

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2023
NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH CARE & EQUIPMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW, SUITE 406 WASHINGTON, DC 20012		
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H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted from 06/13/2023 through 06/15/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 62 patients and employed 114 staff. The findings of the survey were based on the review of administrative records, ten active patient records, four discharged patient records, 21 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of nine patient phone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>DON- Director of Nursing HCA - Home Care Agency POC - Plan of Care SN - Skilled Nurse</p>	H 000	<p>3907.7 PERSONNEL</p> <p>Deficient practice:</p> <p>Employee record affected by the deficient practice:</p> <p>Employee #7</p> <p>Alliance acknowledges the deficient practice that it failed to verify that the above referenced employee underwent an annual screening for communicable disease.</p> <p>The referenced employees in the audit have now complied and presented proof showing that she is free of communicable diseases and the personnel record is updated accordingly.</p> <p>The administrator discussed these findings with the HR manager and emphasized the need to have a newly hired and current employees to comply with the requirements showing that they are free of communicable disease.</p>	08/15/23
H 163	<p>3907.7 PERSONNEL</p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.</p> <p>This Statute is not met as evidenced by: Based on personnel record review and interview, the agency failed to verify that one of 21 employees reviewed, underwent an annual screening for communicable disease. Registered Nurse #7.</p>	H 163	<p>Systemic Change:</p> <p>The HR manager will run a monthly report from HHC software to make sure employees comply with required documents such as an annual screening for communicable diseases.</p> <p>The HR manager is responsible to ensure all employees comply with this requirement. Employees who are missing required documents will be contacted by the HR manager so that they can submit in two weeks from the date they are notified in order to maintain continued employment.</p> <p>HR manager reaches out employees at least two weeks before employees documents expire in order to maintain continued employment.</p>	

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

TITLE

(X6) DATE

Esther M. Moulaligue

ADMINISTRATOR

07/31/23

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H 163	Continued From page 1 Findings included: A review of the agency's personnel files on 06/14/2023 at 12:15 PM with the Human Resources personnel showed the personnel record for Employee #7, a Registered Nurse, lacked current evidence and documentation of annual screening for communicable disease. On 06/15/2023 at 3:00 PM, the agency Administrator acknowledged the finding.	H 163	Quality assurance measure: In order to comply with this requirement and avoid deficient practice in the future, the HR manager will review ten (20) percent of the personnel record monthly to ensure all the documents are in place and up to date. 3914.4 PATIENT PLAN OF CARE Patients affected by the deficient practice: Patient #4 and 8	08/15/23
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days. This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's plan of care (POC) was approved and signed by a physician and/or medical team within 30 days of the start of care for two of ten patients in the sample (Patients #4 and #8). Additionally, the agency failed to reduce a modified POC to writing and have it signed by the physician within 30 days for three of ten patients in the sample (Patients #7, #9, and #10).	H 366	Alliance acknowledges the deficient practice that it failed to ensure the plan of care for above referenced patients to be signed by the physician and/or designee within 30 days of the start of care date. These findings were addressed with the employee who is in charge of faxing and mailing plan of cares. Employee acknowledged the deficient practice and was counseled to report to the DON on those POCs not signed by the physicians. Both patient #4 and 8 plan of cares are now signed and filed in the patient clinical charts. Alliance also acknowledges the difficulty in obtaining the POCs from the physician's office in a timely manner as some physicians come to the office for few days and do mostly telehealth. Systemic Change: Employee in charge of faxing and mailing POC will develop a roaster of contact lists at the physician's office so that the employee will do a follow up call to ensure the POC is signed timely.	

