*

AND PLAN OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		ECONSTRUCTION	(X3) DATE S	
		HCA-0009	B WING	<u>x</u>	01/0	6/202:
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	DRESS, CITY ST	ATE ZIP CODE	01/0	0/202
PREMIUM	SELECT HOME CAR	5513 ILLI	NOIS AVENU	E, NE		
(X4) ID PREFIX TAG	EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES DE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	ID BE	(X COMP DA
10000FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	01/04/2023, 01/05/2 determine compliance Chapter 39 (Home C Home Care Agency 172 patients and em the survey were bas administrative records three discharged pat records, and a review complaints and incid findings were also ba batient telephone int Listed below are ab this report: ADL - Activities of Da 3S - Blood Sugar DON- Director of Nut HHA - Home Health HCA - Home Care A ADL- Instrumental A	as conducted on 01/03/2023, 023, and 01/06/2023 to be with Title 22 B DCMR, Care Agency Regulations). The provided home care services to ployed 415 staff. The findings of ed on the review of ds, 15 active patient records, tient records, 23personnel w of the agency's response to ents received. The survey ased on the completion of four erviews. breviations used throughout aily Living rsing Aide gency activities of Daily Living al Therapist Aide n Derivative bist se	H 000	The following Plan of Correction been developed to address defi identified during the annual lice survey conducted from 1/3/202 through 1/6/2023.	iciencies ensure	
	3907.2(h) PERSONN Each home care age	IEL ncy shall maintain accurate	H 152	40 S 2 S 40		
P		hich shall include the following				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMP	RVEY LETED
		HCA-0009	B. WING		01/06	/2023
AME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
REMIUN	M SELECT HOME CAR	E. INC	OIS AVENU	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST I	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIATE DE	BE FICIENCY)	(X5) COMPLETE DATE
	Continued From pag (h) Copies of compl This Statute is not Based on record rev care agency (HCA) personnel records for in the sample (Care Receptionist/Medica Director of Professio Administrative). Findings included: A review of the fac conducted on 01/03 and 01/04/2023 at 3 1. The personnel file showed that the last was conducted on 0 2. The personnel fil Receptionist/Medica performance evalua 04/14/2014.	ge 1 eted annual evaluations; met as evidenced by: view and interviews, the home failed to maintain accurate or five of 23 employees included Coordinator, al Records, Insurance Biller, onal Services and the Assistant ility's personnel records was /2023 beginning at 10:20 AM :58 PM revealed the following: e for the Care Coordinator annual performance evaluation 3/23/2017. le for the agency's il Records Clerk showed no tions since her date of hire on	тад Н 152	 What corrective action(s) be accomplished to addre- identified deficient practice The HRM was counseled re: ensuring that Performance evaluations are completed for employees in a timely manner Evaluations have been comp for: Care Coordinator Receptionist/Medical Reco Clerk(3/29/23 Insurance Biller Director of Professional Se What measures will be pur place or what systemic ch will be made to ensure that deficient practice does no recur? HR will create a log to id hire dates for all of the age 	will ess the ce? all oleted ords ervices at into anges at the t	03/29/2 ongoing 03/29/2 ongoing 4/11/23 ongoing
		for the agency's Insurance formance evaluations since her I/2012.		staff. 2. Staff will be divided by n of hire. 3. Office Supervisors will be	nonth	
	Professional Service evaluations for 04/19	e for the agency's Director of es showed performance 9/2021 but none for 2022. e file showed a performance		 Office Supervisors will be provided with the evaluation at the beginning of each mon staff that must have evaluation completed for that month. 	th, for	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TE SURVEY COMPLETED
	· · · · · · · · · · · · · · · · · · ·	HCA-0009	B. WING	o	1/06/2023
IAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
REMIUN	M SELECT HOME CAR		IOIS AVENU TON, DC	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIEN	(X5) COMPLET DATE
H 152	evaluation was conc survey process. Record review on 0° agency's Performan that the Administrato evaluations of in-offi as appropriate. During an interview director of nursing (I Resources Manager responsible party that due and sometimes At the time of the su ensure performance	ge 2 ducted on 01/03/2023 during the 1/05/2023 at 2:17 PM of the ce Evaluation Policy revealed or or designee would conduct ce personnel with peer review on 01/06/2023 at 1015 AM, the DON) stated that the Human sends emails to notify the at performance evaluations are will speak with them verbally. rvey, the Administrator failed to evaluations were conducted ulation and agency policy.	H 152	 4. HR will notify field staff of evaluation date and time. Office supervisors will schedule evaluation dates and times with the office staff. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented? 1) A report is run by HR monthly, to determine which evaluations were done compared to those that were due to ensure compliance. The QA nurse or designee will identify 10% of the staff due for evaluation quarterly to determine compliance. Results will be reported at the Quarterly Quality Assurance/Performance Improvement meeting. 	05/06/2
H 162	the home care agen employee, within the preceding the date of and is free of commu- This Statute is not Based on record rev care agency (HCA) the employees were sor communicable disea date of hire, for four records sampled (Ref	employment of each employee, cy shall verify that the e six months immediately of hire, has been screened for unicable disease. met as evidenced by: iew and interview, the home failed to ensure that all eened and verified free of use within six months preceding of 23 employee 's personnel eceptionist/Medical Records er, certified nursing aide (CNA	H 162	 What corrective action(s) will be accomplished to address the identified deficient practice? 1. The agency "Personnel Requirements" policy has been revised to reflect the requirement for communicable disease verification. 2. The Human Resources Office staff have been counseled and inserviced on the revision of the agency policy that "All employees are to be screened and verified free of communicable disease within six months of hire" (see attached) 	03/29/23 ongoing 03/29/23 ongoing

6899

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (X3) [DATE SU COMP	JRVEY PLETED
		HCA-0009	B. WING		01/06	6/2023
	ROVIDER OR SUPPLIER	E. INC 5513 ILLIN	RESS, CITY, ST IOIS AVENU TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIE	ENCY)	(X5) COMPLE1 DATE
H 162	conducted on 1/03/2 01/04/2023 at 3:58 F 1. The personnel fil Records Clerk includ Further review of he had never been scree 2. The personnel file Biller 10/24/2012 inc Further review of he had never been scree 3. The personnel file (CNA #1) included a review of her person protein derivative (P months after her hire 4. The personnel file Coordinators include Further review of he had not been screer the Human Resourc 01/03/2023 at 12:28 Coordinator was pre health aide (HHA). T was not aware that t to be screened since	ility's personnel records 2023 beginning at 10:20 AM and PM revealed the following: le for the Receptionist/Medical ded a hire date of 04/14/2014. r personnel file showed that she bened since her date of hire. e for the agency 's Insurance cluded a hire date of 10/24/2012. r personnel file showed that she bened since her date of hire. e for the certified nursing aide hire date of 01/27/2021. Further unel filed showed a purified PD) dated 04/30/2021, three	H 162	 The Human Resources Office staff have been counseled and in serviced on the revision of the policy. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? HR added verification of communicable disease screening to the Hiring checkl (See attached). No staff car be hired until they have a completed screen by HR. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented. HR will ensure that all potential candidates for hire are cleared of communicable disease before hire. The QA Nurse or designee will survey 10% the hired staff quarterly to determine compliance. Results will be reported at the Quarterly Quality Assurance Performance Improvement Meeting. 	ne of	3/29/23 ongoing 05/06/2 ongoing

