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FORM APPROVED

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 03/09/2018
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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 INITIAL COMMENTS H 000

An annual survey was conducted from 03/06/18 through 03/09/18 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 to 276 patients and employs 578 staff. The findings of the survey were based on a review of 17 active patient records, two discharged patient records, 26 employee records, 25 complaints four home visits, ten telephone interviews and interviews with patients and staff

Listed below are abbreviations used throughout the body of this report:

- COO - Chief Operating Officer
- HCA - Home Care Agency
- HTN - Hypertension
- DNR - Do Not Resuscitate
- LPN - Licensed Practical Nurse
- POC - Plan of Care
- RN - Registered Nurse
- SOC - Start of Care
- PT - Physical Therapist
- T2DM - Type 2 Diabetes Mellitus

The Correction Plan has been reviewed by the administrative staff at Premium Select Home Care and the following Plan of Correction is being submit to address the stated deficiencies found during the survey conducted on 03/06/18 through 03/09/18. 04/09/18 ongoing

H 054 3903.2(c)(2) GOVERNING BODY H 054

The governing body shall do the following:

(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:

(2) The evaluation shall include a review of all complaints made or referred to the agency.

To address H054:

1. What corrective action will be accomplished to address the identified deficient practice. 04/09/18 ongoing

Initially, all complaints are reviewed by a member of the Interoffice Nursing Management Staff and immediate action is taken to attempt a resolution, when possible. When the complaint is of a very serious nature that adversely affects clients, the complaint is immediately brought to the Administrator.

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Linda Ait Davis</i>	TITLE <i>adm</i>	(X6) DATE <i>4/20/18</i>
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Resubmit 4/26/18

