STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0103	A. BUILDING: _____ B. WING _____	01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CITY HEALTH CARE ASSOC DBA	4900 MASSACHUSETTS AVENUE, NW, SUITE 330 WASHINGTON, DC 20016

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H 000	INITIAL COMMENTS An annual licensure survey was conducted on 01/04/2023, and 01/05/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to three patients and employs 22 staff. The findings of the survey were based on the review of administrative records, three active patient records, seven discharged patient records, 14 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 three patient telephone interviews. Listed below are abbreviations used throughout this report: ADL - Activities of Daily Living HHA- Home Health Aides HCA-Home Care Agency IADL - Instrumental Activities of Daily Living SN - Skilled Nurse SASH - intravenous administration technique - saline-administration-saline-heparin QD - every day IV - intravenous gms - grams	H 000		
H 166	3907.9 PERSONNEL Each employee who is required to be licensed, certified or registered to provide services shall be licensed, certified or registered under the laws and rules of the District of Columbia. This Statute is not met as evidenced by: Based on record review and interview, it was determined the home care agency failed to	H 166	H166 **The following corrective actions will be accomplished to address the identified deficient practice:** Effective 1/27/2023, Employee #3 has been removed from all patient assignments. Employee #3 has been placed an inactive in our computer system. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 2/1/23, upon hiring an aide, the HR director will verify the aide's credentials. The aide will not be activated in our computer system until the appropriate credentials (Active HHA Certification) are in place. An aide, in an unactive status within our computer system, is not visible to the staffing team, thus eliminating the possibility of the employee being placed on a patient assignment. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Beginning 2/1/23, the Director of HR will run an ongoing monthly report on the first of every month to ensure that all employees proving direct patient care have active license and certification in their file. Employees without an active license will be removed from their assignment(s).	

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H 166	Continued From page 1 ensure that each employee providing direct care services in the homecare setting was certified in the District of Columbia for two of eight home health aides included in the sample. (Employees #3 and #4). Findings included: A review of personnel records conducted 01/04/2023 at 11:15 AM and 01/05/2023 at 10:00 AM revealed the following: Employee #3 was identified as a home health aide per agency staff. However, review of the personnel file showed that Employee #3 was hired on 08/31/2022 and credentialed as a certified nursing assistant in Maryland. The record lacked evidence that she was certified as a healthcare worker in the District of Columbia. There was no evidence the employee or the agency, initiated notice to the District's Board of Nursing, during the window of opportunity, to exercise waiver rights for endorsement. 2. A review of the personnel file for Employee #4 showed that her date of hire as a home health aide was 12/04/17. Further review of the file showed that the employee's home health aide certification in the District of Columbia expired 10/30/2019. The record lacked evidence of subsequent renewal of the employee's Home Health Aide certification. On 01/05/2023 at 4:00 PM, an interview with the Director of Nursing confirmed the findings. The agency failed to ensure that two employees who were required to be licensed, certified, or registered to provide healthcare services, were appropriately credentialed under the laws and	H 166	**H166** **<u>The following corrective actions will be accomplished to address the identified deficient practice:</u>** Effective 1/27/2023, Employee #4 has been removed from all patient assignments. Employee #4 has been placed an inactive in our computer system. **<u>The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:</u>** Effective 2/1/23, upon hiring an aide, the HR director will verify the aide's credentials. The aide will not be activated in our computer system until the appropriate credentials (Active HHA Certification) are in place. An aide, in an unactive status within our computer system, is not visible to the staffing team, thus eliminating the possibility of the employee being placed on a patient assignment. **<u>The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:</u>** Beginning 2/1/23, the Director of HR will run an ongoing monthly report on the first of every month to ensure that all employees proving direct patient care have active license and certification in their file. Employees without an active license will be removed from their assignment(s). .	