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION (X3) DATE CC	SURVEY MPLETED
		HCA-0009	B. WING	01/	06/2023
	(EACH DEFICIENCY MUST E	E INC 5513 ILL	DDRESS, CITY, ST INOIS AVENU GTON, DC 2 ID PREFIX TAG	E, NE	(X5) COMPLET) DATE
H 162	the HRM stated that office staff were req communicable disea the agency only req staff to be screened At the time of the su failed to ensure that	she had no knowledge that the uired to be screened and free o ases. She further stated that uired employees that were field	,f	What corrective action(s) will be accomplished to address the identified deficient practice? 1. Communicable disease screening has been completed for: a. Receptionist/Medical Records Clerk b. Insurance Biller c. CNA #2 d. Staffing Coordinator	04/3/2 ongoin
H 163	Each employee sha disease annually, ac by the federal Cente be certified free of c	Il be screened for communicabl coording to the guidelines issue rrs for Disease Control, and sha ommunicable disease.	d	 2. The HRM was counseled and re-educated on completion of communicable disease verification for all employees annually. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? 	4/03/2 ongoin
	Based on record rev care agency (HCA) employee was free annually for four of 2 sample. (Receptioni	met as evidenced by: riew and interview, the home failed to verify that each of communicable diseases 23 personnel files included in th st/Medical Records Clerk, tified nursing aide (CNA agency ' s Staffing	e	 The HR Department will make sure that all new hires are free of communicable diseases. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what cont. 	
	Cross reference to 3	3909.6, H162.			
H 300	3912.2(d) PATIENT RESPONSIBILITIES		H 300		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COM	URVEY IPLETED
		HCA-0009	B. WING		01/0	6/2023
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
REMIUN	M SELECT HOME CAR		NOIS AVENU			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR	ID	PROVIDER'S PLAN OF CORREC		(X5)
TAG	LSC IDEN	TIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA	JLD BE FE DEFICIENCY)	COMPLET
H 300		-	H 300	Quality Assurance program w	rill be	
	Each home care age	ency shall develop policies to tient who receives home care		implemented.		5/09/2
	services has the foll			1. The QA Nurse/designee w 10% of staff identified on the		
				for evaluation quarterly, to de		ongoii
		nent, care and services agency/patient agreement and		communicable disease screen		
	with the patient's pla			also conducted. Results of the	-	
				will be reported at the Quarte		
	This Statute is not m	net as evidenced by:		Quality Assurance/Performan Improvement meetings.	ce	
tv F F C C C C C C C C C C C C C C C C C	determined that the to ensure that servic with the plan of care home health aide (H	view and interview, it was home care agency (HCA) failed ces were provided in accordance (POC) as evidenced by missed (HA) visits for five of 15 active ale (Patients #1, 8, 11, 12, and	9			03/31/
				H 300		ongoin
	Findings included:			1. Corrective Action: This deficient p	ractice has	ongoin
	#1's plan of care (PC 09/15/2022 through diagnoses included and lleostomy. The I services one to three additional visits as n duration period. Furt	t 02:01 PM, review of Patient DC) showed a duration period o 07/31/2023. The patient's Malignant neoplasm of colon POC indicated skilled nursing e times per month and two eeded until the end of the ther review of the POC showed le (HHA) services were ordered	F	been brought into compliance. The Cli Manager was counseled and instructer requirement to follow the plan of care document any changes to the plan of client's Physician was notified of the m via a verbal order date 3/28/23. The pl order also clarified the reason for the r and subsequent communications with patient/caregiver (attachment #2).	d on the and to care. The hissed visits hysician missed visits, the	
	eight hours a day, se with activities of daily activities of daily livir Patient #1's clinical r aide (HHA) services September 13, 2022	even days per week to assist y living (ADL) and instrumental ng (IADL). Continued review of record showed that home health were not provided from:		The office nurses and staffers were co re-educated on the requirement to doo missed visits, to notify the patient and caregivers when staff is not available to services. They were instructed to doo patient's response and any alternative arrangements for the provision of care were instructed to notify the client's ph telephone and or by a written order of	ument all their o provide cument the . They ysician via	
		October 23, 2022, and to November 27, 2022.		to the plan of care.	une unange	

ND PLAN (T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE CC	SURVEY MPLETED
AME OF P	ROVIDER OR SUPPLIER	HCA-0009 STREET ADI	B. WING	TATE, ZIP CODE	01/	06/2023
REMIUN	I SELECT HOME CAR	E. INC	NOIS AVENI STON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES 3E PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	LD BE	(X5) COMPLE DATE
H 300	02:15 PM indicated due to patient's cand lack of documentation 2. On 01/05/2023 at #8's plan of care (PC	ge 6 linical Director on 01/04/2023 at that some missed visits were cellations, but she confirmed the on to support the statement. 03:27 PM, review of Patient DC) showed a duration period of 08/30/2023. The patient's		Systemic Changes; In addition, the HR department is recruiting new staff and ca previously hired staff in an attempt to inc pool of available Home Health Aides. T Provider is also instituting enhanced pay all Home Health Aides and even greater incentives, to encourage staff to accept v assignments, difficult patients, and patien live in less desirable neighborhoods.	rease the he ments for pay veekend hts who	4/29/23 ongoing
	diagnoses included Hemiplegia, Diabete and Hypertension. T nursing services two three additional visit duration period. The services eight hours assist with activities instrumental activities	Cerebrovascular disease, es due to underlying condition, the POC indicated skilled to five times per month and s as needed until the end of the POC also indicated HHA a day, five days per week to of daily living (ADL) and es of daily living (IADL). Patient #8's clinical record		Monitoring: The Quality Assurance/Impro- nurse or designee will monitor 10% of all records quarterly to determine if the plan particularly in regards to the number of H being provided as ordered. The charts be monitored to see if orders are change changes in the plan of care. They will a monitored to see if the staff is documenti relevant communication with the patients caregivers, and the clients' physician and care team.	client's s of care, IHA hours s will also d to reflect Iso be ng	05/15/23
	showed that HHA se September 01, 2022 September 05, 2022	ervices were not provided on: 2, and September 02, 2022, 2, September 12, 2022, through 2, and November 02, 2022,		2. This deficient practice has been brou compliance	ight into	
	#11's plan of care (F of 11/14/2022 throug diagnoses included walking, muscle wea Encephalopathy, ad proteinuria, vitamin f The POC indicated p times a week for one for eight weeks, and day, two days per we days per week to as (ADL) and instrumer	10:54 AM, review of Patient POC) showed a duration period gh 01/12/2023. The patient's Cerebral infarction, difficulty in akness (generalized), pain, ult failure to thrive, persistent 3 deficiency, and Hypertension. obysical therapy services two e week, one to two times a week HHA services three hours a eek or two hours per day, three sist with activities of daily living that activities of daily living eview of Patient #11's clinical				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COM	URVEY PLETED
		HCA-0009	B. WING		04/0	
	ROVIDER OR SUPPLIER		DRESS, CITY, ST		01/00	5/2023
		5613 11 11	NOIS AVENU			
REMIUN	SELECT HOME CAR	E. INC	GTON, DC	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO THE AF	TION SHOULD BE	(X5) COMPLE DATE
H 300	Continued From pag	ge 7	Н 300		Ľ	
		HHA services were ordered on we yet to be provided.				
	12:35 PM, acknowle that it had been diffi do two to three hour was still working on	linical Director on 01/06/2023 at edged the findings. She stated cult to find a caregiver willing to rs per shift. She added that she getting an aide to provide the ess, there was no documented that statement.				
	#12's POC showed through 06/30/2023. included Rheumatoi arthritis and bipolar skilled nursing servic and two additional v the duration period. seven hours a day, t activities of daily livit activities of daily livit Patient #12's clinica	11:58 AM, review of Patient a duration period of 10/01/2022 The patient's diagnoses id myopathy with rheumatoid disorder. The POC indicated ces one to three times per month risits as needed until the end of HHA services were also ordered four days per week to assist with ng (ADL) and instrumental ng (IADL). Continued review of I record showed that HHA rovided on October 3, 2022, d October 6, 2022.	n H			
	#13's plan of care (F of 10/20/22 through diagnoses included of gait and mobility, hypertension, and Le indicated skilled num per month and two a the end of the durati also ordered nine ho	209:52 AM, review of Patient POC) showed a duration period 06/30/23. The patient's Polyosteoarthritis, abnormalities osteoarthritis, dementia, ocalized edema. The POC sing services one to three times additional visits as needed until ion period. HHA services were purs a day, seven days per weel es of daily living (ADL) and				

