

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
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NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 721 48TH ST NE WASHINGTON, DC 20019
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H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 06/20/2023, 06/21/2023, 06/22/2023, 06/23/2023, and 06/26/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 134 patients and employed 178 staff. The findings of the survey were based on the review of administrative records, ten active patient records, four discharged patient records, 17 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 two home visits and two telephone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living DON- Director of Nursing HCA - Home Care Agency HHA - Home Health Aide HRD - Human Resources Director IADL- Instrumental Activities of Daily Living MG- Milligram ML - Milliliter PCA - Personal Care Aide POC - Plan of Care RN - Registered Nurse</p>		<p>Listed below are abbreviations used</p> <p>HHA- Home Health Aide HR- Human Resources RN- Registered Nurse QA – Quality Assurance</p>	H 000

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Nneke Eweike RN* TITLE *Administrator* (DATE) *08/17/23*

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H 000	Continued From page 1 SN - Skilled Nurse SOC - Start of Care	H 000		
H 054	<p>3903.2(c)(2) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the Governing Body failed to evaluate and review complaints made or referred to the agency, including the nature of each complaint and the agency's response.</p> <p>Findings included:</p> <p>Review of the agency's complaint log on 06/20/2023 at 1:37 PM showed the nature and response of complaints recorded for nine complaints from 05/2022 through 05/2023, however, there was no evidence that the Governing Body evaluated or reviewed the nine documented complaints. Review of the agency's</p>	H 054	<p>1) Corrective Action:</p> <p>a. Henceforth, the governing body will thoroughly review all complaints / investigation and minutes. will include their recommendations for each complaint.</p> <p>b. Agency will ensure that all complaints made or referred to the agency will include the nature of each complaint and the agency's response/ actions.</p> <p>c. The governing body's minutes will include their recommendations for each complaint</p> <p>2) Measures put in place to ensure the deficient practice does not recur.</p> <p>a. Create an audit tool to guide the governing body for review all complaints made to the agency to ensure compliance.</p> <p>b. Education will be provided to the governing body by the administrator on the importance of ensuring that all complaints referred to the agency are evaluated and reviewed to include the nature of each complaint and the agency's response.</p>	8/7/2023

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H 054	<p>Continued From page 2</p> <p>Governing Body's minutes on 06/20/2023 at 4:05 PM showed that a meeting was held on 12/10/2022. Further review of the minutes revealed that a complaint investigation report was presented; however, the minutes failed to include the nature of each complaint referred to the agency and the agency's evaluation and review.</p> <p>During an exit interview on 06/26/2023 at 2:51 PM, the agency leadership verified that an investigative report of the complaints was presented and acknowledged that the Governing Body meeting minutes dated 12/10/2022 lacked evidence of review and evaluation of the complaints received during the year.</p>	H 054	<p>H 054</p> <p>a.The QA Director/designee will audit governing body minutes annually to ensure compliance.</p> <p>3) Monitoring corrective action:</p> <p>a.The QA director/designee will conduct annually audit on the complaint log to ensure that all complaints made to the agency and that responses have been adequately reviewed by the governing body for accuracy.</p>	8/7/2023
H 070	<p>3904.1 DIRECTOR</p> <p>The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on interview and record review, the Home Care Agency's (HCA) Director failed to ensure personnel were adequately trained to conduct a thorough investigation of an allegation of abuse that was recorded in the home care agency's complaint log for one of ten patients sampled (Patient #9).</p> <p>Findings included:</p> <p>The Director failed to ensure personnel were</p>	H 070	<p>1) Corrective action to address the Identified deficient practice:</p> <p>a.The Director of Nursing /designee will re-train the complaint/ incident report personnel on the importance of conducting thorough investigation of all allegations of abuse made to the agency and be recorded in the complaint log.</p> <p>2) Measures or Systematic changes to prevent recurrence:</p> <p>a. Re-training will be provided to the complaint/ Investigation staff on the importance of conducting thorough investigation of all cases of alleged abuse.</p> <p>b. Documentation of the outcome of all interviews conducted be readily available.</p> <p>c.Create an audit tool, to be utilized by the</p>	

