

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PREMIER HEALTH SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual licensure survey was conducted on 01/17/2023, 01/18/2023, 01/19/2023, 01/20/2023, and 01/23/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 125 patients and employed 180 staff. The findings of the survey were based on the review of administrative records, 10 active patient records, three discharged patient records, 21 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of three patients' home visits.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living DON- Director of Nursing HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living Mg - Milligram MLX - Milliliter OT - Occupational Therapist PCA - Personal Care Aide POC - Plan of Care PT - Physical Therapist</p>	H 000	Please begin typing responses here:	
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Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Ijeoma Anunwa*

TITLE

*Administrator*

(X8) DATE

*4/18/2023*

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H 054	Continued From page 2  there was no evidence that the Governing Body evaluated or reviewed the documented complaints.  During an exit interview on 01/17/2023 at 2:51 PM, the agency leadership acknowledged that Governing Body meeting minutes dated 12/10/2022 lacked evidence of review and evaluation of complaints received during the year in review.	H 054	H152  1. The original Performance Evaluation form has a line for a checkmark for 90 day Annual and other review on the first page and then the signature line on the second page. The form has been amended ( <b>see attachment</b> ) to include a date indicating the date of the evaluation on page 1 and signature line with a date to indicate date it was signed. Moving forward with all staff are required to use this revised form to ensure the date of the evaluation and the date of signature of all parties are captured. No evaluation form shall be considered completed if both signatures are not captured and dated.	
H 152	3907.2(h) PERSONNEL  Each home care agency shall maintain accurate personnel records, which shall include the following information:  (h) Copies of completed annual evaluations;  This Statute is not met as evidenced by:  Based on record review and Interviews, the home care agency (HCA) failed to maintain accurate personnel records to include completed evaluations for six of 21 employees included in the sample (The agency's Employees #3, 4, 5, 6 and home health aides (HHAs) #3 and 4.  Findings included:  A review of the facility's personnel records was conducted on 01/03/2023 beginning at 10:20 AM and 01/04/2023 at 3:58 PM revealed the following:  1. The personnel files for Employees #3 and #5 showed an incomplete annual performance evaluation that included only the year 2022 without a specific date that the evaluations were	H 152	The HR Specialist or her designee shall review each performance evaluation prior to filing in the employee chart to ensure that this policy is 100% In compliance.  2. Employee For this citation has subsequently signed the evaluation form evidencing that it has been reviewed with him. <b>See attachment.</b>	2/10/23  02/10/23  2/15/23

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H 152	<p>Continued From page 4</p> <p>on-going performance evaluations are to be conducted once a year.</p> <p>At the time of the survey, the home care agency failed to ensure performance evaluations were complete, signed and/or dated.</p> <p>On 01/23/2023 at 01:45 PM, the administrator acknowledged the findings during the exit conference.</p>	H 152	To be given a number value. There is also a comments section and recommended goals section on the second page of the form but those sections are not mandatory.	
H 162	<p>3907.6 PERSONNEL</p> <p>At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.</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 verify that each employee was screened and verified free of communicable disease within the six months immediately preceding the employee's date of hire for four of 21 personnel records sampled, home health aide (HHA) #1, licensed practical nurse (LPN) #1, occupational therapist (OT) #1, and Employee #7.</p> <p>Findings included:</p> <p>A review of the facility's personnel records was conducted on 01/17/2023 at 1:10 PM and 01/18/2023 at 10:48 AM revealed the following:</p> <p>The personnel file for home health aide (HHA #1) included a hire date of 09/06/2022. Further review of the file showed that the HHA had a purified</p>	H 162		