SINTEMENT OF DEFICIENCES (X1) PROVIDERSUPPLERCLA X2) MULTIPLE CONSTRUCTION (X2) DATE SUPPLY MAE OF PROVIDER OR SUPPLIER BURNOG BURNOG 01/06/2023 MAE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE JP CODE 01/06/2023 PREMIUM SELECT HOME CARE, INC STREET ADDRESS, CITY, STATE JP CODE 01/06/2023 IMAPE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE JP CODE 000 PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 STREET ADDRESS, CITY, STATE JP CODE IMAPE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE JP CODE 000 PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 STREET ADDRESS, CITY, STATE JP CODE 000 IMAPE OF PROVIDER STATEMON OF DEFICIENCIES POWERS PLAN OF CORRECTION 0000 0000 IMAPE OF DIAGNAMANY STATEMENT OF DEFICIENCIES POWERS PLAN OF CORRECTION 00000 00000 ISC CONTINUED From page 8 H 300 H 300 H 300 H 300 000000000000000000000000000000000000	Health Regulation &	Licensing Adminis	stration				10
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZP CODE PREMIUM SELECT HOME CARE, INC STREET ADDRESS. CITY. STATE, ZP CODE OVAIL SUMMARY STATEMENT OF DEPOSITION PROVIDER'S PLAN OF CORRECTION IMAGE CECH DEPIDE/COUNTST BE PRECEDED OF CITULE ACCURSTORY OR LISC IDENTIFYING INFORMATION IPO IMAGE Continued From page 8 H 300 IMAGE H 300 Continued From page 8 H 300 IMAGE Continued From page 8 H 300 IMAGE Communication note dated 10/20/2022 indicated the following: "Staffing is having difficulty providing coverage for the hours that Patient #13 has requested (six hours a day seven days per week). Telephoned Patient #13's grandaughter to inquire if she will accepted the proposed schedule nor was there evidence that services were provided. At the time of the survey, the home care agency failed to ensure that home health aide services were provided in accordance with the plan of care for Patients #1, 8, 11, 12, and #13. H 364 3914.3(m) PATIENT PLAN OF CARE H 300		XIES (X1) PRC N IE	DVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER				
MME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE ZIP CODE STREET ADDRESS. CITY. STATE ZIP CODE S513 ILLINOS A VENUE, NE WASHINGTON, DC 2001 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TAG ID PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TAG ID PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TAG ID PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TAG ID PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TAG ID PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TAG ID PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TAG ID PREFIX ID PREFIX PROVIDERS PLAN OF CARE H 300 ID PREFIX ID PREFIX H 300 ID PREFIX ID PREFIX H 300 ID PREFIX ID PREFIX H 300 ID PREFIX ID P		H	CA-0009	B. WING		01/06/2023	
PREENDING SELECT HOME CARE, INC WASHINGTON, DC 20011 (XA) D PREFIX TAG ELAOH DEFICIENT OF DEFICIENCIES LSC DENTIFYING INFORMATION D PREFIX LSC DENTIFYING INFORMATION D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ODRECTIVE ACTION TAG (X0) H 300 Continued From page 8 daily living (IADL). Continued review of Patient #13's clinical record showed that home health aide (HHA) services were not provided the month of October 2022. H 300 H 300 X a communication note dated 10/20/2022 indicated the following: "Staffing is having difficulty providing coverage for the hours that Patient #13 has requested (six hours a day seven days per week). Telephoned Patient #13's granddaughter to inquire if she will accept elight hours a day seven days per week until accept elight hours a day seven days per week until accepted the proposed schedule nor was there evidence that services were provided. At the time of the survey, the home care agency failed to ensure that home health aide services were provided in accordance with the plan of care for Patients #1, 8, 11, 12, and #13. H 364 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following:	NAME OF PROVIDER OR SL	JPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	01/00/2020	
(M4) D PREFIX (BACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LG: DEMTFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION LG: DEMTFYING INFORMATION) (D) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LG: DEMTFYING INFORMATION) (D) PREFIX (EACH DEFICIENCY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (D) PREFIX H 300 Continued From page 8 daily living (IADL). Continued review of Patient #13's clinical record showed that home health aide (HHA) services were not provided the month of October 2022. A communication note dated 10/20/2022 indicated the following: "Staffing is having difficulty providing coverage for the hours that Patient #13 has requested (six hours a day seven days per week until agency was able to identify a personal care aide (PCA) for six 6 hours." There was no other communication or follow up indicating whether the client had accepted the proposed schedule nor was there evidence that services were provided. H 364 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: H 300	PREMIUM SELECT H	OME CARE, INC					
PREFX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIENTIFYING INFORMATION) PREFX TAG CONTINUED CONFICTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 300 Continued From page 8 H 300 daily living (IADL). Continued review of Patient #13's clinical record showed that nome health aide (HHA) services were not provided the month of October 2022. A communication note dated 10/20/2022 indicated the following: "Staffing is having difficulty providing coverage for the hours that Patient #13 has requested (six hours a day seven days per week until agency was able to identify a personal care aide (PCA) for six 6 hours." There was no other communication or follow up indicating whether the client had accepted the proposed schedule nor was there evidence that services were provided in accordance with the plan of care for Patients #1, 8, 11, 12, and #13. H 300 H 384 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: H 300				ION, DC 2			
daily living (IADL). Continued review of Patient #13's clinical record showed that home health aide (HHA) services were not provided the month of October 2022. A communication note dated 10/20/2022 indicated the following: "Staffing is having difficulty providing coverage for the hours that Patient #13 has requested (six hours a day seven days per week). Telephoned Patient #13's granddaughter to inquire if she will accept eight hours a day seven days per week). Telephoned Patient #13's granddaughter to inquire if she will accepted the proposed schedule nor was there evidence that services were provided. At the time of follow up indicating whether the client had accepted the proposed schedule nor was there evidence that services were provided. At the time of the survey, the home care agency failed to ensure that home health aide services were provided in accordance with the plan of care for Patients #1, 8, 11, 12, and #13. H 364 3914.3(m) PATIENT PLAN OF CARE H 300	PREFIX (EACH DEFICIE	NCY MUST BE PRECED	ED BY FULL REGULATORY OR	PREFIX	(EACH CORRECTIVE ACTION SHOULD) BE (X5)	
clinical record showed that home health aide (HHA) services were not provided the month of October 2022.A communication note dated 10/20/2022 indicated the following: "Staffing is having difficulty providing coverage for the hours that Patient #13 has requested (six hours a day seven days per week). Telephoned Patient #13's granddaughter to inquire if she will accept eight hours a day seven days per week until agency was able to identify a personal care aide (PCA) for six 6 hours." There was no other communication or follow up indicating whether the client had accepted the proposed schedule nor was there evidence that services were provided.At the time of the survey, the home care agency failed to ensure that home health aide services were provided in accordance with the plan of care for Patients #1, 8, 11, 12, and #13.H 3643914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following:	H 300 Continued	From page 8		H 300			
The plan of care shall include the following:	clinical rec services w 2022. A commun the followin coverage f requested Telephone she will act week until care aide (communica client had a there evide At the time failed to en provided in	ord showed that h ere not provided the ication note dated ng: "Staffing is hav or the hours that F (six hours a day so d Patient #13's gra- cept eight hours a agency was able to PCA) for six 6 hours accepted the prop- ence that services of the survey, the sure that home he accordance with	ome health aide (HHA) he month of October I 10/20/2022 indicated ving difficulty providing Patient #13 has even days per week). anddaughter to inquire if day seven days per to identify a personal ars." There was no other ndicating whether the osed schedule nor was were provided.				
				H 300			
(m) Emergency protocols; and	The plan o	f care shall include	e the following:				
	(m) Emerg	ency protocols; an	nd				
This Statute is not met as evidenced by:	This Statut	e is not met as e	videnced by:				
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 one of 15 active patients included in the sample (Patient #11).	determined to include e diagnoses	l that the home ca emergency protoco in the Plan of Care	re agency (HCA) failed ols specific to patient's e (POC) for one of 15				
Findings included:	Findings in	cluded:					
	lealth Regulation & Licensin	g Administration			L		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		HCA-0009	B. WING		01/06/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	
		5513	LINOIS AVENU		
FRENITON	A SELECT HOME CAR	WASH	INGTON, DC 2	0011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY (TIFYING INFORMATION)	DR PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO THE A	CTION SHOULD BE COMPLET
H 364	Continued From page	ge 9	Н 300		
	plan of care (POC) s 11/14/2022 through diagnoses included walking, muscle wea Encephalopathy, adu proteinuria, vitamin & The POC showed th Losartan Potassium review of the POC la protocol parameters Hypertension diagno On 01/06/2023 at 12 was informed of the At the time of survey ensure that the patie	2:08 PM, the Clinical Director findings. r, the home care agency failed ent's plan of care (POC) includ col to properly manage the	n on.		
	physician within thirty provided, however, ti care aide services or signed by an advance a plan of care is initia order, the telephone reduced to writing, an physician within thirty	all be approved and signed by y (30) days of the start of care hat a plan of care for persona nly may be approved and ced practice registered nurse. ated or revised by a telephone order shall be immediately nd it shall be signed by the	e; Il If		
		iew and interview, the home			

