTS</b></p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(h) Assurance that the contractor will comply with:</p> <p>(2) Insurance and bonding requirements as set out in section 3901 of these regulations; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that contractual agreements included provisions that all contracted employees</p>	H 128	<p>Policy 100.10 on Contractual Agreements was reviewed and revised to ensure in compliance with DCMR 3906 .2 (h) (2)</p> <p>All staffing agency contracts were terminated as of May, 2014 and the agency will no longer have contractual agreements with staffing agencies.</p> <p>Review of contractual agreements with professional clinicians indicate 100% compliance with requirements for own professional liability insurance.</p>	7/15/14 and Ongoing

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H 128	<p>Continued From page 5</p> <p>would meet insurance and bonding requirements for ten (10) of ten (10) contracts reviewed. (Contracts #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10)</p> <p>The finding includes:</p> <p>On March 31, 2014, at approximately 1:00 p.m., review of the ten (10) contractual agreements revealed that ten (10) licensed staffing agencies would supply HHA's to Nursing Enterprises (primary home care agency). Review of the agreement revealed that there was no provision in the contracts which ensured that the contractors would comply with insurance and bonding requirements.</p> <p>On April 1, 2014, at approximately 9:45 a.m., during a telephone interview with the DON, the DON agreed to include the required information to all contracts.</p>	H 128	<p>The agency will continue to review all non-staffing agency contracts to ensure all comply with federal and district laws and regulations and the agency's policy 100.10.</p> <p>On a quarterly basis the HR director will provide a report on the status of contractual agreements to include missing updates on the status of documents due to expire to the administrator and PAC</p>	<p>7/15/14 and ongoing</p> <p>8/1/14 and ongoing</p>
H 129	<p><b>3906.2(h)(3) CONTRACTOR AGREEMENTS</b></p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(h) Assurance that the contractor will comply with:</p> <p>(3) All applicable federal and District laws and regulations.</p>	H 129		

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H 129	<p>Continued From page 6</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that contractual agreements included a provision that all contracted employees would comply with all applicable federal and District laws and regulations for ten (10) of ten (10) contracts reviewed. (Contracts #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10)</p> <p>The finding includes:</p> <p>On March 31, 2014, at approximately 1:00 p.m., review of the ten (10) contractual agreements revealed that ten (10) licensed staffing agencies would supply HHA's for Nursing Enterprise (primary home care agency). Further review of the agreements revealed there was no provisions in the contracts which ensured that the contractor would comply with all applicable Federal and District laws and regulations.</p> <p>On April 1, 2014, at approximately 9:45 a.m., during a telephone interview with the DON agreed to include the required information in all contracts.</p>	H 129	<p>Agency Policy 100.10 Contractual Agreements was reviewed and revised to ensure statement "Complies with all applicable federal and District laws and regulations" was included in the contract language for all non staffing agency contracts in effect. (see item G)</p> <p>All existing staffing agency contracts were terminated effective May 2014 and the agency will no longer have contractual agreements with staffing agencies.</p> <p>The HR director will continue to review all other contracts on an ongoing basis to ensure all comply with federal and District laws and regulations and the agency's policy 100.10 and advise the administrator and the Director of Professional Services in monthly reports, and PAC in quarterly reports as part of the required reports to PAC.</p>	7/15/14 and Ongoing
H 148	<p>3907.2(d) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(d) Documentation of current CPR certification, if required;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include</p>	H 148	<p>The HR Director reviewed the files of all staff to identify those with missing requirements including CPR certification. Personnel identified with missing current CPR certification were notified and given a deadline to submit the required documents or be terminated. Compliance has been 100%.</p>	7/18/14



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H 148	Continued From page 7  documentation of current CPR certification in the employee files for three (3) of twenty (20) employees in the sample. (Employee #5, #8, and #16)  The findings include:  On March 20, 2014, starting at approximately 2:00 p.m., review of Employee # 5, #8, and #16's personnel record revealed expired CPR certification cards. Employee #5's CPR certification expired in October 2013; Employee #8's CPR certification expired in August 2013; and Employee #16's CPR certification expired in February 2012.  During an interview with the HR manager on March 20, 2014, starting at approximately 3:00 p.m., the HR manager stated, "I have asked all the employees to bring in their current CPR cards." The CPR cards were not made available to the surveyor upon the conclusion of this survey.  This is a repeat deficiency. (See survey report dated March 21, 2013).	H 148	To ensure ongoing compliance, the HR Director has developed a computerized database to track the status of the contents of the personnel file. The tracking system will track expiration dates for all required documents. Using this computerized data base there will be a print out of all documents due to expire a month in advance . The HR Director will notify staff of documents due to expire and given a deadline for submission of the documents or be suspended. A copy of the report is also submitted to the Administrator monthly on the status of personnel records starting July 31, 2014 and thereafter monthly. The HR Director will submit quarterly reports to PAC, the oversight body for the agency, as part of the PI quality control process on status of personnel records starting September 30th 2014.	7/15/14 and ongoing
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 record review and interview, the HCA	H 152	The HR Director reviewed the files of all personnel to identify hire date and due date for annual evaluations. The computerized list was provided to the administrator /Director of Professional Services to follow-up with supervisory staff. on a monthly basis, with quarterly reports to PAC starting 8/1/14 and ongoing	

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H 152	Continued From page 8  failed to ensure that employees' personnel records contained completed annual evaluations for twelve (12) of twenty (20) employees in the sample. (Employees #1, #3, #5, #6, #7, #8, #9, #13, #14, #16, #17, and #18)  The finding includes:  On March 20, 2014, starting at approximately 2:00 p.m., a review of Employee #1, #3, #5, #6, #7, #8, #9, #13, #14, #16, #17, and # 18's personnel records failed to evidence an annual evaluation for 2013.  During an interview with the HR manager on March 20, 2014, starting at approximately 3:00 p.m., the HR manager stated, "I did not see the employees annual evaluations for 2013 in their files."  This is a repeat deficiency. (See survey report dated March 21, 2013).	H 152	The administrator counseled supervisory staff on 7/16/14 re missing annual evaluations and given a deadline for completion of evaluations of personnel on the list.  The HR Director instructed re providing the administrator with monthly reports on the status of personnel files so that actions can be implemented to correct deficiencies identified starting 8/1/14  Completeness of employee files will be monitored as part of the agency's QI Program through quarterly status reports to PAC starting August 1, 2014	7/16/14
H 156	3907.2(l) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (l) Results of any competency testing;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include results of competency testing in the personnel records for four (4) of twenty (20) employees in the sample. (Employees #2, #7, #8, and #9)	H 156	The administrator reviewed with clinicians and supervisory staff the requirements for competency testing including joint visits for clinicians to assess competence during staff meeting held 7/16/14. She reviewed with staff initial competency testing and verification on home visits, and annual competency testing and verification including peer review joint visits for therapists initially on hire and annually.	7/16/14