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H 366	<p>Continued From page 6</p> <p>of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</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 that each patient's plan of care (POC) was approved and signed by a physician and/or designee within 30 days of the start of care (SOC) for five of 10 active patients in the sample (Patients #1, 2, 5, 8, and #9).</p> <p>Findings included:</p> <p>1. On 01/18/2023 at 10:23 AM, review of Patient #1's record showed a plan of care (POC) with a duration period of 10/24/2022 through 05/31/2023. The POC included a physician's order for skilled nursing services every 30 to 62 days to perform multi-systems assessment, vital signs, patient instruction, and personal care aide (PCA) supervision. Also, the POC included an order for personal care services seven hours per day, five days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was not signed by the patient's physician and/or designee at the time of survey, greater than 30 days.</p> <p>2. On 01/18/2023 at 12:46 PM, review of Patient #2's record showed a plan of care (POC) with a duration period of 11/28/2022 through</p>	H 366	<p>H366. All the plans of care as noted in the status Have been signed as of 1/20/23 Effective 1/20/2023, the Patient care Coordinator has developed a process approved By the Clinical Manager to include:</p> <ul style="list-style-type: none"> <li>a. establishing a designated workflow process to follow up on plans of care and provider orders at established intervals of at least 14 days and 21 days</li> <li>b. Updating nursing leadership of providers Not in compliance with signing the Plans of care and orders See attachment.</li> </ul> <p>Effective 2/15/2023 and weekly thereafter the Clinical manager will review the established spreadsheet of plans of care and orders pending approval and signatures for compliance. The Clinical Manager will follow up with 100% of the Providers with plans of care nearing 21 days of Approval and signatory Noncompliance</p>	1/20/23

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H 366	Continued From page 8  daily living (IADL). Further review of the patient's record showed that the POC was signed by the patient's physician and/or designee on 01/19/2023, seven months after the start of the certification period.  5. On 01/18/2023 at 01:20 PM, review of Patient #9's record showed a plan of care (POC) with a duration period of 01/01/2022 through 12/31/2022. The POC included a physician's order for skilled nursing services every 30 to 62 days to perform multi-systems assessment, vital signs, patient instruction, and personal care aide (PCA) supervision. Also, the POC included an order for personal care services 14 hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's record showed that the POC was signed by the patient's physician and/or designee on 02/28/2022, greater than 30 days per regulations.  On 01/23/2023 at 01:45 PM, the administrator was made aware of the findings.  At the time of survey, the home care agency failed to ensure that plans of care were signed by physicians and/or designee within 30 days of the start of care.	H 366		
H 453	3917.2(c) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (c) Ensuring that patient needs are met in accordance with the plan of care;	H 453		

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H 453	<p>Continued From page 10</p> <p>for "Budesonide 0.5 mg/ml Inhalation Suspension 1 vial two times daily handheld nebulizer." Review of the November 2022 MAR showed the Budesonide was not given or signed for the evening dose at 7PM on 11/02/2022.</p> <p>D. The POC showed an order for Albuterol Sulfate 0.083%; 2.5 mg/3 ml 1 vial two times per day handheld nebulizer. Review of the December 2022 MAR showed the Albuterol Sulfate was not given or signed for the evening dose at 7PM on 12/07/2022.</p> <p>E. The POC showed an order for Fluticasone Propionate 50 mcg/spray 1 spray two times per day nasal. Review of the January 2023 MAR showed the Fluticasone was given once on 01/06/2023 and 01/08/2023.</p> <p>F. The plan of care (POC) showed an order for Ferrous Sulfate (as Elemental Iron) 15 mg/ml oral liquid 4.5 ml (67.5 mg) daily feeding tube. Review of the January 2023 MAR showed the Ferrous Sulfate was not given on 01/12/2023.</p> <p>During interview with the clinical director, he indicated that there were "computer glitches, and they always remind the nurses to go back and sign." He added that "they needed to be reminded more often."</p> <p>2. On 01/18/2023 at 03:51 PM, review of Patient #6's clinical record showed POCs with duration periods of 07/01/2021 through 06/30/2022 and 07/01/2022 through 06/30/2023. The records showed that the patient's diagnoses included Type II Diabetes Mellitus, below knee amputation, end stage renal disease, hypertension, hypothyroidism, and peripheral vascular disease.</p>	H 453		

