	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	co	SURVEY MPLETED
		HCA-0004			04	/28/2023
NAME OF PR	ROVIDER OR SUPPLIER			ATE, ZIP CODE		
T & N RE	LIABLE NURSING CA	RE	H STREET N GTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	04/19/2023, 04/20/2 04/26/2023, 04/27/2 determine complian Chapter 39 (Home + Home Care Agency 255 patients and en of the survey were 1 administrative recor five discharged pati records, and a revie complaints and inci- findings were also b home visits. Listed below are ab report: ADL - Activities of D CHF - Congestive H DON- Director of Nu HHA - Home Health HCA - Home Care A IADL- Instrumental J	e survey was conducted on 2023, 04/24/2023, 04/25/2023, 2023, and 04/28/2023 to ince with Title 22 B DCMR, Care Agency Regulations). The provided home care services to inployed 440 staff. The findings based on the review of ds, 20 active patient records, ent records, 35 personnel aw of the agency's response to dents received. The survey based on the completion of two breviations used throughout this Daily Living leart Failure ursing Aide Agency Activities of Daily Living al Therapist	H 000	Please begin typing your re	sponses here:	

STATE FORM

(X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004		CONSTRUCTION	(X3) DATE SL COMP	
	ROVIDER OR SUPPLIER	STREET ADDF 3500 18TH				12020
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION>	ID PRÉFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
H 000	Continued From pa PPD - Purified Pro PT - Physical Ther RN - Registered N SN - Skilled Nur SOC - Start of Car	tein Derivative apist urse se	H 000			
H 120	ER – emergency r 3906.1(a) CONTR If a home care age provided by a third between the home for the provision of writing and shall in following: (a) A description of This Statute is no Based on contract care agency (HCA agreements for ph occupational thera services to be prov Findings included: On 04/19/2023 at the home care age that the agency ut	ACTOR AGREEMENTS ency offers a service that is l party or contractor, agreements care agency and the contractor f home care services shall be in include, at a minimum, the f the services to be provided; of met as evidenced by: review and interview, the home of failed to ensure the contractual ysical therapy (PT), and upy (OT) included a description of vided. (PT #1 and OT #1)	H 120	The contractual agreement of the Therapist and Occupational The has been revised to include the of the services to be provided. Please see attachment #1A&B. The front desk staff and the Hur Resource staff have been in-set the new contract form for all new The Human Resource Manager review all new contracts to ensu description of services included	erapist has description nan viced on v applicants shall ire that the	5/25/23 6/21/23

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If continuation sheet 2 of 56

STATEMENT	egulation & Licensir OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		c	MPLETED
NAME OF PE	ROVIDER OR SUPPLIER			ATE, ZIP CODE	4/20/2023
T&NRE	LIABLE NURSING CA	ARE	TON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 120	04/19/2023 at 3:24 contracted physica showed a descripti the therapist, howe description of serv the physical and or	-party contractual agreements on PM for services rendered by the all and occupational therapist ion of services to be provided by ever, lacked evidence of a ices to be provided specifically by ccupational therapists. shared with facility leadership at	H 120		
H 126	If a home care age provided by a third between the home for the provision of writing and shall in following: (g) The duration of provisions for rene This Statute is no Based on record re care agency (HCA agency's contractu	ACTOR AGREEMENTS ency offers a service that is l party or contractor, agreements care agency and the contractor f home care services shall be in iclude, at a minimum, the f the agreement, including wal, if applicable; and of met as evidenced by: eview and interview, the home) failed to ensure that the ial agreements were renewed for	H 126	The contractual agreement of the Physic Therapist was revised to include the duration of service of the contract and a copy was given to the surveyor. The front desk staff and the Human Resource staff have been in-serviced or the new contract form for all new applicants. The Human Resource Manager shall review all new contracts to ensure that the duration of service is included in each contract.	5/25/23 6/21/23
	the agency's physic the sample. Findings included: During the entrance 10:22 AM, the HC/ stated that the age	actual agreements reviewed for ical therapist (PT #1) included in e conference on 04/19/123 at A's director of nursing (DON) ency obtained contractual ysical therapy (PT),	1		

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If continuation sheet 3 of 56

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY MPLETED
		HCA-0004	B. WING		04/28/2023	
	NOVIDER OR SUPPLIER	ARE 3500 181	DDRESS, CITY, STAT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
H 126	Continued From p	age 3	H 126			
	services. A review of the fac conducted on 04/1 following:	apy (OT) and skilled nursing (SN) cility's personnel records was 19/202 at 3:24 PM revealed the				
	therapist (PT#1) s that was signed on the agreement rev be effective from t renewable every f documented evide	for the agency's physical howed a contractual agreement n 05/03/2010. Further review of realed that the "agreement would he signature date, and is our (4) years." There was no ence that the PT's contractual een renewed since 2010.				
	Administrator state agency's nursing of have forgotten the At the time of the Administrator sub- agreement for phy	survey, the home care agency's mitted a revised contractual vsical therapist #1 dated ars after the physical therapist	e			
H 147	3907.2(c) PERSO	NNEL	H 147			
		agency shall maintain accurate , which shall include the following	g			
	checklist, and price	ucation, training certificates, skills or employment, and evidence of entation and in-service training, hinars;	à			
	This Statute is n	ot met as evidenced by:				
	Based on record r	eview and interview, the home				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HCA-0004	(X2) MULTIPL A. BUILDING: B. WING		TE SURVEY COMPLETED
	ROVIDER OR SUPPLIER	3500 18TH	RESS CITY, ST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 147	personnel records participation in orien nurse (LPN #1) an receptionist. Findings included: A review of perso 3:24 PM, revealed The agency's licent the front desk receincluded dates of h 01/18/2023 respect evidence that the end home care agency During an interview division on 04/21/2 staff stated that the evidence that the end agency 's orientation electronic review of was no documentes #1 and the front desk participated in orient) failed to maintain accurate to include employee's entation for one licensed practical d the agency's front desk nnel records on 04/19/2023 at the following. sed practical nurse (LPN #1) and ptionist 's personnel files nire of 12/20/ 2022 and tively, with no documented employees participated in the 's orientation. w with the human resources (HR) 2023 at 3:24 PM, the leadership ere would be a receipt to employee had participated in the ion. It should be noted during the f the personnel records, there ed evidence of receipts for LPN	H 147	The orientation of the front desk receptionist has been completed. Please see attachment #2. The LPN# 1 has been terminated from to company. The Human Resource staff shall be in-serviced again to ensure that all newl hired employees are oriented on compa- policies and procedures and on the assignment for which they are hired to perform. The Human Resource staff shall give the employee an orientation form post orientation to sign for proof of orientation and file it in the employee's record. The Human Resource Manager has been in-serviced to review the new hire check to ensure that of all new hire records are up to date before commencement of service to ensure effectiveness.	y 6/21/23 ny e n list
H 148		NNEL gency shall maintain accurate which shall include the following	H 148		

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If continuation sheet 5 of 56

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004		E CONSTRUCTION ()		RVEY LETED
	ROVIDER OR SUPPLIER	STREET ADD 3500 18TH	RESS, CITY, ST		04/20	12023
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLET DATE
H 148	Continued From p	age 5	H 148			
	(d) Documentation required;	of current CPR certification, if				
	Based on record recare agency (HCA personnel records current CPR certifiaides (HHAs) and sample (HHAs #2) Findings included: Review of the person 24/27/2023 at 3:24 failed to show curr 2, #7, and RN #3. During an interview Resources Assists of employees to not the expiration of an time of the survey,	of met as evidenced by: eview and interview, the home) failed to maintain accurate , which included documentation of ication, for three home health a registered nurse included in the and #7 and RN #3). connel records on 04/19/2023 and 4 PM, and 3:01 PM respectively, ent CPR certifications for HHAs w on04/27/2023, the Human and stated that they compile a list otify at least two weeks prior to ny documents, however, at the the home care agency failed to sonnel had current CPR		The CPR certification cards for citated employees have been renewed. Please see attachment #3A, B, C The Human Resource staff shall be in-st to generate the compliance report of all employees from 1/1/2023 to 7/31/2023, and contact all those with expired docur and those expiring by June 30th to rene before the end of June. The Human Resource staff starting June 2023 shall also pull a 60 day in advance compliance report on the first week day every month and give to the Receptionis Medical Record staff to contact employer renew their documents. Those who refut to renew on time should be removed fro work one week before the expiration dat of the document to ensure compliance. The Human Resource Manager has been in-serviced to pull these monthly reports the beginning and at the end of the mon	current review ments ww e 1 st , e of st and ees to sed om te en at	6/21/2
H 152	3907.2(h) PERSO Each home care a personnel records, information:	NNEL gency shall maintain accurate , which shall include the following	H 152	and review to ensure effectiveness.		
	(h) Copies of comp	pleted annual evaluations;				
		of met as evidenced by: eview and interview, the home				

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If continuation sheet 6 of 56

STATEMENT	equlation & Licensir	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004			SURVEY MPLETED
	ROVIDER OR SUPPLIER	STREET ADD 3500 18TH	RESS, CITY, SI STREET N TON, DC 2	TATE, ZIP CODE E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 152 H 162	care agency (HCA) personnel records for one of three con the sample, the age (OT #1). Findings included: A review of the fac conducted on 04/11 following: The personnel file included a date of 1 review of the file sh of an annual evalua one year anniversa Review of the ager Selection/Hiring of PM showed "The a performance evalu three months of en thereafter" During an interview 04/19/2023 at 3:45 Administrator cond OT #1; however, af was no documente evaluation had bee 3907.6 PERSONNI At the time of initial) failed to maintain accurate to include completed evaluations intractual agreements included in ency 's occupational therapist ility's personnel records was 9/2023 at 3:24 PM revealed the for occupational therapist (OT #1) hire of 11/02/2020. Further nowed no documented evidence ation since the employee's initial ary. ncy's policy entitled Personnel on 04/28/2023 at 4:20 igency will conduct a ation of all staff after the first inployment and annually with the Leadership Staff on PM revealed that the ucts the annual evaluations for the time of the survey, there d evidence that an annual in conducted for OT #1.	H 152	The evaluation of the Occupational Therapist has been done. Please see attachment #4 The Human Resource staff has been in-serviced to generate the compliance report of all current employees from 1/1/2023 to 7/31/2023, sort and summit expired evaluations of nurses and therapists to the Administrator or Assistant Clinical Manager before 6/30/23to conduct evaluations. The Human Resource staff starting June 1 st , 2023 shall also pull a 60 day in advance compliance report on the first week day of every month and give to the Administrator or Assistant Clinical Manager to conduct Clinical staff evaluations due Those that fail to do their evaluations should be removed from work one week before the expiration date of the document to ensure compliance. The Human Resource manager has been in-serviced to pull these monthly reports all the beginning and at the end of the month and review to ensure effectiveness.	
	At the time of initial the home care age employee, within th	employment of each employee, ncy shall verify that the le six months immediately of hire, has been screened for nunicable disease.	H 162		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004			COM	BURVEY PLETED
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, ST STREET N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES JST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(25) COMPLE DATE
H 162	This Statute is n Based on record n care agency (HCA employee was fre within the six mon employee's date of personnel files ind Receptionist, Staf home health aide Findings included A review of the fai conducted on 04/ following: 1. The personnel Receptionist inclu Further review of had not been scre should be noted th derivative (PPD) v during the survey 2. The personnel fi Coordinator #1 ind Further review of had not be screen 3. The personnel fi included a hire da of her personnel fi protein derivative months prior to he 4. The personnel fi	ot met as evidenced by: review and interview, the home A) failed to verify that each e of communicable diseases ths immediately preceding the of hire for four employee's cluded in the sample, (Front Desk fing Coordinator #1, LPN #1 and HHA #4). d: cility's personnel records was 19/2023 at 3:24 PM revealed the file for the agency's Front Desk ded a hire date of 01/18/2023. her personnel file showed that she ened since her date of hire. It hat evidence of a purified protein vas provided for the receptionist on 04/24/2023. le for the agency's Staffing cluded a hire date of 01/02/2006. her personnel file showed that she ed since 4/09/2019. file for licensed practical (LPN #1) te of 12/20/2022. Further review le showed that she had a purified (PPD) dated 02/26/2022, ten		The receptionist has been screen free of communicable disease. The Human Resource staff respo- hiring shall be in-serviced to use employment check list at all time new hire applications to ensure to been screened of communicable to ensure that the screening was months or earlier before the hired Any screening results after 6 mo- repeated before hiring. The Human Resource Manager s- in-serviced to review all new hire to ensure effectiveness.	onsible for the s to control all hat they have diseases and done 6 d date. nths shall be shall be	6/21/23

