

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2016
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NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from January 14, 2016 through January 27, 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 three hundred forty-eight (348) patients and employs four hundred ninety-eight (498) 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, twenty-five (25) employee records, (99) complaints, five (5) home visits and interviews with patients/family and staff.</p> <p>Please note listed below are abbreviations used throughout the body of this report.</p> <p>ABD pad --- abdominal pad BID --- twice a day DON --- Director of Nursing HCA --- Home Care Agency HHA --- home health aide mm/hg --- millimeters of mercury POC --- plan of care SN --- skilled nurse</p>	H 000	<p><i>Accepted 3/8/16</i></p> <p>The HCA acknowledges the deficiency report and the Plan of Correction follows:</p> <p>Due to the closure of several Homecare Agencies, there was a large volume of clients choosing to transfer their services to Premium Select. We tried to admit the patients as quickly as possible to prevent continuing interruptions of service to these displaced patients.</p> <p>This placed a burden on the field staff, data entry staff, and nursing/administrative staff. In 18 months, Premium Select admitted 360 patients that were formerly being provided care by the closed agencies. In our attempt to meet the needs of the Home Care community, the quality and efficiency of work was compromised. As a result Premium Select has made a decision to stop taking new admissions for PCA services in November 2015. We continue to admit only skilled patients.</p>	
H 053	<p>3903.2(c)(1) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(1) The evaluation shall include feedback from a</p>	H 053	<p>In addition, we have had to hire new staff to service these new clients. These staff members required a significant amount of training. A significant number quit after a brief period of time, and had to have their patients reassigned to other new staff. All of these factors affected efficiency.</p>	

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

Jorda Hart Davis

TITLE
Administrator

(X6) DATE
3/7/2016

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H 053	Continued From page 1 representative sample consisting of either ten percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include feed back from a representative sample consisting of either ten percent (10%) of the District of Columbia patients or forty (40) District of Columbia patients, which ever is less, regarding services provided to those patients in its annual review and evaluation. The finding includes: On January 20, 2016, at 11:50 a.m., review of the year 2015 " Board of Directors Meeting" dated August 10, 2015, lacked documented evidence that the agency conducted patient satisfactory surveys. During an interview with the DON on January 20, 2016, at 2:00 p.m., the DON indicated that moving forward they would conduct patient satisfaction surveys and include them in their board meeting minutes. At the time of this survey, there was no documented that the agency had conducted patient satisfaction surveys for the year 2015.	H 053	to address H053: The HCA uses Deyta Analytics, a CMS approved HHCAHPS (Home Health Care Consumer Assessment of Healthcare Providers and Systems) survey firm to conduct monthly surveys of patients. The results are reviewed by the Administrator and administrative staff, and will be presented to the Board of Directors and the Quality Improvement Committee at all future meetings. IT staff will verify that the patient data submitted to Deyta Analytics will meet the minimum necessary criteria stated, and will increase submissions if necessary. A meeting of the Board of Directors will be convened on or before May 15 2016, at which meeting the past years results will be presented and discussed. Printed results of all surveys will be made available to the Director of Professional Services and Director of Nursing, and will be kept on file in the administrative offices for review. The Director of Nursing will have direct access to the online data summaries from Deyta. Summaries of the past years surveys are attached. Please see attachment #1	3/2/16 ongoing 3/2/16 ongoing 5/15/2016 3/2/16 ongoing
H 054	3903.2(c)(2) GOVERNING BODY The governing body shall do the following:	H 054		

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H 054	<p>Continued From page 2</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include all complaints made or referred to the agency, including the nature of each complaint and the agency's response to the complaints in the agency's annual evaluation for 2015.</p> <p>The finding includes:</p> <p>On January 20, 2016, at approximately 11:50 a.m., a review of the the agency's complaint book revealed the agency had ninety (99) complaints referred to the agency for 2015.</p> <p>During an interview with the DON on January 20, 2016, at approximately 2:00 p.m., the DON indicated that going forward the agency will include all of their complaints and resolution of the complaints in their board meeting minutes.</p> <p>At the time of this survey, the annual board meeting minutes lacked documented evidence of all 99 complaints and their resolutions.</p>	H 054	<p>to address H054:</p> <p>At the next and future meetings of the Board of Directors, complaints received and the resolution of those complaints will be presented to the Directors, and incorporated into the minutes of the meeting.</p> <p>The Quality Improvement Committee will review CAHPS patient survey reports, all complaints and resolutions at each meeting, which is held quarterly. Written minutes of the meeting are kept and reviewed.</p>	5/15/2016 ongoing

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H 141	Continued From page 3	H 141	to address H141:	6/30/16
H 141	<p>3907.1(b) PERSONNEL</p> <p>Each home care agency shall have written personnel policies that shall be available to each staff member and shall include the following:</p> <p>(b) Provisions for an annual evaluation of each employee's performance by appropriate supervisors;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure employees were provided with an annual evaluation of their performance for twelve (12) of twenty-five (25) employees in the sample. (HHA #4, HHA #6, HHA #9, HHA #10, HHA #11, HHA #13, RN #1, LPN #1, LPN #2, LPN #3, PT #1, and OT #1)</p> <p>The findings include:</p> <p>On January 14, 2016, beginning at 12:31 p.m., review of the personnel records revealed the following employees failed to evidence an annual evaluation of their performance:</p> <p>HHA #4 - date of hire - March 20, 2014 -no annual performance evaluation; HHA #6 - date of hire - August 10, 2009 - no annual performance evaluation since 2013; HHA #9 - date of hire - February 6, 2014 - no annual performance evaluation; HHA #10 - date of hire - June 9, 2012 - no annual performance evaluation since DOH; HHA #11 - date of hire - March 20, 2014 - no annual performance evaluation; HHA #13 - date of hire - September 3, 2007 - no annual performance evaluation since 2013; LPN #1 - date of hire - August 9, 2011 - no annual</p>	H 141	<p>An audit has been conducted of records for all employee evaluations, and a preliminary list of employees requiring 90 day evaluations was given to the Director of Professional Services on 2/16/16. 90 day evaluations have been conducted and are proceeding. On 3/4/16, 33 have been concluded.</p> <p>The audit of annual evaluations will be concluded by 3/10/16, and evaluations are currently being conducted, and should be completed by 6/30/2015</p> <p>All the staff identified in the survey will have their evaluations completed by 4/1/16.</p>	<p>ongoing</p> <p>4/1/16</p>