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H 453	<p>Continued From page 12</p> <p>medication Omeprazole was not given on 01/06/2022 as evidenced by the lack of administration documentation on the MAR.</p> <p>B. Continued review of the record showed an order for Phenobarbital 20 mg/5 ml oral elixir. Give 7.5 ml every 12 hours via feeding tube. A review of the patient's medication administration record (MAR) for the month of December 2022 showed that the nurse gave the medication once on 12/17/2022, 12/18/2022, and 12/29/2022. There was no evidence that the nurse gave the evening dose on those dates as evidenced by the lack of administration documentation on the MAR.</p> <p>C. Continued review of the record showed an order for Apixaban 5 mg oral tablet mix with 5 ml of water twice a day via feeding tube. A review of the patient's MAR for the month of December 2022 showed that the nurse gave the medication once on 12/26/2022 as evidenced by the lack of administration documentation on the MAR.</p> <p>D. The POC contained a physician's order for the nurse to clean the gastrostomy tube site with soap and water, pat dry, and apply fenestrated dressing every day and as needed. Continued review of the clinical record showed nurses' notes dated 12/18/2022, 12/24/2022, 12/27/2022, and 01/03/2023 with no documented evidence that the skilled nurse performed gastrostomy site care as ordered.</p> <p>Based on record reviews, there was no evidence the above patients sustained untoward effects as a result of these practices.</p> <p>On 01/20/2023 at 01:53 PM, the administrator and clinical director were made aware of the</p>	H 453		

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H 459	Continued From page 14	H 459		
H 459	<p><b>3917.2(l) SKILLED NURSING SERVICES</b></p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evaluation of patient instruction; and</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the skilled nurse failed to document what instructions were given to the patient and what was understood in one of ten active patients in the sample (Patient #6).</p> <p>Findings included:</p> <p>Cross Referenced to Title 22B DCMR Chapter 39, §3917.2(c)</p> <p>1. On 01/18/2023 at 03:51 PM, review of patient #6's clinical record showed plans of care (POCs) with duration periods of 07/01/2021 through 06/30/2022 and 07/01/2022 through 06/30/2023. A review of the POCs showed that the patient's diagnoses included Type II Diabetes Mellitus, below knee amputation, end stage renal disease, hypertension, hypothyroidism, and peripheral vascular disease. Continued review of the POCs showed physician's orders for the skilled nurse to visit the patient every 30 to 62 days for assessments and personal care aide supervision. Also, the skilled nurse was to assess the patient/caregiver's ability to manage diabetic disease process, assess/instruct on diabetic management to include nail, skin &amp; foot care, medication administration, proper diet, teach</p>	H 459		