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H 166	Continued From page 2 rules of the District of Columbia.	H 166		
H 169	3907.10 PERSONNEL Each home care agency shall document the professional qualifications of each employee or provider to ensure that the applicable licenses, certifications, accreditations or registrations are valid. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency failed to document the professional qualifications of each employee to ensure that certifications were valid for two of eight home health aides sampled. (Employees #3 and #4). Findings included: Cross reference 3907.9	H 169		
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;	H 355		

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H 355	Continued From page 3 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) included a description of the services to be provided, including frequency, amount, and duration of services, for three of three sampled patients receiving skilled nursing services (Patients #1, #2, and #3). Findings included: 1. On 01/04/2023 at 11:00 AM, a review of Patient #1's plan of care (POC) showed a duration period of 11/12/2022 through 01/12/2023. The POC contained physician orders for skilled nursing (SN) services to perform a comprehensive Start of Care assessment, supervision of personal care services provided by home health aides, and the aide to provide personal care services daily for 12 hours per day or as requested. Further review of the POC showed a Section titled "(10) Medication Strength/Dose/Frequency/Route ...Client representative manages client's medications". The agency failed to ensure the POC included a description of the patient's medication regimen, including dosage. 2. On 01/04/2023 at 2:30 PM, a review of Patient #2's plan of care (POC) showed a duration period of 12/09/2022 through 02/09/2023. The POC contained physician orders for Skilled nursing services through 01/12/2023, "Administer Ceftraxone 2 gms IV [intravenous] push daily SASH [saline-administration-saline-heparin] technique before and after IV medication administration ..."	H 355	H 355 **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023, the RN will visit the patient (identified as Patient #1) to assess the patient's medication regimen, including dosage, frequency, route and time The nurse will document the patient medication regimen, including dosage, frequency, route and time onto the POC and fax the POC to the PCP for review/approval/signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 all care plans have a section to include the list of medications, dosage, frequency, route and time so that the nurse can include this in all Plan of Care. (See attachment, Care Plan). By 2/15/2023 all nurses will be trained on documenting medications, dosage, frequency route and time onto the POC. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Beginning 2/15/2023, the DON will run an ongoing monthly report of 20% of active clients to ensure that all care plans include the medication list, dosage, frequency, route and time. This report will be ongoing on the first of each month.	

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H 355	Continued From page 4 The POC failed to include a description of the RN (skilled) services to include daily assessments of the patient before and after treatment, and assessment, and monitoring of the intravenous site before and after medication administration. Additionally, the clinical record showed that the patient was receiving personal care services four hours per day, seven days per week from 12/09/2022 through 12/31/2022 which was not included in the POC. 3. On 01/05/2023 at 1:00 PM, a review of Patient #3's plan of care (POC) showed a duration period of 11/06/2022 through 01/06/2023. The POC contained physician orders for "RN to perform a comprehensive Start of Care (SOC) assessment, and supervise care being provided every 14 calendar days." The POC failed to describe the care to be supervised. Further review of the clinical record showed time sheets evidencing that the patient was receiving services by the LPN [licensed practical nurse] 12 hours per day, seven days per week to provide wound care, activities of daily living (ADL), and instrumental activities of daily living (IADL). The POC failed to provide a description of such services. At the time of the survey, the Home Care Agency Plans of Care (POCs) failed to include a description of services to be provided, including the frequency, amount, and expected duration; and/or medication information. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the findings were acknowledged.	H 355	H 355 **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023, the RN will contact the physician to obtain an order for the IV that includes: (a) Type, amount, flow rate, duration, and mode of administration of nutritional formula or intravenous solution; (b) Type, dosage, frequency, duration, and mode of administration of medication; (c) Type and frequency of laboratory tests to be monitored; (d) Information on use of an anticoagulant in connection with intermittent intravenous therapy; (e) Specific laboratory test limits; (f) Assessment and monitoring of the IV site before and after medication administration. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the care plan has a section specific to IV Therapy that prompts the nurse to document the following: (a) Type, amount, flow rate, duration, and mode of administration of nutritional formula or intravenous solution; (b) Type, dosage, frequency, duration, and mode of administration of medication; (c) Type and frequency of laboratory tests to be monitored; (d) Information on use of an anticoagulant in connection with intermittent intravenous therapy; (e) Specific laboratory test limits; (f) Assessment and monitoring of the IV site before and after medication administration. By 2/15/23 all nurses will be trained on how to appropriately complete a care plan for clients getting IV therapy. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Beginning 2/15/2023, the DON will run an ongoing monthly report of 20% of the active clients getting IV therapy to ensure clients have appropriate orders in place. The DON will also run a report of 20% of field nurse documentation to ensure the nurses are documenting on the site status of the	
H 356	3914.3(e) PATIENT PLAN OF CARE	H 356		

IV both before and after treatment. Non-compliant nurses will be required to get training.

