Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: B. WING 03/13/2015 HCA-0009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 000 H 000 INITIAL COMMENTS An annual survey was conducted from March 10, 2015 through March 13, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to three hundred and ten (310) patients and employs four hundred (400) employees. The findings of the survey were based on observations, record reviews and interviews with patients, staff and caregivers. Please Note: Listed below are abbreviations used in this report. Director of Nursing - DON Home Care Agency - HCA Home Health Aide - HHA Human Resources Manager - HRM Plan of Care - POC Purified Protein Derivative - PPD Registered Nurse - RN Skilled Nurse - SN H 163 H 163 3907.7 PERSONNEL Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each employee was screened for communicable diseases annually, (according to the guidelines issued by the Federal Centers for Disease Control), and certified free of communicable diseases for three (3) of the fifteen Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

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continuation sheet 1 of 11

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	H 163	Continued From pa	ge 1	H 163			
		employees in the sa #11, and HHA #15)  The findings include  1. Review of the H0 March 12, 2015, be 10:24 a.m., there withat HHA #3 was ce communicable dise. At the time of the st verified that HHA #3 evidence that she/h communicable dise.  2. Review of the H0 March 12, 2015, at #5's health certificat reading of the PPD. HCA failed to ensure HHA #5 had been of communicable dise.  3. Review of the H0 March 12, 2015, at a there was no docum was certified free of since March 7, 2014 interview with the H1 no documented evidentified free of any 4. Review of the H0 March 12, 2015, at a revealed that HHA#2012. Further of the that HHA #15 was free for 2014.	cample. (HHA#3, HHA#5, RN cample. (HHA#3, HHA#5, RN cample. (HHA#3, HHA#5, RN cample.)  CA personnel records on a spinor and a spinor a		To promote compliance in local and federal related to Human Resources, the agency re-organized the department and a new HR was assigned effective March 1, 2015. As a HR manager and associate has completed a audit of HR files and updated the HR complete a quality improvement initiative, the Dire Nursing/designate will complete a quality chassure required documents are in file prior thiring to include the PPDs. The HRM will prove the Director of Nursing/designate with a mormonitoring report of Human resources file of the members without a current document certificately are free from communicable a notice in they had one week to comply with the requestion provide supporting documentation. Failure comply with the request will result in the staff not being scheduled.  Effective 5/8/15 all staff members will have current document certifying that the staff me free from communicable disease. The HR M will generate a monthly "soon to expire" list and provide the information to the Director on Nursing/designate and staffing assistant for purpose of scheduling the PPD and/or annusymptomology review.	manager of April the a 100% lance file. ector of eck to o rovide onthly ompliance  HCA staff tying that dicating est to e to ff member e a mber is Manager monthly of the	4/24/2015 and ongoing 5/8/15 and ongoing
		During an interview	with the HRM on March 12.				