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H 054	<p>Continued From page 1</p> <p>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, the HCA's governing body failed to review all complaints received by the agency, including the nature of each complaint and the agency's response to the complaints, in the HCA's annual evaluation for 2017.</p> <p>Findings included</p> <p>On 03/06/18 at 10:07 AM, review of the the HCA's complaint log showed the agency had received 25 complaints in 2017. On 03/07/18 at 1:39 PM, review of the HCA's governing body minutes, dated 02/24/17, stated that the Administrator presented some complaints; however, the minutes failed to show evidence that all 25 of the complaints were reviewed for 2017.</p> <p>During an interview on the evening of 03/09/18, the HCA's Medical Director stated that, in addition to the governing body meetings, the agency also conducted quality assurance meetings on a quarterly basis. Review of the quality assurance meeting minutes dated 06/22/17, 10/26/17, and 01/30/18 showed a tool entitled "Deyta Patient Comment Report" used for the HCA's patient satisfaction survey. Further review of the quality assurance minutes showed concerns were raised about lateness of aides, however, there was no evidence of a review of the nature of the 25 aforementioned complaints or the HCA's response to them.</p>	H 054	<p>H054 continued.</p> <p>2. What measures will be put in place or what systemic changes will you make to ensure that that deficient practices do not recur:</p> <p>Initially, all complaints are reviewed by a member of the interoffice Nursing Management Staff and immediate action is taken to attempt a resolution when possible. When the complaint is of a very serious nature that adversely affects clients, the complaint is immediately brought to the Administrator.</p> <p>All complaints are reviewed with the Administrator during a biweekly meeting with the Administrative Nursing Management Team which includes the office nurses, the DON, the DOPS, the COO, and the Quality Assurance Nurse. The team reviews the complaints and resolutions, then develops plans to address the concerns raised.</p> <p>3. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</p> <p>a. A summary of all the complaints and their resolutions, as well as survey results are presented at the QA/QI Meetings. The QA/QI Committee reviews the complaints, resolutions and the survey results and, if applicable, makes suggestions to improve the plans developed by the Administrative Nursing Management Team.</p> <p>b. Additionally, the Board of Directors will be apprised, annually, of all concerns or complaints and their resolutions and any applicable resolutions made by the QA/QI Committee. The Board can evaluate the effectiveness of the corrective actions and further recommend and establish policies to be implemented to address client concerns and complaints.</p>	<p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p>
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H 358	Continued From page 2	H 358	To address H358:	
H 358	3914.3(g) PATIENT PLAN OF CARE	H 358	- Parameters for Blood Glucose Monitoring.	
	<p>The plan of care shall include the following:</p> <p>(g) Physical assessment, including all pertinent diagnoses;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that POCs included: (I) parameters for blood glucose levels and (II) parameters for blood pressure monitoring as part of the physical assessment for six of 17 active patients in the sample (Patients #1, #2, #3, #6, and #7).</p> <p>Findings included.</p> <p>I. The HCA failed to ensure patients' POCs included parameters for blood glucose levels, as evidenced by the following:</p> <p>A. Record review of Patient #1's clinical record on 03/06/18 at 11:00 AM showed a POC with a SOC date of 10/21/17, and a certification period of 12/18/17 to 02/15/18. The POC showed that the patient had diagnoses that included T2DM. Also, the POC showed that the nurse was to visit the patient two to three times a week for nine weeks to conduct assessment/observation of all systems, including the endocrine system. However, the POC failed to show parameters for blood glucose levels.</p> <p>B. Record review of Patient #6 's clinical record on 03/08/18 at 11:30 AM showed a POC with a SOC date of 07/11/14, and a certification period of 01/17/18 to 07/15/18. The POC showed that the patient had diagnoses that included T2DM.</p>		<p>1. What corrective action will be accomplished to address the identified deficient practice.</p> <p>The POCs for Patients #1, #6 and #7 were reviewed and corrected orders were submitted for blood glucose parameters or Hemoglobin A1c (HbA1c) testing (See Attachment No. 1).</p> <p>2. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur.</p> <p>a. The Skilled Nurses (SNs) will ascertain whether the patient is doing blood glucose testing and if their testing techniques are appropriate.</p> <p>b. The office nurses' when preparing and reviewing the POC will validate that the Blood Glucose Parameters are included on the POC. The POC will include the parameters set by the client's physician, if applicable. When the SN is not able to ascertain these parameters, the POC will utilize standard parameters established by the Medical Director.</p> <p>c. If our patients with diabetes have not been testing their blood glucose levels at home, the SN will inquire about their most recent HbA1c values and about any concerns that their physician may have concerning their diabetes and document the reported information. For these patients, the POC will include a statement that states that the patient's diabetes is being monitored utilizing their HbA1c.</p>	<p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p>

