

Health Regulation & Licensing Administration

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 09/15/2016
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NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D,	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
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H 000 INITIAL COMMENTS

An annual survey was conducted from September 14, 2016, through September 15, 2016, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency provides home care services for two hundred thirty-four (234) patients and employs four hundred twenty (420) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, thirteen (13) active patient records, two (2) discharged patient records, fifteen (15) employee records, (82) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.

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

- DME - Durable Medical Equipment
- DON - Director of Nursing
- HCA - Home Care Agency
- HHA - Home Health Aide
- PCA - Personal Care Aide
- POC - Plan of Care
- SN - Skilled Nurse
- SOC - Start of Care

H 000

Palisades Health Care Partners DBA ASAP Services Home Health Agency has reviewed the Licensure Survey Report dated Sept. 20, 2016 and all records during the Licensure Survey completed on September 15, 2015.


H 050 3903.1 GOVERNING BODY

Each home care agency shall have a governing body that shall be responsible for the operation of the home care agency.

This Statute is not met as evidenced by:
Based on record review and interview, the HCA

H 050

Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3903.1 Governing Body. Each home care agency shall have a governing body that shall be responsible for the operation of the home care agency.

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11-7-16
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H 050	<p>Continued From page 1</p> <p>failed to have a governing body that was responsible for the operation of the HCA, for two-hundred thirty-four (234) of 234 patients served by the agency.</p> <p>The finding includes:</p> <p>On September 14, 2016, at 10:46 a.m., review of the HCA's policy and procedures manual revealed the policy manual was approved by the Executive Director/Administrator on December 2, 2014. Further review of the manual revealed that prior to December 2, 2014, the manual was signed by the Executive Director, Chairperson Professional for the Advisory Committee and the Governing Body Representative on March 21, 2014. At 11:30 a.m., review of the HCA's policy entitled "Governing Body Policy No. 4-004.1, revealed that the governing body should be comprised of a chairperson, president and a secretary/treasurer.</p> <p>On September 14, 2016, at 12:25 p.m., interview with the Executive/Administrator on the same day revealed that the agency had not had a working governing body in over a year and a half. The administrator further revealed that he/she had been serving alone as the governing body. The administrator stated that the HCA was in the process of assembling a working governing body.</p> <p>At the time of this survey the HCA failed to have a governing body as required. Additionally, the agency failed to establish a governing body to ensure a review and evaluation of services was completed and included the following:</p> <p>(1) Feedback from a representative sample consisting of either ten percent (10%) of the total District of Columbia patients or forty (40) District</p>	H 050	<p>Palisades Healthcare Partners, Inc.'s By-Laws has been amendid to include more than one officer to it's Governing body members and also PalisadesHealthcare Partners, DBA ASAP Services amended it's policy and procidure of the Governing Body under Complince Committee to include the language of Washington, DC Regulation (3903.2). See attachment (1)</p> <p>The Governing body has Professional Advisory Committee (PAC) to review and to develop official policies and procdures, prepare an annual evaluation of Palisades Healthcare Partners, DBA ASAP Services, and assist in identifying goals and measuring accomplishment of the organization's operation to appropriate care to each patient. See attachment (1) last meeting held on 9/1/16.</p> <p>Measure put into place: To address this deficiency the Governing body will have an annual meeting.</p> <p>Monitored: All Governing body, Compliance Committee and PAC members meetings will be scheduled at the end of fourth quarter of each year, and all Governing body, Compliance Committee and PAC members will receive information as to the scheduled meetings. Meeting notes will be taken to provide documentation of topics discussed in the meetings will be field manually for review by government officials.</p>	11/07/16
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H 050	<p>Continued From page 2 of Columbia patients;</p> <p>2) Review of all eighty-two (82) complaints made or referred to the agency, including the nature of each complaint and the agency's response;</p> <p>(3) A written report of the results of the evaluation and recommendations for modifications of the agency's overall policies or practices; and</p> <p>4) The evaluation report presented to, and acted upon, by the governing body at least annually. The results of the action taken by the governing body was not documented, maintained, and available for review by government officials.</p>	H 050		
H 350	<p>3914.1 PATIENT PLAN OF CARE</p> <p>Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to develop a written POC for one (1) of fifteen (15) patients in the sample. (Patient #5)</p> <p>The finding includes:</p> <p>On September 14, 2016, at 12:30 p.m., review of the medical records for Patient #5, revealed that the medical records failed to provide documented evidence of a POC for the patient.</p> <p>On September 14, 2016, at approximately 5:40</p>	H 350	<p>Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3914.1 PATIENT PLAN OF CARE. Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.</p> <p>Corrective Action: ASAP has completed POC and Has been returned signed by the physician.</p>	

