

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PREMIUM SELECT HOME CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011</b>
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<p>H 000 INITIAL COMMENTS</p> <p>An annual survey was conducted on 01/03/2023, 01/04/2023, 01/05/2023, and 01/06/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 172 patients and employed 415 staff. The findings of the survey were based on the review of administrative records, 15 active patient records, three discharged patient records, 23 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 four patient telephone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living BS - Blood Sugar DON- Director of Nursing HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living OT - Occupational Therapist PCA - Personal Care Aide POC - Plan of Care PPD - Purified Protein Derivative PT - Physical Therapist RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care</p>	H 000	The following Plan of Correction has been developed to address deficiencies identified during the annual licensure survey conducted from 1/3/2023 through 1/6/2023.	
<p>H 152 3907.2(h) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p>	H 152		

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

*Linda Hart Davis, RN/adm/CEO*

TITLE

(X6) DATE

**8/28/23**

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H 152	Continued From page 1  (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 for five of 23 employees included in the sample (Care Coordinator, Receptionist/Medical Records, Insurance Biller, Director of Professional Services and the Assistant Administrative).  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 file for the Care Coordinator showed that the last annual performance evaluation was conducted on 03/23/2017.  2. The personnel file for the agency's Receptionist/Medical Records Clerk showed no performance evaluations since her date of hire on 04/14/2014.  3. The personnel file for the agency's Receptionist/Medical Records Clerk showed no performance evaluations since her date of hire on 04/14/2014.  4. The personnel file for the agency's Insurance Biller showed no performance evaluations since her date of hire on 04/14/2012.  5. The personnel file for the agency's Director of Professional Services showed performance evaluations for 04/19/2021 but none for 2022. Further review of the file showed a performance	H 152	<ul style="list-style-type: none"> <li><b>What corrective action(s) will be accomplished to address the identified deficient practice?</b> <ol style="list-style-type: none"> <li>The HRM was counseled re: ensuring that Performance evaluations are completed for all employees in a timely manner.</li> <li>Evaluations have been completed for:                             <ul style="list-style-type: none"> <li>Care Coordinator</li> <li>Receptionist/Medical Records Clerk(3/29/23</li> <li>Insurance Biller</li> <li>Director of Professional Services</li> </ul> </li> </ol> </li> <li><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> <ol style="list-style-type: none"> <li>HR will create a log to identify hire dates for all of the agency staff.</li> <li>Staff will be divided by month of hire.</li> <li>Office Supervisors will be provided with the evaluation forms at the beginning of each month, for staff that must have evaluations completed for that month.</li> </ol> </li> </ul>	03/29/23 ongoing  03/29/23 ongoing  4/11/23 ongoing

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H 152	<p>Continued From page 2</p> <p>evaluation was conducted on 01/03/2023 during the survey process.</p> <p>Record review on 01/05/2023 at 2:17 PM of the agency's Performance Evaluation Policy revealed that the Administrator or designee would conduct evaluations of in-office personnel with peer review as appropriate.</p> <p>During an interview on 01/06/2023 at 1015 AM, the director of nursing (DON) stated that the Human Resources Manager sends emails to notify the responsible party that performance evaluations are due and sometimes will speak with them verbally.</p> <p>At the time of the survey, the Administrator failed to ensure performance evaluations were conducted according to the regulation and agency policy.</p>	H 152	<p><b>4. HR will notify field staff of evaluation date and time. Office supervisors will schedule evaluation dates and times with the office staff.</b></p> <p><b>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?</b></p> <p>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 evaluations, quarterly to determine compliance. Results will be reported at the Quarterly Quality Assurance/Performance Improvement meeting.</p>	05/06/23 ongoing
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: Based on record review and interview, the home care agency (HCA) failed to ensure that all employees were screened and verified free of communicable disease within six months preceding date of hire, for four of 23 employee ' s personnel records sampled (Receptionist/Medical Records Clerk, Insurance Biller, certified nursing aide (CNA #2), and one of the agency ' s Staffing</p>	H 162	<p><b>What corrective action(s) will be accomplished to address the identified deficient practice?</b></p> <p>1. The agency "Personnel Requirements" policy has been revised to reflect the requirement for communicable disease verification.</p> <p>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)</p>	03/29/23 ongoing  03/29/23 ongoing