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H 141	<p>Continued From page 4</p> <p>performance evaluation since December 26, 2013; LPN #2 -date of hire - August 9, 2011 - no annual performance evaluation since September 10, 2013; RN #1 - date of hire - June 5, 2013 - no annual performance evaluation since 2013; LPN #3 - date of hire - September 24, 2012 - no annual performance evaluation since December 26, 2013; RN #1 - date of hire - June 5, 2013 - no annual performance evaluation since September 3, 2013. OT #1- date of hire - May 10, 2012 - no annual performance evaluation since August 2, 2013; and PT #1- date of hire - June 9, 2000 - no annual performance evaluation since May 20, 2013.</p> <p>On January 14, 2016, at 4:13 p.m., interview with the Director of Professional Services revealed that the Human Resources Manager provides a list of employees whose annual evaluations are coming due. Continued discussion with the Director of Professional Services revealed that she receives a copy of the list in addition to the DON, and the Administrator. She/he also revealed that the three of them were responsible for conducting the employee's performance evaluations. The Director of Professional Services indicated that the DON was a new employee, and they recognized that they were behind in conducting the performance evaluations.</p> <p>At the time of the survey, the HCA failed to ensure HHA #4, HHA #6, HHA #9, HHA #10 and HHA #11, HHA #13, RN #1, LPN #1, LPN #2, LPN #3, PT #1, and OT #1 were provided with an annual evaluation of each of their performances.</p>	H 141		
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H 260	<p>3911.1 CLINICAL RECORDS</p> <p>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to maintain accurate clinical records for one (1) of fifteen (15) patients in the sample. (Patient#1)</p> <p>The finding includes:</p> <p>On January 14, 2016, at 12:50 p.m., review of Patient #1's clinical record revealed a POC with a start of care date of January 31, 2015 and a certification period of August 1, 2015 to February 1, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: hypertension, extrinsic asthma, depressive disorder, esophageal reflux, bipolar disorder, and schizophrenia.</p> <p>The attending physician orders included the following SN services:</p> <p>" [SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status ; one to two times a month for six months..."</p> <p>Further review of the clinical record revealed skilled nursing visit notes reflected the following: - August 21, 2015, the skilled nurse documented</p>	H 260	<p>to address H260: The upcoming inservice for SNs will cover the need to document, report, and investigate all significant changes in patient condition. SNs will verify self reported patient weights with the most recent physician to see patient, when significant changes are present and still need to be verified. If there is cause for concern, or in cases where weight is critical (such as monitoring fluid volume in heart failure patients) the SN will weigh the patient.</p> <p>Premium Select Home Care has ordered and is implementing a new electronic records system, which will give SNs in the field immediate secure access to complete patient records, facilitating comparison of records from prior visits.</p>	<p>4/1/16 ongoing</p> <p>6/30/16 ongoing</p>
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H 260	<p>Continued From page 6</p> <p>the patient's weight as 200 lbs;</p> <ul style="list-style-type: none"> - September 30, 2015, the skilled nurse documented the patient's weight as 214 lbs; - October 28, 2015, the skilled nurse documented the patient's weight as 200 lbs; and - November 18, 2015, the skilled nurse documented the patient's weight as 200 lbs. <p>During an interview with the DON on January 14, 2016, at 2:00 p.m., she indicated that the agency's skilled nurses do not weight patients. The skilled nurses only document weight as told to them by the patients. Additionally, the DON indicated that the nurse must have documented the September 2015 weight inaccurately.</p> <p>At the time of this survey, lacked accurate information in reference to Patient #1's weight in September 30, 2015.</p>	H 260		
H 265	<p>3911.2(e) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(e) Physician's orders;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that a clinical record included an order to provide wound care for three (3) of six (6) patients in the sample receiving wound care.</p>	H 265		

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H 265	Continued From page 7 (Patient #2 ,#7 and #8) The finding include: 1. On January 14, 2016, at approximately 2:00 p.m., review of Patient #2's clinical record revealed a POC with a start of care date of April 8, 2014 and a certification period of October 11, 2015 to April 10, 2016. Further review of the clinical record and the aforementioned POC revealed that the patient's pertinent diagnoses included: diabetes type II, hypertension, atrial fibrillation, and edema. Continued review of the clinical record revealed a skilled nursing visit note dated December 15, 2015, that indicated Patient #2 had a boil in the perineal area. The nurse also documented that he/she cleansed the [perineal] area with soap and water and applied Lidocain to reduce pain; however, the nurse also documented that the patient denied pain on that same visit. The clinical record lacked documented evidence that the attending physician ordered the aforementioned perineal wound care provided by the agency's nurse. During an interview with the DON on January 14, 2016, at 2:00 p.m., the DON indicated that the agency should have not provided the perineal without a physician order. 2. On January 20, 2016, at approximately 9:15 a.m., review of Patient #7's clinical record revealed a POC with a start of care date of May 1, 2006 and a certification period of November 12, 2015 to January 10, 2016.	H 265	to address H265: Patient #2 was receiving PCA services from Premium Select Home Care from 9/21/16. Skilled services are reported to have been provided by another agency. SN was counseled regarding requesting physician orders prior to instituting any care or changes in care; the necessity of properly documenting communications with physicians; and requesting written orders for changes in physician's orders. Corrective order has been submitted to the physician for SN wound care on 12/15/15. see order 16323 - attachment#2 to address H265: A change order making clearer wound care protocol for patient #7 was written; A&D to be applied to intact skin surrounding open wound to prevent further breakdown; Aquacel AG to be applied to wound. see corrective order #16326 - attachment#3	3/2/16 2/29/16 2/29/15