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLETED	
		HCA-0004	B. WING	04/2	/28/2023	
LAME OF PR	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY ST	ATE, ZIP CODE		
	ABLE NURSING CA	DE	STREET N			
OL N KEL	TABLE NORSING CA	WASHING	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY JENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLET DATE	
H 162	Continued From pa	age 8	H 162			
	06/16/2022, nine n Review of the polic Selection/Hiring of documented evide required to be scree their hire.	erivative (PPD) dated nonths prior to her hire date. by on 04/28/2023 entitled Personnel showed no nce that the employees were sened within six months prior to				
	Administrative Sta were referred to Ti Home Care Agence HCA to verify that screened for and f	erview on 04/28/2023, the ff acknowledged the findings and tle 22 DCMR Chapter 39 for cy's regulations that required the each employee has been ree of communicable disease mmediately preceding the date of				
H 163	communicable dis guidelines issued	all be screened for ease annually, according to the by the federal Centers for and shall be certified free of	H 163	 1)The Physicals and PPD of HHA #10 expired on 3/2/23 and she stopped work on 2/20/23. The Human Resource staff shall be in-serviced to verify and show surveyors the last date of service of terminated employees on the software. The Human Resource Manager shall be in-serviced to ensure that any field staff who has not served for more than 60 days should be terminated in the software. 	6/21/23	
	This Statute is no	of met as evidenced by:		be terminated in the software.		
	care agency (HCA employee was scr communicable dis	eview and interview, the home a) failed to verify that each eened and certified free of ease annually for three of 23 HHA's personnel records 10, 14, and #15).				
	Findings included:					
		cility's personnel records was 20/2023 at 12:03 PM revealed				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004		CC	E SURVEY MPLETED
	ROVIDER OR SUPPLIER	3500 18TH	STREET N		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST DE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 163	 the following: 1. The personnel #10) included a hir review of the file sl screened for comm 03/02/2022. 2. The personnel #14) included a hir review of the file sl physician on 02/25 document evidenc screened and free 3. The personnel fi #15) included a hir review of the file sl screened for comm 03/11/2022. During the Exit Interview 	age 9 file for home health aide (HHA e date of 08/25/2021. Further nowed that HHA #10 was last nunicable diseases on file for home health aide (HHA e date of 07/25/2019. Further nowed that she was seen by a /2023: however, he failed to e that the employee was of communicable diseases. Ile for home health aide (HHA e date of 07/08/2022. Further nowed that HHA #15 was last nunicable diseases on erview on 04/28/2023, the if acknowledged the findings.	H 163	 2 The Physicals of HHA #14 expires on 3/25/2 and CXR expires on 10/5/23 however, the TB annual symptom screening was not done because the employee used the wrong physic form. The Human Resource staff shall be in-service to give and accept the Agency's physical form only which has the TB symptoms listed and ensures that these symptoms are checked when each employee is screened of communicable disease. The HR Manager shall generate the compliance report every month and randomly review 10% of physical forms to ensure compliance 3) The Physicals and PPD of HHA #15 expired on 3/11/23 and she stopped work on 1/15/23. The Human Resource staff shall be in-service to verify and show surveyors the last date of service of terminated employees on the software. The Human Resource Manager shall be in-service to ensure that any field staff who 	d
H 277	(q) Communication health care profess care; This Statute is no Based on interview care agency (HCA)	d shall include the following to the patient: is between the agency and all sionals involved in the patient's t met as evidenced by: and record review, the home failed to ensure communications by and all health care	H 277	has not served for more than 60 days should be terminated in the software.	

Health Regulation & Licensing Administration STATE FORM

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If continuation sheet 10 of 56

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HCA-0004	8. WNG		04/2	28/2023
	ROVIDER OR SUPPLIER	ARE 3500 18T	DRESS, CITY, ST H STREET N GTON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLET DATE
H 277	Continued From pa	age 10	H 277			
		nted for one of 20 active patients		1. Adhesive dressing has been purc and used to cover the sacral wound dressing is intact with each bowel m change.	and the ovement	5/10/23
On 04/20/2023 at 1:28 pm, review of Patient #9's clinical record showed plans of care (POCs) with duration periods of 01/18/2023 through 03/18/2023 and 03/19/2023 through 05/17/2023, for skilled nursing services two to three times a week for wound care, personal care aide (PCA) services 14 hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Also, the patient was ordered physical therapy (PT) services two to three times a week for eight weeks and occupational		A new PCP from House Call has been consulted and has seen the client and gave a new order for treatment. The Assistant Clinical Manager who manages skilled patient charts has been assigned to tak				
	wound care, perso hours a day, sever activities of daily liv activities of daily liv	nal care aide (PCA) services 14 days per week to assist with ving (ADL) and instrumental ving (IADL). Also, the patient was		 over the weekly field wound measurements an supervision of the LPNs while a new LPN has been assigned to the client and the wound is improving. All clinicians and intake staff shall be in-serviced on care coordination with the interdisciplinary team and PCP. The field Quality Assurance(QA) nurses shall visit skilled admissions one week post the beginning of service and then monthly until discharged and once for PCA admissions to ensure that services are provided as ordered and give any recommendations to the office nursing team to improve the quality of care. The Administrator/QA nurse shall review 100% of skilled client records every quarter to ensure compliance. 2. The PCAs have been trained on the use of the Hoyer lift. The new house call PCP has re-order the Occupational Therapist services on 5/26/23 and re-evaluation shall be conducted this week. Client has been re-educated to comply with the instructions of the care team and allow the PCA to turn and reposition him. All clinicians shall be in-services on patient Mobility and environmental safety. 		15/5/23
	times a week for ei therapy (OT) servic eight weeks to eva establish a plan of and home environn The patient's diagn pressure ulcer, righ suprapubic wound, type II diabetes me hypertension, malig hyperlipidemia, and On 04/25/2023 at 1	aily living (IADL). Also, the patient was ical therapy (PT) services two to three				6/21/23
	1. Stage III sacral p two to three times a practical nurse and (RN). However, the in place. According having regular bow dressing would be					6/21/23

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. HCA-0004	0.01.00000	COM	SURVEY IPLETED
		STREET AD 3500 18T	DRESS, CITY, ST	TATE, ZIP CODE	012025
I & N RE	LIABLE NURSING CA	WASHING	STON, DC 2	20018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 277	improvement and r treatment. The wor unchanged since J evidence of wound x 2. 2. Mobility was a b confined in his sec bound. He was not attempts at turning his preference to s back despite the sa like the wedge and Also, there was a H being used. Neven therapy twice a we motion exercises. J occupational thera 3. Type II diabetes patient's blood sug times a day as ord twice a week to pe Insulin based on th	cked evidence of wound modification of wound care and characteristics were anuary 2023. There was no I consultation post hospitalization ig concern. The patient was ond-floor bedroom and was bed n-compliant with the aide's and repositioning. He expressed tay in bed, laying down on his acral wound. Per aide, he did not I would remove it when applied. Hoyer lift in the room that was not theless, he was getting physical ek for therapeutic and range of Also, he was ordered py that was not being provided. was poorly managed. The ar was not being checked three ered. His daughter was coming from the blood sugar and give he established doctor's urses would check the blood		3. The new PCP has changed the frequency of blood sugar monitoring to daily in AM with sliding scale. The office and field nurses are currently monitoring the blood sugar Monday through Friday and daughter to do the weekend monitoring. The PCP was contacted on 5/26/23 for a glucometer sensor and when approved and supplied, the PCA shall be educated to read the glucometer results and communicate the daily results to the office and the office nurse will go and administer the insulin if needed. All clinicians and intake staff shall be in-serviced to ensure that all existing diabetic clients are able to monitor their own blood sugar and administer insulin and all medication or they have a representative who is willing to monitor and administer insulin and all medications. Field nurses should evaluate these abilities and report findings to the office nursing team for further interventions for clients who need assistance with blood sugar monitoring, insulin and other medication administration. The Administrator/QA nurse shall review 100% of skilled client records and diabetics to ensure compliance.	6/21/23 s
	the ordered "diabed duty reported a poor visit, patient was of There were a few of different types of sa Ensure drinks, while drinking once a day	adequate and not consistent with tic diet." The patient and aide on or nutritional intake. During the bserved eating a glazed donut. other donuts in the kitchen and ausages in the fridge as well as ch the aide reported he liked y, since he did not like the home ng. He enjoyed eating mashed		 4. The daughter and nurse shall meet with the client and prepare a list of preferred diabetic diet options and placed it on the refrigerator. The PCA shall be educate on how to cook the food items and patient to comply with diabetic diet. Clinicians shall be in-serviced to educate clients, PCAs and family on diet and document in their notes and notify the PCP of any patient non-compliance behavior. Office nursing team shall verify dietary education during clinical documentation review. 	6/21/23

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING.	E CONSTRUCTION		PLETED
		HCA-0004	B WING		04/2	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
T&NRE	LIABLE NURSING C	ARE	STREET N			
		WASHING	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE
H 277	Continued From pa	age 12	H 277			
	physician as he wa and required an an attempted to follow physician on 03/16 emergency room fit discharged on 03/7 follow-up with the of On 04/26/2023 at DON, and physical made aware of the admission nurse in daughter had state living with the patie blood sugar. It was "found out that she Also, it was reveal case manager. In addition, the ass (ADON), who was	acking the oversight of a as confined on the second floor nbulance for transportation. He up with his primary care //2023 and was rerouted to the or shortness of breath. He was 18/2023 and had not been able to doctor. 12:40 pm, the Administrator, I therapist were interviewed and findings. The DON and dicated that the patient's ed on admission that she was ent and would be checking the second mould be checking the second mould be checking the second mould be checking the second mould be checking the second that the patient's d that the patient did not have a distant director of nursing in charge of the skilled services, t OT was not providing the		5 A house call PCP has accepted a client at his home. Client also has refused to live on th per PCP and nursing recommenda Clinicians shall be in-serviced to as clients home environment under the report any safety concerns to the o team via email for proper follow up The field Quality Assurance(QA) m shall visit skilled admissions one w beginning of service and then mon discharged and once for PCA adm assess the home environment and recommendations to the office nursi improve the quality of care. The Administrator/QA nurse shall m of skilled client records every quark compliance	tion. ssess all eir care and ffice nursing urses eek post the thly until issions to give any sing team to eview 100%	5/17/23
Н 300	clinicians failed to communications be care professionals 3912.2(d) PATIEN RESPONSIBILITIE Each home care ag		Н 300			
	services has the fo (d) To receive treat					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004				B/2023
		STREET / 3500 18	ADDRESS, CITY, ST	E		
(X4) ID PREFIX TAG	SUMMARY S	WASHI STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	NGTON, DC 2 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	IÉ ATE	(X5) COMPLET DATE
H 300	Based on record m determined that the to ensure that serve with the plan of cal patients sampled if #16). Findings included: 1. On 4/19/2023 a clinical record sho duration period of for skilled nurse (S as needed to cord systems, home he co-morbid conditio complications. Als personal care serve week to assist with and instrumental a Her diagnoses inco respiratory failure, depression, acid m Continued review showed that perso provided on 10/01 10/09/2022, 10/05 10/23/2022, 10/05 10/23/2022, 12/04 12/15/2022, 12/04 12/15/2022, 12/18 and 12/31/2022. 2. On 04/19/2023 #3's clinical record period of 02/01/20	olan of care; ot met as evidenced by: eview and interview, it was e home care agency (HCA) faile vices were provided in accordan re (POC) for seven of 20 active (Patients #2, 3, 5, 6, 11, 15, and	nce I 2's and y	 The shortage of staff caused by COV pandemic affected clients' PCA service especially weekend services. For client the Agency was unable to completely s government rules prohibited Agencies discharging clients during the pandemi because no Agency was accepting tran cases and fair hearings were suspende The intake coordinator was instructed the with scheduling and only accept new re- with scheduling approval. The Intake and Staffing Coordinators s re-educated to timely notify the office in team of patients with staffing difficulties short -term solutions to the issue for po- transfer and discharge and continue to together for new intakes. The staffing coordinators shall be re-ec- to timely complete their on-hold forms i the reason services were not provided certain days. The Clinical Manager and QA shall revi least 2% of PCA records every quarter ensure compliance. Please see H300 (1) 	es ts that staff, from c nsfer ed. to work eferrals shall be nursing s with no possible work ducated to justify on	6/21/23