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H 162	<p>Continued From page 3 Coordinators).</p> <p>Findings included:</p> <p>A review of the facility's personnel records conducted on 1/03/2023 beginning at 10:20 AM and 01/04/2023 at 3:58 PM revealed the following:</p> <ol style="list-style-type: none"> <li>1. The personnel file for the Receptionist/Medical Records Clerk included a hire date of 04/14/2014. Further review of her personnel file showed that she had never been screened since her date of hire.</li> <li>2. The personnel file for the agency 's Insurance Biller 10/24/2012 included a hire date of 10/24/2012. Further review of her personnel file showed that she had never been screened since her date of hire.</li> <li>3. The personnel file for the certified nursing aide (CNA #1) included a hire date of 01/27/2021. Further review of her personnel filed showed a purified protein derivative (PPD) dated 04/30/2021, three months after her hire date.</li> <li>4. The personnel file for one of the agency's Staffing Coordinators included a hire date of 09/27/2022. Further review of her personnel file showed that she had not been screened since 2018. Interview with the Human Resources Manager (HRM) on 01/03/2023 at 12:28 PM revealed that the Staffing Coordinator was previously working as a home health aide (HHA). The HRM further stated that she was not aware that the Staffing Coordinator needed to be screened since she was no longer a field staff.</li> </ol> <p>During an interview on 01/03/2023 at 1:43 PM,</p>	H 162	<p>The Human Resources Office staff have been counseled and in serviced on the revision of the policy.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ol style="list-style-type: none"> <li>1. HR added verification of communicable disease screening to the Hiring checklist. <b>(See attached). No staff can be hired until they have a completed screen by HR.</b></li> </ol> <p><b>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.</b></p> <ol style="list-style-type: none"> <li>1. HR will ensure that all potential candidates for hire are cleared of communicable diseases before hire. The QA Nurse or designee will survey 10% of the hired staff quarterly to determine compliance. Results will be reported at the Quarterly Quality Assurance Performance Improvement Meeting.</li> </ol>	<p><b>3/29/23</b> ongoing</p> <p><b>05/06/23</b> ongoing</p>
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H 162	Continued From page 4  the HRM stated that she had no knowledge that the office staff were required to be screened and free of communicable diseases. She further stated that the agency only required employees that were field staff to be screened.  At the time of the survey, the home support agency failed to ensure that all employees were screened and verified free of communicable disease within six months of hire.	H 162	<b>What corrective action(s) will be accomplished to address the identified deficient practice?</b>  1. Communicable disease screening has been completed for: a. Receptionist/Medical Records Clerk b. Insurance Biller c. CNA #2 d. Staffing Coordinator 2. The HRM was counseled and re-educated on completion of communicable disease verification for all employees annually.	04/3/23  ongoing
H 163	<b>3907.7 PERSONNEL</b>  Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.  This Statute is not met as evidenced by:  Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of communicable diseases annually for four of 23 personnel files included in the sample. (Receptionist/Medical Records Clerk, Insurance Biller, certified nursing aide (CNA #2), and one of the agency ' s Staffing Coordinators).  Findings included:  Cross reference to 3909.6, H162.	H 163	<b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b>  1. The HR Department will make sure that all new hires are free of communicable diseases.  <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what... cont.</b>	4/03/23  ongoing
H 300	<b>3912.2(d) PATIENT RIGHTS &amp; RESPONSIBILITIES</b>	H 300		

