Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: HCA-0069 B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Department of Health H 000 INITIAL COMMENTS H 000 Health Regulation & Licensing Administration Intermediate Care Facilities Division An annual survey was conducted from August 18. 899 North Capitol St., N.E. 2015, through August 21, 2015, to determine Washington, D.C. 20002 compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home services to two Received My hundred and eighty five (285) patients and employs three hundred and fifty (350) staff to include administrative and professional staff. The findings of the survey were based on review of fifteen (15) active patient records, one (1) discharged patient record, twenty-five (25) staff records, five (5) home visits and interviews with patients/family and staff. Please Note: Listed below are abbreviations used throughout the body of this report. **ABBREVIATIONS** ADL --- Activities of Daily Living BID --- Twice a Day B/P --- Blood Pressure DON --- Director of Nursing DMII --- Diabetes Mellitus Type II G-tube --- Gastrostomy Tube HCA --- Home Care Agency HHA --- Home Health Aide IADL --- Instrumental Activities of Daily Living OT --- Occupational Therapist mg --- Milligram PCA --- Personal Care Aide PO --- By Mouth POC --- Plan of Care PRN --- As Needed RN --- Registered Nurse PT --- Physical Therapist Q --- Every SN --- Skilled Nurse 2 gm Na --- Two gram sodium [diet]

Health Regulation & Licensing Administration

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

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RM, DON

TITLE

10/30/15

STATE FORM

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If continuation sheet 1 of 25

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I	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0069			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/27/2015		
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ı	NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE			
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	- V	maintain a complete clinical record of the patient in accordance accepted professions. This ELEMENT is not accepted professions. This ELEMENT is not accepted professions. This ELEMENT is not accepted and record revidetermined that the homolete and accurated sixteen (16) patient #9 and #16) The finding includes: 1. On August 19, 20: 11:00 a.m., review of revealed a POC with July 30, 2015 through POC had orders included by the stablish patient family educated the rapeutic exercised gait training; and occupational the rapy week then	ency shall establish and a accurate, and permanent services provided to each e with this section and al standards and practices. ot met as evidenced by: iew and interview, it was HCA failed to maintain atte clinical records for two (2) atts in the sample. (Patients Patient 9's clinical record the certification period of a September 27, 2015. The ding: times a week for eight (8)	H 260	Palisades Health Care Partners DBA ASAP Services Home Heal Agency has reviewed the Licensus Survey Report dated 8/27/15 and records during the Licensure Survey conducted August 18, 20 through August 21, 2015. Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3911.1 Clinical Records maintaining a complete, accurate and permanent	ure d all	11/30/15	
	In W A	iterventions" sheets t ere provided by the F ugust 5, 2015 and the	ecord revealed " PT/OT hat documented services PT on August 3, 2015 and e OT on July 31, 2015, agust 6, 2015. Continued		clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices			10

Healtl	h Regulation & Licensin	ng Administration			FORIV	IAFFROVEL
	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETE DATE
H 26	Continued From page 2		H 260			
	review of the interve to provide evidence completed for the af	ntion sheets, however, failed that progress notes were orementioned visits.				-
	starting at approxima 10:00 a.m., revealed PT/OT progress note It should be noted, at	ninterview with the the DON, ately that she would find the es for the surveyor to review. It the time of survey, the DON PT and/or OT progress notes				
	August 19, 2015, at a revealed a POC with July 21, 2015 through POC had orders inclu			The deficiency was reviewed, and on 10/15/2015 by ASAP's	-	
	weeks; then - two (2) times a week - strengthening exerci - OT services one (1) week then			Director of Nursing and Assista Administrator and a letter was created and copy of the same w mailed to each of the rehab personnel that are working with the agency. The letter addresse Physician Orders, timely documentation and frequencies.		
	on July 27, 28, and 31 6, 10, 11, 12, and 13 2 revealed that the occu the patient on July 24, August 3, and 5, 2015. evidence progress not visits.	d by the physical therapist, 2015, and on August 3, 4, 2015 and The record also pational therapist visited 27, and 29, 2015, and on The record failed to es for the above mentioned		Letter was to be signed and returned to the office with staff members' signature as proof of receipt and agreement of compliance with information given. (See attachment # 1) Moving forward 10% of active cases will be audited Quarterly to assure frequencies and physician		
	The administrator and findings during a face t 19, 2015, at approxima	DON acknowledged the of face interview on August ately 3:30 p.m.		orders are being followed. (see attachment # 2)		

