Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0030	A. BUILDING: _____ B. WING _____	04/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL HEALTHCARE RESOURCES (	1010 WISCONSIN AVENUE, NW, SUITE 300 WASHINGTON, DC 20007

(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 000	INITIAL COMMENTS An annual survey was conducted from April 3, 2014, through April 7, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to four hundred seventy-five (475) patients and employs two hundred nine (209) employees. The findings of the survey were based on observations, record reviews and interviews with patients and staff. Please Note: Listed below are abbreviations used in this report. Skilled Nurse (SN) Plan Of Care (POC) Home Care Agency (CA) Home Health Aide (HHA) Licensed Practical Nurse (LP) Registered Nurse (RN)	H 000	**H363** **3914.3 (l) PATIENT PLAN OF CARE** **(l) Identification of employees in charge of managing emergency situations** **A. Corrective Actions for patient found to be affected by these deficiencies:** 1.All personal care Plans of Care are affected by this deficiency. **B. Identification of other patients having the potential to be affected by this deficiency:** 1.All current personal care patients are affected by this deficiency. **C. Systemic Changes to ensure deficient practice does not recur:** 1.Plans of care will be updated to include the statement that "All staff are responsible for managing emergency situations". 2.The Administrator is responsible for training staff in managing emergency situations at orientation.	5/2/2014 Ongoing
H 363	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure the plan of care (POC) included identification of employees in charge of managing emergency situations for twenty (20) of twenty (20) patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20). The finding includes:	H 363		

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H 363	Continued From page 1 Review of Patients #1's through #20's POC on April 3, 2014, beginning at 11:00 a.m. to 4:30 p.m. and on April 4, 2014, beginning at 8:30 a.m. to 5:00 p.m., failed to reflect the employees responsible for managing emergency situations. During an interview with the agency's administrator on April 7, 2014, at approximately 2:00 p.m., it was acknowledged that the identification of employees in charge of managing emergency situations were not on the "Plan of Care for Medicaid Personal Care Aide and Home Health Skilled Services" for Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #8, #19, and #20. The administrator indicated that the agency would include this information in the POC and obtain physician's signatures on the POCs. This is a repeat deficiency.	H 363	**D. Monitoring of Corrective Action** 1. This monitoring standard will be included in quarterly clinical record reviews. 2. Results are reported and published to Administrator, and Vice President of Home Health, Professional Advisory Committee and Governing Board.	6/30/2014 & quarterly ongoing
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included emergency protocols for twenty (20) of the twenty (20) patients in the review sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #I8, #19, and #20).	H 364	**H 364** **3914.3(m) PATIENT PLAN OF CARE** **The patient plan of care shall include the following:** **(m) Emergency Protocols** **In previous surveys we implemented the statement and policy on the Plans of Care to state "The staff is instructed to call 911 in emergency situations" as our emergency protocol.**	

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H 364	Continued From page 2 The finding includes: Review of Patients #1's through #20's POC on April 3, 2014, beginning at 11:00 a.m. to 4:30 p.m. and on April 4, 2014, beginning at 8:30 a.m. to 5:00 p.m., failed to include the agency's emergency protocol. During a face to face interview with the administrator on April 7, 2014, at approximately 2:10 p.m., it was acknowledged that the POC did not include an emergency protocol for Patients #1 through #20. The administrator indicated that the agency would revise the POCs to include the aforementioned requirement. This is a repeat deficiency.	H 364	**Based on surveyor's current guidance will update instructions as below:** A. **Corrective Actions for patient found to be affected by this deficiency:** 1. All current signed Plans of Care will be updated with following statement of emergency protocols: "Staff are instructed to call 911 in emergency situations and report to the RN/ Administrator any significant change in a patient's condition." B. **Identification of other patients having the potential to be affected by this deficiency:** 1. All Plans of Care will include the revised statement of emergency protocols. C. **Systemic changes to ensure this deficiency does not recur:** 1. All staff who develop and review POC's will be educated by Administrator/Clinical Manager to assure this statement is present in all POC's. 2. Staff will receive annual education on the management of emergency situations from Administrator/Clinical Manager.	To be completed 5/15/2014 5/2/2014 & ongoing Completed 5/6/2014 Annually
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the home care agency's (HCA) skilled nursing staff failed to provide documented evidence that the instructions given to patients were understood, for nine (9) of the twenty (20) patients in the sample. (Patients #1, #2, #4, #5, #6, #7, #8, #9 and # 10). The findings include:	H 459		