	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COM	URVEY PLETED
		HCA-0009	B. WING		0.470	
OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			6/2023
		EE42 11 1	LINOIS AVENU			
MIU	M SELECT HOME CAP	KE. INC	NGTON, DC	•		
ID FIX G	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OF NTIFYING INFORMATION)	R PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO THE A	CTION SHOULD BE	(X5) COMPLE DATE
366	Continued From pa	ge 10	H 300			
	patient's plan of car signed by a physici	failed to ensure that each re (POC) was approved and an within 30 days of the start of of 15 active patients in the 3 and #9).				
	1. On 01/05/2023 a #8's plan of care (P 08/31/2022 through a physician's order five times per mont needed until the en- perform multi system patient instruction, a supervision. Also, th home health aide se days per week to as (ADL) and instrume (IADL). Further revi- showed that the PC	t 03:27 PM, review of Patient OC) showed a duration period of 08/30/2023. The POC included for skilled nursing services two h and three additional visits as d of the duration period to ms assessment, vital signs, and Personal care aide (PCA) he POC included an order for ervices eight hours a day, five ssist with activities of daily living ental activities of daily living ew of the patient's record DC was signed by the patient's /2022, greater than 30 days.	d to			
	#9's plan of care (P 09/16/2022 through a physician's order once for one week a eight weeks for eva Exercise Program. for occupational the week for nine week Further review of th the POC was signe	t 01:22 PM, review of Patient OC) showed a duration period of 11/14/2022. The POC included for physical therapy services and one to two times a week for luation, treatment, and home Also, the POC included an order erapy services one to two times s for evaluation and treatment. e patient's record showed that d by the patient's physician, at on 01/03/2023, greater than 30	d r er			
	At the time of surve	y, the home care agency				
	the time of survey o days.	on 01/03/2023, greater than 30				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION (X3) DATE CO	SURVEY MPLETED
		HCA-0009	B. WING	01/	06/2023
	ROVIDER OR SUPPLIER	S513 ILL	DDRESS, CITY, S INOIS AVENI GTON, DC	TATE, ZIP CODE JE, NE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 366	Continued From pa	ge 11	H 364	H364	03/31/2
H 453	physicians within 30 Patients #8 and #9. 3917.2(c) SKILLED	t plans of care were signed by O days of the start of care for NURSING SERVICES		Corrective Action: The Clinical Manager and office administrative RNs were counseled and re-educated on the pian of care orders for parameters, and when to notify the physician when Blood pressure parameters fall above or below the acceptable norms for the patient. A correction order (4/3/23 see attachment #9) was sent to the patient's physician with the B/P Parameters to	ongoing
ba (ca bala) kao Ingenerata ang ang ang ang ang ang ang ang ang an	Duties of the nurse following:	shall include, at a minimum, the		report. Systemic Changes: Systemic The Clinical Manager, as well as the office nurses including	04/29/2
T E c s p	accordance with the	tient needs are met in e plan of care; : met as evidenced by:		staffers, the field staff (RNs, LPNs, PTs, and OTs) overseeing the patient's care will be in-serviced on the requirement to include in the orders, parameters for B/P deviations to be reported to the physician. The HR department aggressively recruited new RNs and three RN s and one LPN were hire to address staffing needs.	ongoing
	Based on record rev care agency (HCA) services were provid patient's plan of care	view and interview, the home failed to ensure skilled nursing ded in accordance with the e (POC) for four of 15 active		Monitoring: The Quality Assurance/Improvement nurse or designee will monitor 10% of all client's records quarterly to determine if the plans of care clients with hypertension include B/P parameters to be reported the patient's physician as part of the patient's emergency protocol.	05/15/2 ongoing
	patients in the sample (Patients #1, 3, 4, and #10). Findings included: 1. On 01/04//2023 at 02:01 PM, review of Patient	H 366	H 366 Corrective Action: The Plan of Care for the identified patients have been signed and filed in the chart.	04/29/2	
	#1's plan of care (P0 09/15/2022 through for skilled nursing se month and two addi end of the duration p assessment and eva personal care aide (POC included an or services eight hours assist with activities instrumental activities patient's diagnoses	CC) showed a duration period o 07/31/2023 that included orders ervices one to three times per tional visits as needed until the period to perform multi systems aluation, patient instruction, and PCA) supervision. Also, the der for home health aide a day, seven days per week to of daily living (ADL) and es of daily living (IADL). The included Malignant neoplasm of c. Continued review of the clinica	5	 The following problems were identified and addressed: (1) Late submission of paperwork by the clinical staff. This problem is being address by enforcing policies that result in notes being turned in timely. These policies result in reduced visit compensation for the clinicians with counseling and disciplinary action when warranted. (ongoing