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H 156	<p>Continued From page 9</p> <p>The finding includes:</p> <p>On March 20, 2014, starting at approximately 2:00 p.m., review of Employee #2, #7, #8, and #9's personnel records failed to evidence results of any competency testing.</p> <p>During an interview with the DON on March 20, 2014, at approximately 2:30 p.m., the DON stated, " We will start requesting that the staff provide proof of any training they receive and put it in their personnel records".</p>	H 156	<p>HR Director to notify the administrator of newly hired personnel who had missing competence assessment and verification not completed during orientation on a monthly basis starting 8/1/14</p> <p>HR Director as part of quality control to provide the administrator and PAC with quarterly reports of missing documents in personnel files to include competence assessment and verification documents initially and annually.</p>	8/1/14  9/1/14
H 163	<p><b>3907.7 PERSONNEL</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each employee was screened for communicable diseases annually for eight (8) of the twenty (20) employees in the sample. (Employees #1, #5, #9, #10, #11, #13, #16, and #17)</p> <p>The findings include:</p> <p>On March 20, 2014, starting at approximately 2:00 p.m., review of Employee #1, #5, #9, #10, #11, #13, #16, and #17's personnel records failed to evidence that the employees had been certified free of any communicable disease in 2013. At the conclusion of the survey, there was no evidence</p>	H 163	<p>The administrator reviewed the HR deficiencies with the HR Director and discussed strategies to ensure personnel records were complete with all required documents on hire and maintained according to policies and procedures and federal and District regulations.</p> <p>On anniversary date HR Director to ensure all personnel submit results of annual symptom screening for communicable diseases exposure and doctors report that person is free of communicable diseases if exposure reported in the annual screening.</p> <p>The HR Director to notify the administrator of personnel who fail to provide the required documents so that Staffing will assign no patients until health clearance reports are received.</p>	7/17/14 7/15/14  7/15/14 ongoing

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H 163	<p>Continued From page 10</p> <p>of physical assessment or that employees were free of communicable diseases.</p> <p>During an interview with the HR manager on March 20, 2014, starting at approximately 3:00 p.m., the HR manager stated, "I have asked all the employees to bring in a copy of their health and physicals."</p> <p>This is a repeat deficiency. (See survey report dated March 21, 2013).</p>	H 163	<p>Potential employees are given a deadline to bring records to make files current or will not be hired. Current employees will be suspended, not assigned patients until cleared or terminated if not provided by the deadline.,</p> <p>Completeness of health records will be monitored as part of the PI program and quarterly reports submitted to PAC and the Administrator starting August 1, 2014.</p>	<p>7/15/14</p> <p>8/1/14</p> <p>7/15/14</p>
H 260	<p><b>3911.1 CLINICAL RECORDS</b></p> <p>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to maintain accurate clinical records for two (2) of twenty (20) patients in the sample. (Patient #3 and #16)</p> <p>The findings include:</p> <p>1. On March 13, 2014, at approximately 1:32 p.m., a review of Patient #3's record revealed a POC with a documented certification period of April 24, 2014 through October 24, 2014. The nurse signed that s/he completed the POC on April 4, 2011. Further review of the POC revealed the physician approved and signed the POC on August 22, 2013.</p>	H 260	<p>The administrator held a meeting with the data entry staff 7/15/14 and the clinical staff on 7/17/14 to advise them of the deficiency re accuracy of submitted documents. The administrator counseled data entry staff re failure to review submitted time sheets for accuracy and notify the person and the administrator of discrepancies before submitting the time sheets to payroll.</p> <p>The agency will conduct 100% review of visit notes starting 7/15/14 to ensure time sheets submitted are accurate and reflects services delivered.</p> <p>Performance of data entry staff will be monitored by the assigned QA staff by reviewing a random sample of time sheets to ensure accurate and that discrepancies are being identified and communicated. Accuracy of time sheets will be monitored on an ongoing basis, starting August 1, 2014 to ensure no repeat of the deficiency.</p>	<p>7/15/14</p> <p>7/15/14</p>

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H 260	<p>Continued From page 11</p> <p>During an interview with the administrator on March 13, 2014, at approximately 1:58 p.m., the administrator stated, "The nurse no longer works here but I believe the nurse signed the wrong date because this is a current POC because the physician signed the POC on August 22, 2013." At the conclusion of the survey, the administration failed to confirm that the date was an error.</p> <p>2. On March 20, 2014, at approximately 10:36 a.m., a review of Patient #16's record revealed a POC with a documented certification period of December 5, 2013 through June 5, 2014. The POC documented that the patient was to be provided, "8 HRS a day for 5 days/week for six months for personal care assistance with ADL's/IADL's."</p> <p>Further review of the record revealed HHA time sheets with overlapping times and different HHA's signatures. The record reflected the following:</p> <ul style="list-style-type: none"> <li>- Three (3) time sheets for December 19, 2013; time sheet #1 was timed for 8:00 a.m. until 8:00 p.m.; time sheet #2 was timed for 9:00 a.m. until 5:00 p.m.; and time sheet #3 was timed for 5:00 p.m. until 9:00 p.m.</li> <li>- Two (2) time sheets for February 12, 2014; the time sheet #1 was timed for 8:00 a.m. until 8:00 p.m. and the time sheet #2 was timed for 9:00 a.m. until 5:00 p.m.</li> <li>-Two (2) time sheets for February 17, 2014; the time sheet #1 was timed for 9:00 a.m. through 5:00 p.m. and time sheet #2 was timed for 9:00 a.m. until 9:00 p.m.</li> </ul> <p>During an interview with the administrator on March 20, 2014, at approximately 1:16 p.m., the</p>	H 260		