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H 350	Continued From page 3 p.m., interview with the DON revealed that the aforementioned patient's POC was not in the medical record because the staff responsible for putting the data into the computer was on vacation. At the time of this survey, the HCA failed to develop written POCs for all the patients that were receiving services from the agency.	H 350	Measure put into place: In house processes have been changed to include cross training with office staff in order to assure POCs' are created in a timely manner. Monitored: moving forward 100% of all admissions will be reviewed by in house clinical personnel and given to the data entry staff member responsible for ensuring that the POC is created, faxed and filed in chart within 48-72 hours.	9/15/16
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each POC included the DME to be provided, for one (1) of fifteen (15) patients in the sample. (Patient #14) The finding includes: On September 14, 2016, at 3:10 p.m., review of the POC for Patient #14 revealed that the POC failed to document all pertinent information regarding the patient's necessary medical equipment. On September 14, 2016, at 4:34 p.m., interview with the Executive Director/Administrator revealed that the HCA staff would be re-trained	H 355	Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3914.3 (d) PATIENT PLAN OF CARE. The plan of care shall include the following: (d) A description of the services to be provided, including the frequency, amount and expected duration; dietary requirements; medication administration, including dosage, equipment; and medical supplies. Corrective Action: ASAP has sent a VO to the physician to include the DME – Walker that was left off the 485. Measure put into place: Reeducation of the field staff during staff meeting or one on one to assure all DMER is included on the OASIS form so that it can be entered on the 485.	9/28/16

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H 355 Continued From page 4
on how to document the aforementioned patient's information on the POC.

At the time of this survey, the HCA failed to document all pertinent information regarding the patient's necessary medical equipment on the POC.

H 355

Monitored: 100% of all POC will be reviewed for completeness and accurateness by RN before signing off and being faxed or mailed to physician for signature.

H 361 3914.3(j) PATIENT PLAN OF CARE
The plan of care shall include the following:
(j) Psychosocial needs of the patient;

This Statute is not met as evidenced by:
Based on record review and interview, the HCA failed to document the psychosocial needs on the POC, for two (2) of fifteen (15) patients in the sample. (Patient #13 and #15)

The findings include:

On September 14, 2016, between the hours of 3:00 a.m. and 4:00 p.m., review of the POCs for Patients #13 and #15 revealed that the POCs failed to include the patient's psychosocial needs.

On September 14, 2016, at 5:30 p.m., interview with the Executive Director/Administrator revealed that the HCA staff would be re-trained on how to include the aforementioned patient's psychosocial needs on the POC.

At the time of this survey the HCA failed to include the psychosocial needs for all patients on the POC.

H 361

Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3914.3(j) Patient Plan of Care The Plan of care shall include the following:(j) Psychosocial needs of the patient;

Corrective Action: Both patient #13 and Patient#15 have in the written portion of the staffs' assessment included the psychosocial finding during the initial evaluation, but these were not entered on the OASIS assessment form itself.

Measure put into place: Reeducation of the field staff during staff meeting or one on one to ensure that psychosocial is included on the OASIS form so that it can be entered on the 485.