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		NUMBER	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	HCA-0009		B. WING	B. WING		6/2023
			STREET ADDRESS, CITY, S 5513 ILLINOIS AVEN WASHINGTON, DC	UE, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REG NTIFYING INFORMATION)		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPRC	SHOULD BE	(X5) COMPLE DATE
H 453	visited Patient #1 in and December 2022 According to the clin 02:15 PM, the admi see the client due to agency was still tryi 2. On 01/03/2023 at #3's records showed duration period of 1 that included orders to three times per w and physical therap week for eight week The patient's diagno sacral region, stage Major depressive di history of pulmonary obesity. Continued lacked evidence that During an interview Clinical Director ack stated she had spother, the nurse had spother, the nurse had spother, the nurse had spother, the nurse to attend to the information to indicate effects with the lack On 01/09/2023, sun #3 twice, but there w	ence that the skilled no october 2022, Nove 2. nical director on 01/04 ssion nurse could not o the location. She ad ng to find a nurse for t 01:36 PM, review of d a plan of care (POC 2/02/2022 through 01 s for skilled nursing se veek for 9 weeks for v y services one to two (s for evaluation and to be sincluded Pressu e 2, Type 2 Diabetes f sorder, Vascular dem y embolism, and mort review of the clinical r at the SN ever visited on 01/03/2023 at 01: knowledged the findin ken with the nurse. Ac seen the patient one t tet. She stated that the with the patient's dat in during the visit. The she was going to sen ne client's wound. The at whether there wer	amber 2022, 4/2022 at t continue to ided that the Patient #1. f Patient #2. o times per treatment. tre ulcer of Mellitus, nentia, bid (severe) record Patient #3. :51 PM. the ime but had e nurse had ughter who e clinical od another ere was no re untoward all Patient was unable	 (2) Tracking of the orders. Or tracked using an excel data base. The date the order was sent out order was returned will be tracked base. Orders will be initially maphysician. If not returned within date of the order due date, it will walked to the physician's office f the orders are not signed 3 days day, a list of the unsigned orders the administrator and a copy of t orders will be given to the Medica signature. The medical records to try to get the orders signed by physician by mailing, faxing, or w to the physician's office. Systemic Changes: The Medical the administrative nurses will be order procedures and tracking. Monitoring: QA department will charts quarterly to determine if o within 30 days H 453 Corrective Action: The Clinic other office administrative nurses and re-instructed on requirement receive nursing services as orde care. They were instructed not if no nurse or required discipline provide care. They were also in there was no available nurse to provide the care ordered for the addition, they need to document and notify the patient's physician order was sent (3/28/22 attachm 	e spreadsheet. and the date the d in this data alled to the a 3 weeks of the be faxed or or signature. If before the 30th a Director for a clerk will continue the patient's valking the orders record staff and inserviced on monitor 10% of rders are signed al manager and s were counseled t for patient to red on the plan of to accept patient's is available to nstructed that if provide care, then urses must patient. In any missed visits to A corrective	04/21/2 ongoing 05/15/2 ongoing 03/31/2 ongoing

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0009		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0009	B. WING		01/0	6/2023
	ROVIDER OR SUPPLIER	E INC 5513 ILLI	DRESS, CITY, S NOIS AVENU GTON, DC	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES 3E PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRI	OULD BE	(X5) COMPLETE DATE
H 453	Continued From page 13 being full. 3. On 01/03/2023 at 03:02 PM, review of Patient #4's clinical record showed a plan of care (POC) with a duration period of 11/11/2022 through		H 453	Systemic Changes: The clinical Manage administrative nurses, and staffers we to report all unassigned patients to the administrative team (which includes th Administrator and the Medical Directo daily team conference. Management follow-up to ensure that staffing needs addressed.	re instructed e r) during the can then	03/31/23 ongoing
	services one to two for medication mana teaching, perform m evaluation, patient in prevention. The pa Metabolic encephale weakness, acute res	uded orders for skilled nursing times per week for nine weeks agement, disease process uulti systems assessment and nstruction and home safety/fall atient's diagnoses included opathy, chronic pain, muscle spiratory failure with hypoxia, c hyperplasia. Continued review		Monitoring: The Quality Assurance/II nurse or designee will monitor 10% of records quarterly to determine if the pl are being followed and the services ar delivered. We will direct the HR depa increase recruitment efforts as needed adequate staff.	all client's ans of care e being artment to	05/15/2 ongoing
	of the clinical record visited Patient #4 th and the subsequent Interview with the cl 04:21 PM revealed to	I lacked evidence that the SN e week of November 27, 2022, weeks in December 2022. inical director on 01/03/2023 at the client was discharged from as no evidence to confirm that		Systemic Changes: Systemic The Manager, as well as the office nurses staffers, the field staff (RNs, LPNs, PT overseeing the patient's care will be in the requirement to include all missed charts and report difficulties of providin to the patient to the patient's physiciar reported to the physician. The HR of aggressively recruited new RNs and the and one LPN were hired to address st	including s, and OTs -serviced on visits in the ng services to be lepartment nree RN s	04/29/2
	#10's clinical record with a duration perio 02/22/2023 that incl services three to six for wound care, dise multi systems asses and caregiver instru patient's diagnoses lower leg, chronic ve dementia, osteoarth history of falling, hyp heart failure, and Ga Continued review of	n 01/0/2023 at 011:14 AM, review of Patient s clinical record showed a plan of care (POC) a duration period of 12/25/2022 through 2/2023 that included orders for skilled nursing ices three to six times per week for nine weeks yound care, disease process teaching, perform i systems assessment and evaluation, patient caregiver instruction, and PCA supervision. The ent's diagnoses included open wound, right er leg, chronic venous insufficiency, vascular tentia, osteoarthritis, pain in right lower leg, bry of falling, hypertensive heart disease without t failure, and Gastro-esophageal reflux disease. tinued review of the clinical record lacked		needs.		
		N visited Patient #10 at least red the week of November 13,				