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H 260	Continued From page 12  administrator stated, " Patients would never have two home health aides providing care at the same time for one patient. I will investigate why the HHA hours are overlapping."  This is a repeat deficiency. (See survey report dated March 21, 2013).	H 260		
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 reviews and interview, it was determined that the HCA failed to identify personnel in charge of managing emergencies for eleven (11) of twenty (20) patients in the sample. (Patients' #1, #2, #3, #13, #14, #15, #16, #17, #18, #19, and #20)  The findings include:  1. On March 13, 2014, at approximately 12:30 p.m., review of Patient #1's record revealed a POC, with a documented certification period of February 5, 2014 to April 5, 2014, that failed to identify personnel in charge of emergencies.  2. On March 13, 2014, at approximately 1:30 p.m., review of Patient #2's record revealed a POC, with a documented certification period of August 2, 2013 to February 30, 2014, that failed to identify personnel in charge of emergencies.	H 363	The administrator counseled the Data Entry staff re failure to include the person responsible for implementing the Emergency Protocol in all the 485 sent to the physician for signature on the PCA 485's. This Emergency Protocol was added to the 485 for skilled patients several years ago and is included in all 485's for the skilled patients. This language was not included in the Non-skilled POC which is in a different format.	7/15/14 and ongoing

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H 363	<p>Continued From page 13</p> <p>3. On March 18, 2014, at approximately 11:46 a.m., review of Patient #3's record revealed a POC, with a documented certification period of December 24, 2014 to June 24, 2014, that failed to identify personnel in charge of emergencies.</p> <p>4. On March 18, 2014, at approximately 2:03 p.m., review of Patient #13's record revealed a POC, with a documented certification period of December 24, 2013 to June 24, 2014, that failed to identify personnel in charge of emergencies.</p> <p>5. On March 18, 2014, at approximately 12:00 p.m., review of Patient #14's record revealed a POC, with a documented certification period of November 23, 2013 to May 23, 2014, that failed to identify personnel in charge of emergencies.</p> <p>6. On March 18, 2014, at approximately 12:00 p.m., review of Patient #15's record revealed a POC, with a documented certification period of February 1, 2014 to August 1, 2014, that failed to identify personnel in charge of emergencies.</p> <p>7. On March 20, 2014, at approximately 10:00 a.m., review of Patient #16's record revealed a POC, with a documented certification period of December 5, 2013 to June 5, 2014, that failed to identify personnel in charge of emergencies.</p> <p>8. On March 18, 2014, at approximately 12:00 p.m., review of Patient #17's record revealed a POC, with a documented certification period of February 12, 2013 to August 12, 2014, that failed to identify personnel in charge of emergencies.</p> <p>9. On March 20, 2014, at approximately 11:13 a.m., review of Patient #18's record revealed a POC, with a documented certification period of November 30, 2013 to May 30, 2014, that failed</p>	H 363	<p>Effective immediately, 7/15/15, the Nurse reviewer will review all 485 to ensure the Emergency Protocol is included in the 485 of all patients (skilled and non-skilled) which indicates that the Director of Professional Services (DPS) is responsible for implementing the Emergency protocol. Those found to have the protocol missing a VO will be sent to get signed by the MD to amend the signed 485 that has the protocol missing.</p> <p>On an ongoing basis all 485 will be reviewed by the Nurse Reviewer to ensure the Emergency Protocol is present for 100% compliance with the requirement. The review will continue as part of clinical record review to ensure sustained compliance with the requirement. Report of findings submitted to PAC quarterly as part of Clinical Record Review by the DPS.</p>	7/15/14 and ongoing 8/1/14

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H 363	<p>Continued From page 14</p> <p>to identify personnel in charge of emergencies.</p> <p>10. On March 18, 2014, at approximately 12:00 p.m., review of Patient #19's record revealed a POC, with a documented certification period of October 19, 2013 to April 19, 2014, that failed to identify personnel in charge of emergencies.</p> <p>11. On March 18, 2014, at approximately 12:00 p.m., review of Patient #20's record revealed a POC, with a documented certification period of November 13, 2013 to May 13, 2014, that failed to identify personnel in charge of emergencies.</p> <p>During an interview on March 20, 2014, at approximately 2:15 p.m., with the administrator, the administrator stated, "We normally include the personnel in charge of emergencies on all our POC's but these POC's are on a different form. We will start to include it on all our POC's."</p>	H 363	<p>On an ongoing basis all 485 will be reviewed by the Nurse Reviewer to ensure the Emergency Protocol is present for 100% compliance with the requirement. The review will continue as part of clinical record review to ensure sustained compliance with the requirement. Report of findings submitted to PAC quarterly as part of Clinical Record Review.</p>	7/15/14 and ongoing 8/1/14
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the POC included an emergency protocol for eleven (11) of twenty patients (20) in the sample. (Patient #1, #2, #3, #13, #14, #15, #16, #17, #18, #19, and #20)</p> <p>The findings includes:</p> <p>1. On March 13, 2014, at approximately 12:30</p>	H 364	<p>As listed above, the emergency protocol was only added to the 485 for skilled patients and is missing from the PCA 485's (effective for 6months) because it uses a different format. Effective immediately 7/15/14, the data entry staff will ensure all 485 has the emergency protocol included as a part of the 485. On an ongoing basis, presence of the emergency protocol will be monitored as part of clinical record review starting 8/1/14 Data Entry staff found non-compliant will be disciplined /terminated.</p>	7/15/14 8/1/14 and Ongoing



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H 364	<p>Continued From page 15</p> <p>p.m., a review of Patient #1's record revealed a POC with a certification date of February 5, 2014, through April 5, 2014. The POC failed to evidence the agency's emergency protocol.</p> <p>2. On March 13, 2014, at approximately 1:02 p.m., a review of Patient #2's record revealed a POC with a certification date of August 2, 2013 through February 30, 2014. The POC failed to evidence the agency's emergency protocol.</p> <p>3. On March 13, 2014, at approximately 1:32 p.m., review of Patient #3's record revealed a POC, with a documented certification period of August 24, 2014 to October 24, 2014. The POC failed to evidence the agency's emergency protocol.</p> <p>4. On March 13, 2014, at approximately 2:12 p.m., review of Patient #13's record revealed a POC, with a documented certification period of December 24, 2014 to June 24, 2014. The POC failed to evidence the agency's emergency protocol.</p> <p>5. On March 18, 2014, at approximately 12:00 p.m., review of Patient #14's record revealed a POC, with a documented certification period of November 23, 2013 to May 23, 2014. The POC revealed the emergency protocol was to " call 911 in case of an emergency, and (202) 526-2400 during office hours to report to administrator". The POC failed evidence the agency's detailed emergency protocol.</p> <p>6. On March 18, 2014, at approximately 12:40 p.m., review of Patient #15's record revealed a POC, with a documented certification period of February 1, 2014 to August 1, 2014. The POC</p>	H 364	<p>On an ongoing basis all 485s will be reviewed 100% weekly for 2 months starting 7/15/14 to ensure 100% compliance thereafter monitoring will be monthly and reported quarterly as part of clinical record review by the Director of Professional Services and reported to PAC quarterly ~starting 8/1/14</p>	7/15/14

