

PRINTED: 11/18/2016
FORM APPROVED

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 10/25/2016
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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 13, 2016, through October 25, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The agency provides home care services to three hundred thirty-five (335) patients and employs six hundred and twenty four (624) staff. The findings of the survey were based on a review of administrative records, sixteen (16) active patient records, four (4) discharged patient records, twenty-five (25) employee records, twelve (12) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide POC - Plan of Care RN - Registered Nurse</p> <p>Additionally, the survey included the focused review of a complaint received regarding the provision of services for Patient #10. According to the information received, the following allegations were reported:</p> <p>Allegation #1: The aides for Patient #10's day and evening care are late or do not show up to work. The new shift hours of 8-4, 4-12, 12-8, are problematic for scheduling.</p> <p>Conclusion: The allegation was substantiated and is cited in the body of this report as a deficient practice. [Tag 0453]</p> <p>Allegation #2: The newly assigned HHA's are not</p>	H 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

Director

(X6) DATE

AN 2/27/16 11/23/16

STATE FORM

6899

9DJ611

If continuation sheet 1 of 7

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H 000	Continued From page 1 trained to care for Patient #10 who has an indwelling catheter and requires a Hoyer lift to attend to his personal care needs. Conclusion: The allegation could not be substantiated.	H 000		
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H 120	<p>3906.1(a) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(a) A description of the services to be provided;</p> <p>This Statute is not met as evidenced by: Based on record review, and interview, the HCA agency failed to include a description of the services to be provided, for one (1) of seven (7) contractor agreements. (Consultant #1)</p> <p>The finding includes:</p> <p>On October 13, 2016, at 9:51 a.m. during the entrance conference with the HCA's administrator, it was revealed that the HCA was providing occupational therapy services through a third party contractor, (Consultant #1). Review of Consultant #1's personnel record on the same day, revealed a position description for a case manager. Further review of the case manager's position description revealed that the aforementioned consultant signed and dated it on December 12, 2010.</p>	H 120	<p>The Occupational therapist was contacted to sign a new job description and contract for her position. The contractor promised to search for the copies she signed upon hire. She found the copy of the job description and then signed a new contract. Please see attachment.</p> <p>The Human Resource (HR) staff were in-serviced to review 100% of contractors' files to ensure that all have job descriptions and contracts. The HR manager was in-serviced to review every newly hired contractor's file to ensure that the job description and contract are present prior to orientation.</p> <p>The Quality Assurance (QA) coordinator will review 100% of contractors' files every quarter to ensure compliance.</p>	<p>11/10/16</p> <p>11/10/16</p>
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H 120	<p>Continued From page 2</p> <p>On October 18, 2016, at 10:20 a.m., interview with the human resources manager verified that Consultant #1 was initially hired as a case manager. Continued discussion with the human resources manager and review of the consultant's personnel record revealed no documented evidence of a contract for Consultant #1 to provide occupational therapy services. It should be noted that the consultant's personnel record did reveal a job description for an occupational therapist, however, the consultant failed to sign or date it. At 11:07 a.m., the human resources manager reviewed Consultant #1's personnel record to search for a contract, but there was no documented evidence of a contract.</p> <p>On October 19, 2016, at 2:33 p.m. a face to face interview with Consultant #1 revealed that she initially provided both case management and occupational therapy services. The surveyor informed the consultant that there was no evidence of a contract in her personnel record as an occupational therapist. The consultant indicated that she recalled signing a contract in 2010 with the HCA's administrator.</p> <p>At the time of the survey, the HCA failed to evidence in writing an agreement between Consultant #1 and the occupational therapy services she would provide to ensure compliance with regulatory standards for contract agreements.</p>	H 120		
H 409	<p>3915.11(d) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Home health aide duties may include the following:</p>	H 409		

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H 409	<p>Continued From page 3</p> <p>(d) Assisting the patient with self-administration of medication;</p> <p>This Statute is not met as evidenced by: Based on interview, it was determined that the HCA failed to ensure that the HHA only assisted the patient with the self-administration of his medications, for one (1) of sixteen (16) patients in the sample. (Patient #10)</p> <p>The findings include:</p> <p>1. During a home visit with Patient #10 on October 20, 2016, beginning at 9:51 a.m., a face to face interview was conducted with HHA #17. According to the HHA, he administers the patient's medications on a daily basis, because "the patient is not able to do anything for himself." Continued discussion with HHA #17 revealed that the patient tells him what medications are to be administered and the HHA administers the medication to the patient. It should be noted that Patient #10's diagnosis includes quadriplegia.</p> <p>On October 21, 2016, at 4:45 p.m., the HCA's DON was informed that the surveyors made a home visit on October 20, 2016, with Patient #10. The DON was also informed that HHA #17 was administering Patient #10's medication. The DON stated that she had no knowledge of the HHAs administering medication to Patient #10. Continued interview with the DON revealed that the patient's step-mom was to administer all medications to the patient. Additionally, the DON stated that the aides are aware that they are not supposed to administer any medication, but are only to remind the patient to take his/her medication. The surveyor informed the DON that</p>	H 409	<p>The aides involved were called to the office for questioning and were in-serviced and given a written warning each for violating company policy. Please see aides' written warnings.</p> <p>Patient #10 and step mother were educated again at their home and at Department of Health Care Finance office during his care coordination meeting that medication administration is her responsibility and not that of the aides. The mother accepted responsibility in the presence of a seven member care team.</p> <p>All aides will be in-serviced again on the difference between reminder and administration of medications and any failures will result in a suspension and subsequent termination with repeated offense.</p> <p>The Medication Update form has been revised to include name of person administering patient medications.</p> <p>.All nurses will be in-serviced to re-educate patients, family and aides during visits that the aide is not allowed to medicate patient and to indicate on the medication update form, the name of the family member responsible for medication administration. The office nurse responsible for reviewing nurses' notes has been in-serviced to only submit timesheets for nurses who have indicated the name of the individual responsible for medication management on the medication update form. The QA team reviewing medical records will check every record to ensure compliance.</p> <p>11/9/16</p> <p>12/31/16</p> <p>12/31/16</p>