ND PLAN	NT OF DEFICIENCIES [,] OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE S COM	SURVEY IPLETED
		HCA-0009	B. WING		01/0	6/2023
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PREMIU	M SELECT HOME CAI		LINOIS AVENI NGTON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OF NTIFYING INFORMATION)		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE APPROP		(X5) COMPLE DATE
H 453	Continued From pa	ge 14	H 453			-
	2022, the week of [December 18, 2022 2022.	December 4, 2022, the week of 2, and the week of December 2	5,			
	interviewed. She st but acknowledged I the statement. Revi documentation reve November 11, 2022 the following: "Effect visit notes for paym be within five days, for non-skilled patie	2:33 PM, the clinical director wa ated that the patient was seen ack of documentation to confirm ew of the agency's policy on ealed a memorandum dated 2, for all clinical staff that stated stive immediately, submission of ent for skilled patient visits mus or earlier of the visit. Submission nt visit notes must be within 10 sits must be entered in Alleghen times above."	n f t m			
	assigned nurse but calls were made to	r attempted to interview the unsuccessful. Four telephone the nurse and one voice al director was also made aware	9.			
	failed to ensure that	rvey, the home care agency skilled nursing services were nce with Patients #1, 3, 4, and	H 457			
	Duties of the nurse s following: (g) Recording progra thirty (30) calendar of	NURSING SERVICES shall include, at a minimum, the ess notes at least once every lays and summary notes at leas h (62) calendar days;		H457 Corrective Action: The Char identified patients are up to date, wi progress notes and in compliance. manager and other office administra were counseled and re-instructed of for patient to receive nursing service on the plan of care. They were ins accept patient's if no nurse or requir available to provide care. Also if th available nurse to provide care, ther office administrative nurses must pr ordered for the patient, as well as de monthly visit, the sixty day summary missed visits and notify the patient's	th current The Clinical ative nurses n requirement es as ordered tructed not to red discipline is nere is no n one of the ovide the care ocument the 4, and any	03/31/2 ongoing

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HCA-0009	B. WING		01/0	6/2023
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
REMIUN	A SELECT HOME CAR		NOIS AVENU			
			GTON, DC	***		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIK CROSS-REFERENCED TO THE APPI	ON SHOULD BE	(X5) COMPLET DATE
H 457	Continued From page 15 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 the skilled nurse documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days for four of 15 active patients in the sample (Patients #1, 6, 12 and #13). Findings included: 1. On 01/04//2023 at 02:01 PM, review of Patient #1's plan of care (POC) showed a duration period of 09/15/2022 through 07/31/2023. The POC indicated skilled nursing services one to three times per month and two additional visits as needed for personal care aide (PCA) supervision, management of any		S	Systemic Changes: The clinic administrative nurses, and staff to report all unassigned patients administrative team (which inclu Administrator and the Medical D daily team conference. Manag follow-up to ensure that staffing addressed. Corrective Action: The sixty currently on the EMR (see attac skill nurse will be counseled reg	ers were instructed s to the udes the Director) during the gement can then needs are day summary is chment #15). The	04/29/2 ongoing 03/31/2 ongoing
			1 n	of sixty day summaries. Systemic Changes: The Clini well as the other office administr field staff including SNs, PTs, O be in-serviced on the requirement sixty-day summary and send a c physician.	rative nurses, the Ts, and MSW will ent to write a	04/29/2 ongoing
	medical health relate evaluation of body s clinical record lacked during the month of	Ited issues, assessment, and systems. Further review of the ed evidence of a progress note f October 2022 and November here was no evidence of a 62-day	y	Monitoring: The Quality Assurat nurse or designee will monitor 1 records quarterly to determine i doing the sixty day summaries 1 a copy to the patient's physiciar department has an ongoing mon track sixty-day summaries.	0% of all client's f the clinicians are timely and sending n. The QA	05/15/2 ongoing
	#6's POC showed a through 04/30/2023. nursing services one two additional visits management of any assessment, and ev Further review of the	t 10:48 AM, review of Patient duration period of 11/04/2022 The POC indicated skilled to three times per month plus as needed for PCA supervision medical health related issues, raluation of body systems. to clinical record lacked evidence uring the month of December				
		11:58 AM, review of Patient a duration period of 10/01/2022 he POC indicated				

STATEMEN ND PLAN (T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE SI COM	JRVEY PLETED
		HCA-0009	B. WING		01/06	6/2023
AME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
REMIUN	I SELECT HOME CAR	E, INC	IOIS AVENU TON, DC 2	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES SE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO THE AF	TION SHOULD BE	(X5) COMPLET DATE
H 457	and two additional v supervision, manage related issues, asse systems. Further rev	ge 16 ces one to three times per month isits as needed for PCA ement of any medical health ssment, and evaluation of body view of the clinical record lacked ess note during the month of				
	#13's plan of care (F of 10/20/2022 throug orders for skilled nur per month and two a PCA supervision, ma health related issues body systems. Furth	09:52 AM, review of Patient POC) showed a duration period gh 06/30/2023 that included rsing services one to three times additional visits as needed for anagement of any medical s, assessment, and evaluation of er review of the clinical record 22-day summary note at the time				
	clinical director were At the time of survey agency failed to ens documented progres	30 PM, the Administrator and made aware of the findings. r, it was determined that the ure that the skilled nurse as notes and summary notes in regulatory requirements for and #13.				
H 550	If a home care agent therapy services, it s accordance with the	ONAL THERAPY SERVICES cy provides occupational shall provide those services in patient's plan of care.				
	Based on interview a	met as evidenced by: and record review, the home ailed to ensure Occupational as were provided in				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION (X3) DATE	
		INCOMPONING AND A STATE OF A STAT	A. BUILDING:		MPLETED
		HCA-0009	B. WING	01/	06/2023
ME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST		
REMIUN	A SELECT HOME CAR		INOIS AVENU		
1110	CLIMMADY C		GTON, DC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLE DATE
H 550	Continued From pa	ge 17	H 550	H550	
	four of 15 active par	e patient's plan of care (POC) fo tients in the sample (Patients #2	r		
	4, 6, and #7). Findings included:			Corrective Action: The Clinical Manager as well as the office administrative nurses and the Occupational therapists will be counseled and re-instructed on the requirement to follow the plan	03/31/
¥v? iitiite Fe Ft Fror02 raeva 24 Piittiit	#2's clinical record s with duration period 12/19/2022 and 12/ indicated occupatio two times per week included the followin treatment, ADL edu	t 02:38 PM, review of Patient showed a plan of care (POC) is of 10/21/2022 through 20/2022 through 02/17/2023 that nal therapy (OT) services one to for nine weeks. The OT service ng: Evaluation, assessment, and cation, neuro-muscular l/instruct in home exercise	s	of care and to document any changes to the plan of care. The client's Physician was notified of the change under the plan of care via a physician add orders (see attachments #16, #17, #18 and #19). A communication addendum note must be entered to clarify why services are being delayed. Instead of a corrective order, the staff will be instructed to put the start date on the plan of care if they know the services will not start the first week of the plan of care.	ongoin
	program, perform a equipment, perform procedures/activitie techniques, and fun patient's diagnoses region, low back pa diabetes mellitus, as review of the clinica	nd instruct in adaptive	-	Systemic Changes: The Clinical Manager as well as the other office administrative nurses, the field staff including SNs, PTs, OTs, MSWs will be in-serviced on the requirement to write a corrective add order to the physician to change the plan of care. In addition, the staff will be in-serviced to add communication notes to document when there is a delay in service and the patient's a/caregivers response to the change in service.	04/29/ ongoin
	2022, or the week or referral was dated of admission date of of evaluated Patient #2	f October 23, 2022. Of note, the October 19, 2022, for an October 21, 2022; and OT 2 on November 4, 2022. There dicating the reason for the delay		Monitoring: The Quality Assurance/Improvement nurse or designee will monitor 10% of all clients' records quarterly to determine if the services ordered on the plans of care are being provided timely and as ordered. The QA will monitor the charts to determine a change order is written and sent to the physician when services are not	05/15/: ongoin
	#4's clinical record s period of 11/11/202 indicated occupation two times per week included the followir	: 03:02 PM, review of Patient showed a POC with a duration 2 through 01/09/2023 that nal therapy (OT) services one to for nine weeks. The OT services ng: Evaluation, assessment, and cation, neuro-muscular /instruct in	5	provided as specified on the initial POC.	

