

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2015
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NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from October 5, 2015 through October 9, 2015 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 DCMR Chapter 39). The Home Care Agency provides home care services to two hundred eighty-four (284) patients and employs six hundred-one (601) staff. The findings of the survey were based on a review of eighteen (18) active patient records, four (4) discharged patient records, twenty-six (26) employee records, nineteen (19) patients telephone interviews, five (5) home visits and interviews with patients/family and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>ABBREVIATIONS</p> <p>DOH- Department of Health DON -Director of Nursing HCA- Home Care Agency HHA-Home Health Aide MD- Medical Doctor POC- Plan of Care RN- Registered Nurse SN- Skilled Nurse</p>	H 000	<p><i>Received 10/28/15 cm</i></p>	
H 054	<p>3903.2(c)(2) 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>	H 054		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Agnes Miller

TITLE
Director

(X6) DATE
10/27/15

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H 054	<p>Continued From page 1</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><i>This Statute is not met as evidenced by:</i> 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 2014. (Complaint #1, #2, #3, #4, #5, #6, #7, #8 and #9)</p> <p>The finding includes:</p> <p>On October 8, 2015, at 11:30 a.m., a review of the the agency's complaint book revealed the agency had nine (9) complaints referred to the agency for 2014.</p> <p>On October 8, 2015, at approximately 1:15 p.m., review of the governing body meetings revealed two (2) board meeting minutes dated March 26, 2014 and July 16, 2014. The agency failed to provide written evidence that any of the nine (9) complaints made to the agency were addressed in the aforementioned meeting dates.</p>	H 054	<p>The Director of Nursing (DON) will review all complaints and the Agency's responses for each and prepare a report every quarter and present to the director. The director will then use this report to prepare the annual report on complaints and present to the Governing Body meeting. The director will request for this report every quarter to ensure effectiveness.</p>	
H 166	<p>3607.9 PERSONNEL</p> <p>During an interview with the director on October 7, 2015, at approximately 10:00 a.m., the director acknowledged that the board had not evaluated the complaints in the previous meetings. Further interview revealed that the board will incorporate complaint evaluations in future meetings.</p>	H 166		

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H 166	<p>Continued From page 2</p> <p>Each employee who is required to be licensed, certified or registered to provide services shall be licensed, certified or registered under the laws and rules of the District of Columbia.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure that each employee who is required to be licensed to provide services was licensed by the District of Columbia, Department of Health, for one (1) of seventeen (17) home health aides included in the sample. (HHA #4)</p> <p>The finding includes:</p> <p>On October 7, 2015, at 9:25 a.m., review of HHA #4's personnel record documented a hire date of May 2, 2013. The record contained a copy of a certification that did not belong to HHA #4. This record failed to evidence an HHA certification for HHA #4</p> <p>On October 7, 2015, at 9:30 a.m., an on-line search conducted on the DOH website produced no record of HHA #4</p> <p>On October 7, 2015, at 1242, during an interview, the director stated that the agency had "been tracking the wrong person due to human error because the names were very similar." Further interview revealed that HHA #4 has never been certified as a home health aide.</p>	H 166	<p>T&N Reliable Nursing Care only accepts employees' licenses printed from the Department of Health website by its staff. This was implemented to avoid fraud following the Board of Nursing advice. See attachment A. All employees' licenses were searched using their first or last names, printed and put in their files. The DOH online license unfortunately does not carry any photo IDs or any form of identification. HHA #4 license search carried two names which are the last two names of HHA#4. HR employees printed the license and put in her employee file. See attachment B. However, all HHAs and PCAs licenses have been verified using their social security (SS) numbers.</p> <p>The HR employees have been in-serviced to verify all licenses using the SS numbers only and any employee whose SS number cannot pull up their license should not be hired and if they are currently working, they should be replaced and advise to visit the Board of Nursing for rectification. The HR and payroll</p>	10/23/15
H 227	<p>3909.2 DISCHARGES TRANSFERS & REFERRALS</p> <p>Each patient shall receive written notice of</p>	H 227	<p>staff have been in-serviced to report the names of all new hires every pay week to the director/DON for a second verification to ensure compliance</p>	