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H 358	<p>Continued From page 3</p> <p>Also, the POC showed that the nurse was to visit two to five times a week for six months to conduct assessment/observation of all systems, including the endocrine system. However, the POC failed to show parameters for blood glucose levels.</p> <p>C. Record review of Patient #7's clinical record on 03/08/18 at 12:30 PM showed a POC with a SOC date of 07/11/14, and a certification period of 01/17/18 to 07/15/18. The POC showed that the patient had diagnoses that included T2DM. Also, the POC showed that the nurse was to visit two to three times a week for nine weeks to conduct assessment/observation of all systems, including the endocrine system. However, the POC failed to show parameters for blood glucose levels.</p> <p>During an interview on 03/08/18 at 3:00 PM, the Administrator stated that she would ensure that POCs for patients with a diagnosis of diabetes include parameters for blood glucose levels.</p> <p>At the time of the survey, the HCA failed to include parameters for blood glucose levels on POCs for Patients #1, #6, and #7.</p> <p>II. The HCA failed to ensure patients' POCs included parameters for blood pressure monitoring, as evidenced by the following:</p> <p>A. Record review of Patient #1's clinical record on 03/06/18 at 11:00 AM showed a POC with a SOC date of 10/21/17, and a certification period of 12/18/17 to 02/15/18. The POC showed that the patient had a diagnosis of HTN. Also, the POC showed that the nurse was to visit the patient two to three times a week for nine weeks to conduct assessment/observation of all systems, including the circulatory system. However, the POC failed</p>	H 358	<p>H358 continued.</p> <p>Answer No. 2 continued:</p> <p>d. The office nurses who finalize and review the patient's POCs will be counselled and trained on the requirement to include blood glucose parameters or HbA1c monitoring on the POCs based on the SN documentation obtained during the initial assessment.</p> <p>e. The SNs were notified of the procedural requirements by Memo (See Attachment No.2).</p> <p>3. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</p> <p>Our our QA/QI Manager will survey the HCAs compliance and report these findings at each QA/QI Committee Meeting. The QA/QI Nurse will review 10% of diabetic charts to determine if the Office POC Review Nurses are ensuring that these parameters are on the POCs. By the 2nd quarterly review, the goal is to be 98% compliance.</p> <p>- Parameters for Blood Pressure Monitoring.</p> <p>1. What corrective action will be accomplished to address the identified deficient practice.</p> <p>The POCs for Patients #1, #2, #3, #6 and #7 has been reviewed and a corrected order was submitted for blood pressure parameters (See Attachment No.3).</p> <p>2. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur.</p> <p>a. The SNs were counselled and trained to ascertain whether or not the patient's doctor has established blood pressure parameters.</p>	<p>04/09/18 ongoing</p> <p>04/06/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p>
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H 358	<p>Continued From page 4</p> <p>to show parameters for blood pressure monitoring.</p> <p>B. Record review of Patient #2's clinical record on 03/06/18 at 2:14 PM showed a POC with a SOC date of 05/05/17, and a certification period of 12/13/17 to 02/28/18. The POC showed that the patient had a diagnosis of HTN. Also, the POC showed that the nurse was to visit the patient three to four times a week for nine weeks to conduct assessment/observation of all systems, including the circulatory system. However, the POC failed to show parameters for blood pressure monitoring.</p> <p>C. Record review of Patient #3's clinical record on 03/07/18 at 11:30 AM showed a POC with a SOC date of 10/17/17, and a certification period of 12/16/17 to 02/13/18. The POC showed that the patient had a diagnosis of HTN. Also, the POC showed that the nurse was to visit the patient two to four times a week for nine weeks to conduct assessment/observation of all systems, including the circulatory system. However, the POC failed to show parameters for blood pressure monitoring.</p> <p>D. Record review of Patient #6's clinical record on 03/08/18 at 11:30 AM showed a POC with a SOC date of 07/11/14, and a certification period of 01/17/18 to 07/15/18. The POC showed that the patient had a diagnosis of HTN. Also, the POC showed that the nurse was to visit the patient two to five times a week for six months to conduct assessment/observation of all systems, including the circulatory system. However, the POC failed to show parameters for blood pressure monitoring.</p> <p>E. Record review of Patient #7's clinical record on</p>	H 358	<p>H358 continued.</p> <p>Answer No. 2 continued:</p> <p>b. The office nurses who finalize and review the patient's POCs were counselled and trained on the requirement to include blood pressure parameters on the POCs. If the patient's physician does not give specific blood pressure parameters, we will include on the POC, the standard blood pressure parameter established by the Medical Director. 04/09/18 ongoing</p> <p>c. The office nurses who finalize and review the POCs will use a checklist which requires them to checkoff that they have included stated parameters on the POCs, for patients with a diabetes and/or hypertensive diagnosis (See POC Review Checklist, Attachment No. 4) 04/09/18 ongoing</p> <p>d. The SNs were notified of the procedural requirements by Memo (See Attachment No.2). 04/06/18 ongoing</p> <p>3. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</p> <p>Our QA/QI Manager will survey the HCAs compliance and report these findings at each QA/QI Committee Meeting. The QA/QI Nurse will review 10% of the hypertensive patient charts to determine if the Office POC Review Nurses are ensuring that these parameters are on the POCs. By the 2nd quarterly review, the goal is to be 98% compliance. 04/09/18 ongoing</p>	
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H 358	<p>Continued From page 5</p> <p>03/08/18 at 12:30 PM showed a POC with a SOC date of 07/11/14, and a certification period of 01/17/18 to 07/15/18. The POC showed that the patient had a diagnosis of HTN. Also, the POC showed that the nurse was to visit the patient two to three times a week for nine weeks to conduct assessment/observation of all systems, including the circulatory system. However, the POC failed to show parameters for blood pressure monitoring.</p> <p>During an interview on 03/08/18 at 3:00 PM, the Administrator stated that she would ensure that POCs for patients with a diagnosis of HTN include parameters for blood pressures.</p> <p>At the time of the survey, the HCA failed to include parameters for blood pressure monitoring on POCs for Patients #1, #2, #3, #6, and #7.</p>	H 358	<p>To address H364:</p> <p>1. What corrective action will be accomplished to address the identified practice.</p> <p>All 17 patients POCs included orders for the staff to initiate CPR. None required DNR orders.</p> <p>2. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur.</p> <p>a. The admit RN or Therapist ascertains whether or not the patient has an Advance Directive, including Living Will and Medical Power of Attorney using the following items contained in the "PSHC Patient Orientation for Home Health Care" Booklet that is presented to the patient on admission to the agency.</p> <p>- Advance Directives, description of types (See Attachment No. 5).</p> <p>- Admission Consent Form (See Attachment No. 6). This form is signed by the patient/representative and the clinician. The last section of this form addresses Advance Directives and the patient/representative is asked to declare by answering YES or NO to having either a Declaration (Living Will) or Medical Power of Attorney. A copy of this form is also given to the patient.</p>	<p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p>
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that their (medical) emergency protocol was patient specific for 17 of 17 active patients' POCs reviewed (Patients #1 - 17).</p> <p>Findings included:</p> <p>On 03/06/18 to 03/08/18, review of current POCs for Patients #1 - 17's showed that the POCs documented the following:</p>	H 364	<p>b. If the patient's Living Will or Medical Power of Attorney states "DNR," the order will be added to the POC stating: "DO NOT RESUSITATE." Premium Select staff will be informed to NOT initiate CPR, for this patient. The patient's "DNR" status will also be put on the HHA/PCA POC documenting their instructions. When the patient expires, the staff or family will call the Premium Select Office, the patient's Physician and 911, so the patient can be pronounced.</p>	<p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p>