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPE A. BUILDING B. WING		ATE SURVEY COMPLETED
	ROVIDER OR SUPPLIER	STREET AL 3500 18T	DRESS, CITY ST	E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 300	(SN) visits every 3 services 15 hours assist with activitie instrumental activi- patient's diagnose failure, chronic kid type II diabetes m thrombosis and er Continued review showed that perso provided on 12/22 12/31/2022, 01/14 01/19/2023 and 0 3. On 04/28/2023 #5's clinical record period of 01/01/20 visits once every 3 skilled assessmen supervision, and en necessitating med had orders for PC seven days per we living (ADLs) and living (IADLs). The included cerebral viral hepatitis C, a review of Patient 4 personal care sen 06/04/2022, 06/05 06/21/2022, 10/02	00 days and as needed, and PCA a day seven days per week to es of daily living (ADLs) and ties of daily livings (IADLs). The s included congestive heart iney disease, hypertension, gout, ellitus, history of other venous mbolism, and glaucoma. of Patient #3's clinical record onal care services were not /2022 through 12/26/2022, /2023 through 01/17/2023,	xt	3. Please see H300 (1)	
	#6's clinical record period of 01/26/20 of the POC showe	at 11:57 am, review of Patient I showed a POC with a duration 23 through 07/31/2023. A review of that the patient's diagnoses enosis, cervical region, shoulder. Type II		4 The nurse in question will be given a writte warning for failure to notify the PCP and the office nursing team of the Coccyx wound. S will be re-educated to coordinate all abnorm findings on patients to the PCP and office	he

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A. BUILDING.		(X3) DATE S COM	SURVEY
		HCA-0004	B. WING		04/2	8/2023
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, ST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	LAS) COMPLET DATE
H 300	diabetes, hyperchomalignant neoplast the POC showed p nurse to visit the par needed for assess HHA supervision. A home health aide (seven days per we living (ADLs) and in living (IADLs). On C admitted Patient #6 stage II pressure uf no evidence of a w 02/05/2023, the nu documented "pain: pressure ulcer on h bowel and urine. Fa ointment and apply change of briefs an at all times. Aide w patient every 2 hour verbalized." Interview with the w at 12:34 PM indicat distress every weel and that her wound communicated com daughter. She adde be repositioned for the skilled nurse vis 06:00 pm for super wound because Pa Review of weekday 02/06/2023 through client was confused	Alesterolemia, and history of m of breast. Continued review of hysician's orders for the skilled atient every 30 days and as ments, patient education, and Also, the patient had orders for HHA) services 16 hours a day, ek to assist with activities of daily 01/26/2023, the registered nurse 5 and documented a "healing leer on the coccyx." There was ound care order or treatment. On rse visited the patient and Tailbone" and "Patient has her tail bone, incontinent of both amily educated to buy an A&D on the affected areas every id make sure this client stays dry was educated to reposition this rs. Teaching understanding was weekend HHA #22 on 04/27/2023 ted that the patient was in kend she worked due to pain, was getting worse. She tinuously with the patient's ad that the patient would ask to comfort. She also confirmed that sited on 02/05/2023 around visory visit but "did not see the tient was sleeping."	H 300	Nursing team within 24 hours. All clinicians shall be in-service abnormal findings during visits interdisciplinary team via emai The field Quality Assurance(Qu shall visit all the active new ad to ensure accuracy, visit skilled week after start of service and until discharged and once for f to ensure that services are pro and give any recommendation nursing team. The Administrator/QA nurse sh of skilled client records every of compliance	to the I within 24 hours. A) nurses missions of 2023 d admissions one then monthly PCA admissions vided as ordered s to the office nall review 100%	6/21/23

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C		(X3) DATE COI	SURVEY MPLETED
		HCA-0004	B. WING		04/	28/2023
	ROVIDER OR SUPPLIER	3500 18T	DRESS, CITY STAT H STREET NE GTON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
H 300	04/27/2023 at 01:1 wound was getting odor. She stated the intermittently becaud daughter who woul Codeine, and that added that one time nurse "five times" a 02/08/2023. Interview with the g at 01:22 pm, reveau 02/08/2023 to the in pneumonia, and un indicated that since on a feeding tube, surgical procedure deep." She condi- better and was in a would most likely si On 04/27/2023 at 0 (DON) was made a interview with the of nurse should have discovered the wood skilled services on The registered nur- and treatment that agreement and pla 5. On 04/26/2023 a #11's clinical recom- period of 02/01/202 included a physicia	age 16 7 pm revealed that Patient #6's worse, opened, and had an nat the patient was crying use of pain. She would notify the ld medicate the mother with would help for "few hours." She e she called the supervisory and was instructed to call 911 on patient's daughter on 04/27/2023 led that patient was admitted on ntensive care unit for sepsis, inary tract infection. She e hospitalization, her mother was had a colostomy bag, and two s for the wound as it was "so uded that her Mom was doing nehabilitation facility where she tay for long term care. 03:52 pm, the director of nursing aware of the aforementioned laughter. She indicated that the called the doctor when she und to get either a referral for wound care orders. se (RN) failed to provide services were consistent with the patient n of care for Patient #6. at 11:56 am, review of Patient d showed a POC with a duration 22 through 01/31/2023. The POC in's order for skilled nursing visits as needed, and HHA services				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	A. BUILDING.		co	SURVEY MPLETED
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
& N RE	LIABLE NURSING CA	ARE	STREET N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY SENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLET DATE
H 300	daily living (ADLs) daily livings (IADLs) included convulsio diastolic heart failu stage IV chronic kii disease, hyperlipid gastro-esophageal cardiomyopathy, a review of Patient # personal care serv 05/18/2022 through through 06/30/2022 07/08/2022, and 07 6. On 4/28/23 at 05 clinical record show of 09/01/2022 through included a physicia every 30 days and eight (8) hours a da with activities of daily liv diagnoses included mobility, type II dia hypertension, sarco with intoxication, hy Hyperparathyroidis #15's clinical record services were not p 12/04/2022, 12/10/ 12/18/2022, 12/24/ 01/01/2023, 01/07/ 01/15/2023, 01/21/ through 01/31/2023	er week to assist with activities of and instrumental activities of and instrumental activities of s). The patient's diagnoses hs, chronic combined systolic and re, type II diabetes mellitus, dney disease, peripheral vascular emia, muscle weakness, anemia, reflux disease, ischemic nd unsteady gait. Continued 11's clinical record showed that ices were not provided on h 05/20/2022, 06/28/2022 2, 07/04/2022 through 7/11/2022 through 07/15/2022. e: 32 am, review of Patient #15's wed a POC with a duration period ugh 08/31/2023. The POC in's order for skilled nursing visits as needed, and PCA services ay, seven days per week to assist illy living (ADLs) and instrumental <i>r</i> ings (IADLs). The patient's d abnormalities of gait and betes mellitus, glaucoma, oidosis of lung, alcohol abuse yperlipidemia, and m Continued review of Patient d showed that personal care provided on 12/01/2022 through 2022, 12/11/2022, 12/17/2022, 2023, 01/08/2023, 01/14/ 2023, 2023, 01/08/2023, 01/14/ 2023, 2023, 01/22/2023, 01/28/2023 a, 02/04/ 2023, 02/05/2023, 2023, 02/18/2023, 02/19/2023,		5 Please see H300 (1) 6 Please see H300 (1).		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING: B. WING		DATE SURVEY COMPLETED
		HCA-0004			04/28/2023
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, ST H STREET N		
K & N RE	LIABLE NURSING CA	RE	STON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLET DATE
H 300	Continued From pa	ge 18	H 300		
	#16's clinical record period of 12/01/202 included a physicia every 30 days and hours a day, seven activities of daily liv activities of daily liv diagnoses included confinement status drug-induced obesi dementia, and depi Patient #16's clinica provided seven (7) hours per day of pe 08/08/2022 through 10/24/2022 through 0n 04/28/2023 at 0 Nursing was made of the survey, the h ensure that home h	3:30 pm, the agency Director of aware of the findings. At the time ome care agency failed to lealth aide services were ance with the plan of care for		7. Please see H300 (1).	
H 358	3914.3(g) PATIENT	PLAN OF CARE	H 358		
	(g) Physical assess diagnoses;	ment, including all pertinent			
	Based on record re	met as evidenced by: view and interview, it was home care agency (HCA) failed of diagnosis in the plan			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPI A. BUILDING		(X3) DATE SI COMP	JRVEY LETED
		HCA-0004	B. WNG	·····	04/28	3/2023
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, ST STREET N TON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
H 358	of care (POC) for c in the sample (Pati Findings included: On 04/27/2023 at 1 clinical record show duration period of (A review of the PO diagnoses that incl region, osteoarthrit hypercholesterolem neoplasm of breasi showed physician's to visit the patient e assessments, patie supervision. Also, t personal care servi per week to assist (ADLs) and instrum (IADLs). On 01/26/2023, the Patient #6 and doc pressure ulcer on th evidence of a wour 02/05/2023, the nur documented "pain: pressure ulcer on h bowel and urine. Fa ointment and apply change of briefs an at all times. HHA v patient every 2 hou verbalized."	Anne of 20 active patients included ent #6). 11:57 AM, review of Patient #6's wed a plan of care (POC) with a D1/26/2023 through 07/31/2023. C showed that the patient had uded spinal stenosis, cervical is, left shoulder, Type II diabetes, nia, and history of malignant t. Continued review of the POC s orders for the skilled nurse (SN) every 30 days and as needed for ent education, and PCA he patient had orders for ces 16 hours a day, seven days with activities of daily living nental activities of daily living nental activities of daily living the coccyx." There was no ad care order or treatment. On rese visited the patient and Tailbone" and "Patient has er tail bone, incontinent of both amily educated to buy an A&D on the affected areas every d make sure this client stays dry was educated to reposition the rs. Teaching understanding was	H 358	The office nurse coordinators r reviewing patient assessments Cares shall be in-serviced to be their review process, contact the nurse for all discrepancies ident that they are corrected before the is faxed to the PCP. All clinicians shall be in-service work thoroughly before submiss The Quality Assurance(QA) Co Clinical Manager shall randoml all new admissions every mont compliance.	and Plan of e thorough during the admitting the admitting the Plan of Care and to review their sion to the office, pordinator or y review 10% of	6/21/23