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 268 3911.2(h) CLINICAL RECORDS H 268 Palisades Health Care Partners **DBA ASAP Services Home** 11/30/15 Each clinical record shall include the following Health Care will comply with information related to the patient: 3911.2 (h) Clinical progress, and summary notes, and (h) Clinical, progress, and summary notes, and activity, signed and dated as activity records, signed and dated as appropriate appropriate by professional by professional and direct care staff; and direct care staff This will be made evident by This Statute is not met as evidenced by: finding proper documentation in Based on record review and interview, the HCA the charts during quarterly audits failed to ensure progress notes were in the to be done by Director of clinical record for two (2) of sixteen (16) patients Nursing or designated in the sample. (Patient #9 and #16) personnel. Results to be shared during professional staff meetings and PAC as The findings include: needed. 1. On August 19, 2015, starting at approximately 11:00 a.m., review of Patient 9's clinical record revealed a POC with the certification period of July 30, 2015 through September 27, 2015. The POC had orders including: - PT services two (2) times a week for eight (8) weeks: - establish/upgrade home exercise program; - patient/family education; - therapeutic exercise; - gait training; and - occupational therapy one (1) time a week for (1) week then increase to two (2) times a week for seven (7) weeks. Further review of the record revealed a "PT/OT Interventions" sheets documented that services

were provided by PT on August 3, 2015 and August 5, 2015 and OT on July 31, 2015, August

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING:__ COMPLETED B. WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) H 268 Continued From page 4 H 268 3, 2015 and August 6, 2015. Continued review of the intervention sheets, however, failed to provide evidence that progress notes were completed for the aforementioned visits. On August 19, 2015, interview with the the DON, starting at approximately 10:00 a.m., revealed that she would find the PT/OT progress notes for the surveyor to review. It should be noted, at the time of survey, the DON did not provide the PT and/or OT progress notes for review. 2. Review of Patient 16's clinical record on See previous page for Plan August 19, 2015, at approximately 1:00 p.m., revealed a POC with the certification period of July 21, 2015 through September 18, 2015. The POC had orders including: - PT services three (3) times a week for two (2) weeks: then - two (2) times a week for six (6) weeks: - strengthening exercise; and - OT services one (1) time a week for one (1) week then one (1) to two (2) times a week for six (6) weeks. Further review of the record revealed that services were provided by the physical therapist on July 27, 28, and 31, 2015, and on August 3, 4, 6, 10, 11, 12, and 13 2015. The record also revealed that the occupational therapist visited the patient on July 24, 27, and 29, 2015, and on August 3, and 5, 2015. The record failed to evidence progress notes for the above mentioned visits. The administrator and DON acknowledged the findings during a face to face interview on August

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS. INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 268 Continued From page 5 H 268 19, 2015, at approximately 3:30 p.m. H 294 H 294 3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES **Palisades Health Care Partners** Each home care agency shall develop policies to **DBA ASAP Services Home** ensure that each patient who receives home care Health Care will comply with services has the following rights: 11/30/15 3912.2(c) (2) Whether services (c) To be informed orally and in writing of the are covered by health following: insurance, Medicaid, Medicare or any other sources and the (2) Whether services are covered by health extent of uncovered expenses insurance, Medicaid, Medicare, or any other for which the patient may be sources, and the extent of uncovered expenses liable. This will be made evident for which the patient may be liable: by having percentages and amounts on the Informed This Statute is not met as evidenced by: Admission Consent for those Based on record review and interview, it was services being provided. All determined that the HCA failed to inform the Informed Admission Consent Patients' in writing whether services are covered will be audited by the Director of by health insurance, Medicaid, Medicare, or any Nursing and/or designated other sources, and the extent of uncovered personnel when they are received expenses for which the patient may be liable for in house to make sure that this is in three (3) of sixteen (16) patients in the sample. being done. During quarterly (Patients #1, #4, and #7) audits this will also be checked in order to make sure that when The findings include: services are added after the initial Review of the clinical records of Patients' #1, #4 visit they too are included in the and #7 on August 18 and 19, 2015, revealed a Informed Admission Consent document titled "Informed Admission Consent." form. Within the informed admission consent document is a section titled "Rates for Service" that specifies the cost for services, the amount the insurance pays and the amount the patient is to pay. This section was not completed by the

agency.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 294 Continued From page 6 H 294 Review of the agency's document titled "Bill of Rights and Responsibilities," on August 19, 2015, at approximately 3:00 p.m., it was revealed in section eleven (11) that "The patient has the right to know what, if any, liability for payment he/she can expect. The patient has the right to be advised both orally and in writing of this information." Interview with the Administrator and DON on August 19, 2015, at approximately 3:30 p.m., revealed that the admitting nurse did not **Palisades Health Care Partners** complete the section titled "Rates for Service" **DBA ASAP Services Home** that specifies the cost for services, the amount Health Care will comply with the insurance pays and the amount the patient is 3914.3(a) The plan of care will to pay. include the following: Physician orders for skilled H 352 3914.3(a) PATIENT PLAN OF CARE 19/15/15 H 352 services. This will be made evident by educating skilled The plan of care shall include the following: services during mandatory nurses meeting and via letter sent to (a) Physician orders for skilled services; rehab staff members (which they will need to read, sign, and return This Statute is not met as evidenced by: to the office). They will be Based on record review and interview, the HCA instructed that all care provided failed to ensure the POC included physician must be ordered by physician and orders for skilled nursing services for one (1) of an order for the same will be sixteen (16) patients in the sample. (Patient #1). obtained and added to the record. If a when a problem is The finding includes: encountered during the monthly RN visit the physician will be Review of Patient #1's POC with a certification called and notified of changes period of April 2, 2015, to October 2, 2015, on August 18, 2015 at approximately 10:00 a.m., found, documentation of call will revealed the patient had diagnoses that included be done and a VO will written Cancer of the esophagus. The POC also for any and all changes.(see