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H 163	Continued From page	ge 2	H 163				
		the HRM indicated that ults should have been in the					
H 293	3912.2(c)(1) PATIENT RESPONSIBILITIES		H 293				
		ency shall develop policies to tient who receives home care owing rights:					
	(c) To be informed of following:	rally and in writing of the				2	
		ovided by the agency, on service availability;					
	determined that the in writing of the servi	net as evidenced by: iew and interview, it was HCA failed to inform patients ces to be provided for five (5) the sample.(Patients #4, #5,	8				
	The findings include:					1	
	"Patient Rights and Findicated that the ago	at 11:30 a.m., review of the Responsiblities Policy" ency was to inform the or services to be provided.		Beginning 3/31/15, the Director of Nursing/De initiated documentation competency reviews Skilled Staff. Including in the competency reva a re-orientation to the Patient's Rights and Responsibilities policy. The Skilled staff was re-oriented to the appropriate completion of the	with the view was	3/31/15 and ongoing	
į	'Admission Consent' of Patients' #4, #5, # dentify services to be			Consent form. The SN will receive additional information regarding Patient's Rights and responsibilities via a newsletter on 5/1/15. The documentation competency review will be completed by May 29, 2015. The Director of Nursing/designate will complete a monthly medical records audit of 10% of the	al he random	5/29/15 and on-going	
	During a face to face Administrator and DC	N on March 12, 2015, at		medical record to measure compliance			

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STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED
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H 293	Continued From pa	ge 3	H 293		
	DON acknowledged incomplete and did	p.m., the Administrator and d that the forms were not inform Patients #4, #5, #7, services to be provided by the			
H 300	3912.2(d) PATIENT RESPONSIBILITIES		H 300		
		ency shall develop policies to attent who receives home care lowing rights:			
:		nent, care and services agency/patient agreement and an of care;			
	Based on record rev failed to implement treatment, care and the patient's POC for	met as evidenced by: view and interview, the HCA their policy to ensure services were consistent with or seven (7) of fifteen (15) ole. (Patient #2, #3, #4, #7,			
į	The findings include	:		Client (2) has two parts of the medical record	ı;
	a.m., a review of Pa revealed a POC with December 15, 2014 for skilled nursing vis week for nine (9) we observation of all sy- process, medication	15, at approximately 11:30 tient #2's clinical record in a certification period of the third thi		medicare and medicaid. The client was adm the hospital on 1/8/2015. Care was resumed 2/3/15. Since the resumption of care, the cliskilled nursing visits; 2/6/15, 2/9/15, 2/16/15, 2/9/15, 3/9/15, 3/9/15, 3/2/17/15. During the time of the survey, the smember responsible for logging the visits was an extended medical leave, thus the notes mnot been filed. Effective 4/24/15 the adminishas restructured and re-assigned the task of in visit notes. As well, the administrator has additional staff to logging in visits and filing the *(see attached notes referencing #2)	ilted to d on ent had 2/18/15, //15, taff s out on eay have trator 4/24/15 and logging allocated

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H 300 Continued From page 4  2. On March 10, 2015, at approximately 12:30 p.m., a review of Patient #3's clinical record revealed a POCs' with a certification period of September 23, 2014, through March 23, 2015, for skilled nursing visits one (1) to two (2) times a month for six (6) months for "assessment / observation of all systems, instruct on disease process, medications" Further review of the record failed to evidence SN services were provided after January 13, 2015.  3. On March 10, 2015, at approximately 1:15 p.m., a review of Patient #4's clinical record revealed a resumption of care (following a period of hospitalization) order dated February 3, 2015, for home health aide service eight (8) hours a		H 300	As it relates to Client #3, The SN provided a supervision visit on 2/14, 3/04. During the time of the survey, the staff member responsible for logging the visits was out on an extended medical leave, thus the notes may have not been filed. Effective 3/9/15, the administrator has restructured and re-assigned the task of logging in visit notes. As well, the administrator has allocated additional staff to logging in visits and filing the visits. The Administrator or designate will monitor the logging in/filing process on a weekly basis effective 5/1/15  Effective March 30, 2015, the Director of Nursing/designate will "huddle" with the staffing coordinator daily to determine staffing needs, and/or the inability to staff. The Staffing Coordinator was reminded via memorandum to complete a 'missed visit' form and document on the form and/or nursing note the reason why the PCA services was not initiated. The Director of Nursing/designate will assess 10% of the medical records monthly to determine if HHA are present or missed visit		3/9/15 and ongoing 5/1/15 and ongoing 3/30/15 and ongoing	
	with bathing, light hopreparation, medical Further review of the HHA services were 12, 2015. Additional evidence HHA services February 13, 2015.  4. On March 11, 2011 a.m., a review of Parevealed a verbal or for "social worker to assist with obtaining assistance with attensocialization and contract was no docum worker services were survey.  5. On March 11, 2011 a.m., a review of Patrevealed a POC date	a week to assist the patient busekeeping, grooming, meal appointments and laundry. It is record failed to evidence provided February 7, 8, and ally, the record failed to ces were provided after  15, at approximately 10:30 tient #7's clinical record der dated February 2, 2015, perform assessment and home health aide, anding senior center for attacting meals on wheels". In the provided at the time of the allowing senior center for a provided at the		determine if HHA are present or missed visit documentation is present.  This client (4) continues to receive PCA senshours x 5 days (per the authorization and signed POC), The order written by the RN vincorrect and corrected by the Director of Nt the Plan of Care. Client (4) has noted filed Medical record through 4/10/15.  During the time of the survey, the staff mer responsible for logging the visits was out on extended medical leave, thus the notes may been filed. Effective 3/9/15 The Administrative reassigned the task, along with structuring the process to include the assistance of addition members to log in and file in the medical recorders for additional services. The DON/designate of any orders for additional services and track cowith the order.	wices the was ursing on in the mber an have not or has ne nal staff cord.  andum on y verbal signate	3/9/15 and ongoing 4/24/15 and on-going.