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H 227	<p>Continued From page 3</p> <p>discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of:</p> <p>This Statute is not met as evidenced by: Based on record reviews and interviews, the HCA failed to provide seven (7) day written notice prior to discharging two (2) of three (3) discharged patients. (Patient #14 and #15)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> 1. On October 6, 2015, starting at 11:36 a.m., review of Patient #14's clinical record, revealed a discharge summary dated April 25, 2015, which documented Patient #14 was discharged on April 25, 2015. Further review of the document revealed that the last date of service from the HCA was on April 24, 2015 and the reason for discharge was because of " Department of Health Care Finance and Delmarva termination." 2. On October 6, 2015, starting at 12:32 a.m., review of Patient #15's clinical record, revealed a discharge summary dated April 20, 2015, which documented Patient #14 was discharged on April 20, 2015. Further review of the document revealed that the last date of service from the HCA was on April 17, 2015 and the reason for discharge was because of " Department of Health Care Finance and Delmarva's termination." <p>During an interview with the DON on October 6,</p>	H 227	<p>Currently, a 30days discharge notice is given to all Agency initiated discharges. For Department of Health Care Finance (DHCF) initiated discharges, a 60 day notice is issued to the client by DHCF/ designee. However, the Agency in order to comply with licensure regulations will issue a 7 or more day notice to all DHCF Initiated discharged clients. The DON/Quality Assurance(QA) person will review all discharged medical records before sending to records department to ensure effectiveness. The medical records employees responsible for scanning have been in-serviced to ensure that the discharged notice is in the chart prior to scanning and if absent, the chart should be sent back to the nursing office.</p>	10/23/15

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H 227	Continued From page 4 2015, starting at 1:45 p.m., the DON indicated that a seven day notice was not provided prior to discharging the patients because Delmarva terminated services for the patient. Continued interview revealed that Patients #14 and #15 are part of the Medicaid waiver program and Delmarva is responsible for to provide the notice of discharge.	H 227		
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 one (1) of three (3) patient's in the sample receiving wound care. (Patient #5)</p> <p>The finding include:</p> <p>On October 5, 2015, starting at 12:58 p.m., review of Patient #5's clinical record revealed several skilled nursing nursing notes dated from September 1, 2015 through September 29, 2015, in which the nurse documented he/she provided care to "wounds as ordered". Further review of the record revealed that Patient #5 had two wounds; wound #1 was a sacral wound and wound #2 was a left ankle wound. Continued review of the record failed to evidence an order for the nurse to provide wound care for wound #2.</p>	H 265	<p>The wound nurse and care plan nurse have been in-serviced to ensure that all wounds have treatment orders. If a client has multiple wounds with the same treatment, the Plan of Care should read "cleanse all wounds with <u>name of solution</u> and apply <u>name of treatment</u> until resolved". If the wounds have different treatment orders, they should identify each wound with its anatomical site and state the name of treatment to it. The DON and wound nurse were in-serviced to verify all wound care orders when reviewing the Plan of Cares for signature. The QA personnel will check 10% of wound care records every quarter to ensure effectiveness.</p>	10/23/15

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H 265	Continued From page 5 During an interview with the RN in charge of skilled services on October 5, 2015, at 2:30 p.m., he/she indicated that the order to provide care for wound #2 had not been carried over to the current POC in error.	H 265		
H 430	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 skill services provided for eight (8) of twenty (20) patients in the sample at least every 62 days. (Patients #1, #5, #6, #8, #17, #18, #19 and #22) The findings include: 1. On October 5, 2015, starting at 11:00 a.m., review of Patient #1's clinical record revealed a POC with the certification period of June 9, 2015 through December 5, 2015. The POC had orders including, " RN visit at least once every 60 days and as needed for a period of 6 months for assessment of all systems..." There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to Patient 1's physician. 2. On October 5, 2015, starting at 2:00 p.m.,	H 430	A memo has been sent to all field nurses to do 62 days summaries for all clients in their assignments and submit with their notes on the even months of the year starting December, 2015. The Care Plan coordinator has been in-serviced to fax them to the primary care doctor of each client and file the form with the fax cover and confirmation sheets in the client's chart. The employee responsible for keying nurses notes has been in-serviced to track 62 days summaries alongside the quarterly reviews on the same spread sheet and notify the nursing office of those that have not been submitted. Office nurses were in-serviced to re-enforce the policy to ensure compliance The QA personnel will randomly review 10% of medical records every quarter to ensure compliance.	10/23/15