Monitored: 100% of all POC will be reviewed for completeness and accurateness by RN before signing off and being faxed or mailed to physician for signature.

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<p>H 362 Continued From page 5</p> <p>H 362 3914.3(k) PATIENT PLAN OF CARE</p>	<p>The plan of care shall include the following:</p> <p>(k) Safety measures required to protect the patient from injury;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure the POC included the safety measures required to protect the patient from injury, for one (1) of fifteen (15) patients in the sample. (Patient #14)</p> <p>The finding includes:</p> <p>On September 14, 2016, at 3:00 p.m., review of Patient #14's POC revealed that the POC did not include the safety measures required to protect the patient from injury.</p> <p>On September 14, 2016, at 5:36 p.m., interview with the Executive Director/Administrator revealed that the HCA staff would be re-trained on how to include the safety measures on the aforementioned patient's POC that would be required to protect the patient from injury.</p> <p>At the time of this survey, the HCA failed to include the safety measures required to protect the patient from injury on the POC.</p>	<p>H 362</p> <p>H 362</p>	<p>Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3914.3(k) Patient Plan of Care. The plan of care shall include the following:(k) Safety measures required to protect the patient from injury</p> <p>Corrective Action: Patient #14 the safety issues were found written on the OASIS, but the information was not data entered specifically under the 485 orders. ASAP sent VO to physician to include the safety issues that were left off 485.</p> <p>Measure put into place: Reeducation of the field staff during staff meeting or one on one to ensure that psychosocial is included on the OASIS form so that it can be entered on the 485.</p> <p>Monitored: 100% of all POC will be reviewed for completeness and accurateness by RN before signing off and being faxed or mailed to physician for signature.</p>	<p>9/28/16</p>
<p>H 363 3914.3(l) PATIENT PLAN OF CARE</p>	<p>The plan of care shall include the following:</p> <p>(l) Identification of employees in charge of managing emergency situations;</p>	<p>H 363</p>	<p>Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 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.</p>	

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H 363	<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 the POC included identification of employees in charge of managing emergency situations, for ten (10) of fifteen (15) patients in the sample. (Patients #3, #4, #6, #8, #9, #10, #11, #13, #14 and #15)</p> <p>The findings include:</p> <p>On September 14, 2016, between the hours of 10:00 a.m., to 4:00 p.m., review of Patients #3, #4, #6, #8, #9, #10, #11, #13, #14, #15 POCs revealed that the POCs failed to include the employees responsible for managing emergency situation.</p> <p>During a face to face interview with the Executive Director/Administrator on September 14, 2016, at approximately 5:15 p.m., it was revealed that the agency in the future would include the identification of the employees who would be responsible for managing emergency situations on the POCs.</p> <p>At the time of the survey, there was no documented evidence that the aforementioned patients POCs included the identification of the employees who would be responsible for managing emergency situations.</p>	H 363	<p>Patients #3, #4, #6, #8, #9, and #11 all had identified person on their Emergency preparedness plan form, information to be included on the Plan of Correction during their next PCA recertification. Patients #13-15 have been discharged from services.</p> <p>Measure put into place:</p> <p>a) On admission an Emergency Preparedness Plan form is completed by the employee who is responsible for managing emergency situations with the name of the caregiver who will be responsible for the patient in case of an emergency. The name of the identified person will be included on the POC. Every certification (q 6 months) the primary caregiver agreement will be signed and the name of the responsible caregiver during an emergency will be updated as needed on the POC.</p> <p>b) Staff has been in serviced in regards to the updating of the caregiver agreement every 6 months, or more often if the person identified has changed.</p> <p>Monitored: 100% of admission and recertification will be audited by clinical office staff to ensure that the needed forms are included, updated and included on the POC before it is signed off by the RN.</p>	9/28/16
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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>	H 364	<p>Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3914.3(m) Patient Plan of Care The plan of care shall include the following: (m) emergency protocols</p>	
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H 364 Continued From page 7

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 based on the patient's individualized health care needs, for ten (10) of fifteen (15) patients in the sample. (Patients #3, #4, #6, #8, #9, #10, #11, #13, #14 and #15)

The findings include:

On September 14, 2016, between the hours of 10:00 a.m., to 4:00 p.m., review of Patients #3, #4, #6, #8, #9, #10, #11, #13, #14 and #15 POCs revealed that the POCs failed to identify the HCA's emergency protocol.

