

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/11/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PREMIUM SELECT HOME CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>On April 2, 2014, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received information alleging that a patient died awaiting PCA services from Premium Select Home Care, Inc. Due to the nature of the information presented, on April 3, 2014, DOH/HRLA initiated an onsite investigation, to verify compliance with the basic standards of practice and Title 22, Chapter 39 (Home Care Agencies Regulations). The findings of the investigation were based on record reviews and interviews.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Cardiopulmonary Resuscitation (CPR) Department of Health (DOH) Department of Health Care Finance (DHCF) Health Regulation and Licensing Administration (HRLA) Home Care Agency (HCA) Home Health Aide (HHA) Human Resources (HR) Personal Care Aide (PCA) Plan of Care (POC) She/He (S/he) Purified Protein Derivative (PPD)</p> <p>Allegation #1 - Patient #1 died while awaiting PCA services from Premium Select Home Care, Inc.</p> <p>Findings- Record reviews and interviews starting at approximately 9:00 a.m., on April 3, 2014 through April 11, 2014 revealed the following:</p> <p>- Review of "Notification of Approved Personal Care Aide (PCA) Services Initial Assessment",</p>	H 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sandra Hart Davis</i>	TITLE	(X6) DATE <i>6/6/14</i>
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STATE FORM 6899 SDKB11 If continuation sheet 1 of 8

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H 000	<p>Continued From page 1</p> <p>dated March 12, 2014, revealed Patient #1's physician requested PCA service on March 5, 2014;</p> <ul style="list-style-type: none"> <li>- Review of hospital discharge records from Medstar Health, dated March 10, 2014, revealed that Patient #1 was admitted to the Georgetown hospital on March 6, 2014, from a licensed "long term care facility";</li> <li>- Review of "Notification of Approval Personal Care Aide (PCA) Services Initial Assessment", dated March 12, 2014, revealed that Patient #1 was assessed on March 8, 2014, by Delmarva for PCA services while at Georgetown hospital. According to the notification PCA services were authorized for eight (8) hours a day, seven (7) days a week with service dates of March 8, 2014 through September 6, 2014.</li> <li>- Review of hospital discharge records from Medstar Health, dated March 10, 2014, revealed that Patient #1 was discharged from the hospital on March 10, 2014, to a " long-term care facility with hospice already organized ";</li> <li>- Review of "DHCF Medicaid Management Information System Prior Authorization Notice" dated March 12, 2014, revealed that PCA services were approved for eight (8) hours a day, seven(7) days a week from March 5, 2014 through August 31, 2014;</li> <li>- Interview with the agency's Vice President of Home Care Operation revealed that the prior authorization form from DHCF was received by mail on March 14, 2014;</li> <li>- Interview with Patient #1's granddaughter confirmed that Patient #1 was discharged home</li> </ul>	H 000		
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H 000	Continued From page 2 from a nursing home on March 17, 2014;  - Review of the "Initial Comprehensive Assessment", and interview with the skilled nurse confirmed that home care services were initiated on March 18, 2014;  - Review of HHA time sheets and interview with the HHA confirmed that Patient #1 received eight (8) hours of services on March 20th and March 21 st (2014); and  - Review of the HHA time sheets and interview with the administrator confirmed that Patient #1 expired at home on March 22, 2014 with family and the HHA present.  Conclusion- This allegation could not be substantiated.  Additionally, incidental findings were noted during this investigation and the deficiencies are cited in the report below.	H 000		
H 148	<b>3907.2(d) PERSONNEL</b>  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (d) Documentation of current CPR certification, if required;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include documentation of current CPR certification in the employee files for one (1) of two (2) employees in	H 148		