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H 364	<p>Continued From page 16</p> <p>failed to evidence the agency's emergency protocol.</p> <p>7. On March 18, 2014, at approximately 1:10 p.m., review of Patient #16's record revealed a POC, with a documented certification period of December 5, 2013 to June 5, 2014. The POC failed to evidence the agency's emergency protocol.</p> <p>8. On March 18, 2014, at approximately 2:00 p.m., review of Patient #17's record revealed a POC, with a documented certification period of February 12, 2013 to August 12, 2014. The POC failed to evidence the agency's emergency protocol.</p> <p>9. On March 18, 2014, at approximately 2:30 p.m., review of Patient #18's record revealed a POC, with a documented certification period of November 30, 2013 to May 30, 2014. The POC revealed the emergency protocol was to " call 911 in case of an emergency, and (202) 526-2400 during office hours to report to administrator". The POC failed evidence the agency's detailed emergency protocol.</p> <p>10. On March 20, 2014, at approximately 2:45 a.m., review of Patient #19's record revealed a POC, with a documented certification period of October 19, 2013 to April 19, 2014. The POC failed to evidence the agency's emergency protocol.</p> <p>During an interview on March 20, 2014, at approximately 2:15 p.m., with the administrator, the administrator stated, "We normally include the emergency protocol on all our POC's but these POC's are on a different form. We will start to include it on all our POC's."</p>	H 364		

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H 364	Continued From page 17  This is a repeat deficiency. (See survey report dated March 21, 2013).	H 364		
H 366	<p><b>3914.4 PATIENT PLAN OF CARE</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure patients POC's were approved and signed by a physician within thirty (30) days of the start of care, for four (4) of twenty (20) patients in the sample. (Patients' #4, #8, #10, and #13)</p> <p>The findings include:</p> <p>1. On March 13, 2014, at approximately 2:03 p.m., review of Patient #4's POC, with a certification period of January 29, 2014 to March 29, 2014, revealed that the POC failed to evidence approval by and signature of a physician.</p> <p>2. On March 14, 2014, at approximately 11:52 a.m., review of Patient #8's POC, with a certification period of January 16, 2014 through March 16, 2014, revealed that the POC failed to</p>	H 366	<p>Medical record staff counseled re failure to notify the administrator of unsigned POC's so that the administrator can contact the physician or send the POC to the doctor's office to be signed to ensure not late.</p> <p>Starting 7/21/14, Medical Record Clerk requested to provide a weekly report to the administrator of delinquent POC so that the POC can be walked to the doctors' office to be signed.</p> <p>Effective 8/1/14, the MR Clerk will provide weekly report to the Administrator of POC's not returned within 14 days so that the process to get them signed can be expedited.</p> <p>The agency no longer has Medicaid patients whose primary physicians are very reluctant to sign POC's for Medicaid PCA patients.</p> <p>Timely signing of POC's will continue to be monitored as part of the agency's PI program by the PI nurse designee on a weekly basis starting 7/15/14. 100% compliance is expected.</p> <p>Thereafter, monitoring of timely signing of POC's will continue to be monitored monthly and reported quarterly to PAC as part of the agency's clinical record review.</p>	<p>7/15/14 7/21/14 and ongoing 8/1/14 7/15/14 and ongoing 8/1/14 and ongoing 7/15/14 and ongoing 8/1/14 and ongoing</p>

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H 366	<p>Continued From page 18</p> <p>evidence approval by and signature of a physician.</p> <p>3. On March 14, 2014, at approximately 2:19 p.m., review of Patient #10's POC, with a certification period of February 3, 2014 to April 3, 2014, revealed that the POC failed to evidence approval by and signature of a physician.</p> <p>4. On March 14, 2014, at approximately 2:19 p.m., review of Patient #13's POC, with a certification period of December 24, 2013 to June 24, 2014. revealed that the POC was approved and signed by the physician on February 21, 2014 [ sixty days after the SOC].</p> <p>During an interview with the administrator on March 13, 2014, at approximately 2:45 p.m., the administrator stated, " We have a problem with getting some doctors to sign their POC's within thirty days."</p> <p>This is a repeat deficiency. (See survey report dated March 21, 2013).</p>	H 366		
H 390	<p><b>3915.6 HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>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.</p>	H 390	<p>As part of the Staffing agency's contract, they were to provide the 12 hours of in-services. The Medicaid aides were all terminated and only 3 aides remain in under skilled services. These aides have the required number of in-services . Classes are planned to provide all the required in-services for the remainder of 2014.</p>	<p>7/15/14</p> <p>8/1/14</p>

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H 390	<p>Continued From page 19</p> <p>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 complete at least twelve (12) hours of continuing education or in-service training annually for seven (7) of seven (7) HHA's in the sample. (Employees' #1, #7, #8, #9, #16, #17, and #18)</p> <p>The finding includes:</p> <p>On March 20, 2014, starting at approximately 2:00 p.m., review of Employee #1, #7, #8, #9, #16 and #17's personnel records revealed that the HHA's only received nine (9) hours of training for 2013. Additionally, review of Employee #18's personnel record failed to evidence any training in 2013.</p> <p>During an interview with the HR manager on March 20, 2014, at approximately 2:30 p.m., the HR administrator stated, "The employees only had 9 hours of in service training for 2013 in their files."</p>	H 390	<p>The administrator also advised the nursing staff to document any training given of the aides because this counts towards the required in-services.</p> <p>The administrator will follow-up with the individual and HR to ensure all records are current .HHA who fail to attend the required classes as part of employment in spite of repeated requests will be terminated.</p> <p>The status of in-service records will be monitored s part of the HR monitoring program on completeness of the ongoing personnel file through the computerized data base and reported to PAC quarterly.</p>	7/21/14 ongoing  8/1/14 and
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H 430	<p>3916.1 SKILLED SERVICES GENERALLY</p> <p>Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to send a summary of their review and</p>	H 430		
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H 430	<p>Continued From page 20</p> <p>evaluation of skilled services provided to the physician at least every 62 days for eight (8) of eight (8) patients in the sample who received skilled care services. (Patients #13, #14, #15, #16, #17, #18, #19, and #20)</p> <p>The findings include:</p> <p>The review of the agency's records failed to evidence a review and evaluation of skilled services for the following patients:</p> <p>1. On March 18, 2014, at approximately 11:46 a.m., review of Patient #13's POC, with a documented certification period of December 24, 2013 to June 24, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month to conduct "skilled assessment of cardiopulmonary status, GI/GU, skin and neuro status, teach medication management, supervision of the HHA...." There was no documented evidence that a review and evaluation of skilled services was submitted to the physician.</p> <p>2. On March 18, 2014, at approximately 12:00 p.m., review of Patient #14's POC, with a documented certification period of November 23, 2013 to May 23, 2014, revealed that the skilled nurse was to provide service one (1) times a month for six (6) months to conduct "skilled assessment of cardiopulmonary status, GI/GU, skin and neuro status, teach medication management, supervision of the HHA...." There was no documented evidence that a review and evaluation of skilled services was submitted to the physician.</p>	H 430	<p>The 60-day summary is required for skilled services because patients are re-certified every 60 days and the 60 day summary provides a status report for the physician on services provided past 60 days, goals achieved and goals remaining and justification for continuing skilled services for another 60 days.</p> <p>In the meeting held with the staff 7/16/14 to review the deficiencies, the supervisory nurses were informed that 60-day summaries was also required for patients receiving non-skilled services.</p> <p>The agency currently has no PCA patients, however, the QA nurse will monitor current patients to ensure 60-day summaries are being sent on patients to be re-certified. Clinicians found not complying will be counseled and performance monitored to ensure compliance.</p> <p>Presence of the 60-day summary will continue to be monitored as part of clinical record review and reported quarterly to PAC.</p>	8/1/14 and ongoing

