(X6) DATE

If continuation sheet 1 of 3

DOO/Administrator

TT8B11

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0058 06/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 H STREET NW SUITE 940 TLC HEALTH CARE SERVICES SOUTHEAST,L WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual licensure survey was conducted from June 7, 2016, through June 10, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to one hundred (100) patients and employs twenty-two (22) staff. The findings of the survey were based on observations, record reviews and interviews with current patients and staff. The following are abbreviations used within the body of this report: HCA - Home Care Agency POC - Plan of Care CHF - Conjested Heart Failure H 459 3917.2(i) SKILLED NURSING SERVICES H 459 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 HCA's skilled nursing staff failed to provide documented Response begins on page two. evidence that the instructions given to patients were understood, for four (4) of eight (8) patients receiving skilled nursing visits in the sample. (Patients #3, #4, #7, and #8). The findings include: 1. On June 7, 2016, at 10:30 a.m., Patient #3's Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B WING HCA-0058 06/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 H STREET NW SUITE 940 TLC HEALTH CARE SERVICES SOUTHEAST.L WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** TAG **DEFICIENCY**) H 459 | Continued From page 1 H 459 POC for the certification period May 27, 2016, through July 25, 2016, revealed a physician order for skilled nurse visits one (1) time a week for one (1) week, two (2) times a week for two (2) weeks and one (1) time a week for one week. The skilled nurse was to provide teaching of disease management, medication teaching and monitoring of surgical wound. Review of the skilled nurse visit note dated June 6, 2016. revealed the skilled nurse assessed the surgical wound on the left side of the patient's chest and instructed the patient on the limitations of use of Director of Operations will in-service 6/28/16 his left arm and use of the microwave but failed to document the specific level of the patient's clinicians on Policy TX-003, Patient/ understanding of the instructions. Caregiver Education. Review of assuring documentation of teaching 2. On June 8, 2016, at 9:30 a.m., Patient #4's includes patient/caregiver response POC for the certification period March 2, 2016. to teaching, including specific through April 30, 2016, revealed a physician order for skilled nurse visits two (2) times a week for understanding of the teaching/ nine (9) weeks to perform wound care to the instruction. patient's right heel ulcer, instruct patient/caregiver Director of Operations/Clinical 7/31/16 on wound care to include signs and symptoms of Manager/Designee will audit six infection and when to report to the physician. Review of the skilled nurse visit note dated March random charts per week, starting 14, 2016, revealed the skilled nurse instructed the week of 6/27/16 to assure there is patient on the importance of frequent dressing documentation with specific patient changes to prevent biofilm build up on the wound response/understanding of the but failed to document the specific level of the teaching provided at each visit until patient's understanding of the instructions. 100% compliance is achieved. Any 3. On June 8, 2016, at 1:00 p.m., Patient #7's issues identified will be reviewed POC for the certification period of April 13, 2016, with the clinician and one-on-one through June 9, 2016, revealed a physician order counseling will be provided by the for skilled nurse visits two (2) times a week for six **Director of Operations/Clinical** (6) weeks and one (1) time a week for three (3) weeks to perform wound care to the patient's left Manager. leg surgical wound, instruct patient/caregiver on

wound care and proper disposal of soiled dressings. Review of the skilled nurse visit note

PRINTED: 06/17/2016 **FORM APPROVED** Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: B. WING HCA-0058 06/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 H STREET NW SUITE 940 TLC HEALTH CARE SERVICES SOUTHEAST.L WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 459 Continued From page 2 H 459 dated May 9, 2016, revealed the skilled nurse Continued monitoring will be on an instructed the patient on the importance of checking toes for adequate circulation, tissue on-going basis with our Performance perfusion, warmth and sensation but failed to Improvement Program quarterly document the specific level of the patient's chart audits by the Director of understanding of the instructions. Operations/Clinical Manager for 4. On June 8, 2016, at 2:30 p.m., Patient #8's compliance with accurate and POC for the certification period May 5, 2016. inclusive documentation of through July 3, 2016, revealed a physician order patient/caregiver teaching and for skilled nurse visits one (1) time a week for one specific response. (1) week, two (2) times a week for two (2) weeks and one (1) time a week for two (2) weeks to instruct patient/caregiver on medication management and side effects and signs symptoms of exacerbation of CHF. Review of the skilled nurse visit note dated May 13, 2016. revealed the skilled nurse instructed the patient on "CHF teaching on diet and disease management, instruct client to limit pre-packaged food items and check sodium content on nutrition label." The skilled nurse failed to document the specific level of the patient's understanding of the instructions. During a face to face interview with the administrator and clinical manager on June 9, 2016 at 3:30 p.m., it was revealed that the nurses were already instructed on documentation of patient teaching and the level of patients understanding. Additionally, the clinical manager stated that he/she will host another inservice to re-instruct the nurses on documentation of patient teaching and the level of patients understanding.

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