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H 364	<p>Continued From page 6</p> <p>"All staff will be designated to initiate the Emergency Plan, call 911 or initiate CPR (cardiopulmonary resuscitation) when necessary."</p> <p>During an interview on 03/08/18 at 1:00 PM, the COO stated that she was unsure what patients had a DNR order, but she would ensure that going forward POCs list patient-specific emergency (medical) protocols.</p> <p>At the time of the survey, the HCA failed to ensure that the emergency (medical) protocol included on POCs was patient-specific for Patients #1 - 17.</p>	H 364	<p>H364 continued.</p> <p>Answer No. 2 continued:</p> <p>c. For patients who do not have a DNR Declaration, the POCs will include orders that state: "All PSHC Staff will be designated and instructed to initiate/perform CPR when the patient is unresponsive, has no palpable pulse and/or no detectable breathing."</p> <p>d. A Memo (See Attachment No. 2) identifying these policy updates was distributed to the office and field professional staff.</p> <p>e. On-going in-service training, for all SNs, Physical Therapists (PTs), Occupational Therapists (OTs), Speech Therapist (STs) and all newly hired professional staff, on the documentation policy and procedures with emphasis on reviewing the types of Advance Directives with the patient/representative and establishing patient-specific medical (emergency) protocols.</p>	<p>04/09/18 ongoing</p> <p>04/06/18 ongoing</p> <p>04/06/18 ongoing</p>
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</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, the nurse failed to provide services per the POC for one of 17 active patients in the sample (Patient #3).</p> <p>Findings included:</p> <p>1a. Review of Patient #3's clinical record on 03/07/18 at 11:30 AM, showed a POC with a SOC date of 10/17/17, and a certification period of 12/16/17 to 02/13/18. The POC showed that the patient had diagnoses that included: Chronic Right Leg Ulcer, Systemic Sclerosis, Hypothyroidism, and HTN. Also, the POC showed that the nurse was to conduct visits two to four</p>	H 453	<p>f. The HHA/PCA will be instructed by the SN when the patient has a DNR status that NO CPR will be initiated/performed by the PCA.</p> <p>3. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</p> <p>The QA Department will audit 10% of the patient charts quarterly, with a six-month goal of 90% or better compliance.</p>	<p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p>

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H 453 Continued From page 7

times a week for nine weeks to provide wound care, as listed below:

Cleanse [right leg ulcer] with normal saline; Apply Santyl ointment; Cover with 4 X 4 gauze and ABD pad; and Secure with tape.