H 355

The following corrective actions will be accomplished to address the identified deficient practice:

By 2/7/2023, the RN will visit the patient (#3) and update the care plan to include the type of care being provided, the frequency of the care, the type of care (HHA, LPN, RN) and the supervision requirements for the care. The care plan will be faxed to the PCP for review and signature.

The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:

Effective 1/27/2023 all care plans will have a section that details the type and frequency of the care the client is getting. The care plan will then generate the level of supervision required based up the care needs. See attachment = Care Plan/POC. By 2/12/2023, all nurses will be trained on how to fill out this section of the care plan.

The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:

Beginning 2/15/2023, the DON will run an ongoing monthly report of 20% of the active clients getting to ensure the care plans include the supervision of care, the service provided including the service provider (licensed nurse vs HHA), the amount of service, the frequency and the type. Nurses who are deficient in documenting this will be provided education to ensure compliance.

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H 356	Continued From page 5 The plan of care shall include the following: (e) Identification of agency personnel who are responsible for the provision of each service, including, if applicable, contract providers by job title or discipline; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to document in the plan of care, the identification of agency personnel who are responsible for the provision of each service for two of three active patients in the sample (Patients #2 and #3). Findings included: 1. On 01/04/2023 at 2:30 PM, a review of Patient #2's plan of care (POC) showed a duration period of 12/09/2022 through 02/09/2023, and included physician orders for "RN QD through 1/12/2023. Administer Ceftraxone 2 gms IV PUSH Daily SASH Technique before and after IV medication administration ..." Additionally, a continued review of the clinical record showed that the patient was receiving personal care services four hours per day, seven days per week from 12/09/2022 through 12/31/2022. The POC failed to identify the agency personnel who was responsible for the provision of personal care services. 2. On 01/05/2023 at 1:00 PM, a review of Patient #3's plan of care (POC) showed a duration period of 11/06/2022 through 01/06/2023, and included physician orders for "RN to perform a comprehensive Start of Care (SOC) assessment, and supervise care being provided every 14 calendar days." The POC failed to describe the care to be supervised and who was responsible	H 356	**H356** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/15/2023, the Supervising RN will visit Patient #2 to assess and identify personnel who are responsible for the provision of services. This care plan will include the title of the employee who is providing the care. The care plan will be faxed to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the agency has added a section to all care plans that allows the RN creating the care plan to document the personnel responsible for providing personal care services. See attached: Care plan/POC **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur**: Effective 2/1/2023, the Director of Nursing will run an ongoing monthly report on the first of each month to audit 20% of the active client files to ensure that the care plans have orders that identify all agency personnel responsible for the provision of services: HHA, LPN, RN. Nurse who are non-compliant with documentation will be given education to ensure compliance.	

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H 356	Continued From page 6 for the provision of services being supervised. At the time of the survey, the home care agency failed to identify the personnel who was responsible for the provision of each service. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the findings were acknowledged.	H 356	**H356** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/15/2023, the RN will visit Patient #3 to assess and update the care plan to include the care being supervised and who is responsible the supervision of the services. This care plan will be faxed to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the agency has added a section to the care plan that includes orders for the specific personnel responsible for the supervision of care, and what supervision entails. These orders will populate based upon the type of care client is getting. See attached: Care Plan/POC **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur**: Effective 2/1/2023, the Director of Nursing will run an ongoing monthly report on the first of each month to audit 20% of the active client files to ensure that the care plans have orders that identify the supervision of care, the care being supervised and what the supervision entails. Nurse who are non-compliant with documentation will be given education to ensure compliance.	
H 358	3914.3(g) PATIENT PLAN OF CARE 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 Home Care Agency failed to ensure the plan of care (POC) included all pertinent diagnoses for two of the three active patients sampled (Patient #2, and #3). Findings included: 1. On 01/04/2023 at 2:30 PM, a review of Patient #2's plan of care (POC) showed a duration period of 12/09/2022 through 02/09/2023. A continued review of the POC showed physician's orders for "RN QD through 1/12/2023. Administer Ceftraxone 2 gms IV push daily ..." Further review of Section 11 on the plan of care titled "Principal Diagnosis" was left blank. The agency failed ensure all pertinent diagnoses were included in the POC.	H 358	**H358** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/23 the RN will update the POC for Patient #2 to include ALL diagnoses noted and reported. The updated care plan will be faxed to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the POC includes a section for the RN to document all diagnoses. By 2/14/2023 all nurses will be	