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contained a physician order for "SN visits every

attachment #3)

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: HCA-0069 B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 352 Continued From page 7 H 352 thirty (30) days for PCA supervision and six (6) PRN visits in six (6) months for any medical related issues, skilled assessment and evaluation of systems...". Further review of Patient #1's clinical record revealed a "nursing intervention" note dated May 8, 2015, on which the RN documented "infection" at the the G tube site, dressing order hydrogen peroxide to cleanse and apply nystatin abdomen". Further review of the clinical record revealed another nursing intervention note dated May 29. 2015, on which the RN documented "G Tube in 8/27/15 place. Clean and replaced during this visit". There was no physician order for skilled services This chart was reviewed with in the clinical record to order the hydrogen nurse and she added an peroxide and nystatin. addendum to correct improper grammar used in her During a face to face interview with the documentation. The feeding tube Administrator and DON on August 19, 2015, at was not replaced by during the approximately 3:40 p.m. the Administrator and visit, the soiled dressing was. DON confirmed that there was no physician order (see attachment #4) for hydrogen peroxide and nystatin to to be placed on the G-Tube site. **Palisades Health Care Partners** H 355 3914.3(d) PATIENT PLAN OF CARE H 355 **DBA ASAP Services Home** 10/15/15 The plan of care shall include the following: Health Care will comply with 3914.3(d) Patient Plan of Care (d) A description of the services to be provided. The plan of care shall include including: the frequency, amount, and expected the following: A description of duration; dietary requirements; medication the services to be provided administration, including dosage; equipment; and including: the frequency, supplies: amount and expected duration: dietary requirements; medication administration, This Statute is not met as evidenced by: including dosage; equipment;

Based on interview and record review, the HCA

and supplies.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **HCA-0069** B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) H 355 Continued From page 8 H 355 failed to include a description of OT services to be provided on the POC for two (2) of two (2) patient's in the sample that was receiving OT services. (Patient #9 and #16) Moving forward all Plans of Care will be reviewed by the Director The findings include: of Nursing or other skill designated nurse before it is 1. On August 18, 2015, starting at approximately signed by the RN and sent out for 11:00 a.m., review of Patient #9's POC with a physician signature. certification period of July 30, 2015 through September 27, 2015, revealed OT services were to be provided one (1) time a week for (1) week then increase to two (2) times a week for seven (7) weeks. The POC, however, failed to indicate a description of services to be provided by the occupational therapist. On August 19, 2015, an interview with the DON, starting at approximately 9:45 a.m., revealed that going forward the HCA will include a description of services the occupational therapist will be providing for the patient. 2. On August 19, 2015, starting at approximately 1:00 p.m., review of Patient #16's POC with a certification period of July 21. 2015 through September 18, 2015, revealed OT services were to be provided one (1) time a week for one (1) week then one (1) to two (2) times a week for six (6) weeks. The POC, however, failed to indicate the services to be provided by the occupational therapist. During an interview with the DON, on August 19, 2015, starting at approximately 3:00 p.m., it was revealed that going forward the agency will include a description of services the occupational therapist will be providing for the patient.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 358 Continued From page 9 H 358 Palisades Health Care Partners H 358 3914.3(g) PATIENT PLAN OF CARE H 358 **DBA ASAP Services Home** Health Care will comply with The plan of care shall include the following: 1915/15 3914.3 (g) Patient Plan of Care The plan of care shall include (g) Physical assessment, including all pertinent the following: Physical diagnoses; assessment, including all pertinent diagnoses. This Statute is not met as evidenced by: Met with the nurses during a Based record review and interview, the HCA mandatory nurses meeting and it failed to ensure all pertinent diagnoses were on and all agreed that moving the POC for one (1) of sixteen (16) patients' in the forward all pertinent Dx will be sample. (Patient #10) written on the 8 page assessment under the Dx section that need to The finding includes: be included on the Plan of Care. On August 18, 2015, starting at approximately The Director of Nursing, at this 1:15 p.m., review of Patient time is responsible for creating #10's clinical record revealed that the skilled the Plan of Care from the nurse documented on the medication profile information provided by the staff dated July 10, 2015, that Patient #10 had a on their 8 page assessment. diagnosis of DMII and was prescribed Metformin [antidiabetic agent] 500 mg one (1) tab po BID. Further review of the record revealed a POC with the certification period of July 10, 2015 through January 9, 2016, which failed to evidence the diagnosis of DMII. On August 19, 2015, during an interview with the DON, starting at approximately 9:45 a.m., the DON stated, "We will verify the diagnosis with the physician and then add it to the plan of care." H 411 3915.11(f) HOME HEALTH & PERSONAL CARE H 411 **Palisades Health Care Partners** AIDE SERVICE 12/19/15 **DBA ASAP Services Home** Health Care will comply with Home health aide duties may include the 3915.11 (f) Home Health & following: Personal Care Aide Services.

