

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/16/2017</b>
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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**

*Received  
6/29/17*

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 000 INITIAL COMMENTS

H 000

An annual survey was conducted from May 15, 2017, through May 16, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to eighty-six (86) patients and employs twenty-two (22) staff. The findings of the survey were based on a review of administrative records, ten (10) active patient records, one (1) discharged patient record, ten (10) employee records and three (3) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.

The following are abbreviations used within the body of this report:

- DON - Director of Nursing
- HCA - Home Care Agency
- PCA - Personal Care Aide
- POC - Plan of Care
- SN - Skilled Nurse
- SOC - Start of Care

H 358 3914.3(g) PATIENT PLAN OF CARE

H 358

The plan of care shall include the following:

(g) Physical assessment, including all pertinent diagnoses;

This Statute is not met as evidenced by:  
Based on record review and interview, the HCA failed to ensure all POCs included parameters for blood glucose levels for patients that require glucose monitoring as part of the physical assessment for one (1) of ten (10) patients in the sample. (Patient #1)

Response begins on page 2

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

*[Signature]* *RN*

TITLE  
*DOO/ Administrator*

(X6) DATE  
*6/28/2017*

Health Regulation & Licensing Administration

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H 358	<p>Continued From page 1</p> <p>The finding includes:</p> <p>On May 15, 2017, at 12:45 p.m., review of Patient #1's POC revealed a SOC date of March 4, 2017 and a certification period from May 3, 2017 through July 1, 2017. The POC indicated that Patient #1 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system once a week times one (1) week and then two (2) times a week, for five (5) weeks. Further review revealed that the SN was to instruct the family on how to administer Novolin 70/30 subcutaneous forty (40) units per the sliding scale. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p> <p>On May 15, 2017, at 12:55 p.m., interview with the DON indicated that the HCA would train the SNs to include parameters for blood glucose levels for patients that required glucose monitoring on the POC for the aforementioned patient.</p> <p>At the time of the survey the HCA failed to include parameters for blood glucose levels on all POCs for patients that require glucose monitoring.</p>	H 358	<p>Director of Operations will in-service clinicians on Policies EDN-003(a), Blood Glucose Monitoring (Patient Monitor). Review requirement of clinicians obtaining orders that include Blood Glucose parameters for all Diabetic patients.</p> <p>Director of Operations/Clinical Manager/ Designee will audit charts for Diabetic patients, beginning week of July 17, 2017 to assure Blood Glucose parameters are present on all orders 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 will be 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 with Blood Glucose parameters being obtained and documented on the physician's orders.</p>	<p>7/11/2017</p> <p>8/11/2017</p>
H 399	<p>3915.10(f) HOME HEALTH &amp; 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>	H 399		

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H 399	<p>Continued From page 2</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 four (4) of four (4) patients with PCAs in the sample. (Patients #2, #5, #9 and #10)</p> <p>The findings include:</p> <p>On May 15, 2017, between 11:30 a.m. and 12:35 p.m., review of Patient #2, #5, #9 and #10's medical records revealed the PCAs had not recorded the patient's physical condition, behavior, or appearance in the medical records.</p> <p>On May 15, 2017, at 12:40 p.m., interview with the DON revealed that the HCA had recently changed computer software companies. Additionally, the DON indicated that the agency was in the process of having a software application developed to enable the PCAs to document the aforementioned patient's physical condition, behavior, or appearance in the medical record. Further interview revealed that the agency would in-service the PCAs' on the new software application to comply with the regulation.</p> <p>At the time of the survey there was no documented evidence the agency ensured PCAs recorded on the patient's physical condition, behavior or appearance in the medical record.</p>	H 399	<p>Director of Operations will in-service all Home Health Aides regarding requirement of documenting patient's physical condition, behavior, and/or appearance as part of their visit documentation. Home Health Aides 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. This documentation will be entered onto the visit note via paper note until such time our system is updated to allow it to be entered electronically.</p> <p>Director of Operations/Clinical Manager will audit 5 patient charts per week for patients receiving aide services, beginning week of 7/10/2017 to assure the 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 the Performance Improvement Program quarterly chart audits by the Director of Operations/Clinical Manager for compliance with required documentation in the Home Health Aide note regarding the patient's condition.</p>	<p>7/6/2017</p> <p>8/11/2017</p>
H 459	<p>3917.2(i) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p>	H 459		