given education on how to complete this section of the care plan.

The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:

Beginning 2/1/2023 the Director of Nursing will run an ongoing monthly report of 20% of active clients to ensure that their care plans include all pertinent diagnoses. Nurse who are non-compliant with documentation will be given education to ensure compliance.

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H 358	Continued From page 7 2. On 01/05/2023 at 1:00 PM, a review of Patient #3's plan of care (POC) showed a duration period of 11/06/2022 through 01/06/2023. The POC contained physician orders for the registered nurse to perform a comprehensive Start of Care (SOC) assessment, and supervise care being provided every 14 calendar days. Further review of Section 13 of the POC titled "Other Pertinent Diagnoses" was left blank. It must be noted that the patient was diagnosed with Type 1 Diabetes Mellitus and was receiving wound care that was not mentioned as diagnoses on the POC. The agency failed to ensure all pertinent diagnoses were included on the plan of care. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the findings were acknowledged. At the time of this survey, the agency failed to ensure all the patient's pertinent diagnoses were included on the plan of care.	H 358	**H358** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/23 the RN will update the POC for Patient #3 to include ALL diagnoses noted and reported. The updated care plan will be faxed to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the POC includes a section for the RN to document all diagnoses. By 2/14/2023 all nurses will be given education on how to complete this section of the care plan. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Beginning 2/1/2023 the Director of Nursing will run an ongoing monthly report of 20% of active clients to ensure that their care plans include all pertinent diagnoses. Nurses who are non-compliant with documentation will be given education to ensure compliance.	
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 three patients in the sample (Patient #1, #2, and #3).	H 364		

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H 364	Continued From page 8 Findings included: 1. On 01/04/2023 at 11:00 AM, a review of Patient #1's plan of care (POC) showed a duration period of 11/12/2022 through 01/12/2023. The POC contained physician orders for skilled nursing (SN) services to perform a comprehensive Start of Care assessment, supervise care being provided every 62 calendar days, and aide to provide personal care services daily for 12 hours per day or as requested. Further review of the POC showed that the patient was diagnosed with essential primary hypertension, suffers from urinary tract infections (UTIs), and has an indwelling urinary catheter. Continued review of the POC failed to include evidence of emergency protocols relating to the patient's hypertension, history of urinary tract infections, and indwelling catheter management. There was no evidence of protocols related to the potential for elevated blood pressure, elevated temperature, urinary retention, and/or parameters that may warrant emergency intervention. 2. On 01/04/2023 at 2:30 PM, a review of Patient #2's plan of care (POC) showed a duration period of 12/09/2022 through 02/09/2023 and physician's orders for the registered nurse to administer antibiotics intravenously daily to manage a post operative infection. Continued review of the POC failed to include evidence of emergency protocols related to the patient's tolerance/response to intravenous antibiotics e.g., elevated temperature, rashes/hives, and/or parameters that may warrant emergency intervention.	H 364	**H364** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023 the RN will update Pt #1 POC to include emergency protocols related to the patient's diagnoses. This POC will be sent to the client's PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the care plan includes a section that specifies emergency protocols. Furthermore, the care plan has specific prompts to support common diagnoses. (See attached Care Plan/POC) **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files to ensure that there is documentation/orders for emergency protocols. Nurses who are non-compliant will be given education and training to ensure appropriate documentation. **H364** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023 the RN will update Pt #2 POC to include emergency protocols related to the admin or iv antibiotics including patient's tolerance to IV treatment and how to respond in the event of an adverse reaction. This POC will be faxed to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the care plan includes a section that specifies emergency protocols. Furthermore, the care plan has specific prompts to support emergency protocols when caring for a patient with an IV. (See attached Care Plan/POC) All RNS will be trained by 2/14/2023 on how to properly complete this section of the POC. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files to ensure that there is documentation/orders for emergency protocols in each client's	