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H 409 Continued From page 4

H 409

the aide was aware that he should not administer medication, but revealed that Patient #10 was not physically able to self-medicate and that there was no one else available to assist the patient.

2. On October 24, 2016, beginning at 10:45 a.m., a telephone interview was conducted with HHA #18. The HHA revealed that he provided services for approximately nine months to Patient #10 until August 2016. Further interview with HHA #18 revealed that he also administered medications to Patient #10.

3. On October 25, 2016, beginning at 10:55 a.m., a telephone interview was conducted with HHA #19 who revealed that he works on the weekends with Patient #10. Further interview with the HHA regarding the administration of Patient #10's medications revealed that he places the patient's medications in a medication cup after which the patient's step-mother administers the medications. The HHA indicated that he thought that placing the medications in the cup was considered as only assisting the patient.

At the time of the survey, the HCA failed to ensure the HHAs assisted the Patient #10 with self-administration of medications.

Please see H409 (1) response

Please see H409 (1) response

H 453 3917.2(c) SKILLED NURSING SERVICES

H 453

Duties of the nurse shall include, at a minimum, the following:

(c) Ensuring that patient needs are met in accordance with the plan of care;

This Statute is not met as evidenced by:

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H 453	<p>Continued From page 5</p> <p>Based on record review and interview, it was determined that the skilled nurse failed to ensure that patient needs were met in accordance with the POC for one (1) of sixteen (16) patients in the sample. (Patient #10)</p> <p>The findings include:</p> <p>On October 18, 2016, at 10:45 a.m., review of Patient #10's clinical record revealed the patient's PCA services were increased from sixteen (16) hours a day, seven (7) days a week to twenty four (24) hours a day, seven days a week effective September 19, 2016.</p> <p>Review of the PCA's time sheets from September 21, 2016, through October 13, 2016, revealed that:</p> <p>On September 27, 2016, the PCA provided twenty three (23) hours of care.</p> <p>On September 28, 2016, the PCA provided eighteen (18) hours of care.</p> <p>On October 1, 2016, the PCA provided sixteen (16) hours of care.</p> <p>On October 3, 2016, the PCA provided twenty and one-half (20.5) hours of care.</p> <p>On October 5, 2016, the PCA provided twenty three and one-half (23.5) hours of care.</p> <p>On October 7, 2016, the PCA provided twenty three (23) hours of care.</p> <p>On October 9, 2016, the PCA provided sixteen (16) hours of care.</p> <p>On October 10, 2016, the PCA provided fifteen and one half (15.5) hours of care.</p> <p>On October 12, 2016, the PCA provided twenty three and one half (23.5) hours of care.</p> <p>On October 13, 2016, the PCA provided twenty three and one half (23.5) hours of care.</p> <p>On October 19, 2016, at 3:00 p.m., interview with the Administrator revealed that prior to the</p>	H 453	<p>The staffing coordinator was instructed to replace the evening aide that has been coming late to work and also remind the aides in the case that they cannot leave until their relief arrives.</p> <p>All aides will be in-serviced again not to leave patients who need continuous supervision unattended until their relief person (another aide or family) arrives. The nurses and staffing coordinators will be in-serviced to ensure that the aides hours authorized are provided as stated in the plan of care; and if there are staffing difficulties, the Agency will do everything possible to provide services to the patient. If all options are exhausted, the Agency will work with the family and the community resources to safely transfer the patient to a different provider. If it is the patient or family decision to reduce or stop certain services, the patient's primary care physician will be notified and an on-hold form completed and filed in the patient's medical record. The QA team reviewing medical records will check every record to ensure compliance.</p>	<p>10/25/16</p> <p>12/31/16</p> <p>12/31/16</p>
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H 453	Continued From page 6 increased hours of PCA care, the patient was receiving sixteen (16) hours of care daily without a problem. After the PCA hours were increased to twenty-four (24) hours a day, the evening aide requested a transfer to the 12:00 midnight to eight (8) a.m., shift and the morning aide requested a transfer to the evening shift (4:00 p.m., to midnight). The patient became upset with the morning aide for transferring to the evening shift and terminated the aide. The administrator further stated that the agency cannot provide the twenty four (24) hours of care and is working with the case management service to find alternate care.	H 453	