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H 265	<p>Continued From page 8</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "PRESSURE ULCER OF UNSPECIFIED HIP". The patient's other pertinent diagnoses included: encounter for other specific aftercare, quadriplegia, full incontinence and encounter for attention to other artificial openings of urinary tract.</p> <p>The attending physician ordered the following skilled nursing services:</p> <p>" [SN] to perform wound care to the patients SACRUM. cleanse with normal saline, apply A&D ointment, cover with 4x4 gauze and ABD pad and secure with tape; five to seven days a week for nine weeks."</p> <p>Further review of the clinical record revealed that the agency's skilled nurses provided wound care to the right hip as follows:</p> <p>" Cleansed with saline solution, aquacel ag applied, covered with 4x4 and ABD pads and secured with tape: three to five times a week from November 12, 2015 to January 1, 2016."</p> <p>Continued review of the clinical record lacked documented evidence that the attending physician ordered the aforementioned right hip wound care provided by the agency's skilled nurses from November 12, 2015 to January 1, 2016..</p> <p>During an interview with the DON on January 20, 2016, at 10:30 a.m., she indicated that the skilled nurses should not have provided the right hip wound care without a physician order. Additionally, the DON indicated that she would look for the right hip wound care order. [At the</p>	H 265	<p>to address H265:</p> <p>In January-February 2016, a mandatory Inservice was conducted on Wound Assessment and documentation. The skilled nurses were re-oriented to the policy (attached) , that mandates that the RN do the wound assessments for patients with a wound, noting the location, measuring the length, width, and depth of the wound and describing the sinus tracts, tunneling, undermining, necrotic tissue, exudates and the presence or absence of granulated tissue or epithelialization. The SN will re-assess the wound on an ongoing basis, at least weekly, monitoring the progression of any signs of deterioration of the wound, documenting the findings and providing on-going communication with the patient's physician as required.</p> <p>Effective 3/1/16 an Administrative RN will perform a chart audit 25% of wound care charts to determine compliance with the wound care policy. The Administrative RN will report her finding to the DON/Administrator on a weekly basis and provide information to the Quality Improvement committee on a quarterly basis. Wound care Inservicing will continue twice yearly or as needed. Individual nurses who continue to demonstrate inefficiencies with wound care will be individually counseled and trained.</p> <p>Individual SN was counseled regarding reporting condition changes to physician, requesting physician orders prior to instituting any care or changes in care; the necessity of properly documenting communications with physicians; and requesting written orders for verbal changes in physician's orders.</p>	<p>2/20/2016</p> <p>ongoing</p> <p>3/16/16</p> <p>3/2/16</p>

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H 265	<p>Continued From page 9</p> <p>time of this survey, the right hip wound care order was not provided to the surveyor for review.]</p> <p>3. On January 20, 2016, at approximately 12:00 p.m., review of Patient #8's clinical record revealed a POC with a start of care date of August 24, 2015 and a certification period of October 25, 2015 to December 25, 2015. Review of the record and the aforementioned POC revealed that the patient's principal diagnosis was UNSPECIFIED OPEN WOUND. The patient's pertinent diagnoses included: sickle-cell disease, and calculus of kidney.</p> <p>The attending physician orders included the following SN/HHA services:</p> <p>" [SN] to perform wound care to the patient's left ankle. cleanse with normal saline and applied [sic] black sponge/gauze and dress/cover with wound vac supplies, wound vac at 125 mm/hg; one to two times a week for nine weeks."</p> <p>Further review of the clinical record revealed a skilled nursing note date December 18, 2015. The skilled nurse documented, " left ankle wound cleanse with normal saline solution, silverdene ointment on wound..."</p> <p>Continued review of the record lacked documented evidence that the attending physician ordered silverdene ointment to applied to the wound as indicated in the skilled nursing note dated December 18, 2015.</p> <p>During an interview with the DON on January 20, 2016, at 2:00 p.m., she indicated that the skilled nurse should have not applied silverdene to the left ankle wound without a physician order.</p>	H 265	<p>for Patient #8, corrective orders were written to be consistent with wound vac setting changed by physician when patient was seen for follow up visit. Physician stated decrease in wound vac due to reduced exudate and wound healing</p> <p>see order 16355 - attachment #4</p> <p>The SN was counseled regarding reporting condition changes to physician, requesting physician orders prior to instituting any care or changes in care; the necessity of properly documenting communications with physicians; and requesting written orders for verbal changes in physician's orders.</p> <p>for Patient #8, corrective orders were written for silvadene ointment to be applied to left ankle.</p> <p>see order 16355 - attachment #4</p>

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H 265	Continued From page 10 At the time of this survey, there was no documented evidence of a physician order for wound care. Cross Reference Tag #0458	H 265		
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to provide wound care training to the patients/ patient's caregiver for four (4) of six (6) patients in the sample receiving wound care. (Patients #4, #6, #7 and #8) The findings include: On January 14, 2016, at 10:00 a.m., review of the agency's " Wound Care Policy" revealed the following: " The SN will provide wound care or instruct the patient/caregiver to perform the wound care in compliance with the Plan of care when the SN is not scheduled to perform the wound care..." The agency's nurses failed to provided wound care training to the patient/patient caregivers as follows:	H 279	to address H279, regarding patients #4, #6, #7 and #8 In January-February 2016, a mandatory Inservice was conducted on Wound Assessment and documentation. The skilled nurses were re-oriented to the policy (attached) , that mandates that the RN "instruct the patient/caregiver to perform wound care in compliance with the Plan of Care when the SN is not scheduled to perform the wound care" attachment: wound care policy - attachment #5 Effective 3/1/16 an Administrative RN will perform a chart audit 25% of wound care charts to determine compliance with the wound care policy. The Administrative RN will report her finding to the DON/Administrator on a weekly basis and provide information to the Quality Improvement committee on at the quarterly Quality Improvement meeting. The wound care training will continue at least twice yearly or as needed based on the chart audits. Any nurses who continue to have problems will meet with the Director of Nursing for individual counseling and teaching.	2/20/2016 ongoing 3/1/16 ongoing