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 411 Continued From page 10 H 411 The deficiency was reviewed, however ASAP respectfully (f) Observing, recording, and reporting the disputes the deficiency. The patient's physical condition, behavior, or clinical documentation tool used by appearance; ASAP has been pre-approved by the District of Columbia, Department of Healthcare Finance for PCA documentation of ADLs, This Statute is not met as evidenced by: IADL's, and documenting patient Based on record review and interview, it was physical condition, behavior, or determined that the HCA failed to ensure that appearance. The clinical records for HHAs documented the patient's physical patient #8, #10, #11, #12, #14 does condition, behavior or appearance on the medical show evidence of observing, record for six (6) of fourteen (14) patients in the recording, and reporting the sample that were receiving HHA services. patients physical condition, (Patients' #8, #10, #11, #12, #13 and #14) behavior, or appearance (please see attachment #13). The finding includes: To address this deficiency, during On August 18, 2015 through August 19, 2015. the scheduled in-service beginning starting at 10:00 a.m. through 3:00 p.m., review of 12/19/15, ASAP's Director of Patient #8, #10, #11, #12, #13 and #14's clinical Nursing and Administrator will records revealed that the HHA's had not ensure all staff begin to add documented the patient's physical condition. comments/notes. behavior, or appearance in the clinical record. Further review of the record revealed that the To monitor compliance and ensure HHAs' only documented on ADL's and IADL's comprehensive documentation, performed. ASAP will random audits of the Daily Activity Sheets/Timesheets On August 19, 2015, interview with the for Personal Care Aides (PCAs), administrator, starting at approximately 10:00 which will be the point of reference a.m., revealed that the HHA only documents on for any amendment of audits the patient's physical condition, behavior or moving forward. This audit will be appearance if there is a change with the patient. overseen by the Director of Nursing and Administrator. H 430 3916.1 SKILLED SERVICES GENERALLY H 430

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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

Health	Regulation & Licensia	ng Administration			I OIN	AFFROVE	
	ENT OF DEFICIENCIES N OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
	HCA-0069		B. WING			27/2015	
NAME OF STREET			ADDRESS, CITY, STATE, ZIP CODE			2112013	
PALISA	DES HEALTH CARE P		EFFERSON PL NGTON, DC 2				
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H 430	Continued From pag	ge 11	H 430				
iii r 2 p c N w ft p si	Based on record rev failed to send a sum evaluation of skilled physician at least eve sixteen (16) patients (Patients #8, #11, #1 The findings include: 1. On August 18, 201 10:00 a.m., review of certification period of September 19, 2015, nurse was to provide POC further documer was to provide assess of vital signs, cardio-pardio-vascular system, ntegumentary system, response to medication. 2. On August 18, 2015 a.m., review of Patient expense to medication period of Movember 5, 2015, review to provide service further documented the rovide assessments a signs, cardio-pulmonal system, gastro-intestin	net as evidenced by: iew and interview, the HCA mary of their review and services provided to the ery 62 days for four (4) of in the sample. 3 and #14) 5, starting at approximately Patient #8's POC with March 20, 2015 through revealed that the skilled service every 30 days. The nted that the skilled nurse sments and/or observations oulmonary system, m, gastro-intestinal system, m, gastro-intestinal system, m, endocrine system and ons. 6, at approximately 2:00 the #11's POC with May 6, 2015 through vealed that the skilled nurse every 30 days. The POC at the skilled nurse was to and/or observations of vital ry system, cardio-vascular al system, genitourinary tal system, integumentary		Palisades Health Care Partner DBA ASAP Services Home Health Care will comply with 3916.1 Skilled Services Generally – Each home care agency shall review and evaluate the skilled services provided to each patient at least every 62 calendar days,. A summary reort of the evalution shall be sent of the evalution shall be sent of the patient's physician. Our nursing staff generally visit the patients monthly for PCA supervision and the review of their care plan. This visit was not be seen or thought of as a "Skill Visit". We now understand that because the nurse assesses the patient in addition to reviewing the aide care plan, this constitut it as a "Skill Visit". During our mandatory nurses meeting it was agreed that in order to comply	t ot l tt,	11/15	