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H 070	<p>Continued From page 3</p> <p>adequately trained to manage and conduct thorough complaint investigations as evidenced by the following:</p> <p>Review of the home care agency's (HCA's) complaint log on 06/20/2023 at 11:52 am showed a complaint of an allegation of abuse witnessed by another agency's speech therapist involving the assigned home health aide (HHA #1) and Patient #9. The log revealed that the agency received the complaint of an allegation that the assigned home health aide (HHA #1) "pinched and slapped Patient #9's buttocks/upper thigh during a speech therapy session" on 08/18/2022. Per agency policy entitled "Investigation of Complaints" showed that "all involved parties would be interviewed, including staff personnel." There was no documented evidence that the speech therapist who reported observing the abuse was ever interviewed or received results of an investigation.</p> <p>Cross Reference to 3913.5</p>	H 070	<p>H 070</p> <p>Incident//complaint personnel to assist in conducting a thorough investigation on any allegation of abuse.</p> <p>c. The QA committee will review all complaints And investigation reported to the agency Within the quarter.</p> <p>3) Monitoring corrective action:</p> <p>QA Director/designee will audit the Incident/complaint log on a monthly basis to ensure compliance to this deficiency. Findings will be corrected Immediately.</p>	8/7/2023
H 123	<p>3906.1(d) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports;</p> <p>This Statute is not met as evidenced by:</p>	H 123	<p>H123:</p> <p>1)Corrective action to address this deficient practice:</p> <p>aAgency will update the contractual agreements to include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports.</p>	

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H 123	<p>Continued From page 4</p> <p>Based on record review and interview, the home care agency failed to include in the third-party contractual agreement, the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports for nursing services for two registered nurses (RNs #1 and #2) and three licensed practical nurses (LPNs #1, #2, and #3).</p> <p>Findings included:</p> <p>On 06/20/2023 at 11:00 AM, during an interview with the home care agency's (HCA's) leadership, it was identified that the agency utilized a third-party contractor to supplement nursing services.</p> <p>Review of the contractual agreements on 06/26/2023 at 12:05 PM, for the provision of nursing services by the registered nurses (RNs #1 and #2 and licensed practical nurses (LPNs #1, 2 and #3) showed no documented evidence that the agency included in writing, the procedure for submitting clinical and progress notes, periodic patient evaluations, scheduling of visits and other designated reports.</p> <p>During an interview on 02/09/2023, the agency's leadership staff stated that the nurses were expected to submit clinical nursing notes in one week.</p> <p>At the time of the survey, the agency failed to ensure the written contractual agreements for RNS #1 and #2 and LPNs #1, #2, and #3 for nursing services included the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports.</p>	H 123	<p>b. .All contracted Linac worker will sign this addendum.</p> <p>2) Measures to prevent recurrence:</p> <p>a. During orientation and ongoing in-service is conducted by the agency's educator/designee. Contractors will be provided copies of contractual agreements that will include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports.</p> <p>3) Monitoring corrective actions:</p> <p>a. QA Director/designee will ensure that each contractual employee understands the importance of including the procedure for submitting clinical and progress notes, periodic patient evaluation and scheduling of visits in a timely manner.</p> <p>b. QA/designee will review third party Contractual agreement annually, to ensure that the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports are accurate.</p> <p>c. The quality Assurance Director will ensure that the Contractors are signing the correct contractual agreement during on boarding.</p>	

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H 154	Continued From page 5	H 154		
H 154	<p>3907.2(j) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(j) Documentation of all personnel actions;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record and policy review and interview, the home care agency (HCA) failed to provide documented evidence of personnel action for one home health aide (HHA #1) who was temporarily suspended and subsequently terminated as a result of an investigation of alleged abuse.</p> <p>Findings included:</p> <p>Review of the home care agency's (HCA 's) complaint log on 06/20/2023 at 11:52 AM showed an allegation of abuse involving home health aide (HHA #1).</p> <p>During an interview on 06/21/2023, the agency ' s investigator stated that home health aide (HHAs #1) was placed on suspension until the completion of the internal investigation. When asked if there was documentation in the aide's personnel file, the investigator stated that he didn't think that there was an official letter used for the suspension of staff. An interview was also conducted with the human resources director (HRC) on 06/21/2023 at 2:23 PM regarding the status of HHA #1's employment status and he stated that HHA #1 was terminated; however, there was no documented evidence in the personnel file.</p>	H 154	<p>1. Corrective action to address the deficient practice:-</p> <p>a. Education will be provided to the HR Director/designee by the Administrator/designee on the importance of documenting actions taken against alleged employees during an investigation, to include but not limited to suspension and termination . The written action will be filed in the agency's disciplinary binder.</p> <p>2 Measures to prevent recurrence:-</p> <p>a. HR/designee will ensure there is documentation concerning any action taken by the agency during and after completing an investigation of abuse.</p> <p>b. Quality Assurance committee will review HR staff action report during their Quarterly meetings to ensure all actions taken against an alleged employee is adequately documented and that the documentation is filed in the log/ binder.</p> <p>1) QA/designee will conduct annual audit on all personnel files and disciplinary record</p>	8/7/2023

