Amedisys Home Health Care 1100 H Street, NW Suite 940 Washington, DC 20005 (202) 783-7892

March 18, 2014

Department of Health & Human Resources
Health Regulation & Licensing Administration
899 North Capitol Street, NE
First Floor
Washington, DC 20002
Attn: Sharon Mebane
Program Manager

Dear Ms. Mebane:

Enclosed please fine the Plan of Correction for our licensure survey, which was conducted in February, 2014.

Please contact me with any questions or issues at (202) 783-7892,

Sincerely,

Amy Sullivan

Director of Operations

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING **HCA-0058** 02/28/2014 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual survey was conducted from February 27, 2014, through February 28, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to one hundred and two (102) patients and employs twenty (20) staff. The findings of the survey were based observations, record reviews, and interviews with current patients and staff. Please Note: Listed below are abbreviations used in this report. Skilled Nurse (SN) Plan Of Care (POC) Director of Nursing (DON) Home Care Agency (HCA) Signs and Symptoms (S/S) Hours (hrs) American Dietetic Association (ADA) H 459 H 459 3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, Response begins on page two. 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 home care agency's (HCA) skilled nursing staff failed to provide documented evidence that specific instructions were afforded to patients related to their health conditions and that the instructions given were understood for two (2) of the ten (10)

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

Director of Operations

(X6) DATE
3/1/8/10

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** 02/28/2014 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 459 H 459 Continued From page 1 patients in the sample (Patient #2 and #4). The findings include: 1. Review of Patient #2's POC with a certification period of January 31, 2014, through March 31, 2014, on February 27, 2014, at approximately 10:30 a.m., revealed Patient #2 Director of Operations/Clinical Manager will 3/25/2014 had the diagnoses of pressure ulcer to the in-service clinicians regarding policy TX-003, buttock (stage 4) and end stage renal disease. Patient/Caregiver Education. The POC also contained physician orders for the skilled nurse to "instruct patient/caregiver in disease management and when to notify the Director of Operations/Clinical Manager/Designee physician, instruct patient/caregiver in proper will audit 5 random charts per week to assure nutrition/hydration to facilitate wound healing and patient teaching and the response by instruct patient in all aspect of medication patient/caregiver is being documented at each regimen including schedule dosage, side effects patient visit until a 95% compliance is met. The and drug/food interactions." results of the audits will be shared at the weekly Patient Care Conference by the Director of Review of Patient #2's medical record on Operations/Clinical Manager. February 27, 2014, at 10:30 a.m., revealed a skilled nursing note dated February 4, 2014, that contained no documented evidence of teaching Monitoring will continue on an ongoing basis with or evaluation of teaching was done with the Performance Improvement Program quarterly audits patient or caregiver. by Director of Operations/Designee. Further review of Patient #2's clinical record revealed a skilled nursing note dated February 6. 2014. Within that note was a section titled "interventions/instructions" where the skilled nurse documented "sn [skilled nurse] teaching to increase protein in diet to aid in wound healing, teaching to caregiver to change patient position every 2 hrs [hours] to aid in wound healing." There is no documented evidence that the instructions were evaluated for a clear understanding by the patient or caregiver.

Additionally, review of Patient #2's clinical record revealed a skilled nursing note dated February

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **HCA-0058** 02/28/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1100 H STREET NW SUITE 940 TLC HEALTH CARE SERVICES SOUTHEAST,L WASHINGTON, DC 20005 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Continued From page 2 H 459 11, 2014, that contained no evidence that teaching or evaluation of teaching was done to the patient or caregiver. 2. Review of Patient #4's POC with a certification period of January 6, 2014, through March 6, 2014, on February 27, 2014, at approximately 11:30 a.m., revealed Patient #4 had the diagnoses of pressure ulcer to the lower back, end stage renal disease and diabetes mellitus. The POC also contained physician orders for the skilled nurse to "instruct patient/caregiver in disease management and when to notify the physician, instruct patient/caregiver in ADA diet and exercise program, instruct in diabetic care to include blood glucose monitoring, instruct in s/s hypo/hyperglycemia and maintain blood glucose between 70 and 200, and instruct patient in all aspect of medication regimen including schedule dosage, side effects and drug/food interactions." Review of Patient #4's medical record on February 27, 2014, at 11:30 a.m., revealed a skilled nursing notes dated January 7, 2014, February 6 and 11, 2014, that contained no evidence of teaching or evaluation of teaching was done with the patient or caregiver. A face to face interview with the Clinical Manager at 1:30 p.m. and Administrator at 2:30 p.m. confirmed that the skilled nurses did not document teachings or evaluation of teachings to the patients or caregivers during their visits. The Clinical Manager stated that he/she will reinforce the need for proper documentation on his/her next nursing in-service.

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Sharon Mebane
Department of Health - HPLA
899 N CAPITOL ST NE
First Floor
Washington, DC 20002

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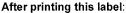
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