On September 14, 2016, at 5:30 p.m., interview with the Executive Director/Administrator revealed that the agency would re-train the staff on how to include an emergency protocol on the POCs.

At the time of this survey, there was no documented evidence that the aforementioned patients POCs included an emergency protocol.

H 364

Corrective Action:
For patients #3, #4, #6, #8, #9, #10 All plan of cares has been updated to reflect that all employees at ASAP are responsible for contacting 911 in life threatening, non-life threatening, and disasters. The staff has always been aware of the emergency protocol; however, it was an oversight that it was not included on the POC. Patients #11-15 have been discharged and their plan of care were not update prior to discharge.

Measure put into place:
a) Staff in-serviced on Emergency Preparedness Plan and updating the Caregiver Agreement as needed during the recertification for PCA services.
b) Addition of verbiage on the POC for each patient to include the agency's emergency protocol.

Monitor: 100% of all admission and recertification paper work will be audited by clinical staff to ensure that emergency protocol is included on the POC prior to sending to physician for signature.

9/28/16

H 366 3914.4 PATIENT PLAN OF CARE

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

H 366

Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3914.4 Patient Plan of Care Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care;

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H 366	<p>Continued From page 8</p> <p>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 that each POC was approved and signed by a physician within thirty (30) days of the SOC, for four (4) of fifteen (15) patients in the samples (Patients #4, #6, #10 and #11)</p> <p>The findings include:</p> <p>Review of the clinical records on September 14, 2016 revealed the following:</p> <ol style="list-style-type: none"> On September 14, 2016, at 11:40 a.m., review of Patient #4's POC dated July 27, 2016 through January 26, 2017, revealed the POC was not approved and signed by a physician within thirty (30) days of the SOC. On September 14, 2016, at 11:49 a.m., review of Patient #6's POC dated August 8, 2016, through February 7, 2017, revealed the POC was not approved and signed by a physician within 30 days of the SOC. On September 14, 2016, at 3:27 p.m., review of Patient #10's POC dated July 1, 2016, through December 31, 2016, revealed the POC was not approved and signed by a physician within 30 days of the SOC. On March 21, 2016 at 3:10 p.m., review of Patient #14's POC dated August 2, 2016, through February 1, 2017, revealed the POC was not approved and signed by a physician within 30 days of the SOC. 	H 366	<p>provided, however that the 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, then telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</p> <p>Corrective Action: Patient #4, while there was not a POC back within 30 days, we did have a VO for the PCA service provided and returned prior to the 30 days from the SOC. Patient #10 the recertification visit was on 7/25/16 and the POC was signed by the physician on 8/16/16.</p> <p>Patient # 14 Initial visit made 8/21/16 and the POC was signed and dated by physician 9/2/16.</p> <p>Measure put into place: For all documentation needing a physicians' signature, ASAP faxed the document within 48-72 hours from the time it is turned in. Within the week if not received the physicians' office is called weekly until received. If not received by the third week, the order is hand carried to the physician's office to obtain the signed order.</p>	9/28/16

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H 366 Continued From page 9

During a face to face interview with the Executive Director/Administrator on September 14, 2016, at approximately 3:35 p.m., it was revealed that the agency would re-train staff on getting the POCs signed by a physician in accordance with the state regulations.

At the time of this survey there was no documented evidence the POC was approved and signed by a physician within 30 days of the SOC.

H 366

Monitor: On a weekly basis the medical records coordinator will audit the plan of care log to ensure that documents have been signed and returned.