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(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 9 3. On 01/05/2023 at 1:00 PM, a review of Patient #3's plan of care (POC) showed a duration period of 11/06/2022 through 01/06/2023. The POC included physician orders for the registered nurse to perform a comprehensive Start of Care (SOC) assessment, and supervision of care being provided. The POC further showed that the patient's diagnoses included Type I Diabetes Mellitus and was receiving Novolog insulin six units after breakfast seven units after lunch, and eight units after dinner. Additionally, the patient was receiving Lisinopril 10 milligrams daily for blood pressure management and Levothyroxine for Autoimmune Thyroiditis. The plan of care failed to include evidence of emergency protocols that may warrant emergency interventions as it relates to the patient's blood pressure management and potential for glycemic reaction related to diabetes mellitus. At the time of the survey, the home care agency failed to ensure that patient's plans of care (POC) included emergency protocols to properly manage diagnoses. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the findings were acknowledged.	H 364	**H364** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023 the RN will update Pt #3 POC to include emergency protocols related to the patient's diagnoses and will send the POC to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the care plan includes a section that specifies emergency protocols. Furthermore, the care plan has specific prompts to support common diagnoses. (See attached Care Plan/POC) **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files to ensure that there is documentation/orders for emergency protocols. Nurses who are non-compliant with documentation will be given education to ensure compliance.	
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	H 366		

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H 366	Continued From page 10 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 (SOC) for one of three active patients in the sample (Patient #1). Findings included: On 01/04/2023 at 11:00 AM, a review of Patient #1's plan of care (POC) showed a duration period of 11/12/2022 through 01/12/2023. 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 01/04/2023. At the time of the survey, the home care agency failed to ensure that the plan of care for Patient #1 was signed by the physician and/or medical team within 30 days of the start of the care. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the findings were acknowledged.	H 366	**H366** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023 the Supervising RN will obtain the required signature on the POC of Pt #1 by refaxing and following up with the PCP to ensure compliance. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 2/15/2022 all supervising nurses will complete a file audit and flag unsigned care plans. The Director of Client Services will fax the unsigned care plans to the PCP and follow up via phone call to ensure they are returned with the PCP signature. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files to ensure that there is signature of the Physician on all care plans within the 30-day time frame of completion. For MD who are not compliant the DON will request a conference call to request prompt returning of the care plans.	
H 451	3917.2(a) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum,	H 451		

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H 451	Continued From page 11 the following: (a) Initial assessment and evaluation; This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that the skilled nurse accurately assessed the patient to enable efficient and effective treatment for one of the three skilled patients included in the sample (Patient #1). Findings included: On 01/04/2023 at 11:00 AM, a review of Patient #1's plan of care (POC) showed a duration period of 11/12/2022 through 01/12/2023. The POC included physician orders for the skilled nurse to perform a comprehensive Start of Care assessment. Further review of the clinical record showed a document titled "Client Assessment Form." On page two of the assessment form is a section where vital signs should be entered. This section was left blank. At the time of the survey, the home care agency failed to ensure that the registered nurse completed an accurate initial assessment to include vital signs enabling the clinical staff to identify any variances in the patient's condition that would warrant attention. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the findings were acknowledged.	H 451	**H451** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023 the RN will visit Pt 1 to get a current set of vital signs and will follow up with PCP to obtain orders for parameters. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** By 2/15/2023 all RNs who preform assessments will be trained on the proper way to fill out the assessment form which includes documenting vital signs in the correct location of the form and ensuring that parameters are in place. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run a monthly report of 20% of active patient files to ensure that the RNs are documenting the VS in the correct location of the form. All nurses will be reeducated to ensure they are familiar with the location of where to document VS and where to write the parameters.	
H 491	3920.2(a) INTRAVENOUS THERAPY SERVICES	H 491		