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H 300	on disease process review of the record services were provide Additionally, further an order for HHA see on Monday, Wedneshours a day on Tues Sunday for six (6) mrecord failed to evide provided January 18 Additionally, the record failed to evidence the support of the second failed to evidence the second failed the second failed to evidence the secon		H 300	As it related to Client (8), the client was admithe hospital on 2/2/15 and remains in the hostransfer OASIS was completed on 2/2/15 and the medical record.  The HHA note of 1/30/15 states "Patient we into the hospital on Saturday morning 1/31/1 Effective March 30, 2015, the Director of Nursing/designate will "huddle" with the staff coordinator daily to determine staffing needs the inability to staff. The Staffing Coordinator reminded via memorandum to complete a noticity form and document on the form and/or note the reason why the PCA service was no initiated. The Director of Nursing/designate wassess 10% of the medical records monthly determine of HHA notes or missed visit notes present.	spital. A d was in ent back 5. ffing s, and/or or was missed nursing ot will to	3/30/15 and ongoing		
	a.m., a review of Parevealed a POCs' wind December 29, 2014, for skilled nursing visal week for nine (9) viscalp, assessment / instruct on disease purther review of the	15, at approximately 10:00 tient #11's clinical record with a certification period of through February 26, 2015, sits three (3) to five (5) times weeks for "wound care to the observation of all systems, process, medications" a record failed to evidence SN led after January 31, 2015.		The Director of Nursing/designate will complemedical records audit of 100% of Skilled chameasure compliance with visits frequency, or outcomes of care by 5/29/15. The Director on Nursing/designate will meet with the Skilled is provide feedback, data related to the skilled records audit by 6/30/15. The Director of Nursing/designate will review 20% of the Skil charts monthly to measure compliance.	rts to rders and of staff to medical	5/29/15 6/30/15 and ongoing		
1	p.m., a review of Pat revealed a POC with December 29, 2014, home health aide se day, seven (7) days a assist the patient with housekeeping, groor medical appointment review of the record services were provid through January 6, 2	ning, meal preparation, is and laundry. Further failed to evidence HHA ed from December 29, 2014, 015. Additionally, the record HA services were provided		As it related to Patient (12), the HHA notes of 12/29/14 - 1/6/15 were noted in the Medical F During the time of the survey, the staff membresponsible for logging the visits was out on a extended medical leave, thus the notes may been filed. Effective 3/9/15, the administrator restructured and re-assigned the task of logging visit notes. As well, the administrator has alloadditional staff to logging in visits and filing the Administrator or designate will monitor the logging in/filing process on a weekly basis eff 5/1/15	Record, per an have not r has ing in ocated ne visits.	3/9/15 and ongoing		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
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H 300	Continued From pa	ge 6	H 300			
H 364	Administrator on Ma approximately 2:30	p.m., the Administrator indings of the surveyor	Н 364			
		all include the following:				
	(m) Emergency protocols; and  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each patient's POC included emergency protocols for twelve (12) of fifteen (15) patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12).			The agency includes in the POC, instruction patient/caregiver and HHA/PCA on potential	1	4/24/15 and ongoing
			situations that my require implementation of the emergency plan. All staff is instructed to initiate the Emergency plan, call 911 or initiate CPR when necessary. During the admission, the skilled admitting staff provides the patient and orientation to the established emergency care plan in the Patient Orientation for Home Health Care Admission booklet (see attached)  In addition, The Plan of Care were reformatted and			
	The finding includes	i:		will include the Emergency protocols individ for the patient effective 4/24/15.	ualized	
	March 10, 2015, at a through March 12, 2	ntioned POCs' starting on approximately 11:30 a.m., 1015, at 4:10 p.m., failed to semergency protocol.				