	EFICIENCIES RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SI COM	JRVEY PLETED
				A. BUILDING:		
		HCA-0009	B. WING		01/06	5/2023
AME OF PROVID	ER OR SUPPLIER		ADDRESS, CITY, ST			
REMIUM SEI	ECT HOME CAI	RE. INC	LINOIS AVENU NGTON, DC	•		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX (EAC TAG	LSC IDE	BE PRECEDED BY FULL REGULATORY C NTIFYING INFORMATION)	R PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO THE A	CTION SHOULD BE PPROPRIATE DEFICIENCY)	COMPLET DATE
H 550 Cor	itinued From pa	age 18				
ada prov tech pati enc acu pros clini eva Of r with OT The dela 3. C #6's thro ther nine Eva edu esta perf ther	ptive equipment cedures/activitie iniques, and fur ent's diagnoses ephalopathy, ch te respiratory fa static hyperplas cal record lacke luated Patient # note, the referrant evaluated Patient re was no evide an admission of evaluated Patient re was no evide an 01/05/2023 a POC showed a ugh 02/18/2023 apy (OT) service weeks. The Of luation, assessi- cation, neuro-m iblish/instruct in orm and instruc- apeutic procedu-	gram, perform and instruct in it, perform therapeutic es, energy conservation inctional mobility for self-care. T is included Metabolic inronic pain, muscle weakness, ailure with hypoxia, and benign ia. Continued review of the ed evidence that the OT 44 the week of November 6, 202 1 was dated November 09, 202 date of November 11, 2022, an ent #4 on November 18, 2022. ence indicating the reason for the is survey. At 10:48 AM, review of Patient a duration period of 12/21/2022 B that indicated occupational ses one to two times per week, T services included the followin ment, and treatment, ADL huscular education, home exercise program, et in adaptive equipment, perfor ures/activities, energy iques, and functional mobility for ent's diagnoses included Stiff-m	22. 2, d for g: m			

EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		JRVEY PLETED
	HCA-0009				01/06/2023
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
SELECT HOME CAR	EE42 11 1				
	WASHI	NGTON, DC 2	0011		
(EACH DEFICIENCY MUST E	BE PRECEDED BY FULL REGULATORY OF	R PREFIX TAG	(EACH CORRECTIVE AC	CTION SHOULD BE	(X5) COMPLET DATE
Continued From pag	ge 19				
#7's clinical record s period of 11/18/2022 indicated OT service nine weeks. The OT Evaluation, assessm education, neuro-mu establish/instruct in l perform and instruct therapeutic procedu conservation technic self-Care. The patien hemiplegia, heart fai Arrhythmia, hyperlip Continued review of evidence that the OT month November 10, of November 18, 202 on December 13, 202	showed POC with a duration 2 through 01/16/2023 that as one to two times per week for services included the following nent, and treatment, ADL uscular education, home exercise program, in adaptive equipment, perform res/activities, energy ques, and functional mobility for nt's diagnoses included ilure, muscle weakness, Cardia idemia, and hypertension. the clinical record lacked T evaluated Patient #7 the 022. Of note, the referral was , 2022, with an admission date 22, and OT evaluated Patient # 022. There was no evidence	g: m r ac			
Clinical Director wer At the time of the su failed to provide doc occupational therapi	e made aware of the findings. rvey, the home care agency umented evidence that the st provided services in	4,			
	OVIDER OR SUPPLIER SELECT HOME CAR SUMMARY ST. (EACH DEFICIENCY MUST F LSC IDEN Continued From page 4. On 01/04/2023 at #7's clinical record s period of 11/18/2022 indicated OT service nine weeks. The OT Evaluation, assessm education, neuro-me establish/instruct in perform and instruct therapeutic procedu conservation technic self-Care. The patie hemiplegia, heart fa Arrhythmia, hyperlip Continued review of evidence that the OT month November 18, 202 on December 13, 202 indicating the reasor survey. On 01/06/2023 at 3:: Clinical Director wer At the time of the su failed to provide doc occupational therapi accordance with the 6, and #7. 3923.1 PHYSICAL T If physical therapy so	HCA-0009 OVIDER OR SUPPLIER STREET A SELECT HOME CARE, INC \$513 ILL SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OF LSC IDENTIFYING INFORMATION) Continued From page 19 4. On 01/04/2023 at 10:19 AM, review of Patient #7's clinical record showed POC with a duration period of 11/18/2022 through 01/16/2023 that indicated OT services one to two times per week for nine weeks. The OT services included the following Evaluation, assessment, and treatment, ADL education, neuro-muscular education, establish/instruct in home exercise program, perform and instruct in adaptive equipment, perform therapeutic procedures/activities, energy conservation techniques, and functional mobility for self-Care. The patient's diagnoses included hemiplegia, heart failure, muscle weakness, Cardia Arrhythmia, hyperlipidemia, and hypertension. Continued review of the clinical record lacked evidence that the OT evaluated Patient #7 the month November 17, 2022. Of note, the referral was dated November 13, 2022. There was no evidence indicating the reason for the delay at the time of survey. On 01/06/2023 at 3:30 PM, the Administrator and Clinical Director were made aware of the findings. At the time of the survey, the home care agency failed to provide documented evidence that the occupational therapist provided services in accordance with the plans of care for Patients #2, 46, and #7. 3923.1 PHYSICAL THERAPY SERVICES If physical therapy services are provided, they shal be provided in accordance with the patient's plan or provided in acco	FCORRECTION IDENTIFICATION NUMBER: A BUILDING. HCA-0009 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SELECT HOME CARE, INC 5513 ILLINOIS AVENU WASHINGTON, DC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 19 4. On 01/04/2023 at 10:19 AM, review of Patient #7's clinical record showed POC with a duration period of 11/18/2022 through 01/16/2023 that indicated OT services one to two times per week for nine weeks. The OT services included the following: Evaluation, assessment, and treatment, ADL education, neuro-muscular education, establish/instruct in home exercise program, perform and instruct in adaptive equipment, perform therapeutic procedures/activities, energy conservation techniques, and functional mobility for self-Care. The patient's diagnoses included hemiplegia, heart failure, muscle weakness, Cardiac Arrhytmia, hyperlipidemia, and hypertension. Continued review of the clinical record lacked evidence that the OT evaluated Patient #7 the month November 2022. Of note, the referral was dated November 13, 2022. There was no evidence indicating the reason for the delay at the time of survey. On 01/06/2023 at 3:30 PM, the Administrator and Clinical Director were made aware of the findings. At the time of the survey, the home care agency failed to provide documented evidence that the occupational therapist provided services in accordance with the plans of care for Patients #2, 4, 6, and #7. 3923.1 PHYSICAL THERAPY SERVICES If physical therapy services are provided, they shall be pro	FORRECTION IDENTIFICATION NUMBER: A BUILDING: HCA-0009 B WING OVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE SELECT HOME CARE, INC 5513 ILLINOIS AVENUE, NE SUMMARY STATEMENT OF DERICIENCIES ID SUMMARY STATEMENT OF DERICIENCIES ID Continued From page 19 ID: 10 AM, review of Patient 4. On 01/04/2023 at 10:19 AM, review of Patient TAG #7's clinical record showed POC with a duration period of 11/18/2022 through 01/16/2023 that indicated OT services one to two times per week for nine weeks. The OT services included the following: Evaluation, assessment, and treatment, ADL education, neuro-muscular education, establish/instruct in home exercise program, perform and instruct in adptive equipment, perform therapeutic procedures/activities, energy Continued review of the clinical record lacked evidence that the OT evaluated Patient #7 the month November 2022. Of note, the referal was dated November 17, 2022, with an admission date of November 18, 2022, There was no evidence indicating the reason for the delay at the time of survey. On 01/06/2023 at 3:30 PM, the Administrator and Clinical Director were made aware of the findings. At the time of the survey, the home care agency failed to provide documented evidence that the occupational therapist provided services in accordance with the plans of care for Patients #2, 4, 6, and #7. 3923.1 PHYSICAL THERAPY SERVICES If p	PEORRECTION IDENTIFICATION NUMBER A BuilDING