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H 491	Continued From page 12 The intravenous therapy service plan shall include, at a minimum, the following: (a) Type, amount, flow rate, duration, and mode of administration of nutritional formula or intravenous solution; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency failed to include the Type, amount, flow rate, duration, and mode of administration of intravenous solution in the client's intravenous service plan for one of one client receiving intravenous therapy (Patient #2). Findings Included: On 01/04/2023 at 2:30 PM, a review of Patient #2's intravenous service plan showed a duration period of 12/09/2022 through 02/09/2023, and physician's orders for "RN QD through 1/12/2023. Administer Ceftraxone 2 gms IV push daily SASH [saline-administration-saline-heparin] Technique before and after IV medication administration - 0.9% NSS Flushes with Heparin Flushes". A further review of the POC showed that the patient had an infection following a procedure that warranted intravenous antibiotic therapy. Continued review of the POC failed to include evidence of the Type, amount, flow rate, duration, and mode of administration of intravenous solution in the client's service plan. It was unclear as to whether the antibiotic was diluted/mixed with sterile water, the amount, how fast/slowly should it be administered, and the mode of administration (peripheral line, indwelling central line etc.). During an interview with the Director of Nursing	H 491	**H491** **The following corrective actions will be accomplished to address the identified deficient practice:** The RN will CONTACT Pt #2 POC by 2/1/2023 for orders for the type, amount, flow rate, duration and mode of administration of IV solution. The nurse will document this order on the POC and then fax the POC to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the care plan includes a section for patient receiving IV TX that prompts the nurse to obtain the type, amount, flow rate, duration and mode of administration of IV solution and ALLERGIES within the care plan (see attached Care Plan/POC). All nurses will be trained by 2/15/23 on how to correctly complete this section of the care plan. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files getting IV therapy to ensure that the POC include the the type, amount, flow rate, duration and mode of administration of IV solution. Nurse who are non-compliant with this documentation will be required to complete training.	

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H 491	Continued From page 13 on 01/05/2023 at 4:00 PM, the finding was acknowledged.	H 491		
H 492	3920.2(b) INTRAVENOUS THERAPY SERVICES The intravenous therapy service plan shall include, at a minimum, the following: (b) Type, dosage, frequency, duration, and mode of administration of medication; This Statute is not met as evidenced by: Based on record review and interview it was determined that the Home Care Agency failed to include the duration and mode of administration of intravenous therapy in the service plan for one of one patient receiving intravenous therapy (Patient #2). Cross Reference 3920.2(a)	H 492	**H492** **The following corrective actions will be accomplished to address the identified deficient practice:** The RN will CONTACT Pt #2 POC by 2/1/2023 for orders for the type, amount, flow rate, duration and mode of administration of IV solution. The nurse will document this order on the POC and then fax the POC to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the care plan includes a section for patient receiving IV TX that prompts the nurse to obtain the type, amount, flow rate, duration and mode of administration of IV solution and ALLERGIES within the care plan (see attached Care Plan/POC). All nurses will be trained by 2/15/23 on how to correctly complete this section of the care plan. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files getting IV therapy to ensure that the POC include the the type, amount, flow rate, duration and mode of administration of IV solution. Nurse who are non-compliant with this documentation will be required to complete training.	
H 494	3920.2(d) INTRAVENOUS THERAPY SERVICES The intravenous therapy service plan shall include, at a minimum, the following: (d) Information on use of an anticoagulant in connection with intermittent intravenous therapy; and... This Statute is not met as evidenced by: Based on record review and interview it was determined that the Home Care Agency failed to include information on the use of an anticoagulant in the intravenous therapy service plan for one of one patient receiving intravenous therapy (Patient #2).	H 494		