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H 154	Continued From page 6 Review of HHA #1's personnel file on 06/20/2023 at 3:56 PM showed no documented evidence of any disciplinary action. At the time of the survey, the agency failed to ensure HHA #1's personnel records were maintained to include written documentation of any disciplinary actions.	H 154	H 154 To ensure compliance, especially employees that are alleged or involved in an investigation concerning abuse.	
H 300	3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (d) To receive treatment, care and services consistent with the agency/patient agreement and 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 home care agency (HCA) failed to ensure that services were provided in accordance with the plan of care (POC) as evidenced by missed home health aide (HHA) visits for three of 10 active patients sAMpled (Patients #2, 6, and #9). Findings included: 1. On 06/23/2023 at 11:56 AM, review of Patient #2's plan of care (POC) showed a duration period of 05/15/2022 through 05/16//2023. The patient's diagnoses included bipolar disorder, psychosis, and attention deficit hyperactivity disorder. The POC indicated skilled nursing services one time a month and personal care services eight hours per	H 300	Patient Rights and Responsibilities 1) Corrective action to address the identified deficient practice: a. Re-education will be provided by agency's staff educator/designee on the importance of providing services in accordance with the plan of care. b. Agency staff educator/designee will conduct an in-service to all HHA staff on the importance of completing a 'missed visit' form, stating the reason why services were not provided according to the plan of care. This form will be filed in the client's chart. The MD will be updated, likewise all responsible parties. c. The staffing coordinator will be re-trained on the importance of documenting and filing missed visit form and notifying the clinical coordinator who will then notify the Doctor. 2) Measures to prevent recurrence:- a. The agency's staff educator/designee will ensure that all HHA employees understand the importance of providing and documenting services according to the plan of care. b. All HHA employees will be provided in-service on how to complete a 'missed visit form' whenever services are not provided according to the plan of care. c A missed visit log will be created, to enable the agency identify clients who did not receive services, and to follow up	8/7/23

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H 300	<p>Continued From page 7</p> <p>day, five days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #2's clinical record showed that PCA services were not provided on 12/12/2022 through 12/16/2022 and 12/19/2022, through 12/21/2022.</p> <p>2. On 06/20/2023 at 04:07 pm, review of Patient #6's POC showed a duration period of 03/28/2023 through 03/26/2024. The patient's diagnoses included conduct disorder, developmental disorder of speech and language, exotropia, and deletion of short arm of chromosome five. The POC indicated skilled nursing services one time a month and personal care services eight hours per day, five days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #2's clinical record showed that PCA services were not provided on 04/17/2023 through 04/21/2023.</p> <p>3. On 06/21/2023 at 10:12 AM, review of Patient #9's POC showed a duration period of 07/12/2022 through 07/11/2023. The patient's diagnosis included autistic disorder. The POC indicated skilled nursing services one time a month and personal care services eight hours per day, five days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #2's clinical record showed that PCA services were not provided on 08/01/2022 through 08/05/2022, 08/17/2022 and 08/19/2022.</p> <p>On 06/26/2023 at 04:02PM, the Quality Assurance Director was made aware of the findings.</p> <p>At the time of the survey, the home care agency</p>	H 300	<p>H 300</p> <p>per agency's policy.</p> <p>d. Performance improvement measures will be in place to prevent future missed visits by rescheduling and coordinating visits with guardian of the patient whenever possible.</p> <p>3) Monitoring corrective action:</p> <p>a. QA Director/designee will audit 85% of client chart quarterly to ensure that services are provided and documented in accordance with the client's plan of care.</p> <p>b. Missed visit log will be reviewed during the Quality Assurance Performance Quarterly committee meetings and measures to</p> <p>Prevent reoccurrence outlined .</p>	8/7/2023