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H 300	<p>Continued From page 5</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>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</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 ensure that services were provided in accordance with the plan of care (POC) as evidenced by missed home health aide (HHA) visits for five of 15 active patients in the sample (Patients #1, 8, 11, 12, and #13).</p> <p>Findings included:</p> <p>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 patient's diagnoses included Malignant neoplasm of colon and Ileostomy. The POC indicated skilled nursing services one to three times per month and two additional visits as needed until the end of the duration period. Further review of the POC showed that home health aide (HHA) services were ordered eight hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of Patient #1's clinical record showed that home health aide (HHA) services were not provided from:</p> <p>September 13, 2022, to September 20, 2022, October 16, 2022, to October 23, 2022, and November 17, 2022, to November 27, 2022.</p>	H 300	<p><b>Quality Assurance program will be implemented.</b></p> <p>1. The QA Nurse/designee will audit 10% of staff identified on the schedule for evaluation quarterly, to determine if communicable disease screening was also conducted. Results of the audits will be reported at the Quarterly Quality Assurance/Performance Improvement meetings.</p> <p><b>H 300</b></p> <p><b>1. Corrective Action:</b> This deficient practice has been brought into compliance. The Clinical Manager was counseled and instructed on the requirement to follow the plan of care and to document any changes to the plan of care. The client's Physician was notified of the missed visits via a verbal order date 3/28/23. The physician order also clarified the reason for the missed visits, and subsequent communications with the patient/caregiver (attachment #2).</p> <p>The office nurses and staffers were counseled and re-educated on the requirement to document all missed visits, to notify the patient and their caregivers when staff is not available to provide services. They were instructed to document the patient's response and any alternative arrangements for the provision of care. They were instructed to notify the client's physician via telephone and or by a written order of the change to the plan of care.</p>	<p style="text-align: center;">□</p> <p><b>5/09/23</b> <b>ongoing</b></p> <p><b>03/31/23</b> <b>ongoing</b></p>

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H 300	Continued From page 6  Interview with the Clinical Director on 01/04/2023 at 02:15 PM indicated that some missed visits were due to patient's cancellations, but she confirmed the lack of documentation to support the statement.  2. On 01/05/2023 at 03:27 PM, review of Patient #8's plan of care (POC) showed a duration period of 08/31/2022 through 08/30/2023. The patient's diagnoses included Cerebrovascular disease, Hemiplegia, Diabetes due to underlying condition, and Hypertension. The POC indicated skilled nursing services two to five times per month and three additional visits as needed until the end of the duration period. The POC also indicated HHA services eight hours a day, five days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of Patient #8's clinical record showed that HHA services were not provided on: September 01, 2022, and September 02, 2022, September 05, 2022, September 12, 2022, through September 15, 2022, and November 02, 2022, through November 04, 2022.  3. On 01/06/2023 at 10:54 AM, review of Patient #11's plan of care (POC) showed a duration period of 11/14/2022 through 01/12/2023. The patient's diagnoses included Cerebral infarction, difficulty in walking, muscle weakness (generalized), pain, Encephalopathy, adult failure to thrive, persistent proteinuria, vitamin B deficiency, and Hypertension. The POC indicated physical therapy services two times a week for one week, one to two times a week for eight weeks, and HHA services three hours a day, two days per week or two hours per day, three days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of Patient #11's clinical	H 300	<b>Systemic Changes;</b> In addition, the HR department is recruiting new staff and calling previously hired staff in an attempt to increase the pool of available Home Health Aides. The Provider is also instituting enhanced payments for all Home Health Aides and even greater pay incentives, to encourage staff to accept weekend assignments, difficult patients, and patients who live in less desirable neighborhoods.  Monitoring: The Quality Assurance/Improvement nurse or designee will monitor 10% of all client's records quarterly to determine if the plans of care, particularly in regards to the number of HHA hours being provided as ordered. The charts will also be monitored to see if orders are changed to reflect changes in the plan of care. They will also be monitored to see if the staff is documenting relevant communication with the patients, caregivers, and the clients' physician and health care team.  2. This deficient practice has been brought into compliance	4/29/23  ongoing  05/15/23  ongoing  3/31/23  ongoing

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H 300	<p>Continued From page 7</p> <p>record showed that HHA services were ordered on 12/12/2022 and have yet to be provided.</p> <p>Interview with the Clinical Director on 01/06/2023 at 12:35 PM, acknowledged the findings. She stated that it had been difficult to find a caregiver willing to do two to three hours per shift. She added that she was still working on getting an aide to provide the services. Nevertheless, there was no documented evidence to confirm that statement.</p> <p>4. On 01/05/2023 at 11:58 AM, review of Patient #12's POC showed a duration period of 10/01/2022 through 06/30/2023. The patient's diagnoses included Rheumatoid myopathy with rheumatoid arthritis and bipolar disorder. The POC indicated skilled nursing services one to three times per month and two additional visits as needed until the end of the duration period. HHA services were also ordered seven hours a day, four days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Continued review of Patient #12's clinical record showed that HHA services were not provided on October 3, 2022, October 5, 2022, and October 6, 2022.</p> <p>5. On 01/06/2023 at 09:52 AM, review of Patient #13's plan of care (POC) showed a duration period of 10/20/22 through 06/30/23. The patient's diagnoses included Polyosteoarthritis, abnormalities of gait and mobility, osteoarthritis, dementia, hypertension, and Localized edema. The POC indicated skilled nursing services one to three times per month and two additional visits as needed until the end of the duration period. HHA services were also ordered nine hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of</p>	H 300		