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H 430	<p>Continued From page 21</p> <p>3. On March 20, 2014, at approximately 9:40 a.m., review of Patient #15's POC, with a documented certification period of February 1, 2014 to August 1, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months for "PCA supervision, PCA plan review, medication and hospital update, coordination of care with MD and other disciplines..." There was no documented evidence that a review and evaluation of skilled services was submitted to the physician.</p> <p>4. On March 20, 2014, at approximately 10:36 a.m., review of Patient #16's POC, with a documented certification period of December 5, 2013 to June 5, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months to conduct "skilled assessment of cardiopulmonary status, GI/GU, skin and neuro status, teach medication management, teach disease process and diet, supervision of HHA..." There was no documented evidence that a review and evaluation of skilled services was submitted to the physician.</p> <p>5. On March 18, 2014, at approximately 12:25 p.m., review of Patient #17's POC, with a documented certification period of February 12, 2014 to August 12, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months and as needed " to complete system assessment; notify MD of any S/S requiring medical attention, review medications and diet for knowledge and compliance and instruct as</p>	H 430		

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H 430	<p>Continued From page 22</p> <p>needed, monthly PCA supervision..." There was no documented evidence that a review and evaluation of skilled services was submitted to the physician.</p> <p>6. On March 18, 2014, at approximately 1:00 p.m., review of Patient #18's POC, with a documented certification period of November 30, 2013 to February 8, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months." There was no documented evidence that a review and evaluation of skilled services was submitted to the physician.</p> <p>7. On March 20, 2014, at approximately 11:13 a.m., review of Patient # 19 ' s POC, with a documented certification period of October 19, 2013 to April 19, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months " for assessment of systems, to teach nutrition, modification disease process, pain med [sic] management...." There was no documented evidence that a review and evaluation of skilled services was submitted to the physician and;</p> <p>8. On March 20, 2014, at approximately 11:52 a.m., review of Patient # 20 ' s POC, with a documented certification period of November 13, 2013 to May 13, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months and as needed to " complete system assessment; notify MD of and S/S requiring medical attention. Review medication and diet for</p>	H 430		



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H 430	Continued From page 23  knowledge and compliance and instruct as needed, monthly PCA supervision....". There was no documented evidence that a review and evaluation of skilled services was submitted to the physician.  The administrator alleged that evaluations are completed, but not sent to the physicians. The administrator agreed to address this failure by sending the evaluation to the patients' physicians.	H 430		
H 433	3916.2(c) SKILLED SERVICES GENERALLY  Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies shall include, at a minimum, the following:  (c) Coordinating services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the patient's needs; and...  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to coordinate services with the case management agency actively involved in patient care through written communication and/or interdisciplinary conferences, in accordance with the patient's needs for one (1) of twenty (20) patients in the sample.(Patient #15)  The finding includes:  On March 20, 2014, at approximately 9:40 a.m., review of Patient	H 433	The agency no longer provides PCA services requiring case management because the services were terminated in May, 2014  The administrator, Director of Professional Services (DPS) reviewed the policy 200.35 case management Case Coordination with the clinical staff on 7/16/14 and reminded them to communicate with each other to ensure a coordinated approach to the delivery of home care services. Monthly case conferences are required for patients receiving services from multiple disciplines. The assigned QA nurse will review sample of charts monthly to ensure documentation of case conferences for all patients assigned multiple disciplines. Staff found non compliant will be counseled and performance monitored to ensure compliance.	7/16/14          7/21/14 and ongoing

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H 433	<p>Continued From page 24</p> <p>#15's POC, with a documented certification period of February 1, 2014 to August 1, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months for "PCA supervision, PCA plan review, medication and hospital update, coordination of care with physician and other disciplines." The patient was approved to receive PCA services, eight (8) hours a day for seven (7) days a week for six (6) months for "Personal care ADL's, including but not limited to accompany the patient to MD appointments."</p> <p>Further review of the record failed to evidence that the skilled nurse coordinated care with the case manager. Additionally, HHA services were provided for 16 hours a day from February 2, 2014 through February 9, 2014 and from February 15, 2014 through March 8, 2014.</p> <p>During an interview with the administrator on March 20, 2014, at approximately 12:31 p.m., the administrator indicated, Patient #15 received case management services monthly from another company "who had the order for the 16 hours of HHA services but we don't have a copy of the order or any case manager notes." Additionally, the administrator indicated that s/he would request a copy of the order and the case management notes.</p>	H 433		
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p>	H 453		