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H 300	Continued From page 8 failed to ensure that personal care services were provided in accordance with the plan of care for Patients #2, 6, and #9.	H 300	Patient Rights and Responsibilities 1) Corrective action to address deficient	
H 302	<p>3912.2(f) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(f) To receive services by competent personnel who can communicate with the patient;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview, the home care agency (HCA) failed to provide and document the steps taken to ensure the patient was provided accommodations for an alternative language or communication method, (Spanish), in one of ten active patients sampled (Patient #6).</p> <p>Findings included.</p> <p>On 06/20/2023 at 04:07 PM, review of Patient #6's plan of care (POC) showed a duration period of 03/28/2023 through 03/26/2024. The patient's diagnoses included conduct disorder, developmental disorder of speech and language, exotropia, and deletion of short arm of chromosome five. The POC indicated skilled nursing services one time a month and personal care services eight hours per day, five days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of the POC showed the nurse visited the patient on 04/27/2023 and noted the following: "Mother stated the staff is performing</p>	H 302	<p>Practice:</p> <p>a. The Agency will provide a gadget with basic Spanish communication words, including Steps and skills to assist with client interaction. Education will be provided to all employees Working with patient on how to use of the gadget.</p> <p>b. Agency will offer Spanish speaking staff to mother as soon as available if mother accepts.</p> <p>c..The Agency will admit Spanish speaking Clients only when the agency has an available Spanish speaking care giver.</p> <p>2) Measures to prevent recurrence of the Deficient practice:</p> <p>a. The agency will provide a Spanish speaking care giver to work with Spanish patients.</p>	8/7/23

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H 302	<p>Continued From page 9</p> <p>tasks as directed but having challenges communicating with staff because staff is non-Spanish speaking. Agency is working hard to find suitable Spanish speaking staff."</p> <p>Further review of the clinical record showed that the POC failed to include accommodations for an alternative language or communication method. Interview with the Quality Assurance Director on 06/21/2023 at 10:06 AM revealed that the agency had a Spanish-speaking office staff who helped translate at the start of care and during the monthly nursing visits. The latter confirmed the statement, but it was not documented in the patient's records. On 06/22/2023 at 01:10 pm, a telephone interview was conducted with the patient's mother and the office staff was the language interpreter. It was revealed that the mother was strictly Spanish-speaking and did not speak any English. She indicated when asked that she used gestures to communicate with the aide. She added that it was challenging but her son had a good rapport with the aide.</p> <p>On 06/26/2023 at 02:02 PM, the Quality Assurance Director and Administrator were made aware of the findings.</p> <p>At the time of survey, the agency failed to provide and document the steps taken to ensure the aide could communicate with Patient #6 when providing services.</p>	H 302	<p>H 302</p> <p>b. HHA's will be provided with the Spanish Speaking interpreter's number to assist with Interpretation when needed.</p> <p>3) Monitoring corrective action:</p> <p>a. Agency RN supervisor, during monthly visit, will ensure that the HHAs are utilizing the communicative device appropriately, and document same in the notes.</p> <p>b. QA Director/designee will audit RN supervisory's notes to ensure that HHAs are utilizing the communication device and interpretive services correctly or appropriately quarterly.</p> <p>c. The Clinical Manager and QA Director will evaluate the effectiveness and use of of the gadget/ interpretative services quarterly</p> <p>Compliant Process:</p>	8/7/2023
H 335	<p>3913.5 COMPLAINT PROCESS</p> <p>The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.</p>	H 335	<p>1) Corrective action to address the Identified deficient practice:</p>	

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H 335	<p>Continued From page 10</p> <p>This Statute is not met as evidenced by: Based on record review and interview the home care agency (HCA) failed to respond to a complaint within 14 calendar days of its receipt and provide evidence of response for one of ten patients sampled (Patient #9).</p> <p>Findings included:</p> <p>Review of the home care agency's (HCA's) complaint log on 06/20/2023 at 11:52 am showed a complaint of an allegation of abuse witnessed by another agency's speech therapist involving home health aide (HHA #1) and Patient #9. The log revealed that the agency received the allegation that the home health aide (HHA #1) "pinched and slapped the Patient #9's buttocks/upper thigh during a speech therapy session" that was held on 08/18/2022.</p> <p>During a home visit on 06/22/2023 at 3:15 pm, an interview was conducted with Patient #9's mother regarding the allegation of abuse. The patient's mother stated that she received an email from the speech therapist reporting in detail the events leading up to the observation of the allegation of abuse on 08/18/2023. Also, the patient's mother stated that she forwarded the email to the agency on 08/19/2023. She added that the agency nurse visited the patient to follow-up regarding the complaint on the next day; however, review of Patient #9's medical record on 06/22/2023 at 11:07 AM showed that the RN documented her visit being conducted four days after the incident on 08/22/2022 with no signs of injury or bruises.</p> <p>Continued interview with the patient's mom revealed that she requested for HHA #1 to be</p>	H 335	<p>H 335</p> <p>a. Re- Education will be provided to the agency's Incident/complaint manager by the Director of nursing on the importance of responding to complaints within 14 days of it's receipt, and showing documented evidence of each response.</p> <p>b. In-service will also be provided to the Incident/complaint manager on the importance of communicating resolutions of incidences/complaints to all parties promptly.</p> <p>2) Measures to prevent recurrence:</p> <p>a. The Director of nursing/clinical team members will meet on a quarterly basis to review the incident/complaint log to ensure accuracy and compliance.</p> <p>b. During orientation, the agency's staff educator will emphasize the importance of reporting and completing incident/complaint forms in a timely manner.</p> <p>c. The incident//complaint manager will ensure that complaint resolution have been communicated to all parties promptly.</p> <p>3) Monitoring corrective action:</p> <p>a. QA director/designee will review all incident/complaint form on a bi-weekly basis, to ensure that all forms are completed accurately and reported timely.</p> <p>b. QA committee will audit complaints and incidents log quarterly for compliance and accuracy. Findings will be corrected promptly.</p>	