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H 300	<p>Continued From page 8</p> <p>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.</p> <p>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.</p> <p>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.</p>	H 300		
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 one of 15 active patients included in the sample (Patient #11).</p> <p>Findings included:</p>	H 300		

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H 364	Continued From page 9  On 01/06/2023 at 10:54 AM, review of Patient #11's plan of care (POC) showed a duration period of 11/14/2022 through 01/12/2023. The patient's diagnoses included Cerebral infarction, difficulty in walking, muscle weakness (generalized), pain, Encephalopathy, adult failure to thrive, persistent proteinuria, vitamin B deficiency, and Hypertension. The POC showed that the patient was receiving Losartan Potassium 100 mg a day. Continued review of the POC lacked evidence of emergency protocol parameters related to the patient's Hypertension diagnosis. On 01/06/2023 at 12:08 PM, the Clinical Director was informed of the findings.  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 properly manage the patient's Hypertension for Patient #11.	H 300			
H 366	3914.4 PATIENT PLAN OF CARE  Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.  This Statute is not met as evidenced by:  Based on record review and interview, the home	H 300			

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H 366	<p>Continued From page 10</p> <p>care agency (HCA) failed to ensure that each patient's plan of care (POC) was approved and signed by a physician within 30 days of the start of care (SOC) for two of 15 active patients in the sample (Patients #8 and #9).</p> <p>Findings included:</p> <p>1. On 01/05/2023 at 03:27 PM, review of Patient #8's plan of care (POC) showed a duration period of 08/31/2022 through 08/30/2023. The POC included a physician's order for skilled nursing services two to five times per month and three additional visits as needed until the end of the duration period to perform multi systems assessment, vital signs, patient instruction, and Personal care aide (PCA) supervision. Also, the POC included an order for home health aide services eight hours a day, five days per 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 on 10/14/2022, greater than 30 days.</p> <p>2. On 01/05/2023 at 01:22 PM, review of Patient #9's plan of care (POC) showed a duration period of 09/16/2022 through 11/14/2022. The POC included a physician's order for physical therapy services once for one week and one to two times a week for eight weeks for evaluation, treatment, and home Exercise Program. Also, the POC included an order for occupational therapy services one to two times a week for nine weeks for evaluation and treatment. Further review of the patient's record showed that the POC was signed by the patient's physician, at the time of survey on 01/03/2023, greater than 30 days.</p> <p>At the time of survey, the home care agency</p>	H 300		
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H 366	Continued From page 11 failed to ensure that plans of care were signed by physicians within 30 days of the start of care for Patients #8 and #9.	H 364	<b>H364</b> <b>Corrective Action:</b> The Clinical Manager and office administrative RNs were counseled and re-educated on the plan 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 report. <b>Systemic Changes:</b> Systemic The Clinical Manager, as well as the office nurses including 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.	03/31/23  ongoing
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;  This Statute is not met as evidenced by:  Based on record review and interview, the home care agency (HCA) failed to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC) for four of 15 active patients in the sample (Patients #1, 3, 4, and #10).  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 that included orders for skilled nursing services one to three times per month and two additional visits as needed until the end of the duration period to perform multi systems assessment and evaluation, patient instruction, and personal care aide (PCA) supervision. Also, the POC included an order for home health aide services eight hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). The patient's diagnoses included Malignant neoplasm of colon and ileostomy. Continued review of the clinical	H 366	<b>H 366</b> <b>Corrective Action:</b> The Plan of Care for the identified patients have been signed and filed in the chart.  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. (	04/29/23  ongoing  05/15/23  ongoing  04/29/23  ongoing