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H 453	<p>Continued From page 25</p> <p>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 eleven (11) of twenty (20) patients in the sample. (Patient #8, #10, #11, #12, #13, #14, #15, #16, #18, #19, and #20)</p> <p>The findings include:</p> <p>1. On March 14, 2014, at approximately 11:52 a.m., review of Patient #8's POC, with a documented certification period of January 16, 2014 to March 16, 2014, revealed that the skilled nurse was to provide service three (3) times a week for eight (8) weeks to conduct "skilled nursing assessment and observation of all body systems, asses vital signs, lung sounds, edema nutrition, hydration and elimination pattern of each home visit, assess and teach medications including dosage, scheduling and side effects, instruct patient or caregiver in signs and symptoms to report to MD, cardiac weight: teach patient to weigh self daily/or measure ankle size if no scale and record measurement or weight..."</p> <p>Further review of the record revealed only one skilled nursing note dated March 8, 2014; there was no documented evidence that the patient was assessed and that the HHA was supervised on or before March 8, 2014.</p> <p>2. On March 14, 2014, at approximately 2:19 p.m., review of Patient #10's POC, with a documented certification period of February 21, 2014 to April 21, 2014, revealed that the skilled nurse was to provide service two (2) times a</p>	H 453	<p>In the staff meeting held with the clinicians 7/16/14, the deficiencies re not following the plan of care was reviewed and expectations that staff comply with the POC .</p> <p>Staff reminded to obtain a copy of the POC so that they can ensure compliance</p> <p>Staff reminded that visit notes are to be submitted within 48 hours of the visit so can be filed in chart within 7 days.</p> <p>MR clerk counseled re failure to notify the administrator of charts with missing visit notes.</p> <p>Medical Record's Clerk ordered to submit to the administrator Director of Professional Services weekly the list of staff with missing documentation for the administrator/DPS to follow-up.</p>	<p>7/16/14</p> <p>7/15/14</p> <p>7/21/14</p>

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H 453	<p>Continued From page 26</p> <p>week for nine (9) weeks to conduct, " skilled nursing assessment and observation of all body systems, asses vital signs, lung sounds, edema nutrition, hydration and elimination pattern of each home visit, assess and teach medications including dosage, scheduling and side effects, instruct patient or caregiver in signs and symptoms to report to MD, cardiac/CHF/ hypertension: teach measures to reduce peripheral edema, assess patient for excessive hydration, swollen ankles, shortness of breath, sudden weight gain greater than 3 LBS/Day and crackles in lungs..."</p> <p>Further review of the record revealed that the skilled nursing services were only provided once for the week of February 16, 2014. Additionally, there was no documented evidence that skilled nursing services were provided after February 18, 2014.</p> <p>3. On March 18, 2014, at approximately 9:26 a.m., review of Patient #11's POC, with a documented certification period of February 11, 2014 to April 11, 2014, revealed that the skilled nurse was to provide service two (2) times a week for nine (9) weeks to conduct, "skilled nursing assessment and observation of all body systems, asses vital signs, lung sounds, edema nutrition, hydration and elimination pattern of each home visit, assess and teach medications including dosage, scheduling and side effects, instruct patient or caregiver in signs and symptoms to report to MD, cardiac teaching: teach sign and symptoms of cardiac complication..."</p> <p>Further review of the record revealed there was no documented evidence skilled nursing service was provided after February 20, 2014.</p>	H 453		

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H 453	<p>Continued From page 27</p> <p>During an interview with the administrator on March 14, 2014, at approximately 3:00 p.m., the administrator stated, "All staff are to bring their notes into the office the week after they provide the service."</p> <p>4. On March 18, 2014, at approximately 9:26 a.m., review of Patient #12's POC, with a documented certification period of February 11, 2014 to April 11, 2014, revealed that the skilled nurse was to provide service three (3) times a week for nine (9) weeks to conduct, "skilled nursing assessment and observation of all body systems, asses vital signs, lung sounds, edema nutrition, hydration and elimination pattern of each home visit, assess and teach medications including dosage, scheduling and side effects, instruct patient or caregiver in signs and symptoms to report to MD, wound care assess wound for signs and symptoms of infection. measure and record wound size weekly, cleanse with normal saline solution, apply duoderm, dressing to changed every 3 days by SN, teach and supervise caregiver in wound care..."</p> <p>Further review of the record failed to document the following:</p> <ul style="list-style-type: none"> <li>-skilled nurse services for the week of January 26, 2014;</li> <li>-skilled nurse services three (3) times during the week of February 16, 2014; and</li> <li>-skilled nurse services after February 21, 2014.</li> </ul> <p>Additionally, review of all skilled nursing notes dated from January 15, 2014 through February 21, 2014 revealed that the skilled nurse documented " wound cleansed with normal</p>	H 453		

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H 453	<p>Continued From page 28</p> <p>saline and Xeroform applied." The record failed to evidence an order for Xeroform. Further review also failed to evidence that the nurse measured the wound weekly.</p> <p>During an interview with the administrator on March 18, 2014, at approximately 2:55 p.m., the administrator stated, "The Xeroform was not ordered by the physician and the wound measurements should have been documented on the nursing notes but I don't see that the nurse measured the wound."</p> <p>5. On March 18, 2014, at approximately 11:46 a.m., review of Patient #13's POC, with a documented certification period of December 24, 2013 to June 24, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month to conduct "skilled assessments of cardiopulmonary status, GI/GU, skin and neuro status. HHA services were ordered for five (5) days a week, eight (8) hours a day for personal care assistance with ADL's/IADL's. Also the skilled nurse was to teach medication management and supervision of the HHA.</p> <p>There was no evidence that the nurse assessed the patient, as required above, in December 2013. Additionally, review of HHA time sheets revealed that the HHA services were provided five (5) days a week for six (6) hours a day from January 1, 2014 through March 7, 2014.</p> <p>During an interview with the administrator on March 18, 2014, at approximately 2:59 p.m., the administrator stated, "I don't see a nursing note to explain why the HHA provided six (6) hours of service instead of eight (8) hours that was</p>	H 453		

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H 453	<p>Continued From page 29</p> <p>ordered." The administrator also could not explain why the nurse failed to assess the patient in December, 2013.</p> <p>6. On March 18, 2014, at approximately 12:00 p.m., review of Patient #14's POC, with a documented certification period of November 23, 2013 to May 23, 2014, revealed that the skilled nurse "was to provide service one (1) time a month to conduct "skilled assessments of CV/CP , GI/GU, vision, neuro status, allergy and nutritional assessment."</p> <p>Further review of the record revealed there was no documented evidence skilled nursing service was provided in November 2013.</p> <p>During an interview with the administrator on March 14, 2014, at approximately 3:04 p.m., the administrator stated, "I don't see the note in the record. "</p> <p>7. On March 20, 2014, at approximately 9:40 a.m., review of Patient #15's POC, with a documented certification period of February 1, 2014 to August 1, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months for HHA supervision, review HHA plan, obtain medication and hospital updates and coordinate care with physician and other disciplines. HHA services were ordered for eight (8) hours a day for seven (7) days for six (6) months for " Personal care ADL's, including but not limited to accompany the patient to MD appointments."</p> <p>Further review of the record revealed that there was no documented evidence the skilled nurse coordinated care with other disciplines.</p>	H 453		