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H 335	<p>Continued From page 11</p> <p>removed from Patient #9's care. In addition, she stated that the agency replaced HHA #1 but never provided her a written response to the allegation. It should be noted that a summary of the investigation showed that it was completed on 09/02/2022, but there was no documented evidence that the response was shared with the mother for Patient #9. On 06/21/2023 at 2:27 pm, review of the agency's policy entitled "Investigation of Complaints" showed that a final action plan will be shared with the client within 14 days. In all instances, the client or the person making the complaint will be informed of the complaint resolution as soon as possible after resolutions have been taken.</p> <p>At the time of the survey, there was no documented evidence that the home care agency followed its policy to provide a summary report for the complaint involving Patient #9, nor was there evidence of a response to the complainant within 14 days of the receipt of the complaint.</p>	H 335		
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to patient's diagnoses in the plan of care (POC) for four of 10 active patients included in the sample (Patients #1, 4, 7, and #8).</p> <p>Findings included:</p>	H 364	<p>Patient Plan of Care</p> <p>1. Corrective action to address deficient Practice:</p> <p>a. Plans of care for identified clients have been updated to include the emergency protocols specific to the client's diagnosis and care.</p>	8/7/2023

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H 364	<p>Continued From page 12</p> <p>1. On 06/23/2023 at 01:44 pm, review of Patient #1's record showed that the patient had diagnoses that included epilepsy, obesity, and ventriculoperitoneal (VP) shunt. The POC contained a physician's order for skilled nursing services one time a month and personal care aide (PCA) services eight hours a day, seven days per a week. Also, the POC showed that the patient was receiving Keppra 500 mg two tablets oral twice a day and Clonazepam 1mg oral tablet as needed for seizures lasting more than five minutes. Continued review of the POC failed to include evidence of emergency protocol related to the patient's epilepsy diagnosis.</p> <p>2. On 06/22/2023 at 10:45 am, review of Patient #4's clinical record showed that the patient had diagnoses that included spastic quadriplegic cerebral palsy, convulsions, acid reflux, and diabetes insipidus. The POC contained a physician's order for skilled nursing services one time a month and personal care aide (PCA) services 12 hours per day seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Also, the POC showed that the patient was receiving Lamictal 100 mg oral two times a day and Diastat Acudial 7.5mg rectal every 12 hours as needed for seizures. Continued review of the POC failed to include evidence of emergency protocol related to the patient's convulsions diagnosis.</p> <p>3. On 06/20/2023 at 01:20 pm, review of Patient #7's record showed that the patient had diagnoses that included atresia of foramina of Magendie and Luschka, muscle disorders, microcephaly, and convulsions. The POC contained a physician's order for skilled nursing services one time a month and personal care</p>	H 364	<p>H 364</p> <p>b. Re-education will be provided by the Director of nursing to the plan of care team members , to always ensure that they include emergency protocols specific to patients' diagnosis, aspiration precaution and all applicable precautions for all other patients.</p> <p>2 .Measures to prevent recurrence.</p> <p>a. Clinical team will include in the client's plan of care emergency protocols related to that client's diagnosis.</p> <p>b. Agency's clinical RN supervisors will audit clients chart monthly to ensure that patient's plan of care includes emergency protocol related to his/her diagnosis.</p> <p>c. Review other patients plans of care and ensure that no other plan is affected by this. deficiency</p>	8/7/2023