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H 459	Continued From page 3 1. On April 3, 2014 at approximately 11:15 a.m. Patient #1's POC for the certification period October 7, 2013 through April 3, 2014 revealed the patient had diagnoses that included bilateral above knee amputation and paraplegia. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #1's clinical record on April 3, 2014, at approximately 11:15 a.m., revealed a skilled nurse routine visit (SN-RV) form, dated October 7, 2013. The form indicated that the SN provided education on "pain management and skin care," but failed to document the specific aspects of the health instructions and the specific level of the patient's understanding of the pain management and skin care. 2. On April 3, 2014 at approximately 11:35 a.m. Patient #2's POC for the certification period August 16, 2013, through February 11, 2014, revealed that the SN was to manage and evaluate care and supervise the PCA. Review of Patient #2's clinical record on April 3, 2014, at approximately 11:35 a.m., revealed an SN-RV form, dated December 12, 2013. The form indicated that the SN provided education on "med teaching/management and safety precautions," but failed to document the specific aspects of the med teaching and the specific level of the patient's understanding of the medication teaching. 3. On April 3, 2014 at approximately 12:15 p.m. Patient #4's POC for the certification period August 6, 2013 through January 3, 2014 revealed the patient had diagnoses that included memory impairment, HIV and weakness. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal	H 459	**D. Monitoring of Corrective Action** 1. This standard will be included in the quarterly chart reviews for identification of further deficiencies. 2. The Administrator will report to the Vice President of Home Health any reoccurrence and trending for potential further Corrective Action Plans. **H 459** **3917.2 (i) SKILLED NURSING SERVICES** **Duties of the nurse shall include, at a minimum, the following:** **(i) Patient instruction and evaluation of patient instruction;** This is noted as a repeat deficiency. Improvement in the documentation of the subject taught and the description of understanding of the patient has been seen in internal reviews; however, the surveyor provided additional instruction on the expectations of the licensure regulations, and improvement opportunities still exist.	6/30/2014 & quarterly ongoing As needed

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H 459	Continued From page 4 care aide (PCA). Review of Patient #4's clinical record on April 3, 2014, at approximately 12:15 p.m., revealed SN-RV forms (notes) dated November 5, 2013, and December 19, 2013. The notes indicated that the SN reviewed medications with the patient and reported no recent changes. The notes however, failed to indicate the specific aspects of the medication reviewed and the specific level of the patient's understanding of his medication. 4. On April 3, 2014 at approximately 12:35 p.m. Patient #5's POC for the certification period November 22, 2013, through May 20, 2014, revealed the patient had diagnoses that included Alzheimer's disease and incontinence. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #5's clinical record on April 3, 2014, at approximately 12:35 p.m., revealed SN-RV forms (notes) dated November 22, 2013, and January 29, 2014. The notes indicated that the SN reviewed medications with the patient and reported no recent changes. The notes however, failed to indicate the specific aspects of the medication reviewed and the specific level of the patient's understanding of his medication. 5. On April 3, 2014 at approximately 1:00 p.m. Patient #6's POC for the certification period July 18, 2013, through January 13, 2014, revealed the patient had diagnoses that included fibromyalgia, carpal tunnel syndrome, knee pain, weakness and difficulty in ambulation. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #6's clinical record on April 3, 2014, at approximately 1:00 p.m., revealed SN-RV forms (notes) dated October 1,	H 459	**A. Corrective Actions for patients found to be affected by this deficiency.** 1. Administrator shared deficiency and recommendation with staff with education and guidance on performance expectations. 2. Administrator will ensure personal care patient visits for all patients identified to be deficient will receive a skilled visit within the next 30 days and visit will include specific topics of education and specific responses. **B. Identification of other patients having the potential to be affected by this deficiency:** 1. All visits to be performed from date of survey will adhere to the standard documented in the deficiency statement. **C. Systemic Changes to ensure this deficiency does not recur:** 1. Standard will be included in orientation for all new staff. 2. Staff will receive semi-annual education by the Administrator/Clinical Manager on documentation requirements to include this standard.	5/7/2014 5/7/2014 – 6/7/2014 5/7/2014 & ongoing Completed 5/2014 & 11/2014 ongoing

