

Received 6/11/18

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FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2018
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NAME OF PROVIDER OR SUPPLIER TLC HEALTH CARE SERVICES SOUTHEAST, L	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 H STREET NW SUITE 940 WASHINGTON, DC 20005
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H 000 INITIAL COMMENTS

H 000

An annual survey was conducted from 05/16/18 through 05/21/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 102 patients and employs 20 staff. The findings of the survey were based on a review of eight current patient records, two discharged patient records, employee records, and seven complaints. The findings were also based on five home visits, ten current patient telephone interviews, and patient/staff interviews.

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

- CHF - Congestive Heart Failure
- DM - Diabetes Mellitus
- DON - Director of Nursing
- HCA - Home Care Agency
- HHA - Home Health Aide
- POC - Plan of Care
- SN - Skilled Nurse

H 227 3909.2 DISCHARGES TRANSFERS & REFERRALS

H 227

Each patient shall receive written notice of 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:

Director of Operations will in-service clinicians on D.C. Regulation 3909.2 which states each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. A copy of the regulation will be provided to all disciplines.
Director of Operations/Clinical Manager/ Designee will audit charts of all discharged patients beginning week of 6/11/18 until 100% compliance is achieved. Any issues that are identified will be reviewed with the clinician one on one to assure they have an understanding of the requirements. One-on-one education to be provided by Director of Operations/Clinical...

6/12/18

7/12/18

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

TITLE

(X6) DATE

Am Larsen, RN

DOO/Administrator

6/11/2018

Health Regulation & Licensing Administration

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H 227 Continued From page 1

H 227

This Statute is not met as evidenced by:
Based on interview and record review, the facility failed to ensure that each patient received written notification prior to discharge at least seven calendar days prior to the action for two of two discharged patients (Patients #9 and #10).

Findings included:

1. On 05/17/18 at 12:30 PM, review of the medical record for Patient #9 showed that the patient was informed of his/her discharge on 05/10/18 and was discharged from the agency on 05/14/18.
2. On 05/17/18 at 1:15 PM, review of the medical record for Patient #10 showed that the patient was informed of his/her discharge on 04/27/18 and was discharged from the agency on 04/27/18.

On 05/17/18 at 3:00 PM, during interview, the DON acknowledged that the patients were not given seven days notice prior to discharge from the agency. The DON further stated that all staff will receive in-service training regarding the importance of giving patients seven days notice prior to discharge.

Continued From page 1
....Manager/Designee.
Continued monitoring will be on an on-going basis with our Performance Improvement quarterly chart audits by the Director of Operations/Clinical Manager for compliance with 7 day minimum notice of discharge.

Quarterly

H 363 3914.3(l) PATIENT PLAN OF CARE

H 363

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 HCA

Director of Operations/Clinical Manager will amend the emergency statement that is entered on all plan of cares to reflect D.C. Regulation 3914.3 (l)
-identification of employees in charge of managing emergency situations.
Emergency statement will now read:
ALL STAFF OF AMEDISYS WILL CALL 911 IN AN EMERGENCY THAT OCCURS WHILE THEY ARE IN THE PATIENT'S HOME. PATIENT AND CAREGIVER WILL BE TAUGHT EMERGENCY PROTOCOLS...

5/21/18

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H 363	<p>Continued From page 2</p> <p>failed to ensure the POC identified the employees in charge of managing emergency situations for eight of eight active patients in the sample (Patients #1, 2, 3, 4, 5, 6, 7, and 8).</p> <p>Findings included:</p> <p>Review of the clinical records for Patients #1, 2, 3, 4, 5, 6, 7 and 8 on 05/16/18 through 05/17/18 showed POCs that failed to contain a statement identifying the employees within the agency who are in charge of managing emergency situations.</p> <p>During an interview on 05/17/18 at 3:20 PM, the DON said that a statement will be added to all POCs to identify the DON or Administrator as the employees in charge of managing emergency situations.</p>	H 363	<p>Continued From page 2</p> <p>...INCLUDING CALLING THE DIRECTOR OF OFFICE OPERATIONS/ADMINISTRATOR WHO IS RESPONSIBLE FOR MANAGING EMERGENCY SITUATIONS.</p> <p>Director of Operations/Clinical Manager will audit 5 five random plan of cares per week to ensure the amended emergency statement is included. This will happen each week until 100% compliance is achieved.</p> <p>Issues identified will be reviewed with employee and one-on-one counseling provided by Director of Operations.</p> <p>Continued monitoring will be on an on-going basis with our Performance Improvement quarterly chart audits by the Director of Operations/Clinical Manager for compliance.</p> <p>7/8/18</p> <p>Quarterly</p>
H 399	<p>3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency failed to ensure PCAs observed, recorded and reported the patient's physical condition, behavior or appearance for one of one active patient in the sample receiving HHA service (Patient #1).</p> <p>Findings included:</p>	H 399	<p>Director of Office Operations/Clinical Manager will hold in-service for home health aide to instruct on how to complete a coordination note with each home health aide visit which records the patient's physical condition, behavior, or appearance. Home health aide will be instructed regarding reporting any changes in the patient's condition to the RN or Clinical Manager and documenting this in the visit note.</p> <p>Director of Operations/Clinical Manager will audit 5 patient charts per week for patients receiving aide services, beginning week of 6/18/18 to assure home health aide is documenting an assessment of the patient's condition in each visit note until 100% compliance is met.</p> <p>Continued monitoring will be on an on-going basis with our Performance Improvement quarterly chart audits by the Director of Operations/Clinical Manager for compliance.</p> <p>6/13/18</p> <p>7/16/18</p> <p>Quarterly</p>