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HCA-0009	B. WING		01/0	6/2023
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
REMIU	M SELECT HOME CAR		NOIS AVENL GTON, DC			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		
PREFIX TAG	(EACH DEFICIENCY MUST LSC IDEN	BE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO THE API	ION SHOULD BE	(X5) COMPLETE DATE
H 560	Continued From page	ge 20	H 560	Н 560		
	Based on interview care agency (HCA) Therapy (PT) service with the patient's pla active patients in the Findings included: 1. On 01/03/2023 at #3's records showed duration period of 12 that indicated physic times per week for e diagnoses included region, stage 2, Typ depressive disorder pulmonary embolism The physical therap following: Evaluation patient instruction in functional transfers, mobility, and use of included an order fo monitor, and report differed from establis than 60 mg/dI or gre BS levels is greater after eating." a. Continued review that the PT visited P 12/08/22 with no evi	met as evidenced by: and record review, the home failed to ensure Physical es were provided in accordance an of care (POC) for two of 15 e sample (Patient #3 and #6). 01:36 PM, review of Patient d a plan of care (POC) with a 2/02/2022 through 01/30/2023 cal therapy services one to two eight weeks. The patient's a Pressure ulcer of sacral e 2 Diabetes Mellitus, Major Vascular dementia, history of n, and morbid (severe) obesity. y (PT) services included the n, assessment and treatment, transferring training for safe therapeutic exercise, functional a Hoya Lift. In addition, the POC r the therapist to instruct, blood sugar (BS) readings that shed parameters: "BS is less ater 160 mg/dl or if postprandial than 220 mg/dl, 1 to 2 hours of the clinical record showed atient #3 on 12/06/22 and dence of assessing the patient's mine whether interventions were		Corrective Action: The Clin as the office administrative in Physical therapist will be cou- re-instructed on the requirem plan of care. For diabetic p are the discipline managing if document what the patient's They can ask the patient what review the patient's self-kept levels, document the patient deviate from the ranges set if therapist must notify the pati- the office clinical manager. Co- sent to physicians (attachme Systemic Changes: The Co- well as the other office admini- field staff including SNs, PTs in-serviced on the requireme patients blood sugar levels. The to take the patients' BS or ast take their BS. If the patient the ranges set in the POC, the notify the office clinical mana physician must be notified. Monitoring: The Quality Assurance/Improvement nur- monitor 10% of all clients' red determine if the services order care are being provided as or review diabetic patient charts assessing and documenting the services of the services of the care are being provided as or review diabetic patient charts	nurses and the unseled and hent to follow the atients when they the care, they must BS levels are, record of the BS AIC. If the ranges n the POC, the ent's physician and corrective orders nt 20 and 21). Clinical Manager as histrative nurses, the corrective nurses, the corrective orders nt 20 and 21). Clinical Manager as histrative nurses, the goard 21). Clinical Manager as histrative nurses, the corrective self-kept ment the patient what patient's self-kept ment the patient to ranges deviate from he visiting staff must ger and the see or designee will cords quarterly to ered on the plans of rdered. They will is to see if the staff is	03/31/2: ongoing 04/29/2: ongoing 05/15/23 ongoing
	b. Furthermore, revie that PT services wer	ew of records failed to evidence e provided during		the AIC and reporting deviation patient range to the clinical M physician		

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COM	URVEY PLETED	
		HCA-0009	B. WING		01/0	01/06/2023	
AME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
REMIU	M SELECT HOME CAR		INOIS AVENU				
	1	WASHIN	GTON, DC 2	0011			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES 3E PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO THE AF	TION SHOULD BE	(X5) COMPLET DATE	
H 560	Continued From pag	ge 21	H 560				
	2022, and Decembe evidence of commur reasons for the miss 2. On 01/05//2023 a #6's POC showed a through 02/18/2023 ((PT) services twice a services included the assessment, and tre program, therapeutic mobility instruction, a exercise program, ba exercise program, ba exercise instruction, a dition, the POC ind to instruct, monitor, a readings that was dif parameters: " BS is I 160 mg/dl or if postpl 220 mg/dl, 1 to 2 hou review of the clinical visited Patient #6 on with no evidence of a sugar to determine w indicated. On 01/06/2023 at 3:3 clinical director were At the time of the sur failed to ensure that g	aber 11, 2022, December 18, er 25, 2022. There was no inication notes indicating the sed visits at the time of survey. at 10:48 AM, review of Patient duration period of 12/21/2022 that indicated physical therapy a week for nine weeks. The PT e following: evaluation, atment; home exercise c exercise, bed transfers/bed establish/instruct in home alance/neuromuscular training and functional mobility. In cluded an order for the therapis and report blood sugar (BS) ffered from established ess than 60 mg/dl or greater randial BS levels is greater thar us after eating." Continued record showed that the PT 12/21/2022 and 12/28/2022 assessing the patient's blood whether interventions were alo PM, the Administrator and made aware of the findings.					