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H 279	<p>Continued From page 11</p> <p>1. On January 15, 2016, at approximately 9:15 a.m., review of Patient #4's clinical record revealed a POC with a start of care date of January 30, 2013 and a certification period of December 17, 2015 to February 14, 2016.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "PRESSURE ULCER OF SACRAL REGION". The patient's other pertinent diagnoses included: generalized muscle weakness, dementia, and low blood pressure.</p> <p>The attending physician orders included the following SN services:</p> <p>" [SN] to perform wound care as follows: cleanse sacral/coccyx with normal saline, apply silver alginate AG, cover with 4x4 gauze and secure with tape; one to seven times a week for nine weeks..."</p> <p>Continued review of the patient's clinical record on the same day at 10:30 a.m., revealed that the agency's skilled nurses provide wound care on December 30, 2015, December 31, 2015 and January 2, 2016. However, the aforementioned nursing notes lacked documented evidence that the agency's skilled nurses provided wound care training for the patient/ patient's caregiver.</p> <p>2. On January 15, 2016, at approximately 11:15 a.m., review of Patient #6's clinical record revealed a POC with a start of care date of April 9, 2014, a certification period of December 4, 2015 to February 1, 2016 and a telephone order for wound care dated December 12, 2015.</p> <p>Further review of the clinical record and the</p>	H 279	The involved skilled nurses were counseled to document patient/caregiver training in visit notes.	3/4/16

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H 279	<p>Continued From page 12</p> <p>aforementioned POC revealed that the patient had a primary diagnosis of diabetes type II. The patient's other pertinent diagnoses included: PRESSURE ULCER OF SACRAL REGION, gout unspecified, essential primary hypertension, and unspecified hyperlipidemia.</p> <p>Continued review of the clinical record revealed a telephone order dated December 12, 2015. The telephone order revealed that the patient had an additional diagnosis of "Stage II- sacral pressure ulcer".</p> <p>The attending physician ordered the following skilled nursing services:</p> <p>" [SN] cleanse with normal saline, pat dry, apply silverdene cream, cover with 4x4 and secure with tape daily..."</p> <p>" [SN] to educ [sic] family member to apply silverdene cream to wound BID."</p> <p>Additionally, the clinical record lacked documented evidence that the agency's skilled nurse provided wound care education for Patient #6's family as ordered by the physician on December 12, 2015.</p> <p>3. On January 20, 2016, at approximately 9:15 a.m., review of Patient #7's clinical record revealed a POC with a start of care date of May 1, 2006 and a certification period of November 12, 2015 to January 10, 2016.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "PRESSURE ULCER OF UNSPECIFIED HIP". The patient's other pertinent diagnoses included: encounter for other specific aftercare, quadriplegia, full incontinence</p>	H 279		

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H 279	<p>Continued From page 13</p> <p>and encounter for attention to other artificial openings of urinary tract.</p> <p>" [SN] to perform wound care to the patients SACRUM. cleanse with normal saline, apply A&D ointment, cover with 4x4 gauze and ABD pad and secure with tape; five to seven days a week for nine weeks..."</p> <p>Continued review of the patient's clinical record on the same day at 11:30 a.m. revealed that the agency's skilled nurses provide wound care three to five times a week from November 12, 2015 to January 9, 2016. The clinical record lacked documented evidence that the agency's nurses provided wound care training for the patient/patient's caregiver.</p> <p>4. On January 20, 2016, at approximately 12:00 p.m., review of Patient #8's clinical record revealed a POC with a start of care date of August 24, 2015 and a certification period of October 25, 2015 to December 25, 2015. Review of the record and the aforementioned POC revealed that the patient's principal diagnosis was "UNSPECIFIED OPEN WOUND". The patient's pertinent diagnoses included: sickle-cell disease and calculus of kidney.</p> <p>The attending physician orders included the following HHA/SN services:</p> <p>" [SN] to perform wound care to the patient's left ankle. cleanse with normal saline and applied [sic] black sponge/gauze and dress/cover with wound vac supplies, wound vac at 125 mm/hg; one to two times a week for nine weeks..."</p> <p>Continued review of the patient's clinical record on the same day at 1:15 p.m., revealed that the</p>	H 279		

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H 279	<p>Continued From page 14</p> <p>agency's skilled nurses provided wound care two times a week from November 3, 2015 to December 18, 2015. However, the clinical record lacked documented evidence that the agency's nurses provided wound care training for the patient/patient's caregiver.</p> <p>During an interview with the Director of Professional Services on January 20, 2016, at 11:50 a.m. she indicated that their nurses are trained on the wound care policy and are always encouraged to document any teaching provided to patient and the patient's caregivers.</p>	H 279		
H 300	<p>3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to have an effective wound care policy to ensure treatment, care and services were consistent the patient/agency's agreement for four (4) of six (6) patients in the sample receiving wound care services. (Patients #4, #6, #7 and #8)</p> <p>The findings include:</p> <p>On January 14, 2016, at 10:00 a.m., review of the</p>	H 300		

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H 300	<p>Continued From page 15</p> <p>agency's " Wound Care Policy" revealed the following:</p> <p>" The SN will do [a] wound assessment for patients with a wound, noting the location, and measuring the length, width and depth of the wound..."</p> <p>" The SN will re-assess the wound on an ongoing basis at least weekly monitoring the progression or any signs of deterioration of the wound..."</p> <p>The agency's nurses failed to provided assessments of the patients wounds as follows:</p> <p>1. On January 15, 2016, at approximately 9:15 a.m., review of Patient #4's clinical record revealed a POC with a start of care date of January 30, 2013 and a certification period of December 17, 2015 to February 14, 2016.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "PRESSURE ULCER OF SACRAL REGION". The patient's other pertinent diagnoses included: generalized muscle weakness, dementia, and low blood pressure.</p> <p>The attending physician orders included the following SN services:</p> <p>" [SN] to perform wound care as follows: cleanse sacral/coccyx with normal saline, apply silver alginate AG, cover with 4x4 gauze and secure with tape; one to seven times a week for nine weeks; and [SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status ; one to seven</p>	H 300	<p>to address H300: The skilled nurses involved were counseled individually regarding requirement for weekly wound assessment, and completing the wound description with measurements of length, width, depth, and describing drainage, tunneling, odor, condition of surrounding tissue, and presence of edema and stoma.</p> <p>continued next page:</p>	3/2/16 - 3/4/16
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H 300	<p>Continued From page 16 times a week for nine weeks."</p> <p>Continued review of the clinical record revealed the lack of documented evidence the agency's skilled nurse re-assessed the sacral wound for the week of December 27, 2015 through January 2, 2016.</p> <p>2. On January 15, 2016, at approximately 11:15 a.m., review of Patient #6's clinical record revealed a POC with a start of care date of April 9, 2014, a certification period of December 4, 2015 to February 1, 2016 and a telephone order for wound care dated December 12, 2015.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of diabetes type II. The patient's other pertinent diagnoses included: PRESSURE ULCER OF SACRAL REGION, gout unspecified, essential primary hypertension, and unspecified hyperlipidemia.</p> <p>Additionally, the review of the clinical record revealed a telephone order dated December 12, 2015. The telephone order revealed that the patient had an additional diagnosis of "STAGE II-SACRAL PRESSURE ULCER".</p> <p>The attending physician ordered the following skilled nursing services:</p> <p>" [SN] cleanse with normal saline, pat dry, apply silverdene cream, cover with 4x4 and secure with tape daily..."</p> <p>The clinical record lacked documented evidence that the agency's skilled nurse re-assessed the</p>	H 300	<p>In January-February 2016, a mandatory Inservice was conducted on Wound Assessment and documentation. The SN were re-oriented to the policy (attached) , that mandates that the RN do the wound assessments for patients with a wound, noting the location, measuring the length, width, and depth of the wound and describing the sinus tracts, tunneling, undermining, necrotic tissue, exudates and the presence or absence of granulated tissue or epithelialization. The SN will re-assess the wound on an ongoing basis, at least weekly, monitoring the progression of any signs of deterioration of the wound, documenting the findings and providing on-going communication with the patient's physician as required.</p> <p>Effective 3/1/16 an Administrative RN will perform a chart audit of 25% of wound care charts to determine compliance with the wound care policy. The Administrative RN will report her finding to the Administrator on a weekly basis and provide information to the Quality Improvement committee on at the quarterly Quality Improvement meeting. The wound care training will continue at least twice yearly or as needed based on the chart audits. Any nurses who continue to have problems will meet with the Director of Nursing for individual counseling and teaching.</p>	1-2016 - 2/2016 ongoing