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H 148	<p>Continued From page 3 the investigation. (Employee #1)</p> <p>The finding includes:</p> <p>On April 3, 2014, at approximately 1:10 p.m., review of Employee #1's personnel file revealed Employee #1 was an HHA that was hired on March 6, 2014. Further review of the record revealed a CPR card with an issue date of March 27, 2014 and a handwritten recommended renewal date of March 2011.</p> <p>During an interview with the HR manager on April 3, 2014, at approximately 1:40 p.m., the HR manager stated, "I will investigate the renewal date of March 2011."</p>	H 148	<p>Effective April 28, 2014, the agency has hired two additional staff members to assist in assuring state, federal and agency compliance with the hiring process. It is expected that clinical staff applying for a position, present with a current CPR card. A photo copy is made of the original, current CPR card. If the applicant is unable to present a valid CPR card, the applicant will not be hired until evidence of CPR certification is provided. Employee #1 current CPR card was received and is valid from 4/3/2014 through April 2016. The Director of Professional Services, and/or Vice President for Home Care Operations, will assess each applicant folder prior to orientation to assure compliance with established guidelines and standards.</p>	
H 153	<p>3907.2(i) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(i) Documentation of any required criminal background check;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to include documentation of the required criminal background check, for one (1) of two(2) employees records reviewed during this investigation. (Employee #1)</p> <p>The finding includes:</p> <p>On April 3, 2014, at approximately 1:10 p.m., review of Employee #1's personnel file revealed Employee #1 was a HHA that was hired on March</p>	H 153	<p>Effective May 1, 2014, the quality improvement nurse will conduct a random audit of 25% of Human Resources files to measure compliance with CPR certification regulation. Staff not in compliance with current certification will be removed from the schedule until current CPR certification is received. Human resources will maintain a data base to measure compliance to include expiration date for CPR.</p> <p>H153 Employee#1 was removed from schedule until the live scan was completed on April 7, 2014 and was eligible for employment. Effective April 28, 2014, the agency has hired two additional staff members to assist in assuring state, federal and agency compliance</p>	

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H 153	Continued From page 4  6, 2014. Further review of the record failed to evidence that fingerprinting or a live scan had been conducted. It should be noted that the HHA was currently working with a patient at the time of this investigation.  During an interview with the HR manager on April 3, 2014, at approximately 1:40 p.m., the HR manager stated, "The employee has not had the finger print scan done yet."	H 153	with the hiring process. Following the interviewing process, if the candidate is categorized as a potentially acceptable candidate, a human resource/administrative staff member will assist the candidate in completing the required authorizations, scheduling process for the fingerprinting or live scan. Upon entering the data into the approved background site, the staff member will determine if fingerprinting is required. If the applicant has not completed a live scan within 6 months of the application, the applicant will be scheduled for the scan. Upon completion of the scan, the applicant will provide authorized documentation to the agency and the applicant will be scheduled for orientation and patient care. If a live scan has been completed within 6 months, the eligibility for employment letter will be printed and filed in the applicant's file.	
H 162	<b>3907.6 PERSONNEL</b>  At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to verify a newly hired employee, at least six (6) months prior to hire, had been screened and was free of communicable disease for one (1) of two (2) employees records reviewed during this investigation. (Employee #1)  The finding includes:  On April 3, 2014, at approximately 1:10 p.m., review of Employee #1's personnel file revealed Employee #1 was a HHA that was hired on March 6, 2014. Further review of the record revealed a health certificate dated February 20, 2013, with a negative PPD test result dated August 17, 2012.  During an interview with the HR manager on April 3, 2014, at approximately 1:40 p.m., the HR	H 162	Effective May 1, 2014, the human resources department completed a 100% audit of all current files of clinical staff to ascertain compliance with the criminal background regulation. Effective May 1, 2014 the Quality Improvement nurse will conduct a random audit of 25% of the Human Resources files monthly to ascertain compliance with the Criminal Background statute.  H162 It is the policy of the agency, that clinical persons applying for a position , present with	

