Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0027	A. BUILDING: _____ B. WING _____ Received 8/14/18	05/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER HEALTH SERVICES, INC	7600 GEORGIA AVENUE, NW, SUITE 323 WASHINGTON, DC 20012

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H 000	INITIAL COMMENTS An annual survey was conducted from 05/21/18 through 05/25/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 125 patients and employs 297 staff. The findings of the survey were based on a review of eight current patient records, two discharged patient records, 20 employee records, and three complaints. The findings were also based on five home visits and interviews with staff and patients. List below are abbreviation used in body of the report. mg - milligram PCA - Personal Care Assistant PCP - Primary Care Physician po - by mouth POC - Plan of Care SN - Skilled Nurse	H 000		
H 452	3917.2(b) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (b) Coordination of care and referrals; This Statute is not met as evidenced by: Based on observations, record review, the agency's SN failed to obtain clarification of physician's orders for one (1) of eight (8) active patients in the sample (Patient #7). Findings included:	H 452	**H452-Corrective Action** Patient #7 is stable and not in any distress. PHS made multiple attempts to contact Patient #7's primary care physician(PCP). Patient #7's PCP did not respond to multiple calls, and written correspondence. PCP's office medical assistants repeatedly communicated that PCP would be paged/notified to call back but PCP did not call back. On 05/16/18, PCP responded to the written correspondence that lacked the clarification of what medications Patient #7 should take. PHS contacted PCP's office and sent written correspondence from 5/16/18 through 5/23/18 but did not get a response from PCP. On 5/24/18, PHS staff went to PCP's office to seek clarification. PCP's office staff told PHS staff that PCP was not in the office and they would not give out the information until PCP returns. On 5/24/18 during survey exit, PHS received a fax from PCP's office that was a progress note from Patient # 7's 4/6/18 visit in which the current medication list was circled (see attached). The Sertraline and Trazodone were not included in the list of medications.	5/24/18 5/24/18

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H 452	Continued From page 1 Review of Patient #7's medical record on 05/24/18 at 1:30 PM showed a POC with a certification period of 03/26/18 through 03/25/19. Further review of the POC revealed that the patient had diagnoses which included: unspecified diastolic congestive heart failure, hepatomegaly with splenomegaly, major depression, chronic obstructive pulmonary disease, hepatitis C, syncope and collapse, and disease of the circulatory system. The POC also showed that the patient was to receive SN services every 30 to 62 days, and PCA services eight hours a day times five days a week. Continued review of the record revealed a medication profile dated 03/26/18 that indicated the patient was routinely taking the nine medications listed below, as follows: 1. Atorvastatin (antilipemic) 40 mg, one tab po at bedtime; 2. Zolpidem Tartrate (hypnotic) 5 mg, one tab po at bedtime; 3. Clopidogrel (antiplatelet) 75 mg, one tab po daily; 4. Folic Acid (vitamin supplement) 1 mg, one tab po daily; 5. Ferrous Sulfate (iron supplement)325 mg, one tab po two times a day; 6. Lisinopril (antihypertensive) 20 mg, one tab po daily; 7. Trazodone Hydrochloride (antidepressant)150 mg, one tab po at bedtime; 8. Sertraline Hydrochloride (antidepressant) 50 mg, one tab po every morning; and 9. Vitamin D3 (vitamin supplement) 1000 units po daily. Further review of the record revealed two nursing notes that were dated 04/20/18 and 05/15/18.	H 452	On 5/25/18, PHS nurse performed a visit with patient and a medication reconciliation based on PCP's fax. During the nurse visit, Patient #7 stated he is currently taking Lisinopril, Clopidogrel, Trazadone and Vitamin B-1. Nurse educated Patient #7 on the risks of not taking medications as prescribed by the physician and on the risk and benefits of medication compliance. On 05/25/18, PHS nurse contacted Patient #7's emergency contact (brother) regarding Patient #7 not taking his medications as prescribed by the PCP. Patient #7's brother informed PHS nurse that this is Patient #7 "normal" behavior but he would assist in encouraging Patient #7 to take his medications as prescribed by the PCP. On 5/25/18, PHS nurse attempted to contact Patient # 7's PCP and was told by PCP's medical assistant that she would page the PCP and have the PCP call PHS nurse back. PCP has not returned the call. Based on medication label, PHS retrieved the prescribing psychiatrist's name. Due to the weekend and holiday, physicians offices were closed on 5/26/17, 5/27/18 and 5/28/18. On 05/29/18, PHS nurse reached out to the PCP and left another message. On 05/29/18, PHS reached out to the prescribing psychiatric and left multiple messages.	5/25/18 5/25/18 5/25/18 5/29/18 5/29/18