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING		(X3) DATE SURVEY COMPLETED
_		HCA-0004	B, WING		04/28/2023
	ROVIDER OR SUPPLIER	3500 181	DRESS, CITY, STAT	E, ZIP CODE	
T&NRE	LIABLE NURSING CA	WASHIN	GTON, DC 200	018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE A(CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPL D THE APPROPRIATE DATI
H 358	Continued From pa	age 20	H 358		
	integrity.				
		03:52 PM, the agency Director of aware of the findings.	f l		
	At the time of surve to include a pertine for Patient #6.	ey, the home care agency failed ent diagnosis in the plan of care			
H 364	3914.3(m) PATIEN	IT PLAN OF CARE	H 364		
	The plan of care sl	hall include the following:			
	(m) Emergency pro	otocols; and			
	Based on record re	ot met as evidenced by: eview and interview, it was e home care agency (HCA) faile	d		
	to include emerger diagnoses in the P	ncy protocols specific to patient's Plan of Care (POC) for one of 20 npled. (Patient #16)			
	Findings included:				
	clinical record sho duration period of The POC included nursing visits ever personal care aide seven days per we living (ADLs) and i living (IADLs). The hypertension, lymp status, ototoxic he	02:23 PM, review of Patient #16' wed a plan of care (POC) with a 12/01/2022 through 11/30/2023. I a physician's order for skilled y 30 days and as needed, and e (PCA) services 15 hours a day, eek to assist with activities of dail instrumental activities of daily e patient's diagnoses included phedema, bed confinement aring loss, left ear, drug-induced ritis, vascular dementia, and	ly.		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:		E SURVEY
		HCA-0004	B. WING	04	/28/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
& N RE	LIABLE NURSING CA	RE	STREET N		
			TON, DC 2	PROVIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY JENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET DATE
H 364	Continued From pa	ige 21	H 364		
	nurse (SN) visited 1 04/07/2023 and do being non-complian irritated with staff in home health aides, included on 04/07/2 son reports that the lately, and her dem she continues to do doctor's office and condition and need and possibly a psy of the POC lacked related to the patie dementia to assist comfort when the p behavioral disturbat On 04/28/2023 at 0 was made aware of At the time of surve to ensure that the p included an emerge	03:30 pm, the Director of Nursing f the findings. ey, the home care agency failed patient's plan of care (POC) ency protocol to properly manage pasis of vascular dementia, and		The office nurse coordinators responsible for reviewing patient assessments and Plan of Cares shall be in-serviced to ensure that physical activity, touch and massage, and mu are included in the plan of care to manage agitation and aggression for clients with psychological disorders and include the emergency protocol on each Plan of Care. They should contact the admitting nurse for a discrepancies identified and ensure that they are corrected before the Plan of Care is faxed to the PCP. All clinicians shall be in-serviced to review the work thoroughly before submission to the offic The Quality Assurance (QA) Coordinator or Clinical Manager shall randomly review 10% o all new admissions every month and review to ensure compliance.	l ir se
H 366	a physician within t care; provided, how personal care aide and signed by an a	shall be approved and signed by hirty (30) days of the start of vever, that a plan of care for services only may be approved dvanced practice registered are is initiated or revised by a	H 366		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPL A. BUILDING B. WING			URVEY PLETED
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, ST STREET N TON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETI DATE
H 366	shall be immediate be signed by the p This Statute is no Based on record re care agency (HCA, patient's plan of ca signed by a physic days of the start of patients in the sam Findings included: On 04/24/2023 at 3 record showed a p period of 10/11/202 included a physicia services once mon assessment, vital s personal care aide POC included an o eight hours per day with activities of daily liv patient's record sho by the patient's phy than 30 days of the On 04/28/2023 at 0 was made aware o At the time of surve to ensure that plans	All reduced to writing, and it shall hysician within thirty (30) days. At met as evidenced by: eview and interview, the home) failed to ensure that each re (POC) was approved and ian and/or designee, within 30 care (SOC) for one of 20 active type (Patient #18). B:49 pm, review of Patient #18's lan of care (POC) with a duration 22 through 10/31/2023. The POC un's order for skilled nursing thly to perform multi-systems signs, patient instruction, and (PCA) supervision. Also, the order for personal care services <i>x</i> , seven days a week to assist ily living (ADL) and instrumental ring (IADL). Further review of the owed that the POC was signed visician on 12/22/2022, greater e start of care. 03:30 pm, the Director of Nursing	H 366	The Care Plan, intake and office nurse Coordinators, and admitting clinicians sh in-serviced again to ensure that the right contact information is collected during th process and initial assessment to ensure timely signing of the Plan of Care. The Care Plan Coordinator shall be in-set to generate a plan of Care report at the beginning of every 2 weeks for self-audii ensure all Plan of Cares are being signe 30days. The Non- Clinical Office Supervisor shal generate the Plan of Care report every n to ensure compliance. Clinical Manager/QA shall randomly revi of clinical records every quarter to ensure compliance.	t PCP's ne intake e the erviced t to ed within II month new 2%	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPI A. BUILDING B. WING		04/28/2023
	ROVIDER OR SUPPLIER	4RE 3500 18TH	RESS. CITY, S		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLET DATE
H 399	Continued From pa	age 23	H 399		
H 399	AIDE SERVICE	HEALTH & PERSONAL CARE	H 399		
	(f) Observing, reco	e duties may include the following: ording, and reporting the patient's behavior, or appearance;			
	This Statute is no	of met as evidenced by:			
	care agency (HCA health aide (HHA) patient's physical of appearance for two included in the sam Findings included: 1. On 04/20/2023 a #10's clinical recor- with a duration per 11/30/2022. The pa- history of falling, de diabetes mellitus w hypertension. The order for personal is seven days a week living (ADLs) and in living (IADLs). Con- showed that the dir documented the foi spoke to Jane Doe condition due to ex Ms. Doe confirmed said the only symplet	eview and interview, the home) failed to ensure that the home recorded and reported the condition, behavior, and/or o of the 20 active patients inple (Patients #10 and #16). at 11:04 am, review of Patient d showed a plan of care (POC) iod of 12/01/2021 through atient's diagnoses included apendence on wheelchair, type II with diabetic neuropathy, and POC contained a physician's care services 24 hours a day, to assist with activities of daily instrumental activities of daily tinued review of the record rector of nursing (DON) Ilowing on 01/14/2022 "writer (client's daughter) about client's posure by PCA on 01/03/2022. that client is doing well. She also tom client is currently showing is firmed that client has tested ing when		1.All PCAs shall be in-serviced again to r on the timesheet and report to both the m nurse and office nursing team each patie physical condition, behavior and/or appea change. The Timesheet Coordinator shall in-service to verify PCA documentation o patient's physical condition, behavior and appearance for each timesheet and return PCA for correction if documentation is ab The timesheet auditor shall audit at least every quarter to ensure compliance The Clinical Manager/QA Coordinator shar randomly review at least 2% of all records quarter to ensure compliance	nonthly 6/30/23 nt's arance I be n the I/or n to sent. 10%

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A BUILDING	ECONSTRUCTION		SURVEY MPLETED
		HCA-0004	B. WING		04	/28/2023
	ROVIDER OR SUPPLIER	STREET ADD 3500 18TH	RESS, CITY, ST	ATE, ZIP CODE E		
& N RE	LIABLE NURSING C	WASHING	TON, DC 2	20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
H 399	the Nurse Practition have been asked to protective equipmed Further review of the evidence that they on Patient #10's be appearance for the coughing or tested 2. On 04/24/2023 at #16's clinical recorn with a duration per 11/30/2023. The P for skilled nursing needed, and person hours a day, sever activities of daily lis activities of daily lis activities of daily lis diagnoses includer confinement status drug-induced obest dementia, and dep records showed the the patient on 03/0 documented that the non-compliant with irritated with staff raides. However, re documentation lac recorded, or report physical condition, On 04/28/2023 at 0 was made aware of	ner visited on 01/14/22. All HHA's o get tested and pick up personal ent (PPEs) from the office." The HHA documentation lacked observed, recorded, or reported ahavior, physical condition, and or period that the patient had been positive for covid-19. at 02:23 pm, review of Patient d showed a plan of care (POC) iod of 12/01/2022 through OC included a physician's order visits every 30 days and as onal care aide (PCA) services 15 to days per week to assist with ving (ADLs) and instrumental vings (IADLs). The patient's d hypertension, lymphedema, bed s, ototoxic hearing loss, left ear, ity, osteoarthritis, vascular ression. Continued review of the at the skilled nurse (SN) visited 3/2023 and 04/07/2023 and the patient was being care, aggressive, angry, or necessitating a high turnover of view of the HHA daily ked evidence that they observed, ed on Patient #16's behavior, and or appearance.	H 399	2. Please see H399(1) response.		

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING:		PLETED
		HCA-0004	B. WING	04/2	8/2023
AME OF PR	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
		3500 18TH	STREET N	E	
& N KEI	LIABLE NURSING C	WASHING	TON, DC 2	0018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 399	Continued From pa	age 25	H 399		
	assigned tasks for	me health aide (HHA) recorded Patients #10 and 16' s physical r, and appearance.			
H 433	3916.2(c) SKILLE	D SERVICES GENERALLY	H 433		
	policies for docum provision of differe	gency shall develop written enting the coordination of the ent services. Written policies shall num, the following:			
	actively involved in written communica	ervices with other agencies In the patient's care, through ation and/or interdisciplinary cordance with the patient's			
	This Statute is no	ot met as evidenced by:			
	determined that th coordination of ser involved in the pat	eview and interview it was e agency failed to document rvices with agencies actively ient's care for five of 20 active nple. (Patients #3, 11, 13, 14, and		1 All clinicians shall be in-serviced again to coordinate patient services with case management and other Providers providing other services to our PCA patients. The	6/21/23
	Findings included:			coordination should be done at least monthly and the clinician should document the subject	
	#3's clinical record with a duration per 01/31/2024. The F for skilled nursing needed, and perso seven days per we living (ADLs) and livings (IADLs). Th	at 02:29 pm, review of Patient I showed a plan of care (POC) riod of 02/01/2023 through POC included a physician's order visits every 30 days and as onal care services 15 hours a day, eek to assist with activities of daily instrumental activities of daily instrumental activities of daily in patient had diagnoses that we heart failure, chronic kidney sion, gout, type		discussed in their notes. The office nursing team reviewing clinical documentation shall verify evidence of care coordination to ensure effectiveness. The Clinical Director/QA shall review at least 2% of all clinical documentation every quarter.	0