Further review of the record showed nursing notes from 12/19/17 to 01/28/18 which indicated that the nurse visited the patient as outlined in the POC. However, the nursing notes documented that the nurse applied Bactroban ointment and not Santyl ointment as ordered.

Continued review of the record showed a previous wound care order dated 10/17/17 that ordered the following:

- Clean wound [right leg ulcer] with normal saline;
- Pat dry;
- Apply Bactroban ointment;
- Wrap with Kerlix;
- And secure with tape.

During observation on 03/09/18 at 1:45 PM, the nurse applied Santyl and Bactroban ointment to the right leg ulcer.

During an interview on 03/09/18 at 1:50 PM, the nurse stated, "I just started using the Santyl ointment two weeks ago, and it's working very well."

1b. Continued review of the POC showed that the nurse was also to provide instruction on nutrition/hydration, elimination/metabolic status, disease processes, and infection/standard precautions. The record, however, showed that the nurse failed to give instructions on the areas

H 453 To address H453:

1. What corrective action will be accomplished to address the deficient practice.
 - a. The POC that was cited had an incorrect wound care order. The wound care order on the POC was written wrong. The patient was receiving the correct wound care treatment, as ordered by the physician. 04/09/18 ongoing
 - b. A Correction Order for 12/16/17 to 1/28/18 was written to change the wound care treatment from Santyl to Bactroban (See Attachment No. 7.) 04/06/18 ongoing
 - c. Also, the SN caring for patient #3 did continue to teach the patient in the 2nd certification period. 04/09/18 ongoing
2. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur.
 - a. All SNs were trained on the process for recommending treatment changes to the physician and trained to only write orders when the physician actually orders the treatment change. 04/09/18 ongoing
 - b. The office nurses who finalize and review the patient's POCs were counselled and trained on ensuring that the correct physician orders are reflected on the patient's POC. 04/09/18 ongoing
 - c. The office nurses who finalize and review the POCs will use a checklist (See Attachment No. 4) which requires them to verify that the Wound Care Treatment Plan reflects the physician orders. 04/09/18 ongoing

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 03/09/2018
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 453	Continued From page 8 mentioned during visits from 12/19/17 to 02/11/18. During an interview on 03/07/18 at 2:00 PM, the COO stated the nurse was to provide teaching as outlined in the POC. At the time of the survey, the nurse failed to provide services per the POC for Patient #3.	H 453	H453 continued. 3. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented. The QA/QI Nurse will monitor 10% of patient records to make sure that the SNs continues to teach, review and re-evaluate the teaching provided to their patients, as warranted.	04/09/18 ongoing
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H 455	3917.2(e) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (e) For registered nurses, supervision of nursing services delivered by licensed practical nurses, including on-site supervision at least once every sixty-two (62) calendar days; This Statute is not met as evidenced by: Based on record review and interview, the RN failed to supervise the skilled services provided by an LPN (RN #4). Finding included: Review of Patient #1's clinical record showed a POC with a start of care date of 10/21/17, and a certification period of 12/18/17 to 02/15/18. The POC showed that the patient's diagnoses included: Open wound of the right great toe, T2DM, and HTN. Further review of the POC showed that the nurse was to conduct visits two to three times a week to perform wound care. Continued review of Patient #1's record showed that the LPN provided wound care as outlined in	H 455	To address H455: 1. What corrective action will be accomplished to address the identified deficient practice. RN staff were in-serviced via Memo (See Attachment No. 2) on the requirement to provide supervision of LPNs providing services to skilled patients, every 2 months. 2. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur. a. The QA/QI Manager will monitor the skilled professional notes for three months to validate compliance. b. The RN Supervisory Notes of the LPNs will be monitored on a quarterly basis by the QA/QI Manager. c. The RNs who work with LPNs were given a supervisory schedule for the LPN with a scheduled date for a shared visit. In addition, a Memo (See Attachment No. 2) was distributed to the SNs reminding them to supervise the LPNs every two months.	04/06/18 ongoing 04/09/18 ongoing 04/09/18 ongoing 04/06/18 ongoing
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H 455 Continued From page 9