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H 459	<p>Continued From page 3</p> <p>(i) Patient instruction, and evalutaion of patient instruction; and</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the agency failed to ensure its SN staff (I) provided evidence that specific instructions were afforded to patients related to their health care conditions and (II) documented the evaluation of training provided in a manner that reflected the patient's comprehension of the given instruction, for one (1) of ten (10) patients in the sample (Patient #6).</p> <p>The finding includes:</p> <p>I. The agency failed to ensure its SNs documented the specific instructions that were afforded to the patient related to his/her health care conditions.</p> <p>On May 15, 2017, at 11:00 a.m., review of Patient #6's POC revealed a SOC date of December 20, 2016, and a certification period of April 19, 2017 through June 17, 2017. The patient was diagnosed with a Stage IV pressure ulcer of the left buttock, monoplegia of the lower limb, acquired absence of the right leg below the knee, chronic obstructive pulmonary disease and essential hypertension. The POC indicated a documented order for the SN to instruct the patient on the following:</p> <p>Oxygen management; Wound care management; Medication regimen; Dietary requirements; and Fall prevention.</p>	H 459	<p>Director of Operations will in-service clinicians on Policy TX-003, Patient/ Caregiver Education. Review will include assuring the specific teaching provided and the patient/caregiver understanding, including the specific response to the teaching is documented clearly in the patient record.</p> <p>Director of Operations/Clinical Manager will audit five random charts per week, starting week of 7/17/2017 to assure clinicians are documenting specific patient/caregiver teaching and specific patient/caregiver response/understanding of the teaching provided at each visit 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. 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 with accurate and inclusive documentation of patient/caregiver teaching provided and the specific response.</p>	7/11/2017  8/11/2017

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H 459	<p>Continued From page 4</p> <p>On May 15, 2017, at 11:08 a.m., review of Patient #6's Client Coordination Note Reports dated May 7, 2017, May 8, 2017, and May 14, 2017, revealed no documented evidence that the SN provided the patient with educational instructions related to his/her specific health care conditions as ordered by the POC.</p> <p>On May 15, 2017, at 11:15 a.m., interview with the DON revealed that the SN will be re-trained to ensure the SN documented specific instructions afforded to Patient #6 as ordered by the POC.</p> <p>At the time of the survey, the agency failed to ensure all SNs documented specific instructions afforded to the patients as related to their health care conditions.</p> <p>II. The agency failed to ensure its SNs documented the patient's specific comprehension of the health teaching instructions related to his/her health care condition.</p> <p>a. On May 15, 2017, beginning at 11:25 a.m., review of Patient #6's Visit Note Report dated April 28, 2017, and his/her Client Coordination Note Report dated April 30, 2017, it was revealed that the patient was given instructions during the respective visits on ways to avoid sitting on his/her Stage IV pressure ulcer on the left buttock. However, the SN failed to document the specific components of the training that Patient #6 understood on the aforementioned dates.</p> <p>b. On May 15, 2017, beginning at 11:40 a.m., review of Patient #6's Visit Note Report and Patient's Client Coordination Note Report both dated April 24, 2017, revealed that the patient was given instructions during the visit on ways to increase his/her protein intake. However, the SN</p>	H 459		

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H 459	<p>Continued From page 5</p> <p>failed to document the specific components of the training that Patient #6 understood on the aforementioned date.</p> <p>On May 15, 2017, at 1:25 p.m., interview with the DON revealed that the SN will be re-trained to ensure the nurses documented the evaluation of provided training in a manner that reflected the patient's comprehension of the given instructions on wound care and dietary management.</p> <p>At the time of the survey, the agency failed to ensure the SN documented the patient's specific comprehension of the given instructions on wound care and dietary management.</p>	H 459		