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H 453	<p>Continued From page 12</p> <p>record lacked evidence that the skilled nurse (SN) visited Patient #1 in October 2022, November 2022, and December 2022. According to the clinical director on 01/04/2022 at 02:15 PM, the admission nurse could not continue to see the client due to the location. She added that the agency was still trying to find a nurse for Patient #1.</p> <p>2. On 01/03/2023 at 01:36 PM, review of Patient #3's records showed a plan of care (POC) with a duration period of 12/02/2022 through 01/30/2023 that included orders for skilled nursing services two to three times per week for 9 weeks for wound care and physical therapy services one to two times per week for eight weeks for evaluation and treatment. The patient's diagnoses included Pressure ulcer of sacral region, stage 2, Type 2 Diabetes Mellitus, Major depressive disorder, Vascular dementia, history of pulmonary embolism, and morbid (severe) obesity. Continued review of the clinical record lacked evidence that the SN ever visited Patient #3.</p>	H 366	<p>(2) Tracking of the orders. Orders will be tracked using an excel data base spreadsheet. The date the order was sent out and the date the order was returned will be tracked in this data base. Orders will be initially mailed to the physician. If not returned within 3 weeks of the date of the order due date, it will be faxed or walked to the physician's office for signature. If the orders are not signed 3 days before the 30th day, a list of the unsigned orders will be given to the administrator and a copy of the unsigned orders will be given to the Medical Director for signature. The medical records clerk will continue to try to get the orders signed by the patient's physician by mailing, faxing, or walking the orders to the physician's office.</p> <p>Systemic Changes: The Medical record staff and the administrative nurses will be inserviced on order procedures and tracking.</p> <p>Monitoring: QA department will monitor 10% of charts quarterly to determine if orders are signed within 30 days</p>	04/21/23 ongoing
	<p>During an interview on 01/03/2023 at 01:51 PM. the Clinical Director acknowledged the findings and stated she had spoken with the nurse. According to her, the nurse had seen the patient one time but had not documented it yet. She stated that the nurse had scheduling conflicts with the patient's daughter who wanted to be present during the visit. The clinical director added that she was going to send another nurse to attend to the client's wound. There was no information to indicate whether there were untoward effects with the lack of wound care.</p> <p>On 01/09/2023, surveyor attempted to call Patient #3 twice, but there was no answer, and I was unable to leave a message due to the voicemail</p>	H 453	<p><b>H 453</b></p> <p>1. Corrective Action: The Clinical manager and other office administrative nurses were counseled and re-instructed on requirement for patient to receive nursing services as ordered on the plan of care. They were instructed not to accept patient's if no nurse or required discipline is available to provide care. They were also instructed that if there was no available nurse to provide care, then one of the office administrative nurses must provide the care ordered for the patient. In addition, they need to document any missed visits and notify the patient's physician. A corrective order was sent (3/28/22 attachment #1).</p>	05/15/23 ongoing

