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-0009	A. BUILDING: _____ B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM SELECT HOME CARE, INC	5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011

(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
H 000	INITIAL COMMENTS An annual licensure survey was conducted on 02/07/2022, through 02/10/2022 to determine compliance with the District of Columbia Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency employed 371 staff and provided services to 183 patients. The findings of the survey were based on a review of administrative records, ten active patient records, four discharged patient records, 25 employee records, eight telephone patient interviews, and a review of the agency's response to complaints and incidents received. Below are abbreviations used throughout this survey report. SN - Skilled Nurse DON - Director of Nursing	H 000	What corrective action will be accomplished to address the identified deficient CHF practice The following corrective actions have been established to address the deficient practice regarding the failure to include protocols in the plan of care to manage and prevent exacerbation of congestive heart failure. PSHC has established a congestive heart failure policy (see attachment #1).	03/25/22 ongoing
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined the home care agency (HCA) failed to include emergency protocols in the Plan of Care (POC) for three of ten patients in the sample (Patient #5, #7, and #8). Findings included: 1. A review of Patient #5's clinical record on 02/08/2022 at 10:30 AM, showed a Plan of Care (POC) with a duration period of 12/27/21-02/24/22. Further review of the POC	H 364	A) Our nurses will monitor patients with CHF for increasing shortness of breath, dyspnea on exertion, increasing weight, increased pedal edema, and frequent emergency department visits or hospitalizations. our nurses will instruct patients/ caregivers/aides in the management of CHF. The skill nurse will instruct the patient/caregivers/ aides to notify the office and/or the patient's physician of significant changes, such as, SOB, dyspnea on exertion, weight gain, pedal edema,	4/1/22 ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0009	A. BUILDING: _____ B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM SELECT HOME CARE, INC	5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011

(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
H 364	Continued From page 1 showed the patient had diagnoses that included Acute Systolic (congestive) Heart Failure, Type 2 diabetes mellitus, and End-stage renal disease. The POC also showed a physician order for skilled nursing visits two to three times a week for nine weeks to perform medication management, and disease process teaching, assessment/evaluation of all systems, and report unusual findings to the physician. Skilled Nurse was to instruct/monitor patient's blood sugar (BS) levels. notify MD, if fasting BS is 160 milligrams per deciliter (mg/dl) or if postprandial BS levels are greater than 220 mg/dl, 1 to 2 hours after eating. A continued review of the Plan of Care showed that the patient was treated with Humalog five units subcutaneously with meals daily for diabetes control, Bumetanide two milligrams daily, and Carvedilol 25 milligrams two times daily for heart failure. Continued review of the POC failed to include evidence of emergency protocols related to the patient's heart failure diagnoses e.g., signs/symptoms and/or parameters such as weight gain that may warrant emergency intervention. 2. A review of Patient #7's clinical record on 02/08/2022 at 12:00 PM, showed a Plan of Care (POC) with a duration period of 04/01/2021-03/31/2022. Further review of the POC showed the patient had diagnoses that included Heart Failure, unspecified, Hypertensive crisis, unspecified, and Essential (primary) Hypertension. The POC also showed a physician order for skilled nursing visits two to five times a month for assessment/observation of all systems: evaluate cardiovascular, cardiopulmonary, neurological, musculoskeletal, and endocrine systems. Nurse to instruct patient/caregiver to notify MD of blood pressure (BP) with systolic BP greater than 150 millimeters of mercury (mmHg),	H 364	emergency room visits, or hospitalizations. Our SNs will notify the physician if any of the above occurs. C) The nurses for patients #5, #7, and #8 have been counselled and directed to do a follow-up visit with the patients to instruct them, their caregivers and aides on the protocol for monitoring and reporting symptomatic changes related to exacerbation of CHF. The nurses were instructed to document the teachings in their nurses notes. 4/1/22 ongoing D) In addition the POCs for patient #5, #7, and #8 were reviewed And corrected to include our new CHF monitoring protocol orders (see attachment #2). 3/24/22 ongoing What measures will be put in place or what systemic changes will you make to ensure the deficient practice does not recur. A) The SNs and therapists will be in-serviced on the PSHC protocol on Teaching and Management of Patients with CHF. If the Patient is exhibiting Significant signs/symptoms that warrants emergency intervention, 4/23/22 ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0009	A. BUILDING: _____ B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM SELECT HOME CARE, INC	5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011