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H 366	<p>Continued From page 2</p> <p>Findings included:</p> <p>1. On 06/14/2023 at 11:05 AM, a review of Patient #4's plan of care (POC) showed a duration period of 09/01/2022 through 08/31/2023. The POC contained physician orders for skilled nursing services and personal care services. Further review showed that the POC was not signed by the physician and/or designee at the time of the record review on 06/14/2023.</p> <p>2. On 06/15/2023 at 11:15 AM, a review of Patient #8's plan of care (POC) showed a duration period of 01/01/2023 through 12/31/2023. The POC contained physician orders for skilled nursing services and personal care services. Further review showed that the POC was not signed by the physician and/or designee at the time of the record review on 06/15/2023.</p> <p>3. On 06/15/2023 at 10:00 AM, a review of Patient #7's plan of care (POC) showed a duration period of 08/11/2022 through 05/31/2023. The POC contained physician orders for skilled nursing services every 30 to 60 days for skilled care and personal care services six hours a day, seven days a week. Further review of the record showed a document from the payor source (Insurance) that modified the personal care services to eight hours a day five days a week. There was no evidence that the modified personal care schedule was reduced to writing and signed by the physician.</p> <p>4. On 06/15/2023 at 11:35 AM, a review of Patient #9's plan of care (POC) showed a duration period of 05/01/2022 through 04/30/2023. The POC contained physician orders for skilled nursing services every 30 to 60 days for skilled care and personal care services eight</p>	H 366	<p>Employee will then follow up with the physician's office staff at least every other day to ensure the POC is signed within the specified time frame as stipulated in the regulation.</p> <p>For some health care facilities where it is hard to reach the staff at the physician's office, Alliance will send a field employee to go in person to the physician's office to obtain signed POC. As a last resort, the administrator will attempt to reach the physician's office in person to address the need for the signed POC in order for the agency to continue providing services to the patient.</p> <p>Quality assurance measure:</p> <p>On a monthly basis, the DON will run a report from the HHC 3000 software on list of plans of care that are due to be sent out and plan of cares that are not verified or signed by a physician after they are sent. This report will be utilized for follow up with the physician so that they are signed in a timely manner.</p> <p>3914.4 PATIENT PLAN OF CARE</p> <p>Patients affected by the deficient practice:</p> <p>Patient #7, 9 and 10</p> <p>Alliance acknowledges the deficient practice that it failed to ensure that the plans of care or modified plan of care were signed by the physician and/or medical team within 30 days of the start of care or modification of care.</p> <p>These modifications of care for above referenced patients are now signed and filed in the patient clinical chart.</p>	08/15/23

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H 366	Continued From page 3 hours a day, seven days a week. Further review of the record showed a communication note that modified the personal care services to eight hours a day five days a week. There was no evidence that the modified personal care schedule was reduced to writing and signed by the physician. 5. On 06/15/2023 at 12:10 PM, a review of Patient #9's plan of care (POC) showed a duration period of 02/01/2023 through 01/31/2024. The POC contained physician orders for skilled nursing services every 30 to 60 days for skilled care and personal care services six hours a day, seven days a week. Further review of the record showed a communication note that modified the personal care services to eight hours a day five days a week. There was no evidence that the modified personal care schedule was reduced to writing and signed by the physician. At the time of the survey, the home care agency failed to ensure that the plans of care or modified plans of care were signed by the physician and/or medical team within 30 days of the start of the care or modification of care. During an interview with the Administrator and Director of Nursing on 06/15/2023 at 3:00 PM, the findings were acknowledged.	H 366	Systemic Change: Going forward, when the staffing coordinator receives requests from patients/representative for changes in the PCA hours, the staffing coordinator will address it to the DON. The DON then sends the modification of care to the physician to notify the change and obtain a signature from the physician and/or medical team within 30 days of the modification of care. Employee in charge of faxing and mailing the modified personal schedule will develop a roster of contact lists at the physician's office so that the employee will do a follow up call to ensure the order is signed timely. Employee will then follow up with the physician's office staff at least every other day to ensure the modification of care is signed within the specified time frame as stipulated in the regulation. For some health care facilities where it is hard to reach the staff at the physician's office, Alliance will send a field employee to go in person to the physician's office to obtain signed modification of care. As a last resort, the administrator will attempt to reach the physician's office in person to address the need for the signed POC in order for the agency to continue providing services to the patient.	08/15/23
H 453	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care;	H 453	3917.2(C) SKILLED NURSING SERVICES Patients affected by the deficient practice: Patient #5, 7 and 10	