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H 364	<p>Continued From page 13</p> <p>aide (PCA) services 46 hours global per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Also, the POCs showed that the patient was receiving Keppra 4.5 milliliters (ml) oral twice a day and Diazepam gel, Clonazepam 1mg oral tablet as needed for seizures lasting more than five minutes. Continued review of the POC failed to include evidence of emergency protocol related to the patient's convulsions diagnosis.</p> <p>4. On 06/22/2023 at 02:04 pm, review of Patient #8's record showed that the patient had diagnoses that included feeding difficulties, cerebral palsy, and seizures. The POC contained a physician's order for skilled nursing services, one time a month and personal care aide (PCA) services 12 hours a day, seven days per week. Also, the POC showed that the patient was receiving Keppra 12.5 ml (1250 mg) oral every 12 hours and Topamax 25mg three tablets oral, twice a day for seizures. Continued review of the POC failed to include evidence of emergency protocol related to the patient's epilepsy diagnosis. In addition, the POC failed to include aspiration precautions related to the patient's diagnosis of feeding difficulties.</p> <p>06/26/2023 at 02:02PM, the Quality Assurance Director and administrator were made aware of the findings.</p> <p>At the time of survey, the home care agency failed to ensure that the patient's plan of care (POC) included an emergency protocol to safely manage the patient's diagnoses for Patients #1, 4, 7, and #8.</p>	H 364	<p>3. Monitoring corrective actions:</p> <p>a. The plan of care review team will review due plans of care weekly to ensure that Individualized emergency protocols based on Patient's diagnosis and precautions are included in the plan of care before faxing to the doctor for inducement.</p> <p>b. QA/designee/clinical team members will audit client charts quarterly, to ensure that clients' plans of care has emergency protocols specific to patient diagnoses.</p> <p>Findings will be corrected promptly by the Plan of care team.</p>	8/7/2023
H 390	3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE	H 390	H 390-3915.6	

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H 390	<p>Continued From page 14</p> <p>After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure 12 hours of continuing education including a component specifically related to the care of persons with disabilities for two of seven home health aides (HHAs) included in the sample (HHAs #1 and #2).</p> <p>Findings included:</p> <p>A review of personnel records conducted on 06/20/2023 at 3:56 PM revealed the following:</p> <p>1. The personnel file for home health aide (HHA #1) showed that she participated in the required 9 hours of in-service training for 2022. The additional three hours required for "personal Care" was dated 12/31/2021. The human resources director (HRD) was asked for a schedule of the training provided for the agency's HHAs for the year of 2022. The HRD provided a copy of the in-service training schedule which showed the following trainings: Safety and Fall Prevention, Infection Control, Recognizing/Avoiding Abuse in Home Healthcare and Emergency Preparedness. The training for Recognizing/Avoiding Abuse in Home Healthcare was scheduled during the third quarter (July through September 2022). HHA #1's personnel</p>	H 390	<p>1) Corrective action to address the identified deficient practice: The HR director will be provided an in-service by the administrator/designee on the importance of ensuring that each aide has completed at least 12 hours of continuing education or in-service training annually, to include a component specifically related to the care of persons with disabilities.</p> <p>2) Measures to prevent recurrence:</p> <p>a. All HHA's will be re- educated on the purpose of completing the 12 hours of in-service – to help maintain or improve his or her performance in caring for a special needs child. Such trainings to include equipments trainings, such as Hoyer lift.</p> <p>b. A schedule of training will be created for review by the clinical team members. This is to ensure that all topics are covered and must include training on care of persons with disabilities.</p> <p>c. Training on the use of specific equipment such as Hoyer lift, will be provided to employees during orientation ,ongoing and One on one training as needed. The staff Will understand the reasons why the use Of Hoyer lift MUST be two persons Procedure and cannot be done alone under any circumstance.</p> <p>d. Documented evidence of training with useage of Hoyer will be on file for HHA's working with Hoyer lift.</p> <p>e. The agency will also ensure that adequate time is allocated for all employees to take part in scheduled in-services.</p>	