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	- Contointoon on) DATE SURVEY COMPLETED
		HCA-0004	B. WING		04/28/2023
	ROVIDER OR SUPPLIER	3500 18TH	RESS. CITY, ST STREET NE TON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETI DATE DATE
H 433	II diabetes mellitus thrombosis and en Continued review a assessment dated following: "Client s physical therapy tw named]." Further r show care coordin On 04/20/2023 at (DON) was intervie nurses would doct clinical notes." Hor coordination of set to ensure safety a records. 2. On 04/26/2023 #11's clinical recor period of 02/01/20 included a physicil every 30 days and services ten (10) h to assist with activi instrumental activit Continued review Patient #11 was h discharged on 08/ disease and on dia review of the recor coordination of se ensure safety and 3. On 04/24/2023 #13's clinical recor period of 12/01/20 included a physicil every 30 days and	age 26 history of other venous hoolism, and glaucoma. of the record showed a nurse 03/04/2023 indicating the tated that she is receiving wo times per week from [agency eview of the records failed to ation with the other provider 04:14 pm, the director of nursing awed. She indicated that the ument care coordination in their wever, there was no evidence of rvices between the two agencies nd continuity of care in the clinical at 11:56 am, review of Patient rd showed a POC with a duration 22 through 01/31/2023. The POC an's order for skilled nursing visits I as needed, and personal care hours a day, seven days per week ities of daily living (IADLs). of the records showed that ospitalized on 07/22/2022 and 20/2022 with end stage renal alysis three times a week. Further rds failed to show evidence of rvices with the dialysis center to continuity of care. at 12:37 pm, review of Patient rd showed a POC with a duration 1/22 through 11/30/2023. The POC an's order for skilled nursing visits as needed, and personal care hours a day, seven days per week is a 12:37 pm, review of Patient rd showed a POC with a duration 1/22 through 11/30/2023. The POC an's order for skilled nursing visits as needed, and personal care hours a day, seven days per week	H 433	2. Please see H433(1) Response 3. Please see H433(1) Response	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ATE SURVEY COMPLETED
		HCA-0004			04/20/2025
NAME OF P	ROVIDER OR SUPPLIER		RESS. CITY, ST		
& N RE	LIABLE NURSING CA	RE	STREET NE TON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 433	Continued From pa	age 27	H 433		
	activities of daily liv included the following on Mondays, Wedr performs peritoneal arteriovenous fistul peritoneal dialysis the records failed the of services with the and continuity of car 4. On 04/26/2023 at #14's clinical recorr periods of 12/20/20 12/01/2022 through included a physicial every 30 days and services eight hour assist with activitie instrumental activities instrumental activities instrumental activities instrumental activities coordinate client's ensure safety and Continued review of client had a stage skilled nurse would visits that wound chospice. Further re- show evidence of of Hospice provider at safety and continu 5. On 04/25/23 at 0 clinical record shor of 12/01/2021 thro through 11/30/202	at 10:16 am, review of Patient d showed POCs with duration 021 through 11/30/2022 and h 11/30/2023. The POCs an's order for skilled nursing visits as needed, and personal care rs a day, seven days per week to s of daily living (ADLs) and ties of daily living (IADLs). Also, I the following: "RN will care with [hospice named] to more effective health outcomes." of the records showed that the II sacral pressure ulcer, and the d document during her monthly are was being performed by eview of the records failed to coordination of services with the is indicated in the POC to ensure ity of care. 01:31 pm, review of Patient #19's wed POCs with duration periods ugh 11/30/2022 and 12/01/2022 3. The POCs included a or skilled nursing visits every 30		4 Please see H433(1) Response 5. Please see H433(1) Response	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY MPLETED
		HCA-0004	B, WING		04	28/2023
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, STAT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(XS) COMPLET DATE
H 433	to assist with activi instrumental activi Continued review assessment dated following: "Client is named] is in charg of the records faile coordination of sei ensure safety and On 04/28/2023 at aware of the findir	ours a day, seven days per week ities of daily living (ADLs) and ties of daily livings (IADLs). of the records showed a nurse 07/06/2022 indicating the s on hospice care; [hospice ue of hospice care." Further review ed to show evidence of rvices with the Hospice provider to continuity of care. 03:30 pm, the DON was made				
H 452	coordinate service in providing care f #19. 3917.2(b) SKILLE Duties of the nurse following:	es with agencies actively involved or Patients #3, 11, 13, 14, and D NURSING SERVICES e shall include, at a minimum, the f care and referrals;	H 452			
	This Statute is no Based on record r care agency (HCA nurse (SN) coordi office for four of 2 (Patients #2, 3, 5, Findings included 1.On 4/19/23 at 12 clinical record sho	ot met as evidenced by: eview and interview, the home (a) failed to ensure that the skilled nated care with the physician's 0 active patients in the sample and #14).				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILDING:	E CONSTRUCTION	(X3) DATE SU COMPL	
		HCA-0004	B WING		04/28	2023
	ROVIDER OR SUPPLIER	3500 18TH	STREET NI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLET DATE
H 452	05/31/2023, for ski 30 days and as ner assessments of bo (PCA) supervision, and intervene to m patient had orders hours x seven day of daily living (ADLs) failure, chronic res hypertension, depr migraine. Continue SN visited the patie documented the for from Howard Unive The client's husbar appointment was s care physician (PC instructed to notify change in condition evidence in the clift coordinated care w client's hospitalization 2. On 04/19/2023 #3's clinical record period of 02/01/20 visits once every 3 skilled assessmen supervision, and e necessitating med had orders for pers day, seven days p daily living (IADLs) included congestiv kidney disease, hy mellitus, glaucoma	age 29 Iled nurse (SN) visits once every eded to conduct skilled dy systems, personal care aide evaluate co-morbid conditions, inimize complications. Also, the for personal care services 12 s a week to assist with activities s) and instrumental activities of . Her diagnoses included heart piratory failure, anxiety disorder, ression, acid reflux, obesity, and ed record review showed that the ent on 12/17/2022 and illowing: "Client was discharged ersity Hospital on 12/15/2022, nd confirmed that a follow-up scheduled with client's primary CP). Client's husband was PCP and call 911 if there's any n." There was no documented hical record that the SN with the physician following the tion and overall condition. B at 02:29 pm, review of Patient 1 showed a POC with a duration 23 through 01/31/2024, for SN 10 days and as needed to conduct ts, personal care aide valuation of complications ical attention. Also, the patient sonal care services 15 hours a er week to assist with activities of and instrumental activities of . The patient's diagnoses re heart failure (CHF), chronic rpertension, gout, type II diabetes a, history of other venous mbolism. Continued	H 452	 1.All clinicians shall be in-serviced patient care with the PCP post hose ER visit and any change in conditions is not available, leave a message office nurse, ask his/her name, do your notes and/or on communicate then inform the office nursing team follow-up with the PCP. This coordination should be done hours post resumption of care and should document the subject discursts. The two field QA nurses responsil follow up visit post hospitalizations and patients with complaints shall evidence of care coordination with to ensure effectiveness. The Clinical Director/QA shall revior of all clinical documentation every ensure compliance. 2. Please see H452(1) 	spitalization, on. If the PCP's cument in ion note and in via email to within 72 d the clinician ussed in their ole for s, ER visits verify in PCP ew at least 2%	6/21/23

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		co	SURVEY MPLETED
		HCA-0004	B. WING		04	28/2023
	ROVIDER OR SUPPLIER	3500 18TH	DRESS, CITY, ST H STREET NI GTON, DC 2	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
H 452	record review show 02/11/2023 and do was admitted to [h due to volume ove exacerbation. Clien home on 02/08/202 evidence in the clin coordinated care w the hospitalization condition. 3. On 04/28/2023 a #5's clinical record period of 01/01/20 visits once every 3 skilled assessmen supervision, and e necessitating med had orders for period ad orders for period ally living (ADLs) daily living (ADLs) daily living (IADLs) included cerebral i viral hepatitis C, an A. Continued reco the patient on 05/0 "Client was admitti weakness and dizi discharged on 05// evidence that the provider(s) followin patient's overall co B. Furthermore, th visited Patient #5 and documented e	ved the SN visited the patient on commented the following: "Client ospital named] on 02/03/2023 rload as a result of CHF at was treated and discharged 23." There was no documented nical record that the SN with primary provider(s) following and the patient's overall at 10:49 am, review of Patient showed a POC with a duration 22 through 12/31/2022, for SN 0 days and as needed to conduct ts, personal care aide valuation of complications ical attention. Also, the patient sonal care services eight hours a er week to assist with activities of and instrumental activities of and instrumental activities of 0. The patient's diagnoses nfarction, hypertension, Chronic and schizophrenia. rd review showed the SN visited 05/2022 and noted the following: ed to WHC on 04/27/2022 due to ziness. Client was treated and 03/2022." The records lacked SN coordinated care with primary ng the hospitalization and the ondition. e records showed that the SN on 06/02/2022 and 06/18/2022 each time the following: "John Doc to take his medications		3A. Please see H452(1)		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING		(X3) DATE SU COMP	LETED
		HCA-0004	B. WING		04/28	/2023
AME OF PF	OVIDER OR SUPPLIER		DRESS, CITY, ST			
& N REI	LIABLE NURSING C	ARE	H STREET N GTON, DC			_
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	CTION SHOULD BE	
H 452	medications as pro- stated that he doe this time." There we the clinical record the providers follow refusal to take his prescribed. Please to a psychiatric inp 06/24/2022 as he his roommate and discharged on 09/ care services with 4. On 04/26/2022 #14's clinical recor- period of 12/20/20 visits once every 3 skilled assessment supervision, and en necessitating med had orders for per- day, seven days p daily living (IADLs) daily living (IADLs) daily living (IADLs) included chronic of cerebral infarction region, abnormal supplemental oxy shock. Continue SN visited the pat documented the for post emergency re 6/22/2022 There Later, the same da because she was discharged home	ed John Doe to take his escribed and directed. John Doe s not like to take medications at vas no documented evidence in that the SN coordinated care with wing Patient #5's continued anti-psychotic medications as a note that the patient was taken batient hospital by the police on became aggressive and attacked staff member. He was later 13/2022 and resumed personal	t	 3B. All clinicians shall be in-ser coordinate patient care with the individualized Plan of Care, to medications and services, ar condition and abnormal vital sig blood sugar. If the PCP is not a a message with the PCP's offic his/her name, document in you communication note in the com and then inform the office nursi email to follow-up with the PCP This coordination should be do hours post the incident and the document the subject discusse The office nursing team review documentation shall verify evid coordination to ensure effective The Clinical Director/QA shall r of all clinical documentation ev- ensure effectiveness. 4. Please see H452(1) 	PCP following non-compliance by change in gns, pain, and vailable, leave e nurse, ask r notes and/or upany's software ng team via the within 48 clinician should d in their notes ing clinical ence of care eness. eview at least 2%	6/21/23

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STATEMEN	egulation & Licensir T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		E CONSTRUCTION (X3) DATE : COM	SURVEY
		HCA-0004	B. WING	04/2	28/2023
	ROVIDER OR SUPPLIER	3500 18T	DRESS, CITY, ST H STREET N GTON, DC 2	E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 452	rays were done an diagnosed with UT 500mg, one tab da documented evide SN coordinated ca following the hospi condition. On 04/28/2023 at 0 (DON) was made a At the time of the s ensure that the ski	age 32 d no injury or fracture. Client was I and prescribed azithromycin, ily for five days." There was no nce in the clinical record that the re with primary provider(s) talization and the patient's overal 03:30 pm, the director of nursing aware of the findings. Survey, the agency failed to filed nurse coordinated care with ce for Patients #2, 3, 5, and #14,	1		
H 453	Duties of the nurse following: (c) Ensuring that p accordance with the This Statute is no Based on record re care agency (HCA services were prov patient's plan of ca patients sampled (and 19). Findings included: 1. On 04/19/2023 a #3's clinical record	D NURSING SERVICES a shall include, at a minimum, the atient needs are met in re plan of care; at met as evidenced by: eview and interview, the home) failed to ensure skilled nursing ided in accordance with the re (POC) for eight of 20 active Patients #3, 5, 6, 9, 11, 15, 18, at 02:29 pm, review of Patient showed plans of care (POCs) ds of 11/14/2022 through	H 453	 All clinicians shall be in-serviced again to review the orders in each patient's Plan of Care during each home visit to provide care according to the plan of care. Nurses should notify the PCP and then the office nursing team of orders that cannot be implemented via email for recommendations regarding the patient's condition. The office clinicians reviewing clinical documentation shall verify evidence of care intervention and coordination to ensure effectiveness. The Clinical Director/QA shall review at least 2^{cl} of all clinical documentation every quarter to ensure effectiveness. 	6/21/23

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HCA-0004	(X2) MULTIPLE A. BUILDING: B. WING	A BUILDING:	
	ROVIDER OR SUPPLIER	STREET ADD 3500 18TH	RESS, CITY, STA STREET NE TON, DC 20		04/28/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLET DATE
H 453	The POC included nursing visits every personal care serv per week to assist and instrumental a Also, the POCs inc nurse (SN) to asse evaluate disease in diagnoses included chronic kidney dise diabetes mellitus, I thrombosis and em nurse was instructu- aide, and family at the physician of we pounds in a day or Continued review of the SN assessed to on 11/14/2022 (ad lacked evidence the weights during her from 11/25/2023 at (DON) acknowledg weight measurement the patients could informed the nurse other means to ch- of care. 2. On 04/28/2023 at #5's clinical record period of 01/01/20 visits once every 3	age 33 /01/2023 through 01/31/2024. a physician's order for skilled / 30 days and as needed, and ices 15 hours a day, seven days with activities of daily living (ADL). ctivities of daily living (IADL). cluded an order for the skilled ass, teach, manage, perform, and nanagement. The patient's d congestive heart failure (CHF), ease, hypertension, gout, type II history of other venous abolism, and glaucoma. The ed to educate the patient, the bout daily weights, and to notify eight increase of two to three three to five pounds in a week. of the clinical record showed that he patient's weight of 255 pounds mission). Further record reviews that the SN assessed the patient's twice a month consecutive visits arough 04/01/2023 except on a recertification assessment. 4:16pm, the director of nursing ged the findings. She stated that ent was a challenge as some of not stand on their feet. She as to notify the doctor and ask for eck on fluid and amend the plan at 10:49 am, review of Patient I showed a POC with a duration 22 through 12/31/2022, for SN 80 days and as needed to conduct ts, personal care aide	H 453	2.Please see H452(3B)	