(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
H 364	Continued From page 2 and diastolic BP greater than 90 mm Hg. A continued review of the Plan of Care showed that the patient was treated with Carvedilol 25 milligrams (mg) two times daily for heart failure. Continued review of the POC failed to include evidence of emergency protocols related to the patient's heart failure diagnoses e.g., signs/symptoms and/or parameters such as weight gain that may warrant emergency intervention. 3. A review of Patient #8's clinical record on 02/09/2022 at 10:15 AM, showed a Plan of Care (POC) with a duration period of 08/01/2021-07/31/2022. Further review of the POC showed the patient had diagnoses that included Heart failure, atrial fibrillation, and hypertension. The POC also showed a physician order for skilled nursing visits one to three times a month for assessment/observation of all systems: Evaluate cardiovascular, cardiopulmonary, neurological, musculoskeletal, and endocrine systems. Nurse to instruct patient/caregiver to notify MD of blood pressure (BP) with systolic BP greater than 150 millimeters of mercury (mmHg), and diastolic BP greater than 90 mm Hg. A continued review of the Plan of Care showed that the patient has been treated with Digoxin 125 micrograms (mcg), and Metoprolol 25 milligrams (mg) daily for heart failure. Continued review of the POC failed to include evidence of emergency protocols related to the patient's heart failure diagnoses e.g., signs/symptoms and/or parameters such as weight gain that may warrant emergency intervention. On 02/09/2022 at 3:00 PM, the Administrator and DON acknowledged the findings during the exit conference.	H 364	the SN or Therapist will be required to contact the patient's physician to report any abnormal findings. In addition, the SN will provide instructions and interventions that can possibly mitigate the continued risk of exacerbation of CHF. For example they can instruct on medication adherence, salt reduction, and modification of exertion. B) The office Review Nurses, who review and finalize the patient's POC, will be in-serviced on the requirement to include on the POC our new CHF monitoring protocol orders (see attachment #2). How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be implemented. The QA Nurse/designee will survey 10% of the CHF patient charts quarterly to determine ongoing compliance. Results will be reported at the Quarterly Quality Assurance /Performance Improvement Program and new strategies will be devised to address continuing concerns.	3/31/22 **Ongoing**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0009	A. BUILDING: _____ B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM SELECT HOME CARE, INC	5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011

(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
H 430	Continued From page 3	H 430	What corrective action will be accomplished to address the identified deficiency related to sixty-day summaries.	
H 430	3916.1 SKILLED SERVICES GENERALLY Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that an evaluation of skilled services provided to each patient was conducted every 62 calendar days, and a report was sent to the physician in two of ten clinical records reviewed (Patients #8, and #9). Findings included: 1. A review of Patient #8's clinical record on 02/09/2022 at 10:15 AM, showed a start of care of 01/23/2020 and a Plan of Care (POC) with a duration period of 08/01/2021-07/31/2022. Further review of the clinical record showed the patient had diagnoses to include Heart failure, unspecified, Unspecified atrial fibrillation, and Essential (primary) hypertension. The POC also showed a physician order for skilled nursing visits one to three times a month for assessment/observation of all systems: evaluate cardiovascular, cardiopulmonary, neurological, musculoskeletal, and endocrine systems. SN to instruct patient/caregiver to notify MD of blood pressure (BP) with systolic BP greater than 150 millimeters of mercury (mmHg), and diastolic BP greater than 90 mm Hg. Continued review of the clinical record showed that the skilled nurse visited the patient monthly from 01/01/2021	H 430	**Patients #8 and #9** **4/1/22** A) Nurses assigned to patients #8 and #9 will be counselled and re-educated on the requirement for reviewing, evaluating, and summarizing the services provided to each patient at least every 62 calendar days. They will be instructed to complete the deficient summaries and submit them to the patient's physician. ongoing B) As an incentive, the nurses will be compensated a nominal fee to complete the sixty days summaries timely. 3/35/22 ongoing C) The sixty-day summary report will be faxed to the patient's physicians and the faxed confirmations will be placed in the patient's medical records. 4/1/22 ongoing To prevent future recurrence, completion of the Sixty Day summaries continues as an agency Performance Improvement Focus Activity. A) The process for monitoring Documentation Reviews, follow-up and actions taken for non-compliance has been revised. 3/25/22 ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0009	A. BUILDING: _____ B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM SELECT HOME CARE, INC	5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011