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H 390	<p>Continued From page 15</p> <p>file showed a certificate of training dated 9/28/2022 that she participated in that training.</p> <p>It should be noted that HHA #1 could not have participated in the training titled "Recognizing/Avoiding Abuse in Home Healthcare" because the last day HHA #1 worked was 08/18/2022. The human resources director (HRD) verified at 12:00 PM that the HHA was a "no show" for the training. [Cross reference 0335]</p> <p>2. The personnel file for home health aide (HHA #2) showed that she participated in three hours of in-service training for 2022. The training for "Safety and Fall Prevention" conducted in the first quarter was the only certificate of completion of three hours. It should be noted that that HHA #2 was providing services for Patient #4 who required a Hoya Lift for transfers, but there was no documented evidence that she was trained.</p> <p>At the time of the survey, the agency failed to ensure that HHA #1 and HHA #2 were trained as required to obtain 12 hours of continuing education for 2022.</p>	H 390	<p>H 390</p> <p>3)Monitoring corrective actions:</p> <p>a. QA Director/designee will audit employee chart on a quarterly basis to ensure that all employees have completed their scheduled in-services and on a timely manner.</p> <p>b. RN field supervisor will ensure on a monthly basis that the aides are competent in using the Hoyer lift or other equipment in use</p> <p>Findings will be addresses promptly</p>	8/7/202
H 430	<p>3916.1 SKILLED SERVICES GENERALLY</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to send a summary of</p>	H 430	<p>Skilled services generally</p> <p>1)Corrective action to address deficient Practice:</p> <p>a. Re-education of the plan of care team on 62 days review and evaluation of services .</p>	

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H 430	<p>Continued From page 16</p> <p>the review and evaluation of skilled services provided to the physicians of seven of ten active patients sampled (Patients #1, 2, 4, 5, 7, 8, and #9).</p> <p>Findings included:</p> <p>Review of the home care agency's (HCA's) records beginning 06/20/2023 through 06/26/2023 showed that the agency reviewed and evaluated skilled services provided to each of the sampled patients but failed to send the reviews to the patient's physicians, in accordance with the regulations.</p> <p>On 06/26/2023 at 02:02PM, the Quality Assurance Director and Administrator were made aware of the findings. The Administrator indicated that she had the evidence and would submit. She never provided the evidence as requested.</p> <p>At the time of the survey, the home care agency failed to send the physician a summary of the review and evaluation of skilled services provided to Patients #1, 2, 4, 5, 7, 8, and #9.</p>	H 430	<p>H 430</p> <p>Identified patients 62days review and and evaluation of Services faxed to the physicain</p> <p>2.Measures to prevent recurrence.</p> <p>a. A weekly review will be conducted by the clinical/plan of care team to ensure that all due 62 days reviews and evaluation have been faxed to the doctor on a timely manner.</p> <p>3.Monitoring corrective action</p> <p>Quality assurance director/designee will audit the plan of care review log on a weekly basis, to ensure all due 62 days summaries have been reviewed and faxed to the doctor. Fax cover sheet will be filed in a binder.</p>	8/7/2023
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure skilled</p>	H 453		

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H 453	<p>Continued From page 17</p> <p>nursing services were provided in accordance with the patient's plan of care (POC) for one of ten active patients in the sample (Patient #1).</p> <p>Findings included:</p> <p>On 06/23/2023 at 01:44 PM, review of Patient #1's record showed that the patient's diagnoses included epilepsy, obesity, and ventriculoperitoneal (VP) shunt. The POC contained a physician's order for skilled nursing services one time a month and personal care services eight hours a day, seven days per week. The orders directed the nurse to assess vital signs every visit and to notify the parents and the doctor for blood pressure readings less than 110/65 or greater than 130/90. Continued review of the clinical record lacked evidence that the skilled nurse assessed the patient's blood pressure to determine if interventions were warranted on 07/05/2022, 09/07/2022, and 01/12/2023.</p> <p>On 06/23/2023 at 04:15 pm, the Quality Assurance Director was made aware of the findings.</p> <p>At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with Patient #1's plan of care.</p>	H 453	<p>H453</p> <p>1) Corrective action to address deficient practices:</p> <p>a. Re-educate all licensed nurses on the importance of providing nursing services in accordance with the patient's plan of care, including vital signs assessments and Documentation interventions where needed as stated in the plan of care.</p> <p>2) Measures to prevent recurrence: 8/7/2023</p> <p>The clinical team members will review nurses' notes bi-weekly to ensure that nurses are providing services in accordance with the plan of care, including vital signs assessment, documentation and intervention as appropriate.</p> <p>3) Monitoring corrective action:</p> <p>a. QA team will review patients' charts on a monthly basis, to ensure that services are being provided according to the plan of care.</p>	
H 458	<p>3917.2(h) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(h) Reporting changes in the patient's condition to the patient's physician;</p>	H 458		