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STATEMEN	egulation & Licensin r of DEFICIENCIES of CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A BUILDING: B. WING	ONSTRUCTION	co	SURVEY MPLETED
AME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATI	E, ZIP CODE	04,	12612023
& N RE	LIABLE NURSING CA	RE	GTON, DC 200	18		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
H 453	necessitating medi had orders for pers day, seven days per daily living (ADL) at living (IADL). The per- cerebral infarction, hepatitis C, and so the record showed 06/02/2022 and 06 time the following: take his medication to take	valuation of complications cal attention. Also, the patient conal care services eight hours a er week to assist with activities of and instrumental activities of daily patient's diagnoses included hypertension, Chronic viral hizophrenia. Continued review of that the SN visited Patient #5 or V18/2022 and documented each "John Doe has been refusing to ns recently Educated John Doe tions as prescribed and directed, hat he does not like to take time." There was no nce in the clinical record that the re with primary providers 5's continued refusal to take dications as prescribed. The SN at Patient#5's needs were met with his POC. Please note that the to a psychiatric inpatient ice on 06/24/2022 as he became tacked his roommate and staff ater discharged on 09/13/2022 onal care services with the at 11.57 am, review of Patient I showed a POC with a duration 23 through 07/31/2023. A review d that the patient's diagnoses enosis, cervical region, shoulder, Type II diabetes, mia, and history of malignant of continued review of the POC is orders for the skilled nurse to ery 30 days and as needed for				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY
		HCA-0004	B. WING		04	28/2023
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, STATE STREET NE TON, DC 200			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT				N SHOULD BE	(X5) COMPLET DATE
H 453	and HHA supervise for home health aid day, seven days p daily living (ADL) a living (IADL). A. On 01/26/2023, admitted Patient # stage II pressure u no evidence of a w 02/05/2023, the nu documented "pain pressure ulcer on bowel and urine. T A&D ointment and every change of bi stays dry at all time reposition this pati understanding was conducted with the 04/27/2023 at 12:3 was in distress eve pain, and her wour communicated cor daughter. She add be repositioned for skilled nurse visite pm for supervisory because Patient w HHA #23's docume 02/07/2023, and 00	age 35 ion. Also, the patient had orders de (HHA) services 16 hours a er week to assist with activities of and instrumental activities of daily the registered nurse (RN) 6 and documented a "healing ilcer on the coccyx." There was yound care order or treatment. On urse visited the patient and trailbone" and "Patient has her tail bone, incontinent of both the family educated to buy an apply on the affected areas riefs and make sure this client es. PCA was educated to ent every 2 hours. Teaching s verbalized." Interview a weekend HHA #22 on B4 pm indicated that the patient ary weekend she worked due to nd was getting worse. She intinuously with the patient's ed that the patient would ask to comfort. She confirmed that the d on 02/05/2023 around 06:00 visit but "did not see the wound as sleeping." Review of weekday entation on 02/06/2023, 2/08/2023 showed that the client in pain. She documented each	H 453			
	revealed that the wand had an odor.	A #23 on 04/27/2023 at 01:17 pm yound was getting worse, opened, She stated that the patient was y for pain. She would notify the				

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	egulation & Licensi t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY
		HCA-0004	B. WING		04/28/2023	
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, STATI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
H 453	the mother with C "few hours." She a "five times" and w 02/08/2023. Interview with the at 01:22 pm, reve on 02/08/2023 to pneumonia, and u indicated that her had a colostomy b for the wound as a that the patient wa rehabilitation facil stay for long term On 04/27/2023 at Nursing was mad should have calle the wound and ge services or wound B. The patient wa oral twice a day for order for the SN to evaluate, perform glucose measurin hypo/hyperglycen blood glucose gre 60 mg/dl. On 01 the admission ass malfunction, she o physician the nex glucometer." On 0	odeine, and that would help for added she once called the nurse as instructed to call 911 on patient's daughter on 04/27/2023 aled that Patient #6 was admitted an intensive care unit for sepsis, irinary tract infection. She mother was on a feeding tube, bag, and two surgical procedures it was so deep." She concluded as doing better and in a ity where she would most likely care. 03:52 pm, the agency Director of e aware. She stated that the nurse d the doctor when she discovered et either a referral for skilled				

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If continuation sheet 37 of 56

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING:		TE SURVEY COMPLETED
		HCA-0004	B. WING	0	4/28/2023
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, STATE STREET NE TON, DC 200		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	On 04/28/2023 at 0 informed. She stat nurse, who indicate not applicable and daughter about oro acknowledged her The registered nur #6's needs were m requirements of sk 4. On 04/20/2023 at clinical record sho duration periods or and 03/19/2023 th nursing services tw wound care and m (PCA) supervision hours a day, sever activities of daily li diagnoses include ulcer, right great to obstructive and ref mellitus, protein-ca malignant neoplas and hyperkalemia. lacked evidence th provided as ordere 03/26/2023, and th	29: 25 am, the DON was ed that she had spoken with the ed it was an error to document she had spoken with the dering the glucometer etc. She lack of documentation. se failed to ensure that Patient het and in accordance with the illed nursing services. at 1:28 pm, review of Patient #9's wed plans of care (POCs) with f 01/18/2023 through 03/18/2023 rough 05/17/2023, for skilled vo to three times a week for nonthly for personal care aide ; and personal care services 14 in days per week to assist with wing (ADL) and instrumental wing (IADL). The patient's d stage three sacral pressure be wound and suprapubic wound, flux uropathy, type II diabetes alorie malnutrition, hypertension, m of prostate, hyperlipidemia, Continued review of the records hat skilled nursing services were ed the week of 03/05/2023, he week of 04/10/2023.	H 453		
		pressure ulcer was treated two to s between the licensed practical			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMB			co	(X3) DATE SURVEY COMPLETED 04/28/2023	
	ROVIDER OR SUPPLIER	s ADE 3	TREET ADDRESS, CITY, ST 500 18TH STREET NE VASHINGTON, DC 20				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL REGUL DENTIFYING INFORMATION)	ID	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(XS) COMPLET DATE	
H 453	patient was having each time the dress reported that she wound with wound In addition, the red wound improvement care treatment. The unchanged from J evidence of wound 2. Functional mob was confined to his bed bound. He was attempts of turning his preference to a back despite the s like the positional applied. Also, the room that was not physical therapy to	place. According to the ai gregular bowel movement ssing would be soiled. The would clean the patient's s d cleanser and cover it with cord reviewed lacked evide ant and /or modification of the wound characteristics we anuary 2023. There was n d consultation post hospital ility was a concern. Patient is second-floor bedroom an as non-compliant with the a g and repositioning. He ex- stay in bed, laying down of sacral wound. Per aide, he wedge and would remove the was a mechanical lift in the being used. The patient re- wice a week for therapeuti- xercises. Occupational the	s and aide acral n gauze. ence of wound vere a alization. t #9 nd was aide's pressed n his did not it when the eceived c and	1. Please see H27	7(2) Response		
	3. Type II diabetes management was not consistent with physician orders. The patient's blood sugar was not checked three times a day as ordered. Patient #9's daughter came to his home twice a week to perform blood glucose levels and administer Insulin based on the established parameters. The nurses would check the patient's blood glucose once during their visits; however, glucose levels and insulin was		ugar ed. ce a tient's	2. Please see H27.	7(3) Response		
	assessed/adminis accordance with p 4. Nutrition was no	tered inconsistently and n	red	3. Please see H27	7(4) Response		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPL A. BUILDING 8 WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/28/2023	
				475 20 000C	1 040	20/2023
IAME OF P	ROVIDER OR SUPPLIER		STREET N	TATE, ZIP CODE		
& N RE	LIABLE NURSING CA	RF	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
H 453	Continued From pa	ae 39	H 453			
	reported a poor nut visit, the patient wa donut. There were a kitchen and differen refrigerator as well reported he liked dr reported that he did manner of cooking. potatoes. The obs inconsistent with the 5. Patient #9 was la physician as he was his home and requi transportation. He a primary physician o to the emergency ro was discharged on had not been able to to lack of transport. of means of transport. of means of transport. of means of transport. On 04/26/2023 at 12 DON, and physical the admission nurse into daughter had stated living with the patient blood sugar and ma month later that the not living in the hous ensure that Patient is in accordance with the nursing services, physical of the co	ritional intake. During the home s observed eating a glazed additional donuts observed in the it types of sausages in the as Ensure drinks, which the aide inking once a day. The patient not like the home health aide's He enjoyed eating mashed ervation of available foods was e prescribed "diabetic diet." the of a sconfined on the second floor of red an ambulance for intempted to follow up with his n 03/16/2023 and was rerouted born for shortness of breath. He 03/18/2023 and reported that he o follow up with the doctor due The care plan lacked evidence out for routine medical 2:40 pm, the administrator, therapist were interviewed and findings. The DON and licated that the patient's I at admission that she was an urse "found out that she was se." The agency team failed to #9's needs were being met and he requirements of skilled ysical and occupational therapy		5.Please see H277(5) Respon	150	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C		co	E SURVEY MPLETED	
		HCA-0004	B WING		04	04/28/2023	
		3500 18T	DRESS, CITY, STATE H STREET NE				
OL NI INC	LIABLE NORSING CA	WASHING	STON, DC 200			1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
H 453	initiated an interdise was held on 04/27// team, case manage measures to ensure met. A level of care meeting was planne 5. On 04/26/2023 a #11's clinical record period of 02/01/202 nursing services ev assessments, patie supervision. Also, th health aide (HHA) is seven days per we living (ADL) and inst (IADL). The patient convulsions, acute and diastolic heart stage IV chronic kid disease, hyperlipid gastro-esophageal cardiomyopathy, at review of the clinical was hospitalized of 08/20/2022 with dia and Fridays. On 08 stated the following from the Rehabilita 8/20/2022 during th notified to do a res assessment, evalue the client and aide safe in the commu Further review of th nurse performed th	ge 40 ciplinary care conference that 2023 with the agency leadership ar and daughter to implement a that the needs of Patient #9 are reassessment and follow-up ad and forthcoming. t 11:56 am, review of Patient d showed a POC with a duration to through 01/31/2023, for skilled very 30 days and as needed for ant education, and PCA he patient had orders for home services ten (10) hours a day, ek to assist with activities of daily strumental activities of daily living 's diagnoses included on chronic combined systolic failure, type II diabetes mellitus, dney disease, peripheral vascula emia, muscle weakness, anemia reflux disease, ischemic nd unsteady gait. Continued al record showed that the patient n 07/22/2022 and discharged on alysis on Mondays, Wednesdays 8/25/2022, a communication note g: "The client was discharged tion Center of Capital City on ne day. The nurse has been umption of care (ROC) ation, education and teaching to The client is home, stable and nity. PCA services are ongoing." he record showed the skilled he resumption of care (ROC) '13/2022 while the aides					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C		TE SURVEY COMPLETED
		HCA-0004	B. WING	0	4/28/2023
AME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATI	E, ZIP CODE	
& N RE	LIABLE NURSING C	ARE	STREET NE		
		WASHING	TON, DC 200		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU)	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
H 453	Continued From pa	age 41	H 453		
		resumed the personal care services on 08/24/2022, greater than 2 weeks earlier.			
	Interview with the DON on 04/26/2023 a revealed that the nurse would be notifie ROC assessment within 48 hours once received a notice that client was being o from the hospital.	nurse would be notified to do a within 48 hours once the agency			
	clinical record shor of 09/01/2022 thro included a physicia every 30 days and services eight (8) It to assist with activi patient's diagnose and mobility, type hypertension, sarc with intoxication, h hyperparathyroidis clinical record shor prescribed Lantus subcutaneous 20 to oral, one tablet twi included an order to blood sugar results parameters: "Asse perform patient/ca measuring device of blood sugar gre 60mg/dl." Continue that the SN visited 03/16/2023, and 0 each visit the follow	9: 32 am, review of Patient #15's wed a POC with a duration period ugh 08/31/2023. The POC an's order for skilled nursing visits as needed, and personal care hours a day, seven days per week ities of daily living (ADL) and ties of daily livings (IADL). The s included abnormalities of gait II diabetes mellitus, glaucoma, coidosis of lung, alcohol abuse hyperlipidemia, and sm. Continued review of the wed that Patient #15 was Insulin 100 units/ml units daily and Metformin 100 mg ice a day. In addition, the POC for the skilled nurse (SN) to report s that differed from established ess, teach, manage, evaluate, regiver use of electronic glucose frequency daily. Notify physician ater than 250 mg/dl or less than ed review of the records showed I the patient on 03/02/2023, 4/06/2023 and documented on wing: "Blood Sugar Glucometer: Endocrine: Client stated that she			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A BUILDING	COI	SURVEY	
		HCA-0004	B WING	04/	04/28/2023	
	ROVIDER OR SUPPLIER	3500 18TH	STREET NI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
H 453	failed to ensure Pa in accordance with 7. On 04/24/2023 a #18's record show of 10/11/2022 throu included a physicia services once mon assessment, vital s PCA supervision. / for personal care s seven days a weel living (ADL) and in (IADL). The patien diabetes mellitus w kidney disease, ab right thumb, hyper Also, the nurse wa manage, evaluate, electronic glucose and to notify physi 250 mg/dl or less t Patient #18's clinic the patient on 03/0 04/07/2023 and do following: "Blood s he checks his bloo Educated to report his blood sugars a mg/dl or less than documented evide physician of the ch Please note Patier scale insulin. Ther declined nor was t risks associated w and not checking t	tient #15's needs were met and	H 453	7. All clinicians shall be in-serviced again to che patient blood sugar if the visit is conducted before meals. If the visit is after meals, they should check the documented results on the glucometer screen and the composition book where the PCA and client/representative are documenting the daily fasting results. If the patient does not have a book to document the blood sugar results, collect one from the office and instruct patient, PCA and family to document the daily blood sugar and other vital signs for the nurse to review during visits and to take to the PCP during medical appointments. If a patient refuses blood sugar monitoring or any other service from the agend the nurse should educate the patient and famil on the risk associated with the failure to monitor sugar levels or receiving the service Find out if the non prick glucometer might be helpful and notify the PCP and office nursing tearn of non-compliance. The office nursing team shall verify evidence of blood sugar monitoring and results for diabetic patients during note review and care coordination for non- compliance. The Clinical Manager/QA shall review at least 2% of all clinical documentation every quarter to ensure effectiveness	6/21/23	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	A BUILDING		co	SURVEY MPLETED
		STREET AD. 3500 18T		TATE, ZIP CODE E		20/2023
I & N RE	LIABLE NURSING C	WASHING	STON, DC 2	20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	IĎ PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(AB) COMPLETE DATE
H 453	met and in accorda 8. On 04/25/23 at 1 clinical record shor duration periods of and 12/01/2022 th included a physicia every 30 days and services 12 hours assist with activitie instrumental activit patient's diagnose obstructive pulmor disease, Type II di hyperglycemia, hy edema, and shortr was required to "at perform patient/ca measuring device physician of blood less than 60mg/dl. clinical record shor 03/01/2023, 03/11. 04/10/2023, and 0 time the following: was no evidence of patient started "de assessments while regimens for diabet indication why the education provided taking the diabetic the blood sugar less ensure Patient #19 accordance with th	ance with the POC. D1:31 pm, review of Patient #19's wed plans of care (POCs) with f 12/01/2021 through 11/30/2022 rough 11/30/2023. The POCs an's order for skilled nursing visits as needed, and personal care a day, seven days per week to is of daily living (ADL) and ties of daily living (IADL). The s included CHF, chronic hary disease, chronic kidney abetes mellitus with pertension, obesity, generalized ness of breath. Also, the nurse ssess, teach, manage, evaluate, regiver use of electronic glucose frequency daily and to notify sugar greater than 250 mg/dl or "Further review of Patient #19's wed the SN visited the patient on /2023, 03/20/2023, 04/01/2023, 4/19/2023 and documented each "Blood sugar: declined." There of physician notification when the clining" the blood sugar e prescribed multiple insulin thic management. There was no client declined nor was there d on the risks associated with medications and not checking vels. The skilled nurse failed to d's needs were met and in	H 453	8. Please see H453(7) resp	onse	