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H 453	<p>Continued From page 13 being full.</p> <p>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 01/09/2023 that included orders for skilled nursing services one to two times per week for nine weeks for medication management, disease process teaching, perform multi systems assessment and evaluation, patient instruction and home safety/fall prevention. The patient's diagnoses included Metabolic encephalopathy, chronic pain, muscle weakness, acute respiratory failure with hypoxia, and benign prostatic hyperplasia. Continued review of the clinical record lacked evidence that the SN visited Patient #4 the week of November 27, 2022, and the subsequent weeks in December 2022. Interview with the clinical director on 01/03/2023 at 04:21 PM revealed the client was discharged from nursing, but there was no evidence to confirm that statement.</p> <p>4. On 01/0/2023 at 011:14 AM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 12/25/2022 through 02/22/2023 that included orders for skilled nursing services three to six times per week for nine weeks for wound care, disease process teaching, perform multi systems assessment and evaluation, patient and caregiver instruction, and PCA supervision. The patient's diagnoses included open wound, right lower leg, chronic venous insufficiency, vascular dementia, osteoarthritis, pain in right lower leg, history of falling, hypertensive heart disease without heart failure, and Gastro-esophageal reflux disease. Continued review of the clinical record lacked evidence that the SN visited Patient #10 at least three times as ordered the week of November 13,</p>	H 453	<p>Systemic Changes: The clinical Manager, administrative nurses, and staffers were instructed to report all unassigned patients to the administrative team (which includes the Administrator and the Medical Director) during the daily team conference. Management can then follow-up to ensure that staffing needs are addressed.</p> <p>Monitoring: The Quality Assurance/Improvement nurse or designee will monitor 10% of all client's records quarterly to determine if the plans of care are being followed and the services are being delivered. We will direct the HR department to increase recruitment efforts as needed to maintain adequate staff.</p> <p><b>Systemic Changes:</b> <b>Systemic</b> The Clinical Manager, as well as the office nurses including staffers, the field staff (RNs, LPNs, PTs, and OTs overseeing the patient's care will be in-serviced on the requirement to include all missed visits in the charts and report difficulties of providing services to the patient to the patient's physician to be reported to the physician. The HR department aggressively recruited new RNs and three RN s and one LPN were hired to address staffing needs.</p>	<p><b>03/31/23</b> <b>ongoing</b></p> <p><b>05/15/23</b> <b>ongoing</b></p> <p><b>04/29/23</b> <b>ongoing</b></p>
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H 453	Continued From page 14  2022, the week of December 4, 2022, the week of December 18, 2022, and the week of December 25, 2022.  On 01/04/2023 at 12:33 PM, the clinical director was interviewed. She stated that the patient was seen but acknowledged lack of documentation to confirm the statement. Review of the agency's policy on documentation revealed a memorandum dated November 11, 2022, for all clinical staff that stated the following: "Effective immediately, submission of visit notes for payment for skilled patient visits must be within five days, or earlier of the visit. Submission for non-skilled patient visit notes must be within 10 days of the visit. Visits must be entered in Allegheny within the specified times above."  In addition, surveyor attempted to interview the assigned nurse but unsuccessful. Four telephone calls were made to the nurse and one voice message left. Clinical director was also made aware.  At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with Patients #1, 3, 4, and #10's plans of care.	H 453			
H 457	3917.2(g) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;	H 457	<b>H457 Corrective Action:</b> The Charts for all of the identified patients are up to date, with current progress notes and in compliance. The Clinical manager and other office administrative nurses were counseled and re-instructed on requirement for patient to receive nursing services as ordered on the plan of care. They were instructed not to accept patient's if no nurse or required discipline is available to provide care. Also if there is no available nurse to provide care, then one of the office administrative nurses must provide the care ordered for the patient, as well as document the monthly visit, the sixty day summary, and any missed visits and notify the patient's physician.	03/31/23 ongoing	

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H 457	<p>Continued From page 15</p> <p>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).</p> <p>Findings included:</p> <p>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 medical health related issues, assessment, and evaluation of body systems. Further review of the clinical record lacked evidence of a progress note during the month of October 2022 and November 2022. In addition, there was no evidence of a 62-day summary note at the time of survey.</p> <p>2. On 01/05//2023 at 10:48 AM, review of Patient #6's POC showed a duration period of 11/04/2022 through 04/30/2023. The POC indicated skilled nursing services one to three times per month plus two additional visits as needed for PCA supervision, management of any medical health related issues, assessment, and evaluation of body systems. Further review of the clinical record lacked evidence of a progress note during the month of December 2022.</p> <p>3. On 01/05/2023 at 11:58 AM, review of Patient #12's POC showed a duration period of 10/01/2022 through 06/30/23. The POC indicated</p>	H 457	<p><b>Systemic Changes:</b> The clinical Manager, administrative nurses, and staffers were instructed to report all unassigned patients to the administrative team (which includes the Administrator and the Medical Director) during the daily team conference. Management can then follow-up to ensure that staffing needs are addressed.</p> <p><b>Corrective Action:</b> The sixty day summary is currently on the EMR (see attachment #15). The skill nurse will be counseled regarding timely entry of sixty day summaries.</p> <p><b>Systemic Changes:</b> The Clinical Manager as well as the other office administrative nurses, the field staff including SNs, PTs, OTs, and MSW will be in-serviced on the requirement to write a sixty-day summary and send a copy to the patient's physician.</p> <p><b>Monitoring:</b> The Quality Assurance/Improvement nurse or designee will monitor 10% of all client's records quarterly to determine if the clinicians are doing the sixty day summaries timely and sending a copy to the patient's physician. The QA department has an ongoing monitoring programs to track sixty-day summaries.</p>	<p>04/29/23</p> <p>ongoing</p> <p>03/31/23</p> <p>ongoing</p> <p>04/29/23</p> <p>ongoing</p> <p>05/15/23</p> <p>ongoing</p>