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H 300	<p>Continued From page 17</p> <p>stage II- sacral wound for the week of December 13, 2015 through December 19, 2015.</p> <p>3. On January 20, 2016, at 9:15 a.m., review of Patient #7's clinical record revealed a POC with a start of care date of May 1, 2006 and a certification period of November 12, 2015 to January 10, 2016.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "PRESSURE ULCER OF UNSPECIFIED HIP". The patient's other pertinent diagnoses included: encounter for other specific aftercare, quadriplegia, full incontinence and encounter for attention to other artificial openings of urinary tract.</p> <p>The attending physician ordered the following skilled nursing services:</p> <p>" [SN] to perform wound care to the patients SACRUM. cleanse with normal saline, apply A&D ointment, cover with 4x4 gauze and ABD pad and secure with tape; five to seven days a week for nine weeks."</p> <p>Continued review of the clinical record revealed the lack of documented evidence the agency's skilled nurses re-assessed the wound weekly for the following weeks:</p> <ul style="list-style-type: none"> - Week #1: November 12, 2015 through December 15, 2015; - Week #3: November 23, 2015 through November 28, 2015; - Week #6: December 13, 2015 through December 19, 2015; and - Week #9: January 3, 2016 through January 10, 2016. 	H 300		

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H 300	<p>Continued From page 18</p> <p>4. On January 20, 2016, at approximately 12:00 p.m., review of Patient #8's clinical record revealed a POC with a start of care date of August 24, 2015 and a certification period of October 25, 2015 to December 25, 2015. Review of the record and the aforementioned POC revealed that the patient's principal diagnosis revealed UNSPECIFIED OPEN WOUND. The patient's pertinent diagnoses included: sickle-cell disease and calculus of kidney..</p> <p>The attending physician orders included the following HHA/SN services:</p> <p>" [SN] to perform wound care to the patient's left ankle. cleanse with normal saline and applied [sic] black sponge/gauze and dress/cover with wound vac supplies, wound vac at 125 mm/hg; one to two times a week for nine weeks."</p> <p>The clinical record lacked documented evidence that the agency's skilled nurse re-assessed the left ankle wound for the week of November 22, 2015 through November 28, 2015.</p> <p>During an interview with the Director of Professional Services on January 15, 2016, at 11:50 a.m., she indicated that it is the agency's policy that their skilled nurses provide weekly re-assessments of wounds to include wound measurements for all patient's receiving wound care.</p> <p>At the time of this survey, the aforementioned clinical records lacked documented evidence the agency's skilled nurses provided weekly re-assessments of wounds.</p>	H 300		
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H 430 H 430	Continued From page 19 3916.1 SKILLED SERVICES GENERALLY Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to review, evaluate and send a summary report to the physician of the skilled services provided for five (5) of fifteen (15) patients in the sample at least every 62 days. (Patients #1, #2, #3,#4 and #5) The findings include: During an interview with the DON on January 14, 2015, at 3:00 p.m., it was revealed that the agency's nurses had performed skilled services as ordered. However, the agency did not evaluate, review and/or send a summary report to the patient's physician as evident below: 1. On January 14, 2016, at 12:50 p.m., review of Patient #1's clinical record revealed a POC with a start of care date of January 31, 2015 and a certification period of August 1, 2015 to February 1, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: hypertension, extrinsic asthma, depressive disorder, esophageal reflux, bipolar disorder, and schizophrenia. The attending physician orders included the following SN services:	H 430 H 430	to address H430: The sixty day summaries for skilled patients and the six month summaries for nonskilled patients have been completed on the summary section of the recertification and discharge OASISes. These are photocopied, and a copy is sent to the physician by the medical records clerk. We are providing PCA services only to patients #1, #2, #3, and #5. The summary for these patients is submitted every six months. Patient #4 has been receiving skilled care under Medicare beginning 12/17/15, and recertification OASIS summary has been sent to his physician as required from the recertification OASIS done for 2/14/16. Per the conversation between Theresa Waters and Sara Holloway, Director of Professional Services, PSHCI; effective 3/7/2016, summaries will be sent to physicians for all patients at intervals not to exceed 62 days for all patients visited and evaluated by skilled nurses. DON and Director of Skilled Services will keep a log and monitor summaries and transmission of same to physicians Most recent summaries are attached. Please see attachment #17	ongoing