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H 453	<p>Continued From page 30</p> <p>Additionally, HHA services were provided 16 hours a day from February 2, 2014 through February 9, 2014 and from February 15, 2014 through March 8, 2014. There was no evidence that the patient's HHA hours had been increased.</p> <p>During an interview with the administrator on March 20, 2014, at approximately 12:31 p.m., the administrator indicated, Patient #15 received case management services monthly from another company "who had the order for the 16 hours of HHA services but we don't have a copy of the order or any case manager notes." Additionally, the administrator indicated, s/he would request a copy of the order and the case management notes.</p> <p>8. On March 20, 2014, at approximately 10:36 a.m., review of Patient #16's POC, with a documented certification period of December 5, 2013 to June 5, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month to conduct "skilled assessments of cardiopulmonary status, GI/GU, skin and neuro status." Also the skilled nurse was to teach medication management and supervision of the HHA. HHA services were ordered for eight ( 8) hours a day, five (5) days a week for six (6) six months for personal care assistance with ADL's/IADL's.</p> <p>Further review of the record revealed the following:</p> <ul style="list-style-type: none"> <li>- The record failed to evidence that HHA services were provided on the following days: December 5, 2013; January 4 -5, 2014, January 18-19, 2014; February 1, 17, 18, and 23, 2014; and</li> </ul>	H 453		



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H 453	<p>Continued From page 31</p> <p>March 3, 2014 and March 9, 2014.</p> <p>-The record reflected that twelve (12) hours of HHA services were provided on the following days; December 6, 9, 13, 16-20, 23, 24 and 26, 2013; January 1-3, 6-9, 11-17, 21- 24, 27-28, and 30, 2014; February 3-4, 6-7, 12-14, 19-20, and 27, 2014; and March 2, 4-8 2014.</p> <p>- The record reflected that four (4) hour of HHA services were provided on January 29, 2014; February 15 and February 28 2014; and March 1, 2014 and March 10, 2014.</p> <p>During an interview with the administrator on March 20, 2014, at approximately 12:42 p.m. the administrator indicated that the eight (8) hours of HHA services reflected on the POC was an error. The administrator then stated, "The patient is supposed to receive PCA services twelve (12) hours, seven (7) days a week but the POC has eight (8) hours of HHA services to be provided." The administrator could not provide a physician order that ordered/approved the twelve (12) hours, seven (7) days a week of HHA services.</p> <p>9. On March 18, 2014, at approximately 1:00 p.m., review of Patient #18's POC, with a documented certification period of November 30, 2013 to February 8, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months. HHA services were ordered for eight (8) hours a day, seven (7) days a week for six (6) months for personal care, ADL's including but not limited to accompanying [sic] the patient to the MD appointments.</p> <p>Review of the record failed to evidence that</p>	H 453	<p>In the staff meeting held with the clinicians 7/16/14, the deficiencies re not following the plan of care was reviewed and expectations that staff comply with the POC . Staff reminded to obtain a copy of the POC 7/16/14 so that they can ensure compliance Staff reminded that visit notes are to be submitted within 48 hours of the visit so can be filed in chart within 7 days. MR clerk counseled re failure to notify the administrator of charts with missing visit notes. Medical Record's Clerk ordered to submit 7/15/14 to the administrator/Director of professional services weekly the list of staff with missing documentation for the administrator/DPS to follow-up. The DPS will have weekly case conferences 7/15/14 with staff to discuss patients and the status of visits and services provided. Also that services delivered can be tracked. Clinicians must submit weekly schedules of planned visits for the upcoming week to the staffing coordinator so that patient care delivery can be better managed. Compliance with the plan of care will be monitored weekly and analyzed monthly Staff not complying with the POC will be counseled and performance monitored to assure compliance.</p>	7/15/14 and ongoing

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H 453	<p>Continued From page 32</p> <p>skilled nursing services and/or HHA services were provided from November 30, 2013 through February 8, 2014.</p> <p>During an interview with the administrator on March 18, 2014, at approximately 2:00 p.m., the administrator stated, "I will check with the nurse to find out what happened." At the conclusion of the survey, the administrator could not provide an explanation for the failure of the failure of skilled nurse/aide to render prescribed care.</p> <p>10. On March 20, 2014, at approximately 11:13 a.m., review of Patient # 19's POC, with a documented certification period of October 19, 2013 to April 19, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months. The nurse was ordered to conduct assessment of systems, to teach nutrition, modification disease process, pain med [sic] management. The HHA was ordered to provide services eight (8) hours a day, five (5) days a week for personal care ADL's/IADL's.</p> <p>The record failed to evidence that skilled nursing services were provided from October (2013) and February (2014). Additionally, there was no documented evidence that HHA services were provided from December 30, 2013 through January 2, 2014.</p> <p>During an interview with the administrator on March 20, 2014, at approximately 1:18 p.m., the administrator stated, "I can not say if services were provided but the notes are not in the record."</p> <p>11. On March 20, 2014, at approximately 11:52 a.m., review of Patient</p>	H 453	<p>Thereafter, compliance with the POC will continue to be monitored as part of clinical record review to assure continued compliance.</p> <p>Patients with wounds care , the record will be reviewed 100% to ensure weekly documentation of wound measurements by the RN. Staff found non-complying with policies counseled and documentation monitored to ensure compliance.</p> <p>Compliance with the Plan of Care will be monitored by QA Nurse on a weekly basis, and monthly reports provided to the DPS and the administrator. Quarterly reports are provided to PAC as part of Clinical Record Review</p>	<p>8/1/14 and ongoing</p> <p>8/1/14 and ongoing</p>

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H 453	<p>Continued From page 33</p> <p>#20's POC, with a documented certification period of November 13, 2013 to May 13, 2014, revealed that the skilled nurse was to provide oversight of HHA services that were ordered for eight (8) hours a day, seven (7) day a week for six (6) months for personal care assistance with ADL's/IADL's services.</p> <p>Further review of the record failed to evidence that HHA services were provided from March 1, 2014 through March 8, 2014.</p> <p>During an interview with the administrator on March 20, 2014, at approximately 2:00 p.m., the administrator stated, "The HHA time sheets are not in the record."</p> <p>This is a repeat deficiency. (See survey report dated March 21, 2013).</p>	H 453		
H 459	<p>3917.2(i) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evalutaion of patient instruction; and</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA skilled nursing failed to evaluate the teaching that was provided for two (2) of twenty (20) patients' in the sample. (Patient #14 and #20)</p> <p>The findings include:</p> <p>1. On March 18, 2014, at approximately 1:00</p>	H 459	<p>The administrator discussed the deficiency with the nurses re failure to document teaching and the effectiveness of teaching. Clinicians reminded to ensure documentation reflects teaching and its effectiveness.</p> <p>The clinical record will be monitored weekly for 2 months to ensure the record and reflects documentation of teaching and its effectiveness.</p> <p>Once 100 % compliance is obtained, monitoring will continue monthly and reported quarterly as part of clinical record review to ensure continued compliance.</p>	<p>7/15/14</p> <p>8/1/14</p> <p>ongoing</p>