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H 162	Continued From page 5 manager stated, "It's my fault, I will check with the employee to see if they have a recent PPD."	H 162	Current documentation to include CPR certification and PPD and/or Chest xray. During the interview process, the RN interviewing will ascertain the status of the required documents. Once the required information is received, the applicant will be scheduled for orientation. Prior to orientation, the Director of Professional Services or Vice President of Home Care Operations will assure compliance of Human Resource files. Once employed, the staff member will be place on a Human Resources Data base that includes: CPR expiration date, PPD expiration date. The Human Resources Associate will review the data base at least monthly to assure compliance. Staff members with CPR and PPD expirations less than 60 days will be notified by Human Resources of the expiration dates. Staff who failed to present the information by the expiration date will be removed from the schedule until documentation is received. Employee#1 had a PPD placed/read (4/9/14) H364 Effective May 1, 2014, the POC/Orders will include the provision of instruction of the patient/caregiver on the Emergency Protocol. The agency has a comprehensive emergency protocol located in the Patient's Orientation Manual. The emergency protocol will be added to the POC Effective May 15, the Quality improvement nurse will conduct monthly audits of the POC to determine compliance with the POC/Orders. 25% of charts will be audited/assessed during this process.		
H 364	3914.3(m) PATIENT PLAN OF CARE  The plan of care shall 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 the POC included an emergency protocol for one (1) of one patient (1) in the investigation. (Patient #1)  The finding includes:  On April 3, 2014, at approximately 12:30 p.m., a review of Patient #1's record revealed a POC with a certification date of March 18, 2014, through September 18, 2014. The POC documented, "All staff will be designated to initiate the Emergency Plan, call 911 or initiate CPR when necessary." Additionally, on the same date at approximately 12:40 p.m., review of the "Patient Orientation for Home Health Care" revealed a detailed emergency protocol.  During an interview with the Owner/Administrator on April 3, 2014, at approximately 1:30 p.m., the Owner/Administrator stated, "We do not include our detailed emergency protocol on our POC's because it's in the admission packet we give everyone."	H 364			
H 453	3917.2(c) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum,	H 453			

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H 453	<p>Continued From page 6</p> <p>the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for one (1) of one (1) patients in the investigation. (Patient #1)</p> <p>The finding includes:</p> <p>On April 3, 2014, at approximately 1:00 p.m., review of Patient # 1's POC, with documented certification period of March 18, 2014 to September 18, 2014, revealed that the skilled nurse was to provide service one (1) to two (2) times a month for six (6) months for "assessment/observation of all systems" and PCA service eight (8) hours a day seven (7) days a week for six (6) months to, "assist with personal care and ADL's..."</p> <p>Review of a document entitled "Comprehensive Adult Nursing Assessment " dated March 18, 2014, on April 3, 2014 at approximately 1:20 p.m. revealed that the nurse failed to document the patient's complete vital signs. The nurse documented "temperature 98.2, sitting/lying blood pressure in right arm 20. " The nurse checked apical pulse, however, the section was blank and the respirations section was blank. Additionally, the PCA time sheet failed to evidence PCA services were provided on March 20, 2014.</p>	H 453	<p>Effective May 7, 2014, the Vice President of Home Care Operations will begin the re-orientation of the OASIS/Assessment process for the Registered Nurses. The RN as cited in this event will be in attendance. Emphasis will be placed on completing the entire OASIS ( to include VS measures). Effective May 21, 2014 The Quality Improvement Nurse will monitor 25% of the Oasis for compliance/completeness of the OASIS process on a monthly basis. As well, the RN assessing the OASIS upon submission, will assess the OASIS for compliance and completeness. If incomplete the RN will be contacted to complete the missing information on the OASIS . The Skilled Nurse will follow up with the provider to provide an update when omissions, abnormal findings and patient concerns.</p>	

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H 453	<p>Continued From page 7</p> <p>During an interview with the Owner/Administrator of the agency on April 3, 2014, the owner, indicated, "The nurse should have completed all the vital signs and I think the 20 for blood pressure was for the patient's respiration."</p> <p>During a telephone interview with the nurse on April 7, 2014, at approximately 9:50 a.m., the nurse stated, " I made a mistake and the 20, I put for blood pressure should have been for the patient's respirations. The patient was stable while I was there. " Also the nurse indicated, the patient was able to answer to his/her name and make toileting needs known while s/he was assessing the patient.</p>	H 453		