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H 458	<p>Continued From page 18</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the skilled nurse (SN) failed to report changes in the patient's condition to the physician for three of ten active patients sampled (Patients #3, 5, and #7).</p> <p>Findings Included:</p> <p>1. On 06/23/2023 at 04:18 PM, review of Patient #3's record showed that the patient's diagnoses included oxygen dependent, severe bronchopulmonary dysplasia, chronic respiratory failure, and retinopathy in left eye. The POC contained a physician's order for skilled nursing services two times a month for skilled services supervision; licensed practical nursing (LPN) services eight hours a day, five days per week. The orders directed the nurse to assess vital signs every visit and to initiate emergency treatment, notify the parents and the doctor for a respiration rate less than 30 or greater than 53. Further review of the records showed the nurse visited the patient as ordered and noted fluctuating abnormal respiration rates ranging from 19 to 24 from September 29, 2022, to May 17, 2023, with no documented evidence of a physician or parent notification.</p> <p>2. On 06/21/2023 at 04:09 PM, review of Patient #5's record showed that the patient's diagnoses included autistic disorder, morbid obesity, urinary incontinence, dietary counseling and surveillance. The POC contained a physician's order for skilled nursing services one time a month and personal care services eight hours per day, five days per week to assist with activities of daily living (ADL) and instrumental</p>	H 458	<p>H453</p> <p>The RN supervisory visit form will be Completed to justify that care was provided. Per the plan of care.</p> <p>b. Quality assurance committee will audit the supervisory notes to ensure Compliance. Findings will be corrected Promptly.</p>	8/7.2023

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H 458	<p>Continued From page 19</p> <p>activities of daily living (IADLs). The orders directed the nurse to assess vital signs every visit and to notify the parents and the doctor for a heart rate less than 60 or greater than 100 and to initiate emergency treatment. Continued review of the clinical record showed that the skilled nurse visited the patient on 09/12/2022 and documented a heart rate of 120 and noted the following: "Patient was resting in bed." There was no documented evidence that the skilled nurse notified the physician, or the parent as ordered.</p> <p>3. On 06/20/2023 at 01:20 PM, review of Patient #7's record showed that the patient's diagnoses included atresia of foramina of Magendie and Luschka, muscle disorders, microcephaly, and convulsions. The POC contained a physician's order for skilled nursing services one time a month and personal care services 46 hours global per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). The orders directed the nurse to assess vital signs every visit and to notify the parents and the doctor for a blood pressure reading less than 97/55 or greater than 120/70 and to initiate emergency treatment. Continued review of the clinical record showed that the skilled nurse visited the patient on 11/30/2022 and documented a blood pressure reading of 94/54 with no documented evidence that he/she notified the physician, or the parent as ordered. The nurse noted that the "cardiovascular assessment was within normal limits." On 06/26/2023 at 02:02PM, the Quality Assurance Director and Administrator were made aware of the findings.</p> <p>At the time of survey, the agency's nurses failed to report changes in the patients' condition to the physician for Patients #3, 5, and #7.</p>	H 458	<p>Skilled Nursing Services</p> <p>1) Corrective action to address the identified deficient practice:</p> <p>a. Re-education will be provided to all licensed nurses on the importance of reporting changes in a patient's condition to the physician and parent in a timely manner.</p> <p>b. Targeted in-service will be provided to identified nurses on the importance of vital signs monitoring with emphasis on blood pressure, respiration and heart rate interpretation and reconciliation of readings with patient's parameter on the plan of care per doctor's order.</p> <p>c. Agency will re-educate all nurses on vital signs parameters and timely coordination of care in a timely manner.</p> <p>2) Measures to prevent recurrence:</p> <p>a. Agency nurses will report promptly to the parents, provider and clinical manager abnormal vital signs or changes in patient's condition.</p>	8/7/2023

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
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NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 721 48TH ST NE WASHINGTON, DC 20019
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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
			<p>H458</p> <p>b. The RN/clinical manager will refer to the vital signs parameter on the plan of care, per patient's age and diagnosis and make the appropriate judgement on patient's condition.</p> <p>c. The clinical manager will provide training on documentation, communication and coordination of care during new hire's orientation and annually.</p> <p>3) Monitoring corrective action:</p> <p>a. The QA staff will conduct a weekly review of 75% nurses notes to ensure that changes in patient's condition were reported timely to the parents, physician, supervisory, R.N and Clinical manager.</p>	8/7/2023