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER HCA-0004	(X2) MULTIPL A BUILDING: B. WING		URVEY PLETED 8/2023
	ROVIDER OR SUPPLIER	3500 18TH	STREET NI		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE FRECEDED BY FULL REGULATORY IENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
H 453	provided in accord	age 44 ance with patient's plans of care 5, 9, 10, 11, 15, 18, and 19.	H 453		
H 458	Duties of the nurse following: (h) Reporting chan the patient's physic This Statute is no Based on record re nurse (SN) failed to condition to the ph patients in the sam Findings Included: 1. On 04/28/2023 a #5's clinical record period of 01/01/20 visits once every 3 skilled assessment supervision, and et necessitating medi had orders for pers day, seven days ph daily living (ADLs) daily living (IADLs) included cerebral i viral Hepatitis C, a review of the home	o NURSING SERVICES a shall include, at a minimum, the ges in the patient's condition to cian; at met as evidenced by: eview and interview, the skilled to report changes in the patient's ysician for three of 20 active uple (Patients #5, 6, 18, and #19). at 10:49 am, review of Patient showed a POC with a duration 22 through 12/31/2022, for SN 0 days and as needed to conduct ts, personal care aide (PCA) valuation of complications cal attention. Also, the patient sonal care services eight hours a er week to assist with activities of and instrumental acti	H 458	 Patients are currently in compliance with his medication per the management of the Group Home. All clinicians shall be in-serviced again to notify the PCP by phone and the office nursing team via email of any abnormal findings on their patients within 24 hours and/or call 911 if it is an emergency. The office nursing team shall verify evidence of care coordination with PCP and office nurses during monthly documentation review. The Clinical Manager/QA shall review at least 2% of all clinical documentation every quarter to ensure effectiveness 	6/21/23

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY MPLETED
		HCA-0004	B. WING		04/28/2023	
	ROVIDER OR SUPPLIER	3500 18	DDRESS, CITY, STAT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY SENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
H 458	supervisory nurse been aggressive a medications. The r 06/01/2022 and 06 time the following: take his medication medications or me Educated John Do prescribed and dir does not like to tal There was no doct informed the physis s condition. Please note amon Patient #5 was on twice a day for Scl records showed a indicating the follor staff member and facility. The police taken to a psychia 2.On 04/27/2023 a clinical record sho of 01/26/2023 thro POC showed that spinal stenosis, ce shoulder, Type II o and history of mali Continued review orders for the skilla 30 days and as ne education, and PC had orders for PC/ days per week to a (ADLs) and instrur (IADL). On 01/26/2	was notified that the patient had nd refused to take his nurse visited the patient on V18/2022 and documented each "John Doe has been refusing to ns recently. No changes in dical conditions reported. e to take his medications as acted. John Doe stated that he te medications at this time." Jumented evidence that the nurse cian of the changes in the patien g the prescribed medications, Olanzapine 7.5 mg one tablet hizophrenia. On 06/23/2022, the note from the staffing coordinate wing "The client had attacked a his roommate at the housing was called, and the client was	ent' or 's d			

STATEMEN	egulation & Licensir T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY MPLETED
		HCA-0004	04 B. WING		04/28/2023	
	ROVIDER OR SUPPLIER	3500 18TH	RESS. CITY, STAT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
H 458	stage II pressure u no evidence of a w 02/05/2023, the nu documented "pain pressure ulcer on bowel and urine. F ointment and apply change of briefs at at all times. PCA patient every 2 hor verbalized." Interview with the at 12:34 pm indica distress every wee pain, and her would communicated con daughter. She add repositioned for co skilled nurse visite pm for supervisory because patient w HHA #23's docum 02/07/2023, and 0 was confused and time that she had HHA #23 on 04/27 the wound was ge odor. She stated t intermittently for p who would medica that would help for once called the nu instructed to call 9 Interview with the at 01:22 pm, revea 02/08/2023 in interview	age 46 licer on the coccyx." There was yound care order or treatment. On irse visited the patient and trailbone" and "Patient has her tail bone, incontinent of both amily educated to buy an A&D y on the affected areas every ind make sure this client stays dry was educated to reposition this urs. Teaching understanding was weekend HHA #22 on 04/27/2023 ted that the patient was in ekend that she worked due to ind was getting worse. She intinuously with the patient's led that patient would ask to be omfort. She confirmed that the id on 02/05/2023 around 06:00 visit but "did not see the wound as sleeping." Review of weekday entation on 02/06/2023, 2/08/2023 showed that the client in pain. She documented each notified the nurse. Interview with 7/2023 at 01:17 pm revealed that titing worse, opened, and had an hat patient was crying ain. She would notify the daughte ate the mother with Codeine, and r "few hours." She added she urse "five times" and was 111 on 02/08/2023, patient's daughter on 04/27/2023 aled that Patient was admitted on nsive care unit for sepsis, rinary tract infection.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY
		HCA-0004	B. WING		04	/28/2023
		3500 18T	DRESS, CITY, STATE H STREET NE GTON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF IEACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
H 458	She indicated that tube, had a coloste procedures for the concluded that the rehabilitation facili stay for long term On 04/27/2023 at aware. She indica called the doctor w and get either a re wound care orders 3. On 04/25/23 at clinical record sho of 12/01/2021 thro through 11/30/202 physician's order the days and as need day, seven days p daily living (ADL). The congestive heart ff pulmonary diseas diabetes mellitus wo obesity, generalize breath. Also, the r teach, manage, et use of electronic g frequency daily ar sugar greater than Further review of showed the SN vi 03/11/2023, 03/20 and 04/19/2023 a following: "Blood s evidence of a phy	the mother was on a feeding omy bag, and two surgical wound as it was so deep." She patient was doing better and in a ty where she would most likely care. 03:52 pm, the DON was made ted that the nurse should have when she discovered the wound iferral for skilled services or	f f			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					SURVEY	
	-	HCA-0004	B. WING	04/	04/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
& N RE	LIABLE NURSING CA	RE	H STREET N			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET DATE	
H 458	Continued From pa	ge 48	H 458			
	units subcutaneous units/ml subcutaneous	evemir Insulin 100 units/ml 24 at bedtime, Novolog Insulin 100 ous 10 units three times a day, 00 units/ml 10 units three times s.				
	On 04/28/2023 at 0 was made aware o	9: 25 am, the director of nursing f the findings.				
	nurses failed to rep	y, the home care agency's ort changes in the patients' sician for Patients #5, 6, 18, and				
H 459	3917.2(i) SKILLED	NURSING SERVICES	H 459	AND THE OWNER THE TAX		
	Duties of the nurse shall include, at a minimum, the following:			All clinicians shall be in-serviced again to instruct patient/caregiver and PCA on the needs of the patient and evaluate their		
	(i) Patient instructio instruction; and	n, and evalutaion of patient		understanding of instructions every visit. The office nursing team shall verify evidence of patient education and evaluation during monthly documentation review and withhold payment for any notes without patient education and evaluation until it is corrected.	6/21/23 f	
	This Statute is not met as evidenced by:			The Clinical Manager/QA shall review at least		
	nurse failed to docu given to the patient	view and interview, the skilled iment what instructions were and what was understood in one s sampled (Patient #6).	2	2% of all clinical documentation every quarter to ensure effectiveness		
	Findings included:					
	clinical record show duration period of 0 A review of the PO0	1:57 am, review of Patient #6's red a plan of care (POC) with a 1/26/2023 through 07/31/2023. C showed that the patient's spinal stenosis, cervical region, noulder. Type				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HCA-0004		(X2) MULTIPLE CONSTRUCTION A BUILDING.		(X3) DATE SURVEY COMPLETED 04/28/2023			
AME OF P	ROVIDER OR SUPPLIER	HCA-00		DRESS, CITY, STATI	E. ZIP CODE	04	/28/2023
6 & N RE	LIABLE NURSING CA	ARE		H STREET NE GTON, DC 200	18		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFIC ST BE PRECEDED BY DENTIFYING INFORM	FULL REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
H 459	Continued From particular the POC showed provide the particular show the particula	holesterolemia, m of breast. Co- physician's order atient every 30 - ments, patient e (PCA) supervise o assess, teach form intervention patient was pre 00mg-30mg twice 12:34 pm, intervention atient was pre 00mg-30mg twice 12:34 pm, interventions was concerned - she was crying otify the daughte n. She added, to fitter four hours of the added, to fitter four hours of statement with g with pain. She d an odor and v 2023. She state and the client's review of the re- patient on 02/05 llowing "Pain Pri- of the nurse's not t education, eval interventions to the plan of care 09: 25 am, the D	ntinued review of rs for the skilled days and as education, and ion. Also, the , manage, s to monitor and scribed ce a day for pain. iew with HHA #22 with the patient's intermittently with er, who would give that the "crying on 02/04/2023 7/2023 at 01: 17 patient stated that the vas looking worse d she always daughter of her cords showed tha //2023 and rofile: Primary ote lacked luation of "mitigate the (POC).	2			