Heal	h Regulation & Licensin	ng Administration			FOR	M APPROVE	ΞĮ
STATE	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HCA-0069		HCA-0069	B. WING		08/27/2015		
NAME	OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY,	STATE, ZIP CODE			
PALIS	ADES HEALTH CARE P	ARINERS INC. D	FFERSON PLIGTON, DC 2	•			
PRÉFI	X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	:
H 433	3. On August 19, 20 a.m., review of Paties certification period of September 19, 2015 nurse was to provide POC further docume was to provide assess of vital signs, cardiocardio-vascular system integumentary system integumentary system response to medicate 4. On August 19, 201 p.m., review of Paties certification period of August 3, 2015, revewas to provide service further documented to provide assessments signs, cardio-pulmona system, gastro-intesti system, musculoskele system, endocrine symedications. On August 19, 2015, administrator and DO 2:00 p.m., revealed the asummary of the nurse and observations to the Going forward, the adcomply with the regular	and approximately 10:00 ent #13's POC with of March 20, 2015 through a service every 30 days. The ented that the skilled nurse assments and/or observations pulmonary system, em, gastro-intestinal system, em, gastro-intestinal system, em, endocrine system and ions. 15, at approximately 12:00 ent #14's POC with February 4, 2015 through aled that the skilled nurse every 30 days. The POC that the skilled nurse was to and/or observations of vital ary system, cardio-vascular nal system, genitourinary etal system, integumentary stem and response to interview with the N, starting at approximately at the agency did not send sing skilled assessments are patients' physicians. ministrator agreed to	H 433	with the regulations a 60 day summary (one of the nurse choosing 3 examples were give to select from see attachment #will be done on all active cases every odd month, beginning withe month of November. Palisades Health Care Partner DBA ASAP Services Home Health Care will comply with 3916.2(c) Each home care agency shall develop written policies for documenting the coordination of the provision different services. Coordinating services with other agencies actively involve in the patient's care, through written communication and/o interdisciplinary conferences,	6) th ers e of ed	10/27/15	
				in accordance with the			

Each home care agency shall develop written

patient's needs..

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED HCA-0069 B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 433 Continued From page 13 H 433 policies for documenting the coordination of the That chart in question had provision of different services. Written policies documented on the 8 page shall include, at a minimum, the following: assessment the name of the clinic that was following patient for his (c) Coordinating services with other agencies psych needs and monitoring his actively involved in the patient's care, through written communication and/or interdisciplinary medications and addressing any conferences, in accordance with the patient's mental health issues that may or needs; and... would come up (see attachment #8). The nurse failed to contact the clinic the day she identified This Statute is not met as evidenced by: that the patient was depressed, Based on interview and record review, the HCA suffering from Insomnia and failed to coordinate services with the case agitated and anxious. management agency actively involved in patient care through written communication and/or (see attachment #7) for agency interdisciplinary conferences, in accordance with policy that was given to all the patient's needs for one (1) of sixteen (16) during our mandatory nurses patient's in the sample. meeting and discussed and (Patient #11) agreed that Name and phone numbers of any outside entity The finding includes: identified during initial visit that may be involved with the On August 19, 2015, starting at approximately patients care will be included and 12:30 p.m., review of Patient #11's clinical record revealed a POC with the written on the 8 page assessment. certification period of May 6, 2015 through Moving forward the Director of November 5, 2015. The POC ordered SN visit Nursing or designated person monthly and HHA visits six (6) hours a day, seven will then reach out to the entity (7) days a week for six (6) months. Further review and document phone encounter. of the record revealed the patient's primary diagnosis was schizophrenia and was prescribed Abilify and Prozac. The POC failed to indicate what services would be provided to address the schizophrenia. On August 19, 2015, at approximately 1:00 p.m., the DON indicated that all psychiatric services for Patient #11 are provided by Community Connections. However, a telephone interview with

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) H 433 Continued From page 14 H 433 RN #3 on August 27, 2015, at approximately 11:00 a.m., revealed that he/she addresses the patient's primary diagnosis of schizophrenia monthly. RN #3 also indicated that Community Connection's provided weekly case management services to fill the patient's pill boxes and schedule psychiatry appointments. Review of the policy "Coordination of Services with other Providers" revealed in section " 3(D) The casemanager or clinical supervisor will be responsible for the coordination between service providers, which include, but not limited to: sharing relevant information to facilitate coordination and continuity of care and to avoid duplication of services." During a telephone interview with the DON on August 26, 2015, the DON indicated that they did not have any written documentation from Community Connection's. At the time of this survey, there was no documented evidence of written communication and/or interdisciplinary conferences, in accordance with the patient's needs. H 453 3917.2(c) SKILLED NURSING SERVICES H 453 **Palisades Health Care Partners** Duties of the nurse shall include, at a minimum, **DBA ASAP Services Home** the following: Health Care will comply with3917.2(c) Skilled Nursing (c) Ensuring that patient needs are met in Services Duties of the nurse accordance with the plan of care: shall include, at a minimum the following: (c) Ensuring that patient needs are met in This Statute is not met as evidenced by: accordance with the plan of Based on record review and interview, it was