H 411 3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE

Home health aide duties may include the following:

(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;

This Statute is not met as evidenced by: Based on a record review and interview, the HCA failed to ensure that each HHA observed, recorded and reported on the patient's physical condition, behavior or appearance, for seven (7) of the fifteen (15) patients in the sample. (Patients #3, #4, #6, #8 #9, #10 and #11)

The findings include:

On September 14, 2016, between the hours of 10:00 a.m., to 4:00 p.m., review of Patients #3, #4, #6, #8 #9, #10 and #11's, "PCA Intervention" documents revealed that the HHAs failed to observe and document the aforementioned

H 411

Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3915.11(f) Home Health and Personal Care Aide Service Home health aide duties may include the following: Observing, recording, and reporting the patient's physical condition, behavior, or appearance.

The deficiency was reviewed; however, ASAP respectfully disputes the deficiency. The present clinical documentation tool used by ASAP has been approved by the District of Columbia, Department of Healthcare Finance for PCA documentation of ADLs, IADL's, and documenting patient physical condition, behavior, or appearance. The clinical records for patients # 3, #4, #6, #8, #9, #10 and #11 do show evidence of observing, recording, and reporting the patients physical condition, behavior or appearance.

Health Regulation & Licensing Administration

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 09/15/2016
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NAME OF PROVIDER OR SUPPLIER PALISADES HEALTH CARE PARTNERS, INC D.	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 JEFFERSON PLACE, NW WASHINGTON, DC 20036
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 411 Continued From page 10

patients physical condition, behavior or appearance in the clinical records.

Face to face interview with the Executive Director/Administrator on September 14, 2016, at approximately 5:40 p.m., revealed that the agency would re-train the HHAs on how to document the patients' physical condition, behavior or appearance on the aforementioned clinical records.

At the time of this survey, there was no evidence the HHAs documented the patients' physical condition, behavior or appearance on the clinical records.

H 411

Measure put into place:
To address this deficiency during the scheduled in-service beginning 12/11/2016, ASAPs Director of Nursing and Administrator will begin re-training of PCAs to add comments/notes.

Monitor: To monitor compliance ASAP will do random audits of the Daily Activity Sheets/Timesheets for Personal Care Aides (PCA's), which will be the point of reference for any amendment of audits moving forward.

H 459 3917.2(i) SKILLED NURSING SERVICES

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

(i) Patient instruction, and evalutaion of patient instruction; and

This Statute is not met as evidenced by:
Based on interview and record review, the SN's failed to document the specific level of the patient's understanding of the instructions given, for five (5) of fifteen (15) patients in the sample (Patients #3, #8, #11, #12 and #13)

The findings include:

1. On September 14, 2016, at 1:51 p.m., review of Patient #3's POC with a certification period of April 6, 2016, through October 5, 2016, indicated that the SN was to instruct the patient on the

H 459

Palisades Health Care Partners DBA ASAP Services Home Health Care will comply with 3917.2(i) Skilled Nursing Services Duties of the nurse shall include, at a minimum, the following:
(i) Patient instruction, and evaluation of patient instruction.

Corrective action:
Patient #3 One to one meeting with nurse involved in case in order to assure proper documentation in regards to response to teaching.
Patient # 8 and #12 One to one meeting with nurse involved in case in order to assure proper documentation in regards to response to teaching.

