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-0004 | A. BUILDING: _____ B. WING _____ | 11/09/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| T & N RELIABLE NURSING CARE | 3500 18TH STREET WASHINGTON, DC 20018 |

Received 12/1/17

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| H 000 | INITIAL COMMENTS<br><br>An annual survey was conducted from November 6, 2017 through November 9, 2017 to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to three hundred and forty-nine (349) patients and employs six hundred sixty-four (664) staff. The findings of the survey were based on a review of administrative records, seven (7) complaints, seventeen (17) active patient records, three (3) discharged patient records, and twenty-five (25) employee records. The findings were also based on five (5) home visits, ten (10) patient telephone interviews, and interviews with patients, family, and staff.<br><br>The following are abbreviations used within the body of this report:<br><br>DON - Director of Nursing<br>HCA - Home Care Agency<br>HHA - Home Health Aide<br>POC - Plan of Care | H 000 | | |
| H 363 | 3914.3(l) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(l) Identification of employees in charge of managing emergency situations;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the HCA failed to ensure the POC identified the employees in charge of managing emergency situations for seventeen (17) of seventeen (17) active patients in the sample (Patient #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and | H 363 | The Nurse responsible for typing Plan of Cares was in-serviced to include the phrase" All T&N staff/client/family to initiate 911 for all life threatening emergencies and inform the Administrator or the Director of Nursing(DON) as soon as possible during office hours and the clinical Director after hours at 202/498/7979."<br>The office RNs responsible for signing Plan of Cares were in-serviced to verify the phrase with every Plan of Care signed.<br>The Quality Assurance team was in-serviced to verify the phrase during medical record audit until 100% of records are reviewed.<br>The Quality Assurance Coordinator will randomly review 10% of records every quarter to ensure effectiveness. | 11/9/17 |

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| H 363 | Continued From page 1<br>#17).<br><br>Findings included:<br><br>Review of the clinical records for Patients #1-17 on November 7 through November 8, 2017 showed POCs that contained a statement requiring all agency staff to initiate 911 in life-threatening emergencies and to notify the HCA. The POC failed to identify the employees within the agency who are in charge of managing emergency situations.<br><br>During an interview on November 8, 2017, at 3:30 p.m., the Administrator said that the DON and the Administrator are responsible for managing emergency situations. The Administrator also said that a statement will be added to the POCs requiring all HCA staff to inform the DON or Administrator of emergency situations. | H 363 | | |
| H 453 | 3917.2(c) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following:<br><br>(c) Ensuring that patient needs are met in accordance with the plan of care;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the HCA failed to ensure that patients' needs were met in accordance with the POC for three (3) of seventeen (17) active patients in the sample (Patients #10, 12, and 15).<br><br>Findings included: | H 453 | | |

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| H 453 | Continued From page 2<br>1. Review of Patient #10's clinical record on November 7, 2017 showed a monthly nursing note dated August 9, 2017. The nurse documented that the patient had a pulse rate of seventy-three (73) and the physician had increased the patient's metoprolol (a medication that affects the patient's heart rate) from twenty-five (25) milligrams to fifty (50) milligrams. According to the POC dated May 4, 2017, the skilled care orders required the nurse to inform the physician if the patient's pulse is less than sixty (60). Review of the monthly nursing note dated October 17, 2017 showed that the patient's pulse was fifty-four (54). There was no documented evidence that the nurse informed the physician of the patient's low pulse subsequent to medication dose change.<br><br>During an interview on November 8, 2017 at 3:30 p.m., the Administrator said that the visiting nurse will be contacted immediately to visit the patient and give the physician a report.<br><br>2. Review of Patient #12's clinical record on November 7, 2017 showed a POC with physician's order for HHA visits eight (8) hours a day, five (5) days a week for personal care services. Review of the HHA notes showed that from September 25, 2017 through September 30, 2017, the patient was receiving four (4) hours of the eight (8) hours a day prescribed. There was no physician's order in the clinical record to reduce the HHA hours.<br><br>3. Review of Patient #15's clinical record on November 7, 2017 showed a POC with physician's order for HHA visits five (5) hours a day, seven (7) days a week for personal care services. Review of the HHA notes showed that the patient was receiving five (5) hours a day for | H 453 | The nurse in question was sent back to patient #10 for re-assessment.<br>. Please, see care coordination notes in attachment 1..<br>The nurse was in-serviced to report all abnormal vital signs and clinical findings to the doctor for every patient.<br>The office nurse reviewing nurses' notes was in-serviced to be more vigilant with nursing documentation and interventions regarding abnormal vital signs and clinical findings. He was in-serviced not to process such notes for payment without proper intervention from a nurse.<br>All nurses will be in-serviced again to report all abnormal vital signs and clinical findings to the patient's doctor and do care coordination notes.<br>The Quality Assurance team was in-serviced to check on proper nursing interventions with abnormal vital signs and clinical findings during medical records review.<br>The Quality Assurance Coordinator will randomly review 10% of records every quarter to ensure effectiveness<br><br>Patient #12 Plan of Care in the record at the time of audit was 8 hours daily for five days weekly of PCA services and the certification period was 3/27/17 to 9/22/17. The new Plan of Care for 4 hours daily of PCA services for the certification period of 9/23/17 to 3/21/18 was filed after the audit. The RNs who conducted the survey will be in-serviced to make sure that all Plan of Cares, notes and timesheets are filed before giving the charts to the surveyors during every audit. Failure shall lead to disciplinary action on the employee. | 11/9/17<br><br>12/15/17<br><br>11/15/17<br><br>12/12/17 |

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| H 453 | Continued From page 3<br>five (5) days a week from August 1, 2017 through October 8, 2017. There was no physician's order in the clinical record to reduce the HHA visits from seven (7) days a week to five (5) days a week.<br><br>During an interview on November 8, 2017 at 3:30 p.m., the Administrator said that the DON will immediately review the clinical records in the computer to identify the reasons for the reduced visits and will immediately initiate a corrective action. | H 453 | Patient #15 refused the week end aide's services and the staffing coordinators failed to inform the office nurses to notify the doctor. Patient was called to sign the Beneficiary Request for Change of Service Form (Attachment 5). Patient refused and accepted services as authorized. Please, see attachment 6.<br>The staffing coordinators have been in-serviced to immediately inform nurses of any patient who refuses part or all of his/her services for care coordination with the interdisciplinary team and the department of health when necessary.<br>The Quality Assurance team was in-serviced to compare personal aide hours ordered and those provided during medical record audits to ensure effectiveness.<br>The Quality Assurance Coordinator will randomly review 10% of records every quarter to ensure effectiveness. | 11/9/17 |