	Administrator on Ma approximately 3:10 p that the POCs' revie emergency protocol. administrator indicat	o.m., it was acknowledged wed did not include the				
H 450	3917.1 SKILLED NU	RSING SERVICES	H 450			
	Skilled nursing service	ces shall be provided by a				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3		ATE SURVEY OMPLETED
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H <b>45</b> 0	Continued From pa	ge 7	H 450		
	under the supervision	by a licensed practical nurse on of a registered nurse, and the patient's plan of care.			
į	Based on interview failed to ensure sen accordance with the	met as evidenced by: and record review, the HCA vices were provided in a POC for four (4) of fifteen sample receiving care. and #11)			
	The findings include	g		As it relates to Patient (#7\ the Skilled pursing not	25
3 0 1 1 1 1	a.m., review of Patie certification period of through February 12 visits one (1) to two weeks for "assessm systems, instruct on medications" Revie	of December 15, 2014, 2, 2015, for skilled nursing (2) times a week for nine (9) ent / observation of all		As it relates to Patient (#2), the Skilled nursing not are in the medical record from 12/15/14 - February 12, 2015. During the time of the survey, the staff member responsible for logging the visits was out of an extended medical leave, thus the notes may have not been filed. Effective 3/9/15, the administrator has restructured and re-assigned the task of logging in visit notes. As well, the administrator has allocated additional staff to logging in visits and filing the visit. The Administrator or designate will monitor the logging in/filing process of a weekly basis effective 5/1/15.	n ee as 3/9/15 a ongoing
t t v n s	o.m., review of Patie certification period of hrough March 23, 2 risits one (1) to two ( nonths for "assessm systems, instruct on nedications." Review ervice was provided	f September 23, 2014, 015, ordered skilled nursing (2) times a month for six (6) nent / observation of all disease process, w of the failed to evidence SN d after January 13, 2015.		As it related to Client #3, The SN provided a supervision visit on 2/14, 3/04. During the time of it survey, the staff member responsible for logging the visits was out on an extended medical leave, thus the notes may have not been filed. Effective 3/9/15, the administrator has restructured and re-assigned the task of logging in visit notes. As well, the administrator has allocated additional staff to logging in visits and filing the visits. The Administrator or designate will monitor the logging in/filing process of a weekly basis effective 5/1/15	ne 3/9/15 ar ne ongoing
a 1 n s a	.m., review of Patie 4, 2015, through Ju ursing visits one (1) ix (6) months for "as Il systems, instruct o	15, at approximately 11:30 nt #8's POC dated January ly 14, 2015, for skilled to two (2) times a month for sesessment / observation of on disease process,			
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<ul> <li>H 450 Continued From page 8</li> <li>medications" Review of the record failed to evidence SN services were provided after January 26, 2015.</li> <li>4. On March 12, 2015, at approximately 10:00 a.m., a review of Patient #11's clinical record revealed a POCs' with a certification period of December 29, 2014, through February 26, 2015, for skilled nursing visits three (3) to five (5) times a week for nine (9) weeks for "wound care to the scalp, assessment / observation of all systems, instruct on disease process, medications"</li> <li>Further review of clinical record #11 revealed no nursing visit notes after January 31, 2015, for the certification period of December 29, 2014, to February 26, 2015.</li> </ul>		H 450	the hospital on 2/2/15 and remains in the hospital. A transfer OASIS was completed on 2/2/15 and was		5/1/15 and ongoing		
			medical records audit of 100% of the skilled measure compliance with visit frequency, or outcomes of care by 5/29/15. The Director or designate will meet with the skilled staff to feedback, data related to the skilled medical audit by 6/30/15. The Director of Nursing/de	charts to ders and of Nursing o provide records esignate	5/29/15 and ongoing		