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H 459	<p>Continued From page 11</p> <p>following:</p> <p>Safety factors; Diet management; Infection control and Medication management</p> <p>At 11:00 a.m., review of Patient #3's skilled nursing notes dated July 22, 2016, July 21, 2016 and May 23, 2016, indicated that the SN provided health teaching instructions on diet/fluid intake, disease management, safety factors and signs and symptoms of infection. However, the SN failed to document Patient #3's specific level of understanding with the aforementioned health teaching instructions.</p> <p>During a face to face interview with the DON on the same day at 5:10 p.m., it was revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records.</p> <p>2. On September 14, 2016, at 12:05 p.m., review of Patient #8's POC with a certification period of August 15, 2016, through February 14, 2016, indicated that the SN was to instruct the patient on the following:</p> <p>Safety factors; Diet/nutrition management; Infection control and Medication management</p> <p>At 11:01 a.m., review of Patient #8's skilled nursing notes dated August 15, 2016, indicated that the SN provided health teaching instructions on medication management, diet intake, safety factors and infection control. However, the SN</p>	H 459	<p>Patient #11 One to one meeting with nurse involved in case in order to assure proper documentation in regards to response to teaching. Patient # 13, although discharged from services One to one meeting with nurse involved in case in order to assure proper documentation in regards to response to teaching with other patients.</p>	
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H 459	<p>Continued From page 12</p> <p>failed to document Patient #8's specific level of understanding with the aforementioned health teaching instructions.</p> <p>During a face to face interview with the DON on the same day at 5:20 p.m., it was revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records.</p> <p>3. On September 14, 2016, at 12:06 p.m., review of Patient #11's POC with a certification period of August 2, 2016, through February 1, 2017, indicated that the SN was to instruct the patient on the following:</p> <p>Safety factors; Diet/nutrition management; Infection control and Medication management/side effects</p> <p>At 11:03 a.m., review of Patient #11's skilled nursing notes dated August 1, 2016, July 21, 2016 and May 23, 2016, indicated that the SN provided health teaching instructions on disease management, diet/fluid intake, diet teaching, safety factors and fall risks. However, the SN failed to document Patient #11's specific level of understanding with the aforementioned health teaching instructions.</p> <p>During a face to face interview with the DON on the same day at 5:25 p.m., it was revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records.</p> <p>4. On September 14, 2016, at 1:52 p.m., review</p>	H 459	<p>Measure put into place:</p> <p>a) During monthly nurses meeting all nurses were instructed to continue to use the teaching tool that have been given to them, but because these are not turned in for filling frequently they need to include in their Nursing Intervention note what was taught – by specific and patients response to the teaching.</p> <p>b) One to one education with staff that fails to document according to plan – made evident by proper documentation noted during review of documentation when first turned in.</p> <p>Monitor: 10% Audit of active charts to be done monthly to ensure compliance with documentation as well as 10% discharge audit</p>	9/28/16
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H 459	<p>Continued From page 13</p> <p>of Patient #12's POC with a certification period of August 25, 2016 through February 13, 2017, indicated that the SN was to instruct the patient on the following:</p> <p>Safety factors; Fall prevention; Signs and symptoms of infection; Diet management; Disease process and Diabetic management</p> <p>At 1:55 p.m., review of Patient #12's skilled nursing notes dated September 15, 2016, indicated that the SN provided health teaching instructions on the indications, frequency, common side effects/adverse effects of medications, medication management and daily pill box management. However, the SN failed to document Patient #12's specific level of understanding with the aforementioned health teaching instructions.</p> <p>During a face to face interview with the DON on the same day at 5:30 p.m., it was revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records.</p> <p>5. On September 14, 2016, at 2:20 p.m., review of Patient #13's POC with a certification period of August 5, 2016 through October 3, 2016, indicated that the SN was to instruct the patient on the following:</p> <p>Medication management; Pain management; Diet management and Disease process management</p>	H 459	See previous page for Plan.	
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H 459	<p>Continued From page 14</p> <p>At 2:25 p.m., review of Patient #13's skilled nursing notes dated August 8, 2016, indicated that the SN provided health teaching instructions on blood glucose monitoring. However, the SN failed to document Patient #13's specific level of understanding with the aforementioned health teaching instructions.</p> <p>During a face to face interview with the DON on the same day at 5:45 p.m., it was revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records.</p> <p>At the time of the survey, the HCA failed to provide documented evidence that the level of all patient's understanding of instructions given were in the medical records.</p>	H 459	See previous page for Plan.	
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