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H 430	<p>Continued From page 20</p> <p>" [SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status ; one to two times a month for six months..."</p> <p>2. On January 14, 2016, at 2:00 p.m., review of Patient #2's clinical record revealed a POC with a start of care date of April 8, 2015, and a certification period of October 11, 2015 to April 10, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: diabetes type II, hypertension, atrial fibrillation, and edema.</p> <p>The attending physician's orders included the following SN services:</p> <p>" [SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status ; one to two times a month for six months..."</p> <p>3. On January 14, 2016, at 2:52 p.m., review of Patient #3's clinical record revealed a POC with a start of care date of October 1, 2015, and a certification period of October 1, 2015 to April 1, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: arthropathy, lumbago, asthma, chronic airway obstruction, hypertension, and sleep apnea.</p> <p>The attending physician's orders included the following SN services:</p> <p>" [SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status; one to two times a month for six months..."</p>	H 430		
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H 430	Continued From page 21 4. On January 15, 2016, at 9:15 a.m., review of Patient #4's clinical record revealed a POC with a start of care date of January 1, 2013, and a certification period of August 4, 2015 to February 3, 2016. The attending physician orders included the following SN services: " [SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status; one to two times a month for six months..." 5. On January 15, 2016, at 11:30 a.m., review of Patient #5's clinical record revealed a POC with a start of care date of July 8, 2014, and a certification period of July 10, 2015 to January 10, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnosis was epilepsy. The attending physician's orders included the following SN services: " [SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status ; one to two times a month for six months..." During an interview with the DON on January 15, 2016, at 2:00 p.m., the DON indicated that going forward, the agency will review and evaluate the skilled services provided. Additionally, the agency DON will send evaluation summaries to the patient's physician.	H 430		
H 453	3917.2(c) SKILLED NURSING SERVICES	H 453		

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NAME OF PROVIDER OR SUPPLIER PREMIUM SELECT HOME CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011		
(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
H 453	<p>Continued From page 22</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <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 seven (7) of fifteen (15) patients in the sample. (Patients #2, #4, #5, #6, #7, #8 and #9)</p> <p>The findings include:</p> <p>1. On January 14, 2016, at approximately 2:00 p.m., review of Patient #2's clinical record revealed a POC with a start of care date of April 8, 2014, and a certification period of October 11, 2015 to April 10, 2016. Review of the record and the aforementioned POC revealed that the patients pertinent diagnoses included: diabetes type II, hypertension, atrial fibrillation, and edema.</p> <p>The attending physician orders included the following HHA/SN services:</p> <p>" [HHA] to assist with personal care , ADL's, IADL's, medication reminders, and escort to medical appointments; twelve hours a day, seven days a week for twenty-four week ; and [SN] to supervise the home health aide monthly."</p> <p>Further review of the clinical record failed to evidence that the SN had ensure the following:</p> <p>HHA services were provided 12 hours as ordered for the following dates:</p>	H 453	<p>to address H453: The skilled nurses need to send add orders to reflect a change in services or frequency of services. The upcoming inservice for skilled nurses will cover documentation of changes in services or treatment, and the requirement to obtain physicians orders for same.</p> <p>For patient #2, a correction order was written documenting the patient's and caregiver's request to reduce pca hours, as the family took over some of the care.</p> <p>please see order #16324 - attachment #13</p> <p>The SNs involved were counseled individually regarding the requirement to send change orders.</p>	<p>ongoing</p> <p>2/29/16</p> <p>3/2/16</p>

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H 453	<p>Continued From page 23</p> <ul style="list-style-type: none"> - October 12th- 16th, 19th-23rd and 26th-30th of 2015; - November 2nd-6th, 9th-11th, 13th, 16th-20th, 23rd-25th, 27th and 30th of 2015; and - December 1st-4th, 7th-11th, 14th-18th, 21st-24th and 28th-31st of 2015. <p>It should be noted that 10 hours of HHA services were provided for the aforementioned dates.</p> <p>Additionally, the clinical record failed to evidence that the SN ensured HHA services were provided for the following dates:</p> <ul style="list-style-type: none"> - October 11th, 17th, 18th, 24th, 25th and 31st of 2015; - November 1st, 7th, 8th, 12th, 13th, 14th, 21st, 22nd, 26th, 28th and 29th of 2015; and - December 5th, 6th, 12th, 13th, 19th, 20th, 25th-27th of 2015. <p>During an interview with the DON on January 14, 2016 at 3:00 p.m., the DON indicated that she would investigate to determine if there was an order to decrease the PCA hours and discontinue weekend services. [It should be noted that at the time of this survey the surveyor was not provided with an order to support the decrease in hours/days of HHA services provided]</p> <p>2. On January 15, 2016, at approximately 9:15 a.m., review of Patient #4's clinical record revealed a POC with a start of care date of January 30, 2013, and a certification period of December 17, 2015 to February 14, 2016.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "PRESSURE ULCER</p>	H 453		
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H 453	<p>Continued From page 24</p> <p>OF SACRAL REGION". The patient's other pertinent diagnoses included: generalized muscle weakness, dementia and low blood pressure.</p> <p>The attending physician's orders included the following SN services:</p> <p>" [SN] to perform wound care as follows: cleanse sacral/coccyx with normal saline, apply silver alginate AG, cover with 4x4 gauze and secure with tape; one to seven times a week for nine weeks; and</p> <p>[SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status ; one to seven times a week for nine weeks."</p> <p>Additionally, the clinical records lacked documented evidence that the agency's skilled nurse provided services for the week of December 20th-26th of 2015.</p> <p>During an interview with the DON on January 15, 2016, at 11:00 a.m., she indicated that she would look for skilled nursing notes for the week of December 20th- 26th of 2015 . [At the time of this survey, nursing notes were not provided for review.]</p> <p>3. On January 15, 2016, at approximately 11:30 a.m., review of Patient #5's clinical record revealed a POC with a start of care date of July 8, 2014, and a certification period of July 10, 2015 to January 10, 2016. Review of the record and the aforementioned POC revealed that the patients pertinent diagnosis was epilepsy.</p> <p>The attending physician's orders included the following HHA/SN services:</p>	H 453	<p>to address H453</p> <p>An examination of the record for patient #4 shows nurse visit notes for 12/20, 12/21, 12/23, 12/24 and 12/26. Office personnel have been counseled regarding need for correct and prompt filing.</p> <p>please see attached notes for 12/20-12/26/15 - attachment #6</p>	3/3/15