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H 399	<p>Continued From page 3</p> <p>On 05/16/18 at 9:30 AM, review of Patient #1's clinical record showed a POC with a certification period of 04/23/18 through 06/21/18. The POC contained a physician's order for HHA service one time a week for one week and two times a week for three weeks to provide assistance with personal care.</p> <p>Review of the HHA note dated 04/26/18 failed to show that the HHA observed, recorded and reported the patient's physical condition, behavior or appearance during this visit.</p> <p>On 05/16/18 at 11:00 AM, interview with the DON confirmed the surveyor findings. Additionally, the DON said that the HHA timesheets will be revised to allow the HHAs to observe and document the physical condition, behavior or appearance of all patients to whom they are assigned.</p>	H 399		
H 450	<p>3917.1 SKILLED NURSING SERVICES</p> <p>Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that skilled nursing services were provided in accordance with the patients POC for three of eight active patients in the sample (Patients #1, 3, and 8).</p> <p>Findings included:</p> <p>1. On 05/16/18 at 9:30 AM, review of Patient #1's clinical record showed a POC with a certification of 04/23/18 through 06/21/18 and diagnoses of</p>	H 450	<p>Director of Office Operations will in-service clinicians on Policy AA-003, Patient-Assessment/ Reassessment and Policy TX-001, Physician Orders and Medical Supervision of the Plan of Care. Review will include accurately documenting the patient's current health status each visit according to the physician ordered plan of care. Director of Operations/Clinical Manager will audit five random charts per week starting week of 6/18/18 to ensure clinicians are documenting complete vital signs and head to toe assessment per physician ordered plan of care until 100 % compliance is achieved. Issues identified will be reviewed with the specific clinician and one-on-one counseling provided by the Director of Operations/Clinical Manager.</p> <p>Continued monitoring will be on an on-going basis with our Performance Improvement Program quarterly chart audits by the Director of Operations/Clinical Manager for compliance</p>	<p>6/13/18</p> <p>7/16/18</p> <p>Quarterly</p>

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H 450 Continued From page 4

CHF and DM. The POC also contained physician orders for the SN to measure abdominal girth and assess edema if the patient is unable to weigh themselves, and report to the physician a weight gain of two pounds in 24 hours or five pounds in a week. Additionally, the SN was to monitor for skin lesions on the lower extremities.

Review of nursing notes dated 04/27/18, 05/04/18, 05/07/18 and 05/11/18 failed to show documented evidence that the skilled nurse assessed the patient for weight gain and/or edema during these visits, and failed to monitor for skin lesions on the lower extremities.

2. On 05/16/18 at 11:30 AM, review of Patient #3's clinical record showed a POC with a certification of 04/24/18 through 06/22/18, and a diagnosis of Hypertensive Heart Disease with Heart Failure. The POC also contained a physician order for the SN to record the patient reported weight or to weigh patient as needed. The SN was ordered to measure abdominal girth and assess edema if the patient is unable to weigh themselves, and report to the physician a weight gain of two pounds in 24 hours or five pounds in a week.

Review of nursing notes dated 04/28/18, 05/01/18, 05/12/18 and 05/14/18 failed to show documented evidence that the skilled nurse assessed the patient for weight gain and/or edema during these visits.

3. On 05/17/18 at 11:30 AM, review of Patient #8's clinical record showed a POC with a certification of 03/15/18 through 05/13/18, and a diagnosis of Type 2 DM. The POC also contained a physician order for the SN to assess the patient's feet for lesions at every visit and

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Continued From page 4 with accurate and inclusive documentation of patient's complete health status according to physician ordered plan of care.

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H 450	<p>Continued From page 5</p> <p>report blood glucose of less than 60 or greater than 300 to the physician.</p> <p>Review of nursing notes dated 03/19/18, 03/22/18, 03/27/18 and 04/17/18 failed to show documented evidence that the skilled nurse assessed the patient's feet for lesions at every visit and documented the current glucose level at each visit.</p> <p>During an interview on 05/17/18 at 3:30 PM, the DON said that all staff will receive in-service training on the importance of accurate documentation during every visit.</p>	H 450		
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