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H 494	Continued From page 14 Findings Included: On 01/04/2023 at 2:30 PM, a review of Patient #2's intravenous therapy service plan showed a duration period of 12/09/2022 through 02/09/2023 and include physician's orders for "RN QD through 1/12/2023, Administer Ceftraxone 2 gms IV push daily SASH [saline-administration-saline-heparin] Technique before and after IV medication administration - 0.9% NSS Flushes with Heparin Flushes". Further review of the plan lacked evidence of information on the use of anticoagulant therapy, such as precautions for bleeding, potential for headaches, gastrointestinal disturbances etc. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the finding was acknowledged	H 494	**H494** **The following corrective actions will be accomplished to address the identified deficient practice:** The RN will obtain orders for PT #2 POC by 2/1/2023 to include the Information on use of any anticoagulant in connection with intermittent intravenous therapy and the safety measures necessary to protect the pt getting the anticoagulant tx. This will be added to the POC and faxed to the PCP for review and signature. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the care plan includes a section for patient receiving IV TX that populates Information on use of an anticoagulant in connection with intermittent intravenous therapy – see attached care plan/poc **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files getting IV therapy to ensure that the POC includes Information on use of an anticoagulant in connection with intermittent intravenous therapy. Nurses who are non compliant with the documentation will be required to get training.	
H 497	3920.3(b) INTRAVENOUS THERAPY SERVICES Each clinical record shall include, at a minimum, the following information related to intravenous therapy: (b) A copy of the consent form for intravenous therapy executed by the provider of the intravenous therapy product, or a copy of the consent form for intravenous therapy executed by the home care agency, including risks, benefits and alternatives; This Statute is not met as evidenced by: Based on record review and interview it was determined that the agency failed to execute a consent form for the provision of intravenous	H 497		

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H 497	Continued From page 15 therapy service to one of one patient receiving intravenous therapy (Patient #2). Findings Included: On 01/04/2023 at 2:30 PM, a review of Patient #2's intravenous therapy service plan showed physician's orders for "RN QD through 1/12/2023, administer Ceftraxone 2 gms IV PUSH ..." Continued review of the clinical record lacked evidence of a consent form for intravenous therapy executed by the agency including risks, and benefits. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the finding was acknowledged.	H 497	**H497** **The following corrective actions will be accomplished to address the identified deficient practice:** By 2/7/2023, the RN will visit PT #2 and obtain signature on Informed Consent for IV Therapy and upload to patient's file. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** Effective 1/27/2023 the Agency created an Informed Consent for IV Therapy Form to be reviewed with and signed by all clients receiving IV therapy. By 2/15/2023 all nurses will be trained on how to use the IV Therapy Form to ensure that they know to review it and capture a signature for all patients receiving IV therapy. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files getting IV therapy to ensure that the clients have signed the Informed Consent for IV Therapy. Nurses who are non compliant with capturing signatures on the informed consent will be required to get further training.	
H 498	3920.3(c) INTRAVENOUS THERAPY SERVICES Each clinical record shall include, at a minimum, the following information related to intravenous therapy: (c) Documentation of training provided to the patient, patient's caregiver, or other responsible person in intravenous therapy; This Statute is not met as evidenced by: Based on record review and interview it was determined that the agency failed to include documentation of training related to intravenous therapy to the Patient, the patient's caregiver, or another responsible person. Findings Included:	H 498		

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H 498	Continued From page 16 On 01/04/2023 at 2:30 PM, a review of Patient #2's intravenous therapy service plan showed physician's orders for "RN QD through 1/12/2023, administer Ceftraxone 2 gms IV PUSH ..." Further review of the clinical record lacked evidence that training was provided to the patient and/or caregiver regarding the intravenous therapy. During an interview with the Director of Nursing on 01/05/2023 at 4:00 PM, the finding was acknowledged.	H 498	**H498** **The following corrective actions will be accomplished to address the identified deficient practice:** The RN will visit PT #2 to provide education and training and update file by 2/1/2023 to include training. **The following measures/systemic changes will be made to ensure the deficient practice doesn't recur:** By 2/15/2023 all nurses will be trained on documenting education and training that is necessary when providing care to patients with IVs. **The corrective action will be monitored/QA program will be implemented to ensure the deficient practice does not recur:** Effective 2/15/23 the Director of Nursing will run an ongoing monthly report of 20% of active patient files getting IV therapy to ensure that the clients have documented training/education in their file related to IV therapy. Nurse who are non-compliant with providing education and documenting education will get required to get training to on this to ensure compliance.	