determined that the skilled nurse failed to ensure

care.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 453 Continued From page 15 H 453 that the patient's needs were met in accordance with their POC for four (4) of sixteen (16) patients in the sample. (Patient #10, #11, #13 and #14) The findings include: 1. On August 18, 2015, at approximately 1:15 p.m., review of Patient #10's clinical record revealed a POC with the certification period of July 10, 2015 through January 19, 2016. The POC indicated that the HHA was to assist with personal care eight (8) hours a day, five (5) days a week for six (6) months and the skilled nurse was to supervise the HHA one (1) time a month for six (6) months. The record failed to evidence that the skilled nurse had ensured personal care services were provided in accordance with the See next page POC for the weeks of July 19, 2015 and August 2, 2015. On August 19, 2015, interview with the DON, starting at approximately 2:00 p.m., the DON indicated that she would email the surveyor the missing HHA visits. It should be noted that the surveyor did not receive an email of the missed HHA visits. 2. On August 18, 2015, starting at approximately 2:00 p.m., review of Patient #11's clinical record revealed a POC with the certification period of May 6, 2015 through November 5, 2015. The POC indicated that the HHA was to assist with personal care six (6) hours a day, seven (7) days a week for six (6) months and the skilled nurse was to supervise the HHA one (1) time a month for six (6) months. The record failed to evidence that the skilled nurse had ensured personal care services were provided in accordance with the

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 453 Continued From page 16 H 453 POC as follows: - There was no evidence HHA services were provided on June 14th, 19-21st 2015; July 1st, 3rd-6th, 18th, 19th, 21st-23rd, Moving forward: 25th-31st 2015 and August 1st-8th 2015. 1- Verbal Order to be - Five (5) hours of HHA service were provided written and sent to physician when hours 9/30/15 July 11, 2015 through July 13, 2015. requested by the patient and provided by agency On August 19, 2015, interview with the differ from the hours administrator, starting at approximately 2:00 p.m.. indicated on the Plan of the administrator indicated that Patient #11 does not like weekend services and he/she usually care. allows HHA's to leave early. 2- Include on Plan of Care Beginning November 11/1/15 3. On August 19, 2015, starting at approximately verbiage that stated 12:00 p.m., review of Patient #13's clinical record patients have the right to revealed a POC with the certification period of refuse care during the April 22, 2015 through October 21, 2015. The Holidays, inclement POC indicated that the HHA was to assist with weather, and/or family personal care eight (8) hours a day, seven (7) vacations with the days a week for six (6) months and the skilled nurse was to supervise the HHA one (1) time a understanding that the month for six (6) months. The record failed to must be made aware beforehand and proper evidence that the skilled nurse had ensured adequate HHA time coverage in accordance with documentation can then the POC as follows: be added to record. (see attachment #9) There was no evidence that HHA services were provided on July 2nd, 3rd, and 10th of 2015. Additionally, the record failed to evidence HHA services were provided after July 13, 2015. On August 19, 2015, interview with the assistant administrator starting at approximately 2:00 p.m.

the administrator indicated HHA services were discontinued after July 13, 2015 because the

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 453 Continued From page 17 H 453 patient had been incarcerated. 3- During the Decembers paraprofessional in-4. On August 19, 2015, starting at approximately 1:00 p.m., review of Patient #14's clinical record service they will be revealed a POC with the certification period of trained to notify agency February 4, 2015 through August 3, 2015. The and how to go about POC indicated that the HHA was to assist with document when patient personal care eight (8) hours a day, seven (7) refuses services. days a week for six (6) months and the skilled However, please see nurse was to supervise the HHA one (1) time a records illustrating month for six (6) months. The record failed to reason HHA services evidence that the skilled nurse had ensured were not rendered after adequate HHA time coverage in accordance with the POC as follows: 07/15/15 for patient (see attachment #12) There was no evidence that HHA services were provided on February 4th, 16th, and 17th of 2015. On August 19, 2015, interview with the administrator starting at approximately 2:00 p.m.. the administrator indicated she would email the surveyor the missing HHA time sheets on August 20, 2015. It should be noted that the surveyor did not receive an email of the missing HHA time sheets for Patient #14. **Palisades Health Care Partners** H 456 3917.2(f) SKILLED NURSING SERVICES H 456 **DBA ASAP Services Home** Health Care will comply Duties of the nurse shall include, at a minimum, with3917.2 (f) Skilled Nursing the following: Services Duties of the nurse (f) Supervision of services delivered by home shall include, at a minimum the health and personal care aides and household following: Supervision of support staff, as appropriate: services delivered by home health and personal care aides and household support staff, as This Statute is not met as evidenced by:

appropriate.