STATEMEN	egulation & Licensin FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPI A. BUILDING: B. WING		SURVEY MPLETED
	ROVIDER OR SUPPLIER	STREET ADD STREET ADD S500 18TH		TATE, ZIP CODE E	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 459 H 550	nurse (RN) provide evaluation of instru-	d evidence that the registered d patient instruction and	H 459 H 550	Physician orders shall be generated to correct the frequency of care.	
	therapy services, it accordance with the	ncy provides occupational shall provide those services in e patient's plan of care. t met as evidenced by:		Occupational Therapist orders are always stated as "evaluate and treat" because Therapists determines the frequency of their visits after their first assessment and not the nurse who did the initial assessment.	
	care agency (HCA) therapy (OT) servic with the patient's pl active patients in th #11).	and record review, the home failed to ensure occupational es were provided in accordance an of care (POC) for three of 20 e sample (Patients #7, 9, and		Admitting clinicians and the office nursing team shall be in-serviced not to indicate the Occupational Therapist frequency on the POC. The Occupational Therapist shall be re-educated to assess all patients assigned to them and if the patient does not need their	6/21/23
	Findings included: 1. On 04/28/2023 at 12:21 pm, review of Patient #7's clinical record showed a plan of care (POC) with a duration period of 03/09/2023 through 01/31/2024, for occupational therapy (OT) visits one to two times a week for four weeks to evaluate for OT services and establish a plan of treatment, rehabilitation goals, and home environment for accessibility and safety. The patient's diagnoses included muscular dystrophies, chronic obstructive pulmonary disease, protein-calorie malnutrition, benign prostatic hyperplasia, abnormalities of gait and mobility, pain, and dysphagia. Further review of the records lacked evidence that OT services were provided during the week of April 16, 2023. 2. On 04/20/2023 at 1:28 pm, review of Patient #9's clinical record showed plans of care (POCs)			services, they should coordinate care with the PCP and the office Nursing team, document their assessment decision and complete an Occupational Therapist discharge. For any services not provided after the frequency of the visits has been determined, the Occupational Therapist shall complete a missed visit form to justify the absence of care. The office nursing team shall review all current skilled charts with Occupational Therapy orders to ensure that services are provided according to the plan of care. The office nursing team shall review Occupational Therapy orders and notes every pay period to ensure compliance. The Clinical Manager/QA and the Administrator shall review 100% of skilled charts every month to ensure effectiveness.	

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER HCA-0004		A BUILDING:	c	(X3) DATE SURVEY COMPLETED	
			B. WING	04	4/28/2023	
	ROVIDER OR SUPPLIER	3500 18TH	RESS, CITY, ST STREET N TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE	
H 550	03/18/2023 and 03. OT visits one to two evaluate for OT ser treatment, rehabiliti environment for acc patient's diagnoses pressure ulcer, righ suprapubic wound, type II diabetes me hypertension, malig hyperlipidemia, and the records showed patient on 02/07/20 01/18/2023. In add provided following 1 indicated the plan fi two sessions per w On 04/24/2023 at 1 assistant director o the OT indicated the additional OT visits home visit to the cli visits were not need Furthermore, Patie 03/16/2023 to 03/1 The resumption of included physical th therapy (OT) evalu times a week for 60 that OT evaluated to 3. On 04/26/2023 a	Is of 01/18/2023 through (19/2023 through 05/17/2023, for o times a week for eight weeks to vices and establish a plan of ation goals, and home cessibility and safety. The included stage three sacral it great toe wound and obstructive and reflux uropathy, llitus, protein-calorie malnutrition, gnant neoplasm of prostate, I hyperkalemia. Further review of I that the OT evaluated the 23 when the referral date was ition, there were no OT services the evaluation, when the latter or OT services included one to eek for 60 days. 2:05 pm, follow up with the f nursing (ADON) revealed that at Patient #9 did not need The OT evaluation and a ent failed to support that OT ded. nt #9 was hospitalized from 8/2023 for shortness of breath. care orders dated on 03/19/2023 herapy (PT) and Occupational ations and treatments one to two 0 days. There was no evidence the patient at the time of survey.	H 550	Intake, admitting clinicians and the office nursing team shall be in-serviced to review al referrals thoroughly to ensure that only service ordered are included in the Plan of Care and ensure that all disciplines assess patients wit 48 hours from the date of the referral from the office nursing team. If the patient does not need the services of each discipline, that discipline's clinician should coordinate care with the PCP and the office Nursing team, document their assessment decision and complete a discharge assessment. The office nursing team shall review all curre skilled charts with Occupational Therapy and other discipline's orders to ensure that services are provided according to the referra and plan of care. The Clinical Manager/QA and the Administrator shall review 100% of skilled charts every month to ensure effectiveness	res hin 6/21/23 e	

STATEMEN	Regulation & Licensin T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY MPLETED
		HCA-0004	8 WING		04/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
& N RE	LIABLE NURSING CA	RE	H STREET NE STON, DC 200	18		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI DATE
H 550	times a week for 60 treat for activities or deficit. The patient's convulsions, acute and diastolic heart stage IV chronic kind disease, hyperlipide gastro-esophageal cardiomyopathy, ar review of the clinical evaluated the patien delay. The ADON was inter- pm regarding the lai indicated that the C registered nurse (R was meant for PT of On 04/28/2023 at 0 aware of the finding At the time of the su failed to provide dot occupational therap	rsical therapy (PT) one to two days and OT to evaluate and f daily livings (ADL) and self-care s diagnoses included on chronic combined systolic failure, type II diabetes mellitus, dney disease, peripheral vascular emia, muscle weakness, anemia, reflux disease, ischemic dunsteady gait. Continued al record lacked evidence that OT nt or indicated the reason for the erviewed on 04/26/2023 at 03:46 ck of a OT evaluation. He of order was a mistake from the N) that created the care plan. It nly. 3:30 pm, the DON was made				
H 560	If physical therapy s	THERAPY SERVICES services are provided, they shall rdance with the patient's plan of	H 560			
	Based on interview	met as evidenced by: and record review, the home failed to ensure physical				

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If continuation sheet 53 of 56

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004		(X2) MULTIPI A. BUILDING	COM	(X3) DATE SURVEY COMPLETED		
		HCA-0004	B. WING	·····	04/28/20	
IAME OF PI	ROVIDER OR SUPPLIER			TATE. ZIP CODE		
& N RE	LIABLE NURSING CA	RE	STREET N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
H 560	Continued From pa	ge 53	H 560			
	with the patient's pl	es were provided in accordance an of care (POC) for three of 20 e sample (Patients #7, 9, and				
	 #11). Findings included: 1. On 04/28/2023 at 12:21 pm, review of Patient #7's clinical record showed a plan of care (POC) with a duration period of 03/09/2023 through 01/31/2024, for PT services one to two times a week for seven weeks for strengthening exercises, transfers, balance, stability, endurance, energy conservation, and gait training on level surface. The patient's diagnoses included muscular dystrophies, chronic obstructive pulmonary disease, protein-calorie malnutrition, benign prostatic hyperplasia, abnormalities of gait and mobility, pain and dysphagia. In addition, the POC included an order for the physical therapist to report vital signs that differed from established parameters: "Notify physician of temperature ranges greater than 99.5 or less than 96.5, systolic blood pressure greater than 150 or less than 90, diastolic blood pressure greater than 24 or less than 60, and respirations greater than 24 or less than 12." Further review of the clinical record showed that the PT visited Patient #7 twice a week from 03/15/2023 through 04/16/2023 with no evidence of assessing the patient's temperature as ordered to determine whether interventions were 			The office nursing team shall re- current skilled charts with Physic orders to ensure that vital signs, sugar if applicable are assessed the Physical Therapist provided on abnormal findings. The Physical Therapist shall be assess vital signs, pain and bloc applicable every visit and provid and care coordination if applicable and Office nursing team. The Assistant Clinical Manager of skilled charts shall be in-serviced 100% of Physical Therapy recon- effectiveness. The Clinical Manager/QA and th Administrator shall review 100% charts every month to ensure effective	cal Therapy pain and blood l every visit and interventions re-educated to od sugar if e interventions ole with PCP responsible for d to review ds to ensure e of skilled	6/21/23
	clinical record show duration periods of (and 03/19/2023 thro	1:28 pm, review of Patient #9's ed plans of care (POCs) with 01/18/2023 through 03/18/2023 hugh 05/17/2023, for PT services week for eight weeks. The included				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY MPLETED	
	HCA-0004		B. WING		04	/28/2023
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS. CITY, STAT	É, ZIP CODE		
& N RE	LIABLE NURSING CA	RE	H STREET NE STON, DC 200	18		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(XS) COMPLET DATE
H 560	stage three sacral p wound and suprapur reflux uropathy, type protein-calorie main neoplasm of prostat hyperkalemia. The p Humulin Insulin. In a order for the physica results that differed "Assess, teach, man patient/caregiver us measuring device fr of blood sugar great 60mg/dl." Further re- the PT visited Patien 01/31/2023 through assessing the patier determine whether i 04/26/2023 at 12:40 interviewed in the pr the director of nursin checking blood sugar of practice, and it was skilled nurse. He ad check the BS was if because of feeling w 3. On 04/26/2023 at #11's clinical record period of 05/03/2022 one to two times a w evaluate and treat for and self-care deficit. included convulsions systolic and diastolic mellitus, stage IV ch	pressure ulcer, right great toe blic wound, obstructive and e II diabetes mellitus, nutrition, hypertension, malignant te, hyperlipidemia, and patient was ordered sliding scale addition, the POC included an al therapist to report blood sugar from established parameters: hage, evaluate, perform e of electronic glucose equency daily. Notify physician ter than 250 mg/dl or less than wiew of the records showed that in #9 twice a week from 04/19/2023 with no evidence of nt's blood sugar as ordered to nterventions were indicated. On pm, the physical therapist was resence of the administrator and ng (DON). He indicated that ar (BS) was not part of his scope as the responsibility of the ded that the only time he would the patient refused therapy				

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Health Regulation & Licensin	g Administration				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE CON	SURVEY
	HCA-0004	B. WING		04/2	28/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS. CITY, STAT	E, ZIP CODE		
T & N RELIABLE NURSING CA	RE	STREET NE TON, DC 200	18		
PREFIX (EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
POC included an our report vital signs the parameters: "Notify greater than 99.5 of pressure greater than blood pressure greater pulse greater than respirations greater sugar greater than Further review of th PT visited Patient # 05/11/2022 through assessing the patien sugar as ordered to interventions were in On 04/26/2023 at 1 DON were made as At the time of the su failed to ensure that	nd unsteady gait. In addition, the rder for the physical therapist to at differed from established physician of temperature ranges r less than 96.5, systolic blood an 150 or less than 90, diastolic ater than 90 or less than 60, 100 or less than 60, and r than 24 or less than 12, blood 250 or less than 60 mg/dl." ne clinical record showed that the #11 twice a week from n 06/20/2022 with no evidence of ent's temperature and blood to determine whether indicated. 2:40 pm, the Administrator and ware of the findings. urvey, the home care agency t physical therapy services were ance with the plans of care for	H 560			