Administrator on Ma approximately 3:00 of the surveyors.	orch 12, 2015, at p.m., confirmed the findings ne Administrator stated that						
2 3917.2(b) SKILLED	NURSING SERVICES	H 452					
Duties of the nurse sthe following:	shall include, at a minimum,						
(b) Coordination of c	are and referrals;						
Based on record revious observation, the HC/coordination of care	iew, interview, and A's nurse failed to ensure and to make referrals for one						
	MENT OF DEFICIENCIES LAN OF CORRECTION  OF PROVIDER OR SUPPLIER  ILUM SELECT HOME CA  SUMMARY STA  (EACH DEFICIENCY REGULATORY OR L  TO March 12, 20 a.m., a review of Parevealed a POCs' was been a possible of the nursing visit notes a certification period of February 26, 2015.  A face to face interved Administrator on March 13, 200 of the surveyors. The agency is behind sheets.  This Statute is not me assed on record revealed on record revealed on record revealed should be surveyors. The agency is behind sheets.  This Statute is not me assed on record revealed on record revealed should be surveyord.  This Statute is not me assed on record revealed should be surveyord.  This Statute is not me assed on record revealed should be surveyord.  This Statute is not me assed on record revealed on record revealed on record revealed on record revealed in the HC/coordination of care (1) of fifteen (15) pates.	DENTIFICATION NUMBER:  HCA-0009  DEPROVIDER OR SUPPLIER  SITREET AD  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  50 Continued From page 8  medications" Review of the record failed to evidence SN services were provided after January 26, 2015.  4. On March 12, 2015, at approximately 10:00 a.m., a review of Patient #11's clinical record revealed a POCs' with a certification period of December 29, 2014, through February 26, 2015, for skilled nursing visits three (3) to five (5) times a week for nine (9) weeks for "wound care to the scalp, assessment / observation of all systems, instruct on disease process, medications"  Further review of clinical record #11 revealed no nursing visit notes after January 31, 2015, for the certification period of December 29, 2014, to February 26, 2015.  A face to face interview with the DON and Administrator on March 12, 2015, at approximately 3:00 p.m., confirmed the findings of the surveyors. The Administrator stated that the agency is behind in filling both orders and time sheets.  52 3917.2(b) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (b) Coordination of care and referrals;  This Statute is not met as evidenced by: Based on record review, interview, and observation, the HCA's nurse failed to ensure coordination of care and to make referrals for one (1) of fifteen (15) patients in the sample. (Patient	MENT OF DEFICIENCIES LAN OF CORRECTION  (X1) PROVIDER SUPPLIER  STREET ADDRESS, CITY,  5513 ILLINOIS AVEN WASHINGTON, DC 2:  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOR COntinued From page 8  medications" Review of the record failed to evidence SN services were provided after January 26, 2015.  4. On March 12, 2015, at approximately 10:00 a.m., a review of Patient #11's clinical record revealed a POCS' with a certification period of December 29, 2014, through February 26, 2015, for skilled nursing visits three (3) to five (5) times a week for nine (9) weeks for "wound care to the scalp, assessment / observation of all systems, instruct on disease process, medications" Further review of Inical record #11 revealed no nursing visit notes after January 31, 2015, for the certification period of December 29, 2014, to February 26, 2015.  A face to face interview with the DON and Administrator on March 12, 2015, at approximately 3:00 p.m., confirmed the findings of the surveyors. The Administrator stated that the agency is behind in filing both orders and time sheets.  2 3917.2(b) SKILLED NURSING SERVICES  H 452  Duties of the nurse shall include, at a minimum, the following:  (b) Coordination of care and referrals;  This Statute is not met as evidenced by: Based on record review, interview, and observation, of care and to make referrals for one (1) of fifteen (15) patients in the sample. (Patient	MENT OF DEFICIENCIES  IAN OF CORRECTION    HCA-0009	MENT OF DEFICIENCIES IN PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  STRUCTION  STRUCT ADDRESS, CITY, STATE, ZIP CODE  STATEL ADDRESS PLAN OF CORRECTION  (EACH CORRECTION  (EACH CORRECTION  (EACH CORRECTION  (EACH CORRECTION  (EACH CORRECTION  (EACH CORRECTION		