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H 453	Continued From page 4 This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC) for three of ten active patients in the sample (Patients #5, #7, and #10). Findings included: 1. On 06/14/2023 at 12:00 PM, a review of Patient #5's clinical record showed a plan of care (POC) with a duration period of 04/24/2023 through 02/29/2024. The POC also showed that the patient's diagnoses included diabetes and hypertension and was being treated with Humulin Insulin 70/30, 42 units in the morning and 41 units in the evening. Further review of the POC showed physician's orders for skilled nursing (SN) services every 30 to 60 days for 12 months to conduct skilled assessments, implementation of interventions, teaching, and reinforcement of disease management. In addition, the POC included an order for the SN to record and report to the physician blood sugar levels less than 60 or greater than 275. A continued review of the clinical record showed that the nurse visited the patient on 05/22/2023 with no documented evidence of assessing the patient's blood sugar to determine if interventions were warranted. 2. On 06/15/2023 at 10:00 AM, a review of Patient #7's clinical record showed a plan of care (POC) with a duration period of 08/11/2022 through 05/11/2023. The POC also showed that the patient's diagnoses included diabetes, hypertension, and hypothyroidism, and was being	H 453	Alliance acknowledges the deficient practice that it failed to document evidence of assessing the patients' blood sugar to determine if interventions were warranted on all patients identified in the findings. Additionally, patient #10 was diagnosed with heart failure and Alliance employee failed to monitor the patient's weight and teach the importance of daily weight due to the heart failure diagnosis. All employees in reference to the identified deficient practice were contacted and a one-to-one counseling was conducted. Employees acknowledge the findings and going forward will comply with this policy to maintain continued employment. Systemic Change: Going forward, every month the DON print list of patients with chronic diagnosis such as diabetes and hypertension so that the clinical records be reviewed to ensure the employees documented evidence of assessing and documenting the patient's blood sugar and for patients diagnosed with CHF to monitor their weight. In cases where patients state that their physician instructed them that blood sugar fingerstick is not needed as the physician performs A1C, the nurse will contact the physician for clarification and the nurse will document the result. Quality assurance measure: On a monthly basis, the DON generate a report on patient with diabetes and CHF and will review the clinical notes to ensure the notes are addressing the patient needs.	08/15/23

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H 453	<p>Continued From page 5</p> <p>treated with Metformin 100 milligrams two times a day. Further review of the POC showed physician's orders for skilled nursing (SN) services every 30 to 60 days for 12 months to conduct skilled assessments, implementation of interventions, teaching, and reinforcement of disease management. In addition, the POC included an order for the nurse to record and report to the physician blood sugar levels less than 60 or greater than 275. A continued review of the clinical record showed that the nurse visited the patient on 11/04/2022, and 02/28/2023 with no documented evidence of assessing the patient's blood sugar to determine if interventions were warranted.</p> <p>3. On 06/15/2023 at 12:10 PM, a review of Patient #10's clinical record showed two plans of care (POC) with a duration period of 02/01/2022 through 01/31/2023, and from 02/01/2023 through 01/31/2024. The POC also showed that the patient's diagnoses included diabetes, hypertension, and heart failure and was being treated with Lantus Insulin 12 units in the evening for diabetic management and Carvedilol for heart failure. Further review of the POC showed physician's orders for skilled nursing (SN) services every 30 to 60 days for 12 months to conduct skilled assessments, implementation of interventions, teaching, and reinforcement of disease management. In addition, the POC included an order for the nurse to record and report to the physician blood sugar levels less than 60 or greater than 275. A continued review of the clinical record showed that the nurse visited the patient on 01/31/2023 with no documented evidence of assessing the patient's blood sugar to determine if interventions were warranted. Additionally, it must be noted that the SN failed to monitor the patient's weight or teach</p>	H 453	<p>Date of inservice:</p> <p>By 08/15/23, all staff will be in serviced regarding the identified deficiency in this section of the survey.</p>	08/15/23

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H 453	Continued From page 6 the patient the importance of daily weight as it relates to heart failure. On 06/15/2023 at 3:00 pm, the Administrator and Director of Nursing acknowledged the findings. At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with the patient's POC.	H 453		
H 458	3917.2(h) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (h) Reporting changes in the patient's condition to the patient's physician; This Statute is not met as evidenced by: Based on record review and interview it was determined that the skilled nurse failed to report changes in the patient's condition to the patient's physician by failing to monitor the patient's blood glucose and weight during skilled visits to determine any changes in condition for three of ten active patients in the sample (Patients #5, #7, and #10). Cross Reference Tag #0453 (3917.2(c)).	H 458	3917.2(h) SKILLED NURSING SERVICES Please see cross reference Tag #0453 (3917.2 c)	