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H 453	<p>Continued From page 25</p> <p>" [HHA] to assist with personal care , ADL's, IADL's, medication reminders, and escort to medical appointments; eight hours a day, seven days a week for twenty-four week ; and [SN] to supervise the home health aide monthly..."</p> <p>Further review of the clinical record failed to provide evidence that the SN had ensured HHA services were provided 7 days a week, as orderd from July 8, 2015 through December 25, 2015. [It should be noted that HHA services were only provided 5 days a week]</p> <p>Additionally, the record lacked documented evidence that the SN had ensured HHA services were provided after December 25, 2015.</p> <p>During an interview with the DON on January 15, 2016, at 12:30 p.m., she indicated that she would research her files to determine if there was a decrease in HHA services and if there were timesheets after December 25, 2015. [During this survey, the surveyor was not provided the aforementioned documents for review.]</p> <p>4. On January 15, 2016, at approximately 11:15 a.m., review of Patient #6's clinical record revealed a POC with a start of care date of April 9, 2014, a certification period of December 4, 2015 to February 1, 2016, and a telephone order for wound care dated December 12, 2015.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of diabetes type II. The patient's other pertinent diagnoses included: PRESSURE ULCER OF SACRAL REGION, gout unspecified, essential primary hypertension, and unspecified hyperlipidemia.</p>	H 453	<p>An examination of the record for patient #5 shows HHA visit notes for period from 12/27/15 to 2/12/16.</p> <p>A change order dated 7/5/15 is present in the chart, requesting elimination of weekend HHA services (family able to provide care on weekend).</p> <p>please see attached order #16833 - attachment#7</p> <p>Office personnel have been counseled regarding need for correct and prompt filing.</p> <p>please see attached notes for 12/27/15 to 1/27/16 - attachment #14</p>	3/3/16

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H 453	<p>Continued From page 26</p> <p>Additional, the review revealed a telephone order dated December 12, 2015. The telephone order revealed that the patient had an additional diagnosis of "STAGE II- SACRAL PRESSURE ULCER".</p> <p>The attending physician ordered the following skilled nursing services:</p> <p>" [SN] cleanse with normal saline, pat dry, apply silverdene cream, cover with 4x4 and secure with tape daily... [SN] to educ [sic] family member to apply silverdene cream to wound BID."</p> <p>The clinical record lacked documented evidence that skilled nursing services had been provided after December 19, 2015.</p> <p>During an interview with the DON on January 15, 2016, at 1:00 p.m., she indicated that the she would follow-up with the nurse to determine if he/she had any notes after December 19, 2015. [At the time of this survey, the DON did not provide the surveyor with any additional nursing notes for review.]</p> <p>5. On January 20, 2016, at approximately 9:15 a.m., review of Patient #7's clinical record revealed a POC with a start of care date of May 1, 2006, and a certification period of November 12, 2015 to January 10, 2016.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "PRESSURE ULCER OF UNSPECIFIED HIP". The patient's other pertinent diagnoses included: encounter for other specific aftercare, quadriplegia, full incontinence</p>	H 453	<p>An examination of the chart for patient #6 on 3/2/16 shows a Medicare episode of wound care beginning on 12/4/15, with a discharge date of 1/25/16.</p> <p>please see attached notes 12/4/15 to 1/25/16 - attachment #8</p>	

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H 453	<p>Continued From page 27</p> <p>and encounter for attention to other artificial openings of urinary tract.</p> <p>The attending physician ordered the following skilled nursing services:</p> <p>" [SN] to perform wound care to the patients SACRUM. cleanse with normal saline, apply A&D ointment, cover with 4x4 gauze and ABD pad and secure with tape; FIVE TO SEVEN days a week for nine weeks."</p> <p>Further review of the clinical record revealed the lack of documented evidence that the agency's skilled nurse provided the prescribed sacral wound care as evidenced below:</p> <ul style="list-style-type: none"> - Two days Week #2 [November 12, 2015 to November 19, 2015]; - One day Week #3 [November 22, 2015 to November 27, 2015]; - Two days Week #4 [November 15, 2015 to December 4, 2015]; - One day Week #5 [December 6, 2015 to December 11, 2015]; - Two days Week #6 [December 14, 2015 to December 18, 2015]; - Two days Week #7 [December 21, 2015 to December 25, 2015]; - One day Week #8 [January 1, 2016 to January 6, 2016]; and - Three days Week #9 [January 3, 2016 to January 9, 2016]. <p>During an interview with the DON on January 20, 2016, at 3:00 p.m., the DON indicated that she would look for additional skilled nursing notes for the sacral wound care. [At the time of this survey, the surveyor was not provided any additional skilled nursing notes.]</p>	H 453	<p>Examination of patient #7's records on 3/3/16 indicate that all nurse notes for the stated period are present. 485 dated 11/12/15 calls for 1-6 visits per week, all weeks are in compliance for frequency, with 6 visits per week.</p> <p>Please see corrective order #16326 - attachment #3.</p> <p>Please see attached SN notes from 11/12/15 to 1/9/16 - attachment #9.</p> <p>SN was counseled to complete measurements for all wound care patients at least weekly.</p> <p>Office staff counseled on necessity for timely filing of notes.</p>	<p>2/29/16</p> <p>3/2/16</p> <p>3/3/16</p>