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l			5513 ILLI	NOIS AVEN			
L	PREMIU	IM SELECT HOME CA	RE INC	STON, DC			
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	H 452	Continued From pa	ge 9	H 452			
		The finding includes	3.				
		10, 2015. beginning the patient's SOC w Further review of the revealed a commun Patient had suffered There was also a rerecord, dated Febru but was not signed I Continued review of March 10, 2015, begreveal any document coordinated care will physical therapist re During a face to face Administrator on Ma approximately 3:30 p	the clinical record (#4) on ginning at 1:15 p.m., failed to atted evidence that the RN the physician and/or garding the Patient's fall.  e interview with the DON and arch 12, 2015, at	*	Beginning 3/31/15, the Director of Nursing/Dinitiated documentation competency reviews Skilled Staff. Timely notification of the MD ochange in patient's condition and or injury discussed. The Skilled staff continues to be re-oriented to documenting the change of coand timely notification of the MD on the nurs. The documentation competency review will be completed by May 29, 2015. Director of Nursing will monitor 10% of the necords on a monthly basis to determine if appropriate documentation and notification or related to a change in the patient's condition	s with the of any was endition ses notes. The nedical	5/29/15 and ongoing
	H 458	3917.2(h) SKILLED	NURSING SERVICES	H <b>45</b> 8			
		Duties of the nurse s the following:	shall include, at a minimum,				
		(h) Reporting change the patient's physicia	es in the patient's condition to in;				
		nurse failed to report	iew and interview, the HCA's changes in the patient's ent's physician for one (1)				

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEF!CIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B, WING HCA-0009 03/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC. WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 458 3/31/15 and H 458 Continued From page 10 Beginning 3/31/15, the Director of Nursing/Designate initiated documentation competency reviews with the ongoing Skilled Staff. Timely notification of the MD of any change in patient's condition and or injury was The finding includes: discussed. The Skilled staff was re-oriented to documenting the change of condition and timely Review of Patient #4's clinical record on March notification of the MD on the nurses notes. The 10, 2015, beginning at 1:15 p.m., revealed that documentation competency review will be completed by May 29, 2015. The 5/29/15 and the patient's SOC was initiated on June 20, 2014. Director of Nursing will monitor 10% of the medical ongoing Further review of the patient's clinical record records on a monthly basis to determine if revealed a communication note stating that appropriate documentation and notification occurred Patient had suffered a fall and was hospitalized. related to a change in the patient's condition. There was also a resumption of care order in the record, dated February 3, 2015, written by the RN but was not signed by the physician. Continued review of the record on March 10, 2015, beginning at 1:20 p.m., failed to reveal any documented evidence that the RN reported changes in the patient's condition to the physician. During a face to face interview with the DON and Administrator on March 12, 2015, at approximately 3:30 p.m., the DON and Administrator confirmed the finding of the surveyor.