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H 459	<p>Continued From page 34</p> <p>p.m., a review of Patient #14's monthly skilled nursing notes for December 2013, January 2014, and February 2014, revealed that the patient was provided teaching on physiology/disease process, The notes, however failed to evidence that the skilled nurse evaluated the patient's understanding of the teaching provided.</p> <p>During an interview with the administrator on March 18, 2014, at approximately 1:35 p.m., the administrator stated, "I think the nurse just forgot to check the evaluation of teaching box on the form."</p> <p>2. On March 18, 2014, at approximately 1:00 p.m., a review of Patient #14's monthly skilled nursing notes for November 2013, December 2013, January 2014 and February 2014, revealed that the patient was provided teaching on changing injection sites, keeping all physician appointments, diet teaching and taking pain medication as ordered; however, the nursing notes failed to evidence that the nurse evaluated the patient's understanding of the teaching provided.</p> <p>During an interview with the administrator on March 18, 2014, at approximately 3:04 p.m., the administrator indicated that the nurse did not evaluate the teaching provided.</p>	H 459		
H 550	<p>3922.1 OCCUPATIONAL THERAPY SERVICES</p> <p>If a home care agency provides occupational therapy services, it shall provide those services in accordance with the patient's plan of care.</p>	H 550		

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H 550	<p>Continued From page 35</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was revealed that the OT failed to provide services in accordance with the plan of care for two (2) of two (2) patients receiving OT services in the sample. (Patient #1 and #6)</p> <p>The findings include:</p> <p>1. On March 13, 2014, at approximately 12:30 p.m., a review of Patient #1's POC, with a documented certification period of February 5, 2014, through April 5, 2014 revealed that the OT was to provide service two (2) times a week for eight (8) weeks. The OT services included training/education in the following areas: ADL's; muscle re-education; adaptive equipment; transfers; and fall prevention.</p> <p>Further review of the record revealed documents entitled, "Missed Visit Report Form". The form indicated that the OT missed several visits to include visits on February 10, 12, 17, and 19 2014. The form also documented that the adaptive equipment was not available at the home.</p> <p>During a telephone interview with the OT on March 13, 2014, at approximately 1:00 p.m., the OT stated, "The patient was hard to see. The ordered equipment took over three weeks with several calls. It didn't make sense to see the patient without the equipment and the patient only wanted to do training with the equipment."</p> <p>2. On March 13, 2014, at approximately 12:30 p.m., a review of Patient #1's POC, with a documented certification period of February 20,</p>	H 550	<p>The administrator reviewed with the therapists lack of documentation of visits as per the therapist POC. Therapist are not submitting visit notes in a timely manner. MR clerk ordered to inform the administrator of notes not received in weekly report on delinquent visits notes. Staffing reminded that they must ensure patients are receiving services as ordered and to verify with the therapists that visits are being made. Submission of weekly schedule and weekly case conferences will provide information if services are being delivered and to follow-up on missing visits.</p> <p>The assigned QA nurse to review charts weekly starting 7/15/14 to ensure visits are being posted in the chart and to call the clinician for missing visits. The administrator to be notified of delinquent visit notes by MR clerk so that the administrator, DPS an intervene.</p> <p>Timeliness of visits submitted by OT will be monitored to ensure the therapists are submitting visits as per the POC on a weekly basis. Ongoing monitoring will continue s part of clinical record review and reported to PAC quarterly as part of the QA report.</p>	<p>7/16/14</p> <p>7/15/14 and ongoing</p> <p>8/1/14 and ongoing</p>

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H 550	<p>Continued From page 36</p> <p>2014, through April 20, 2014 revealed that the OT was to provide service two (2) times a week for nine (9) weeks. The OT services included: training/evaluation of independent living; ADL skill training; muscle re-educating; and transfer training.</p> <p>Further review of the record revealed that the last date OT services was provided on February 28, 2014.</p> <p>During an interview with the administrator on March 14, 2014, starting at approximately 3:00 p.m., the administrator stated, "I will look to see if we have any notes." It should be noted that no OT notes were provided for review during this survey period.</p>	H 550		
H 560	<p>3923.1 PHYSICAL THERAPY SERVICES</p> <p>If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure physical therapy services were provided in accordance with the patient's plan of care for one (1) of two (2) patients in the sample receiving physical therapy services. (Patient #5)</p> <p>The finding includes:</p> <p>On March 14, 2014, at approximately 9:50 a.m., a record review of Patient #5's POC, with a documented certification period of February 25, 2014 through April 25, 2014 revealed that the PT was to provide service two (2) times a week for</p>	H 560		

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H 560	<p>Continued From page 37</p> <p>five (5) weeks. The PT services included the following: evaluation and treatment ; therapeutic exercise; functional mobility; establish/upgrade home program; balance activities; gait training; and implement fall prevention program.</p> <p>Further review of record failed to evidence that PT services were provided during the week of March 2, 2014.</p> <p>During an interview with the administrator on March 14, 2014, starting at approximately 3:00 p.m., the administrator stated, " I will look for the note." It should be noted that no PT notes were provided for review at the time of this survey.</p>	H 560	<p>The administrator reviewed with the Physical Therapist missing visit notes indicating patients not receiving services as per the POC. Therapists reminded that visit notes are to be submitted within 48 hours of the visit.</p> <p>The Director of Professional Services (DPS) to follow up with therapist who fail to submit weekly visit schedules and missing visit notes to ensure patients are receiving services as per the POC.</p> <p>Staff reminded that late submission of visit notes will incur a late submission fee. Therapist who chronically refuse to submit visit notes in a timely manner will not be assigned patients.</p> <p>Timeliness of visits submitted by therapist will be monitored on a weekly basis and the therapist notified by the administrator of delinquent charts with no visits. Staffing Coordinator /Director of Professional Services to call the clinician to review status of services being delivered and advise the administrator/ DPS re issues related to late submission of visit notes. Compliance with the POC will continue to be monitored monthly and submitted to PAC quarterly as a component of clinical record review.</p>	7/16/14                   8/1/14 and ongoing