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H 550	<p>Continued From page 16</p> <p>and home environment for accessiblilty and safety. The patient's diagnoses included hemiplegia and hemiparesis, hypertension, gastroesophageal reflux disease, amnesia, history of stroke, and hyperlipidemla.</p> <p>A. Continued review of the clinical record lacked evidence that the OT evaluated the patient or indicated the reason for the delay the week of November 20, 2022. The referral was dated 11/03/2022 with a start of care (SOC) date of 11/18/2022. OT evaluated Patient #5 on 11/30/2022.</p> <p>B. Further review of the POC showed an order to "notify the physician of vital sign parameters out of range: Heart rate greater than(&gt;) 100 less than (&lt;) 60, temperature greater than (&gt;) 100.4 less than (&lt;) 95, respiration greater than (&gt;) 22 less than (&lt;) 12, pain level greater than (&gt;) 6, oxygen saturation less than (&lt;) 95, systolic blood pressure (BP) greater than (&gt;) 160 less than (&lt;) 90, diastolic BP greater than (&gt;) 90 or less than (&lt;) 60.</p> <p>Continued review showed the OT visited the patient on the following dates with elevated blood pressure readings: 11/30/2022 (BP 171/98); 12/3/2022 (BP 176/94); 12/7/2022 (BP 163/98); 12/20/2022 (BP 167/101); 12/14/2022 (BP 178/100), and 12/21/2022 (BP 163/101). There was no evidence that OT notified the physician as ordered when the assessed blood pressure readings were above the established parameters.</p> <p>Interview with the Quality Assurance Director, on 01/23/2023 at 12:08 PM, revealed that the patient was non-compliant. She added the therapist was supposed to notify the physician as indicated on the plan of care and would reinforce teaching.</p>	H 550	<p><b>H550</b></p> <p>An order to stop the BP monitoring as the patient was non complant was sent to the MD and the POC was updated to reflect the discontinuation of the BP order</p> <p>On 2/14/2023 OT informed the Clinical manager that she attempted to reach the patient on 11/22/22- Attachment 11/23/22 – Attachment During the conference call, the OT referred to the patient's reluctance for services regarding "Cybernetics"</p> <p>The OT informed the Clinical Manager of the patient's non compliance with BP medication administration and reading The OT was reminded to inform the MD of the variation/deviations In the Vital Sign parameters 12/22/22 – Communication note</p> <p>Effective 2/14/23, the QI Coordinator/designate will evaluate the measure and documentation of the vital signs on 100% of the skilled patients to determine.</p> <p>a. Measurement b. Documentation of intervention If required.</p> <p>If noted that VS were out of range and a lack of Intervention, the QI coordinator will Inform the Clinical Manager and request follow up from the Respective Skilled staff. Based on the audit and communication with PCP, any changes to orders/ new orders/ new parameters will be updated and reflected In the plan of care.</p>	<p>2/14/23</p> <p>2/14/23</p> <p>2/14</p> <p>2/14/23</p>

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H 560	<p>Continued From page 18.</p> <p>95, respiration greater than (&gt;) 22 less than (&lt;) 12, pain level greater than (&gt;) 6, oxygen saturation less than (&lt;) 95, systolic blood pressure (BP) greater than (&gt;) 160 less than (&lt;) 90, diastolic BP greater than (&gt;) 90 or less than (&lt;) 60."</p> <p>Further review of the clinical record showed that the PT visited Patient #5 on the following dates with elevated blood pressure readings: 12/02/2022 (BP 190/104); 12/05/2022 (BP 194/98); 12/09/2022 (BP 197/100); 12/12/2022 (BP 181/91). There was no evidence that the PT notified the physician as ordered when the assessed blood pressure readings were above the established parameters.</p> <p>Interview with the Quality Assurance Director on 01/23/2023 at 12:08 PM, revealed that the patient was non-compliant. She added the therapist was supposed to notify the physician as indicated on the plan of care and would reinforce teaching.</p> <p>At the time of the survey, the home care agency failed to ensure that physical therapy services were provided in accordance with the plan of care for Patient #5.</p>	H 560	<p><b>H560</b></p> <p>An order to stop the BP monitoring as the patient was non compliant was sent to the MD and the POC was updated to reflect the discontinuation of the BP order</p> <p>On 2/14, 2023, the Clinical Manager reminded The PT to continue to contact the PCP of abnormalities and the Clinical Manager for vital signs outside of the Parameters, so that the Plan of care can be updated. Accordingly</p> <p>Effective 2/14/23, the QI Coordinator/designate will evaluate the measure and documentation of the vital signs on 100% of the skilled patients to determine.</p> <ul style="list-style-type: none"> <li>a. Measurement</li> <li>b. Documentation of intervention if required.</li> </ul> <p>If noted that VS were out of range and a lack of intervention, the QI coordinator will inform the Clinical Manager and request follow up from the Respective Skilled staff.</p> <p>Based on the audit and communication with PCP, any changes to orders/ new orders/ new parameters will be updated and reflected in the plan of care.</p>	<p>2/14/23</p> <p>2/14</p> <p>2/14/23</p>
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