(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
H 430	Continued From page 4 through 09/30/2021 (nine months), however, there was no evidence that the agency reviewed and evaluated the provision of skilled services or reported such an evaluation to the physician. 2. A review of Patient #9's clinical record on 02/09/2022 at 11:00 AM, showed a start of care of 09/11/2020 and a Plan of Care (POC) with a duration period of 09/01/2021-08/31/2022. Further review of the clinical record showed the patient had diagnoses to include Type 2 Diabetes Mellitus, Essential (primary) Hypertension, Malignant Neoplasm of the Kidney. The POC also showed a physician order for skilled nursing visits one to three times a month for assessment/observation of all systems: evaluate cardiovascular, cardiopulmonary, neurological, musculoskeletal, and endocrine systems, and report unusual findings to the physician. Nurse to instruct patient/caregiver to notify MD, if fasting Blood Sugar (BS) is 160 milligrams per deciliter (mg/dl) or if postprandial BS levels are greater than 220 mg/dl, 1 to 2 hours after eating. Continued review of the clinical record showed that the skilled nurse visited the patient monthly from 05/01/2021 through 09/30/2021 (four months), however, there was no evidence that the agency reviewed and evaluated the provision of skilled services or reported such an evaluation to the physician. On 02/09/2021 at 3:00 PM, the Administrator and DON acknowledged the finding during the exit conference.	H 430	B) The nurses will be in-serviced on the sixty-day summary requirement. All the nursesl will be given revised monthly calendars for all their patients that will include the sixty- day summary due date. The DON or designee will monitor the monthly calendars to ensure The nurse are submitting the Summaries timely. How the corrective action(s) will be Monitored to ensure that deficient Practice will not recur, i.e., what quality Assurance program will be implemented. A) The QA Nurse or designee will monitor 10% of patient records for completion of the sixty-day summaries and report the findings at the Quarterly Quality Assurance/Performance Improvement meeting. B) The Quality Assurance committee will ensure oversight and correction of any identified deficiencies. New strategies will be devised to address continuing concerns.	4/23/22 ongoing 4/1/22 ongoing 4/1/22 ongoing
H 450	3917.1 SKILLED NURSING SERVICES Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse	H 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0009	A. BUILDING: _____ B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM SELECT HOME CARE, INC	5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011

(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
H 450	Continued From page 5 under the supervision of a registered nurse, and in accordance with the patient's plan of care. This Statute is not met as evidenced by: Based on record review and interview it was determined that the skilled nurse failed to provide skilled nursing (SN) services according to the Plan of Care (POC) for one of ten active patients in the sample (Patient #10). Findings included: A review of Patient #10's clinical record on 02/09/2022 at 12:00 PM, showed a Plan of Care (POC) with a duration period of 12/16/21-11/20/22. Further review of the POC showed the patient had diagnoses that included Type 2 Diabetes Mellitus, Heart failure, unspecified, and Essential (primary) hypertension. The POC also showed a physician order for skilled nursing visits one to three times a month to perform medication management, and disease process teaching, assessment/evaluation of all systems, and report unusual findings to the physician. Notify MD, if fasting Blood Sugar (BS) is 160 milligrams per deciliter (mg/dl) or if postprandial BS levels are greater than 220 mg/dl, 1 to 2 hours after eating. A continued review of the Plan of Care showed that the patient was treated with Metformin 1000 milligrams daily for diabetic control. A review of nursing notes showed that the nurse admitted the patient on 12/26/2021, conducted a monthly visit on 01/14/2022, and failed to provide documented evidence in the clinical note of 01/14/2022 that the nurse assessed the patient's blood glucose level during the visit to determine the patient's status of diabetic management, or if blood glucose levels exceeded prescribed parameters.	H 450	**Patient #10** What corrective actions (s) will be Accomplished to address the identified deficient practice regarding diabetes. A) PSHC has revised the diabetes management and monitoring protocol (see attachment #3). This new protocol will document The use of Hemoglobin A1c (HgA1c) as well as Blood Glucose Levels to manage diabetes mellitus. The agency will ascertain whether the patient is performing Blood Sugar level monitoring or The patient's physician is only Using HgA1c to monitor and manage diabetic treatment. The nurse will obtain the latest HgA1c from the patient or the patient's physician and document the level in his/her notes with the date. B) The nurse assigned to patient #10 will be counselled and reeducated on ensuring that skill services are provided to the patient according to the POC. Diabetic teaching and monitoring must be provided and documented as ordered.	3/25/22 ongoing 4/1/22 ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _____	(X3) DATE SURVEY COMPLETED
		What measures will be put into place rr what systemic changes you will make to ensure that the deficient practice does not recur. The nurses will be in-serviced on the protocol for diabetic management and monitoring . They will be instructed to document the diabetic teaching, interventions and findings in the patient's record. They will be instructed to document BS levels when tested and report abnormal findings to the physician. They will be instructed to ascertain the most recent HgA1c and document it in the record. (see attachment #4) 4/23/22 ongoing How the corrective action(s) will be Monitored to ensure the deficient practice will not recur. a) Reviews of 10% of patient records will be monitored by the Quality Review Nurse/designee, for completion and identification of follow -up actions taken with staff for noncompliance. 4/1/22 ongoing Results will be Reported at the Quarterly Quality Assurance / Performance Improvement meeting. New strategies will be revised to correct ongoing deficiencies.	

(X2) MULTIPLE CONSTRUCTION

HCA-0009	B. WING _____	02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM SELECT HOME CARE, INC	**5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011**

(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
H 450	Continued From page 6	H 450		

On 02/09/2021 at 3:00 PM, the Administrator and DON acknowledged the finding during the exit conference.