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H 457	<p>Continued From page 16</p> <p>skilled nursing services one to three times per month and two additional visits as needed for PCA supervision, management of any medical health related issues, assessment, and evaluation of body systems. Further review of the clinical record lacked evidence of a progress note during the month of December 2022.</p> <p>4. On 01/06/2023 at 09:52 AM, review of Patient #13's plan of care (POC) showed a duration period of 10/20/2022 through 06/30/2023 that included orders for skilled nursing services one to three times per month and two additional visits as needed for PCA supervision, management of any medical health related issues, assessment, and evaluation of body systems. Further review of the clinical record lacked evidence of 62-day summary note at the time of survey.</p> <p>On 01/06/2023 at 3:30 PM, the Administrator and clinical director were made aware of the findings.</p> <p>At the time of survey, it was determined that the agency failed to ensure that the skilled nurse documented progress notes and summary notes in accordance with the regulatory requirements for Patients #1, 6, 12, and #13.</p>			
H 550	<p>3922.1 OCCUPATIONAL THERAPY SERVICES</p> <p>If a home care agency provides occupational therapy services, it shall provide those services in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the home care agency (HCA) failed to ensure Occupational Therapy (OT) services were provided in</p>			

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H 550	<p>Continued From page 17</p> <p>accordance with the patient's plan of care (POC) for four of 15 active patients in the sample (Patients #2, 4, 6, and #7).</p> <p>Findings included:</p> <p>1. On 01/04/2023 at 02:38 PM, review of Patient #2's clinical record showed a plan of care (POC) with duration periods of 10/21/2022 through 12/19/2022 and 12/20/2022 through 02/17/2023 that indicated occupational therapy (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 fusion of spine, lumbar region, low back pain, acute kidney failure, type II diabetes mellitus, and alcohol abuse. Continued review of the clinical record lacked evidence that the OT evaluated Patient #2 the week of October 16, 2022, or the week of October 23, 2022. Of note, the referral was dated October 19, 2022, for an admission date of October 21, 2022; and OT evaluated Patient #2 on November 4, 2022. There was no evidence indicating the reason for the delay at the time of survey.</p> <p>2. On 01/03/2023 at 03:02 PM, review of Patient #4's clinical record showed a POC with a duration period of 11/11/2022 through 01/09/2023 that indicated occupational therapy (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</p>	H 550	<p>H550</p> <p><b>Corrective Action:</b> 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 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.</p> <p><b>Systemic Changes:</b> 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.</p> <p><b>Monitoring:</b> 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 provided as specified on the initial POC.</p>	<p>03/31/23 ongoing</p> <p>04/29/23 ongoing</p> <p>05/15/23 ongoing</p>
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H 550	<p>Continued From page 18</p> <p>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 Metabolic encephalopathy, chronic pain, muscle weakness, acute respiratory failure with hypoxia, and benign prostatic hyperplasia. Continued review of the clinical record lacked evidence that the OT evaluated Patient #4 the week of November 6, 2022. Of note, the referral was dated November 09, 2022, with an admission date of November 11, 2022, and OT evaluated Patient #4 on November 18, 2022. There was no evidence indicating the reason for the delay at the time of survey.</p> <p>3. On 01/05/2023 at 10:48 AM, review of Patient #6's POC showed a duration period of 12/21/2022 through 02/18/2023 that indicated occupational therapy (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 Stiff-man syndrome, reduced mobility, infection and inflammatory reaction due to ventricular intracranial shunt. Continued review of the clinical record lacked evidence that the OT evaluated Patient #6 as ordered at the time of survey. Of note, the referral was dated December 16, 2022, with an admission date of December 21, 2022. There was no evidence indicating the reason for the delay at the time of survey.</p>			
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PREMIUM SELECT HOME CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011</b>
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H 550	<p>Continued From page 19</p> <p>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 Arrhythmia, 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 17, 2022, with an admission date of November 18, 2022, and OT evaluated Patient #7 on December 13, 2022. There was no evidence indicating the reason for the delay at the time of survey.</p> <p>On 01/06/2023 at 3:30 PM, the Administrator and Clinical Director were made aware of the findings.</p> <p>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.</p>			