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H 452	Continued From page 2 The 04/20/18 note documented that the patient was only taking two of the nine medications (Atorvastatin and Zolpidem Tartrate) listed above. Additionally,the note indicated that the patient informed the SN that his PCP discontinued the other seven medications during an office visit on 04/06/18. Continued review of the record showed that the SN called and left several voice messages, and sent written correspondence to the PCP on 04/20/18. The PCP responded to the written correspondence 26 days later on 05/16/18. However, the PCP's response lacked documented evidence of what medications Patient #7 was to take daily. The 05/15/18 note revealed that the SN left several messages with the PCP's office to verify the discontinuation of medications. Additionally,the agency also attempted to contact the PCP for clarification of medication orders on 05/23/18, but the attempt was unsuccessful. During an interview on 05/24/18 at 3:00 PM, the DON stated that the agency had made several attempts since 04/20/18 to contact Patient #7's PCP for medication orders, but they were unsuccessful. The DON also indicated that they would send someone to the PCPs office to get current medication orders. Observation of Patient #7's home on 05/25/18 at 1:00 PM showed the following medications: 1. Clopidogrel (antiplatelet) 75 mg, one tab po daily; 2. Lisinopril (antihypertensive) 20 mg, one tab po daily; 3. Atorvastatin (antilipemic) 40 mg, one tab po at bedtime; 4. Vitamin B1 (supplement) 100 mg, one tab po daily	H 452	On 5/29/18, PHS nurse was able to speak to psychiatrist who stated that he last saw Patient #7 at a different facility/office which he no longer works and Patient #7 must be seen as a new patient at his current office. PHS nurse together with Patient #7 set up an appointment with the psychiatrist but Patient #7 insisted on the June 13, 2018 appointment. PHS nurse has assessed Patient #7 weekly and the planned was to reevaluate after June 13, 2018 psychiatric appointment. On 6/8/17, Patient #7 called PHS office and stated he is tired of being asked if he is taking his medications and discussing/explaining his medications to everyone. He also stated he is tired of his PHS nurse, doctor's office and the pharmacy calling him about his medications. Patient #7 stated he is an adult and has managed his medications and kept his doctor's appointments before PHS started services on 3/26/18. Patient #7, stated he has a right to take or not take his medications and he is currently taking all the medications he needs and he has had enough. Patient #7 states he wants his decision to be respected and he is tired of this and is frustrated and is thinking about terminating services to get some peace. Patient #7 stated he will see the psychiatrist on June 13, 2018 and keep his follow up appointment with his PCP on July 7th, 2018.	5/29/18

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H 452	Continued From page 3 5. Zolpidem Tartrate (hypnotic) 5 mg, one tab po at bedtime; 6. Folic Acid (supplement) 1 mg, one tab po daily; and 7. Trazodone Hydrochloride (antidepressant)150 mg, one tab po at bedtime. During an interview on 05/25/18 at 1:10 PM, Patient #7 stated that he only takes Clopidogrel, Lisinopril, and Vitamin B1 because his PCP said he did not need the other medications. At the time of survey, there was no further evidence that the SN obtained clarification of Patient #7's medication orders.	H 452	Patient #7 went to the psychiatrist office on June 13, 2018 but was only seen by the intake department who scheduled him for a follow up appointment with the Psychiatrist on June 28, 2018. PHS nurse will continue weekly visits and the reevaluate after the June 28, 2018 psychiatrist and July 7, 2018 PCP appointments. **Measures put in place/Systemic Changes** Physician clarifications orders that are sent to physicians without a response within 24-72hrs will be refaxed and physician will be contacted until a response is received. PHS intake staff or designee will refax all physician clarifications orders that are sent to physicians without a response weekly and follow up with physician until a response is received. Depending on the severity of request, PHS staff will go to physician's office if there is still no response within a week. If there is still no clarifying response after PHS staff visits the physician's office, the issue needing clarification will be elevated to the Agency's Medical Director to assist with getting a resolution/ clarification. An In-services training will be held with all of PHS RNs regarding the medications reconciliations and clarifications procedures. **Monitoring** The QA Manager or designee will conduct an audit/review of PCP clarifications orders that are sent to physicians without a response weekly to ensure compliance.	6/28/18 7/10/18 6/15/18 Ongoing 6/15/18 6/15/18 Ongoing