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) H 456 | Continued From page 18 H 456 Based on record review and interview, the HCA failed to document the supervision of services being delivered by each patient's PCA or HHA, for three (3) of the sixteen (16) sampled patients. (Patients #3, #4, and #7) The findings include: Moving forward: 1. Director of Nursing 1. On August 18, 2015, at approximately 11:00 and/or designated skilled a.m., review of Patient #3's plan of care (POC) personnel will review all with a certification period of May 17, 2015 through documentation turned in November 16, 2015, revealed an order for PCA by nurse to verify both services for eight (8) hours a day, seven (7) days supervisory visits for a week for six (6) months, and supervisory visit **PCA** and Nursing by RN monthly for six (6) months. Continued Intervention are record review failed to show documented evidence that the PCA services were supervised received. by the RN during the months of May and July 2. ASAP Home Health 2015. Agency has identified a clerical employee who 2. On August 18, 2015, at approximately 11:45 will scan both PCA. a.m., review of Patient #4's plan of care (POC) supervisory visits and with a certification period of April 21, 2015 Nursing intervention into through October 20, 2015, revealed an order for the electronic record PCA services for six (6) hours a day, seven (7) system. days a week for six (6) months, and supervisory visit by RN monthly for six (6) months. Continued record review failed to show documented evidence that the PCA services were supervised by the RN during the months of April and May 2015. 3. On August 18, 2015, at approximately 2:45 p.m., review of Patient #7's plan of care (POC) with a certification period of February 5, 2015 through August 4, 2015, revealed an order for PCA services for twelve (12) hours a day, seven (7) days a week for six (6) months, and

supervisory visit by RN monthly for six (6) months. Continued record review failed to show

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D **WASHINGTON, DC 20036** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) H 456 Continued From page 19 H 456 documented evidence that the PCA services were supervised by the RN during the months of April and July 2015. During a face to face interview with the Administrator and DON on August 19, 2015, at approximately 3:00 p.m., the Administrator and DON confirmed the findings of the surveyor. H 458 3917.2(h) SKILLED NURSING SERVICES H 458 Duties of the nurse shall include, at a minimum, the following: (h) Reporting changes in the patient's condition to the patient's physician; **Palisades Health Care Partners** DBA ASAP Services Home Health Care will comply with This Statute is not met as evidenced by: 3917.2 (h) Skilled Nursing Based on record review and interview, it was Services Duties of the nurse determined that the skilled nurse failed to inform shall include, at a minimum the a physician of a change in a patient's condition for following: Reporting changes one (1) of sixteen (16) patients in the sample. in the patient's condition to the (Patient #8) patient's physician. During our mandatory nurses The findings include: meeting nurses were instructed that they must document calls to On August 18, 2015, starting at approximately physicians when abnormalities 10:00 a.m., review of Patient # 8's clinical record are found during the visit. Any revealed that the patient had a diagnosis of Vital Signs that are out of the hypertension. Further review of the record parameters set by the physician,

following:

revealed nursing notes dated March 4, 2015,

documented that the patient's B/P was 160/79

On March 4, 2015, the skilled nurse

April 8, 2015 and May 20, 2015 that revealed the

must be reported to MD and

documented

PRINTED: 10/01/2015 Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 458 Continued From page 20 H 458 and had plus one pitting edema in the right leg: - On April 8, 2015, the skilled nurse documented that the patient's B/P was 153/76 and had plus one pitting edema in right/left leg; and - On May 20, 2015, the skilled nurse documented that the patient's B/P was 159/86 and had plus one pitting edema in right/ left pedal [foot] and ankle. Continued review of the record failed to evidence that the skilled nurse informed the physician of the patient's change in status. On August 19, 2015, interview with the DON, starting at approximately 10:00 a.m., the DON indicated that she had reviewed the patient's record and did not see that the skilled nurse had informed the patient's physician of the patient's change in status as documented in the aforementioned skilled nursing notes. H 459 3917.2(i) SKILLED NURSING SERVICES H 459 Duties of the nurse shall include, at a minimum, the following: **Palisades Health Care Partners DBA ASAP Services Home** (i) Patient instruction, and evalutaion of patient Health Care will comply with instruction; and 3917.2 (i) Skilled Nursing Services Duties of the nurse shall include, at a minimum the

sample. (Patient #12)

This Statute is not met as evidenced by:

Based on record review and interview, the skilled

nursing failed to evaluate the teaching that was provided for one (1) of sixteen (16) patients' in the following: Patient instruction

and evaluation of patient

instruction.

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 459 Continued From page 21 H 459 The finding includes: On August 19, 2015, starting at approximately 12:40 p.m., a review of Patient #11's clinical record revealed a "physician verbal order" dated July 31, 2015, which ordered skilled nursing for disease management and medication teaching. Will made evident by going back Further review of the record revealed skilled to using the Patient Teaching nursing notes that documented the following: 10/15/15 Tool that the agency at one time was using. During our nurses - On July 31, 2015, the skilled nurse provided mandatory meeting this was teaching on "diabetic medication insulin..." - On August 1, 2015, the skilled nurse provided discussed and all agreed that they teaching on " medication and diet [2 gm Na ,low would start using these again cholesterol, low carbohydrates].... immediately and these will - On August 4, 2015, the skilled nurse provided become part of the record once teaching on "elevating legs, medications, diet [2] the patient is discharged and/or gm Na ,low cholesterol, low carbohydrates] and form it completed. (See hydration...' Attachment # 10) - On August 7, 2015, the skilled nurse provided teaching on the medication Adair [inhaler]... - On August 11, 2015, the skilled provided teaching on the medication Metformin and hypoglycemia... - On August 15, 2015, the skilled nurse provide teaching on " side effects of the medication Metformin and diet [2 gm Na ,low cholesterol, low carbohydrates]...." Continued review of the aforementioned skilled nursing notes failed to evidence that the skilled nurse evaluated the aforementioned teaching provided. On August 19, 2015, interview with the DON starting at approximately 2:00 p.m., revealed that the nurses will evaluate all teaching provided