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H 453	<p>Continued From page 28</p> <p>6. On January 20, 2016, at approximately 12:00 p.m., review of Patient #8's clinical record revealed a POC with a start of care date of August 24, 2015, and a certification period of October 25, 2015 to December 25, 2015. Review of the record and the aforementioned POC revealed that the patient's principal diagnosis was UNSPECIFIED OPEN WOUND. The patient's pertinent diagnoses included: sickle-cell disease and calculus of kidney..</p> <p>The attending physician orders included the following HHA/SN services:</p> <p>" [SN] to perform wound care to the patient's left ankle. Cleanse with normal saline and applied [sic] black sponge/gauze and dress/cover with wound vac supplies, wound vac at 125 mm/hg, one to two times a week for nine weeks."</p> <p>Further review of the clinical record revealed that the record lacked documented evidence that skilled nursing services were provided for the week of October 25, 2015 to October 31, 2015.</p> <p>Continued review of the clinical record revealed that the skilled nurse failed ensure the wound vac was set at 125 mm/hg as evident below:</p> <ul style="list-style-type: none"> - On November 3, 2015, the agency's skilled nurse documented the wound vac was set at 75 mm/hg; - On November 6, 2015, the agency's skilled nurse documented the wound vac was set at 75 mm/hg; - On November 10, 2015, the agency's skilled nurse documented the wound wound vac was set at 75 mm/hg; 	H 453	<p>Effective 3/1/16, the Administrator will require that the RNs reviewing the POC will utilize a check list that will assist in ensuring that all of the following items are complete and correct:</p> <ul style="list-style-type: none"> Review of referral and requested services Review of Medicare Face-to-Face Order Review of discharge summary / assessments Review of Oasis: <ul style="list-style-type: none"> For completeness and accuracy Diagnosis support services provided Review Plan of Care Review for inclusion of DMEs Review Medication against Medication sheet Review care plan for the following items: <ul style="list-style-type: none"> a. Prognosis b. Functional limitation c. Nutritional Status d. Mental Status e. Allergies f. Activities permitted g. Safety Measures Review Orders: <ul style="list-style-type: none"> Appropriate treatment for all ordered services Appropriate frequencies for all disciplines Appropriate start dates for all disciplines <p>SN counseled regarding missed visit documentation. 1/29/16</p> <p>Corrective order #16355 re: missed visit sent to physician. 1/29/16</p> <p>The SN was counseled to document all verbal orders and submit change orders for physicians signature following receipt of verbal orders. 3/2/16</p>	<p>3/1/16</p> <p>1/29/16</p> <p>1/29/16</p> <p>3/2/16</p>

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H 453	<p>Continued From page 29</p> <ul style="list-style-type: none"> - On November 14, 2015, the agency's skilled nurse documented the wound vac was set at 75 mm/hg; - On November 17, 2015, the agency's skilled nurse documented the wound vac was set at 75 mm/hg; and - on November 21, 2015, the agency's skilled nurse documented the wound vac was set at 75 mm/hg. <p>During an interview with the Director of Professional Services on January 20, 2016, at 2:00 p.m., she indicated that all skilled nurse notes should have been in the record. The Director of Professional Services also indicated that she would follow-up with the nurse about why wound vac was set at 75 mm/hg and not at 125 mm/hg as ordered.</p> <p>7. On January 20, 2016, at approximately 12:15 p.m., review of Patient #9's clinical record revealed a POC with a start of care date of October 9, 2015, and a certification period of October 9, 2015 to December 7, 2015.</p> <p>Further review of the clinical record and the aforementioned POC revealed that the patient had a primary diagnosis of "ABSCESS OF LIVER". The patient's other pertinent diagnoses included: diabetes type II, essential hypertension and hypersecretion glaucoma.</p> <p>The attending physician's orders included the following SN services:</p> <p>" [SN] to perform wound care to the patient's right side abdomen. Cleanse with normal saline, cover with 4x4 gauze, and secure with tape, two to three times a week for nine weeks; and</p>	H 453	<p>A check of the chart for patient #8 on 3/2/16 showed that the notes were complete and present.</p> <p>Office personnel have been counseled regarding need for correct and prompt filing.</p>	3/4/16

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H 453	<p>Continued From page 30</p> <p>[SN] to conduct assessments/observations of all [body] systems , evaluate nutritional, hydration, elimination and metabolic status ; one to seven times a week for nine weeks..."</p> <p>Continued review of the clinical record lacked documented evidence that the agency's skilled nurse provided services as from October 18, 2015 to October 24, 2015; and after November 9, 2015.</p> <p>Additionally, the record lacked documented evidence that the agency's skilled nurse provided wound care after October 26, 2015.</p> <p>During an interview with the DON on January 20, 2016, at 2:30 p.m., the DON indicated that she would look for additional nursing notes and follow-up with the nurse to find out why he/she did not provide care as ordered.</p> <p>At the time of this survey, the agency's skilled nurse failed ensure that the aforementioned patients needs were met in accordance to their POC's.</p>	H 453	<p>Examination of patient #9's chart indicates that the patient was transferred in-patient on 10/15/15, and care resumed on 10/24/15. This is reflected by OASIS forms in the chart. Patient was subsequently discharged on 11/10/15, the date on the discharge OASIS form.</p> <p>Please see transfer OASIS -attachment #10.</p> <p>Filing personnel have been counseled regarding need for correct and prompt filing.</p> <p>An examination of patient #9's chart reveals that patient's wound had healed while in hospital. Please see attached resumption of care referral - attachment #16 and resumption of care order #17334 - attachment #15</p>	3/4/16
H 458	<p>3917.2(h) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(h) Reporting changes in the patient's condition to the patient's physician;</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 inform</p>	H 458		

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H 458	<p>Continued From page 31</p> <p>a physician of a change in a patient's condition for one (1) of fifteen (15) patients in the sample. (Patient #2)</p> <p>The finding includes:</p> <p>On January 14, 2016, at approximately 2:00 p.m., review of Patient #2's clinical record revealed a POC with a start of care date of April 8, 2014, and a certification period of October 11, 2015 to April 10, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: diabetes type II, hypertension, atrial fibrillation, and edema.</p> <p>Continued review of the clinical record revealed the following:</p> <ul style="list-style-type: none"> - a HHA note dated December 10, 2015, that documented that the patient had pain in his/her buttocks [perineal] area . - a skilled nursing note dated December 15, 2015, that indicated Patient #2 had a boil in the perineal area. The note also indicated that the nurse cleansed the area with soap and water and applied Lidocain solution to reduce pain. <p>The patient's clinical record lacked documented evidence that the attending physician was made of aware of the change in condition.</p> <p>During an interview with the DON on January 14, 2016, at 3:00 p.m., it was revealed that the skilled nurse should have made the physician aware of the Patient #2's change in status.</p> <p>At the time of this survey, there was no documented evidence that Patient #2's physician was made aware of his/her change in condition on December 12, 2015.</p>	H 458	<p>Patient #2 was receiving PCA services from Premium Select Home Care from 9/21/16. Skilled services are reported to have been provided by another agency.</p> <p>SN was counseled regarding requesting physician orders prior to instituting any care or changes in care; the necessity of properly documenting communications with physicians; and requesting written orders for changes in physician's orders.</p> <p>A correction order was written for the wound care (please see order #16323, attachment #2).</p>	3/2/16

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