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H 459	Continued From page 5 2013 and December 3, 2013. The notes indicated that the SN conducted medication teaching and management, pain management and safety precautions. The notes however, failed to indicate the specific aspects of the medication teaching and management, specific aspects of pain management and safety precautions taught and the specific level of the patient's understanding of the teaching. 6. On April 3, 2014 at approximately 1:20 p.m. Patient #7's POC for the certification period January 1, 2014, through July 5, 2014, revealed the patient had diagnoses that included rheumatoid arthritis, osteoporosis, hypertension and visual impairment. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #7's clinical record on April 3, 2014, at approximately 1:20 p.m., revealed an SN-RV form (note) dated January 7, 2014. The note indicated that the SN reviewed medication with the Patient. The note however, failed to indicate the specific aspects of the medication reviewed and the specific level of the patient's understanding of the medication reviewed. 7. On April 3, 2014 at approximately 2:00 p.m. Patient #8's POC for the certification period January 20, 2014, through July 18, 2014, revealed the patient had diagnoses that included glaucoma and colon cancer. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #8's clinical record on April 3, 2014, at approximately 2:00 p.m., revealed an SN-RV form (note) dated March 27, 2014. The note indicated that the SN provided medication teaching and management	H 459	**D. Monitoring of Corrective Action** 1. This standard will be included in the quarterly chart reviews for identification of further deficiencies. 2. The Administrator will report to the Vice President of Home Health any reoccurrence and trending for potential further Corrective Action Plans.	June 30, 2014 & quarterly ongoing

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H 459	Continued From page 6 with the Patient. The note however, failed to indicate the specific aspects of the medication teaching and the specific level of the patient's understanding of the medication. 8. On April 3, 2014 at approximately 2:30 p.m. Patient #9's POC for the certification period January 24, 2014, through July 22, 2014, revealed the patient had diagnoses that included gouty arthritis, difficulty ambulating and pain. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #9's clinical record on April 3, 2014, at approximately 2:00 p.m., revealed an SN-RV form (note) dated March 13, 2014. The note indicated that the SN provided teaching on medication, pain management, safety and fall precaution. The note however, failed to indicate the specific aspects of the medication teaching, safety and fall precautions, and the specific level of the patient's understanding of the teaching. 9. On April 3, 2014 at approximately 3:00 p.m. Patient #10's POC for the certification period May 13, 2013, through November 8, 2013, revealed the patient had diagnoses that included schizophrenia and weakness. Further review of the POC revealed that the SN was to manage and evaluate care and supervise the personal care aide (PCA). Review of Patient #10's clinical record on April 3, 2014, at approximately 2:00 p.m., revealed an SN-RV form (note) dated October 10, 2013. The note indicated that the SN reviewed medications with the patient and reported no recent changes. The notes however, failed to indicate the specific aspects of the medication reviewed and the specific level of the patient's understanding of his medication.	H 459		

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H 459	Continued From page 7 During a face to face interview with the administrator and clinical manager on April 7, 2014, at approximately 2:15 p.m., it was acknowledged that the skilled nursing staff would be re-trained on documenting specific aspects of the instructions provided and/or the specific level of the patient's/caregiver understanding of the aforementioned teaching. This is a repeat deficiency.	H 459		

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

Intermediate Care Facilities Division

Sent Via Email and US Mail

July 23, 2014

Patricia Kelley, RN
Professional Healthcare Resources of Washington DC
1010 Wisconsin Avenue, N.W.
Suite 300
Washington, D.C. 20007

Re: Home Care Agency (HCA-0030)

Dear Ms. Kelly:

We have reviewed and accepted your Plan of Correction for the deficiencies cited during the licensure survey completed on April 7, 2014.

Surveyors from our office may visit your facility at a future date to determine progress made towards the correction of deficiencies as provided for in your plan.

If you have any questions regarding this matter, please contact Staci Mason, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division, on (202) 442-4781 or Staci.Mason2@dc.gov.

Sincerely,

Sharon H. Mebane
Program Manager