going forward.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 472 | Continued From page 22 H 472 H 472 3918.2(b) PSYCHIATRIC NURSING SERVICES H 472 Psychiatric nursing services shall be provided by **Palisades Health Care Partners** a registered nurse with: **DBA ASAP Services Home** Health Care will comply with (b) A Bachelor of Science in Nursing (BSN) and 1 3918.2(b)Psychiatric Nursing vear of related work experience in an active Services Psychiatric nursing treatment program for adult or geriatric patients in services shall be provided by a a psychiatric health care setting; registered nurse with a BSN and 1 year of related work experience in an active This Statute is not met as evidenced by: Based on record review and interview, the HCA treatment program for adult or failed to ensure a registered nurse met the geriatric patients in a required qualifications to provide care for one (1) psychiatric health care setting. of (1) psychiatric patient's in the sample. (Patient The case reviewed did not #11) warrant Psych services by ASAP since Community Connection The finding includes: (mental health clinic) was involved and managing the On August 18, 2015, starting at approximately patients mental health issues. 2:30 p.m., review of Patient #11's clinical record revealed that the patient's This was identified during the primary diagnosis was schizophrenia and was initial visit and documented by prescribed Abilify [antipsychotic agent] 30 mg po the nurse (see attachment #8) daily and Prozac [antidepressant] 20 mg po daily. The nurse in question was Patient #11's start of care date was May 6, 2014. supervising the PCA, when she Review of skilled nursing notes revealed the documented that the patient was following: experiencing depression, insomnia, aggression and anxiety - On multiple dates from May 30, 2014 through December 14, 2014, the nurse documented that the patient was anxious, depressed, agitated and/or insomnic. Also the nurse documented on several occasion that he/she provided psychiatric interventions and depression monitoring from August 16, 2014

through June 29, 2015. There was no explanation

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0069 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H 472 H 472 | Continued From page 23 of what psychiatric interventions and depression monitoring were done. and she fail to reach out to Community Connection and On August 19, 2015, starting at approximately notify them of her findings. 12:00 p.m., review of RN #3 personnel file As part of our mandatory revealed that RN #3 was a BSN, however, the meeting the nurses were record failed to evidence that RN #3 had the required "one (1) year of related work experience instructed: in an active treatment program for adult or 1. Contact the entity geriatric patients in a psychiatric health care involved with patients setting". Continued review of the record revealed mental health issues. that the only psychiatric experience RN #3 had 2. Any patients with active was during his/her psychiatric rotation while in Psych issues need to be nursing school in 2011. Also, review of the RN #3 handed off to a qualified application revealed that the only work RN that meet the criteria experience he/she had was as an HHA from April for Psych nursing. 11, 2012 through February 2, 2014, for a local HCA that recently closed. One Sept 25 a Psych nurse was RN #3's date of hire was April 28, 2014. hired who meets the states Psych nurse criteria. (See attachment # During an interview with the administrator on 11) August 19, 2015, starting at approximately 12:30 p.m., the administrator indicated that RN #3 was BSN, however, she was not aware that he/she needed to also have the one year of psychiatric experience. During an interview with a licensed specialist for the District of Columbia on August 26, 2015, at approximately 11:00 a.m., it was revealed that RN #3 was licensed as a registered nurse in the District of Columbia on March 12, 2014. During a telephone interview with RN #3 on August 27, 2015, starting at approximately 11:00 a.m., it was revealed that RN #3 had worked with Patient #11 for one year and that he/she had no

prior clinical experience as an RN working with psychiatric patients. Additionally, RN #3 indicated

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING **HCA-0069** 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW PALISADES HEALTH CARE PARTNERS, INC D WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 472 H 472 Continued From page 24 that he/she worked with the patient according to his/her diagnosis of schizophrenia. Continued interview revealed that he/she was the only nurse working with the patient and Community Connections case manager visits the patient weekly to fill his/her pill boxes. The nurse was asked what he/she meant when she documented See previous page. psychiatric interventions/depression monitoring were implemented? The nurse indicated he/she would ask the patient question about how he/she was feeling and then she would instruct him/her to visit family, continue to take medications and take walks with the aide. It should be noted that as of August 27, 2015, the agency has replaced RN #3 with a RN with that has the required qualification to provide care for Patient #11.