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H 430	<p>Continued From page 6</p> <p>review of Patient #6's clinical record revealed a POC with the certification period of April 13, 2015 through October 9, 2015. The POC had orders including, " RN visit at least once every 60 days and as needed for a period of 6 months for assessment of all systems..." There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to Patient 6's physician.</p> <p>3. On October 6, 2015, starting at 10:00 a.m., review of Patient #8's clinical record revealed a POC with the certification period of July 18, 2015 through January 13, 2016. The POC had orders including, " RN visit at least once every 60 days and as needed for a period of 6 months for assessment of all systems..." There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to Patient 8's physician.</p> <p>4. On October 5, 2015, starting at 10:15 a.m., review of Patient #22's clinical record revealed a POC with the certification period of July 9, 2015 through January 4, 2016. The POC had orders including, " RN visit at least once every 60 days and as needed for a period of 6 months for assessment of all systems..." There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to Patient #22's physician.</p> <p>5. On October 5, 2015, starting at 11:03 a.m., review of Patient #19's clinical record revealed a POC with the certification period of March 17, 2015 through September 17, 2015. The POC had orders including, " RN visit at least once every 60 days and as needed for a period of 6 months for assessment of all systems..." There was no documented evidence that a review and</p>	H 430		

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TRANSMISSION VERIFICATION REPORT

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H 430	<p>Continued From page 7</p> <p>evaluation of skilled services was conducted and submitted to Patient #19's physician.</p> <p>6. On October 6, 2015, starting at 9:35 a.m., review of Patient #17's clinical record revealed a POC with the certification period of April 15, 2015 through October 9, 2015. The POC had orders including, " RN visit at least once every 60 days and as needed for a period of 6 months for assessment of all systems..." There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to Patient #17's physician.</p> <p>7. On October 6, 2015, starting at 10:20 a.m., review of Patient #18's clinical record revealed a POC with the certification period of July 16, 2015 through January 11, 2016. The POC had orders including, " RN visit at least once every 60 days and as needed for a period of 6 months for assessment of all systems..." There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to Patient #18's physician.</p> <p>During an interview with the owner and DON on October 5, 2015, starting at 3:00 p.m., they indicated that they send the physician correspondents when there is something "outstanding" with the patient. However, they will start sending a summary of their evaluation and review of skilled services as required.</p> <p>8. On October 5, 2015, starting at 12:58 p.m., review of Patient #5's clinical record revealed a POC with the certification period of August 29, 2015 through October 29, 2015. The POC had orders including:</p> <p>- RN to initiate and evaluate for skilled services;</p>	H 430		

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H 430	<p>Continued From page 8</p> <ul style="list-style-type: none"> - SN 5-7 times weekly x 9 weeks for wound care and blood glucose monitoring; - SN to cleanse sacral wound with 0.9%; - RN to measure wound once weekly and record on nursing note; - Skilled assessment every visit; and - Call MD for blood pressure greater than 160/90 or less than 90/60, pulse greater than 100 or less than 60, respiration greater than 24 or less than 12, temperatures greater than 100.5 or less than 96.5. <p>Continued review of the record revealed a " 60 Day Summary Report" dated August 28, 2015, however, there was no documented evidence that the aforementioned summary report had been sent to Patient #5's physician.</p> <p>During an interview with the Director and DON on October 5, 2015, starting at 3:00 p.m., they indicated that they send the physician correspondences when there is something "outstanding" with the patient. However, they will start sending a summary of their evaluation and review of skilled services as required.</p>	H 430		
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