the POC. Also, the record showed that RN #4 performed weekly wound measurement of Patient #1's wound during the certification period. However, the record showed there was no documented evidence that RN #4 supervised the wound care services provided by the LPN.

During an interview on 03/06/18 at 2:00 PM, the Director of Professional Services stated that the agency changed to new electronic nursing notes and the section for supervision of the LPN was not included on the new nursing note.

At the time of the survey, RN #4 failed to supervise the skilled services (wound care) provided by the LPN.

H 455 H455 continued.

3. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.

The QA/QI Manager will also randomly monitor 10% of the active records to determine, if the SNs have documented the LPNs supervision. Results of the findings will be presented at the Quarterly QA/QI Committee Meetings.

04/09/18 ongoing

H 563 3923.3(b) PHYSICAL THERAPY SERVICES

The licensed physical therapist shall:

(b) Monitor and assess the extent to which services meet the therapeutic goals that are established; and...

This Statute is not met as evidenced by: Based on record review and interview, the licensed PT failed to assess how patients met their established therapeutic goals for one of two patients receiving physical therapy in the sample (Patient #14).

Findings included:

On 03/08/18 at 10:09 AM, review of Patient #14's

H 563 To address H563:

1. What corrective action will be accomplished to address the identified deficient practice.

The Physical Therapists, Occupational Therapists, and Speech Therapists were in-serviced on documentation procedures, with emphasis on teaching and documentation of the patients' goals and responses to the treatment plan. They were in-serviced to clearly note patient progress towards their goals on each visit related to the therapeutic training or exercise provided during the visit.

2. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur

a. The QA/QI Nurse will review all the progress notes of the PTs, OTs and STs, for one month to check for compliance and proper documentation of the progress towards goals.

04/09/18 ongoing

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 03/09/2018
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H 563	<p>Continued From page 10</p> <p>clinical record revealed a POC with the certification period of 12/28/17 through 02/25/18. The POC documented that physical therapy visits were to be conducted one to three times weekly for nine weeks to provide functional mobility, transfer and safety instructions, and therapeutic exercise due to impaired mobility. Further review of the POC revealed that Patient #14's PT goals included increasing strength, functional mobility and independence transferring.</p> <p>Review of 15 PT visit notes, dated 01/04/18 through 2/14/18, provided no documented evidence that the PT assessed Patient #14's progress toward the therapeutic goals. Each note listed the specific goals, however, the PT failed to document what services were provided to the patient, and the patient's progress.</p> <p>During an interview on 03/08/18 at 03:52 PM, the COO stated that the HCA recently converted to an electronic system, and that the PT may have had complications inputting the visit note. The COO also stated that she would address this issue/concern with the PT as soon as possible.</p> <p>At the time of the survey, there was no documented evidence the PT assessed how Patient #14 met the therapeutic goals according to the POC.</p>	H 563	<p>H563 continued.</p> <p>Answer No. 2 continued:</p> <p>b. The therapist whose notes do not include progress towards goals will receive ongoing counselling and will be required to correct the notes by adding the progress towards goals to the respective note(s).</p> <p>3. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.</p> <p>a. The QA/QI Nurse will continue to review 10% of the progress notes of the each therapist, to check for compliance and proper documentation of goals and progress towards goals.</p> <p>b. The goal will be 98% compliance within six months. Results of the findings will be reported to the QA committee for review and further development of interventions and strategies to maintain ongoing compliance.</p>	<p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p> <p>04/09/18 ongoing</p>
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