H 560	<p>3923.1 PHYSICAL THERAPY SERVICES</p> <p>If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.</p>			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PREMIUM SELECT HOME CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011</b>
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H 560	<p>Continued From page 20</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the home care agency (HCA) failed to ensure Physical Therapy (PT) services were provided in accordance with the patient's plan of care (POC) for two of 15 active patients in the sample (Patient #3 and #6).</p> <p>Findings included:</p> <p>1. On 01/03/2023 at 01:36 PM, review of Patient #3's records showed a plan of care (POC) with a duration period of 12/02/2022 through 01/30/2023 that indicated physical therapy services one to two times per week for eight weeks. The patient's diagnoses included a Pressure ulcer of sacral region, stage 2, Type 2 Diabetes Mellitus, Major depressive disorder, Vascular dementia, history of pulmonary embolism, and morbid (severe) obesity. The physical therapy (PT) services included the following: Evaluation, assessment and treatment, patient instruction in transferring training for safe functional transfers, therapeutic exercise, functional mobility, and use of a Hoya Lift. In addition, the POC included an order for the therapist to instruct, monitor, and report blood sugar (BS) readings that differed from established parameters: " BS is less than 60 mg/dl or greater 160 mg/dl or if postprandial BS levels is greater than 220 mg/dl, 1 to 2 hours after eating."</p> <p>a. Continued review of the clinical record showed that the PT visited Patient #3 on 12/06/22 and 12/08/22 with no evidence of assessing the patient's blood sugar to determine whether interventions were indicated.</p> <p>b. Furthermore, review of records failed to evidence that PT services were provided during</p>	H 560	<p>H 560</p> <p><b>Corrective Action:</b> The Clinical Manager as well as the office administrative nurses and the Physical therapist will be counseled and re-instructed on the requirement to follow the plan of care. For diabetic patients when they are the discipline managing the care, they must document what the patient's BS levels are. They can ask the patient what the levels are, review the patient's self-kept record of the BS levels, document the patient AIC. If the ranges deviate from the ranges set in the POC, the therapist must notify the patient's physician and the office clinical manager. Corrective orders sent to physicians (attachment 20 and 21).</p> <p><b>Systemic Changes:</b> 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 assess diabetic patients blood sugar levels. They will be instructed to assess by asking the patient what his/her levels are, review the patient's self-kept record of the BS levels, document the patient AIC if the patient knows it. The SN will be instructed to take the patients' BS or assist the patient to take their BS. If the patient ranges deviate from the ranges set in the POC, the visiting staff must notify the office clinical manager and the physician must be notified.</p> <p><b>Monitoring:</b> 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 as ordered. They will review diabetic patient charts to see if the staff is assessing and documenting the BS levels and/or the AIC and reporting deviations from the desired patient range to the clinical Manager and/or the physician</p>	<p>03/31/23 ongoing</p> <p>04/29/23 ongoing</p> <p>05/15/23 ongoing</p>
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIUM SELECT HOME CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 560	<p>Continued From page 21</p> <p>the weeks of December 11, 2022, December 18, 2022, and December 25, 2022. There was no evidence of communication notes indicating the reasons for the missed visits at the time of survey.</p> <p>2. On 01/05/2023 at 10:48 AM, review of Patient #6's POC showed a duration period of 12/21/2022 through 02/18/2023 that indicated physical therapy (PT) services twice a week for nine weeks. The PT services included the following: evaluation, assessment, and treatment; home exercise program, therapeutic exercise, bed transfers/bed mobility instruction, establish/instruct in home exercise program, balance/neuromuscular training exercise instruction, and functional mobility. In addition, the POC included an order for the therapist to instruct, monitor, and report blood sugar (BS) readings that was differed from established parameters: " BS is less than 60 mg/dl or greater 160 mg/dl or if postprandial BS levels is greater than 220 mg/dl, 1 to 2 hours after eating." Continued review of the clinical record showed that the PT visited Patient #6 on 12/21/2022 and 12/28/2022 with no evidence of assessing the patient's blood sugar to determine whether interventions were indicated.</p> <p>On 01/06/2023 at 3:30 PM, the Administrator and clinical director were made aware of the findings.</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 plans of care for Patients # 3 and #6.</p>	H 560		