

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2013
NAME OF PROVIDER OR SUPPLIER HSC HOME HEALTH CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1731 BUNKER HILL ROAD, NE WASHINGTON, DC 20017		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	INITIAL COMMENTS An annual survey was conducted at your agency from May 14, 2013, through May 15, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) clinical records based on a census of seventy-six (76) patients and ten (10) personnel files based on a census of one hundred-twenty-two (122) employees. Observations and interviews were conducted in the patient homes during two (2) home visits and eight (8) telephone calls were made to current patients.	H 000		
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview the home care agency (HCA) failed to ensure that the plan of care (POC) included specific instructions on the emergency protocol for ten (10) of 10 patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10) The findings include: Review of the following POCs on May 14, 2013, between 10:30 a.m. and 5:00 p.m., revealed that the POCs stated that "staff will implement emergency measures" as evidenced below: 1. Patient #1's POC with a certification period of May 11, 2013 through June 10, 2013, failed to include specific instructions on the emergency	H 364	H364 HSC Home Care, LLC will comply with 3914.3(m) ensuring the plan of care has more specific instructions on the Plan of Care(POC) on emergency protocol. All records were reviewed. The Plan of Care will include "staff will implement emergency measures to include dialing 911 and starting CPR if applicable". Staff will make notification to RN Supervisor who will then notify the PCP. All RN will document specific emergency protocol on the plan of care. All RNs will receive in-service on POC requirements. All staff will be in-service on the emergency protocol on the POC. All POC will be updated to include specific Information regarding emergency protocol. Prior to the POC being submitted to the PCP, the Clinical Manager or Clinical Project Manager will review the POC. Quality Clinician will audit 10% of the active files monthly until 100% of the POCs are compliant with the standard for three(3) consecutive months.	June 30, 2013

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[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Vice President Operations* (X8) DATE *5/21/13*

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H 364	Continued From page 1 protocol. 2. Patient #2's POC with a certification period of May 20, 2013 through June 18, 2013, failed to include specific instructions on the emergency protocol. 3. Patient #3's POC with certification period of March 22, 2013 through May 20, 2013, failed to include specific instructions on the emergency protocol. 4. Patient #4's POC with certification period of April 9, 2013 through June 8, 2013 failed to include specific instructions on the emergency protocol. 5. Patient #5's POC with a certification period of April 1, 2013 through May 30, 2013, failed to include specific instructions on the emergency protocol. 6. Patient #6's POC with a certification period of March 30, 2013 through May 18, 2013, failed to include specific instructions on the emergency protocol. 7. Patient #7's POC with a certification period of March 23, 2013 through June 21, 2013, failed to include specific instructions on the emergency protocol. 8. Patient #8's POC with a certification period of May 14, 2013 through July 12, 2013, failed to include specific instructions on the emergency protocol. 9. Patient #9's POC with a certification period of May 20, 2013 through June 18, 2013, failed to include specific instructions on the emergency	H 364	See page 1	

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H 364	Continued From page 2 protocol. 10. Patient #10's POC with a certification period of October 5, 2012 through December 3, 2012, failed to include specific instructions on the emergency protocol. During a face to face interview with the administrator and clinical manager on May 14, 2013, at approximately 6:00 p.m., it was acknowledged the POC did not include specific instructions on the emergency protocol for Patient's #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10. The administrator indicated that the agency would add an addendum to the POC to include specific instructions on the emergency protocol for life threatening emergencies. Further interview revealed that the agency would also add an addendum to the POC to include specific instructions on how to maintain ventilator care in the event of potential and or actual electrical power outages.	H 364	See page 1	
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evaluation of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the home care agency's (HCA)skilled nursing staff failed to provide evidence that instructions were afforded to patients related to their health conditions, for four (4) of the ten (10) patients in the sample (Patient #3, #6, #7 and #9). Additionally, the HCA	H 459	H459 HSC Home Care, LLC will comply with 3917.2(j) by ensuring the clinical notes reflect not only reflects instruction/training but also includes evaluation of the instruction /training provided to caregiver/client. All records were reviewed. All staff will be in-service on documentation of the client/caregiver instructions/training to include evaluation of the specific subject taught. The Quality Clinician will audit 20% of the active files monthly. Client teaching and evaluation will be a HSC Home Care Quality Indicator to be measured monthly and reported quarterly at the Quality/Compliance Advisory Meetings.	June 30, 2013

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H 459	<p>Continued From page 3</p> <p>failed to provide evidence that the instructions given were understood, for 4 of the 10 patients in the sample. (Patient #3, # 6, #7 and #9)</p> <p>The findings include:</p> <p>The agency failed to ensure training and/or the evaluation of the training had been completed as prescribed.</p> <p>1. Review of Patient #3's plan of care (POC) with certification period of March 22, 2013, through May 20, 2013, revealed that the skilled nurse (SN) was to instruct the family/caregiver in the care of eternal equipment and feedings and identifying family/caregiver's ability to safely give care. Review of Patient #3's medical record on May 14, 2013, at approximately 12:30 p.m., revealed a Visit Record (VR) dated April 5, 2013. The document indicated that the SN provided training on eternal equipment and feedings. A review of a VR dated April 18, 2013, indicated the family/caregiver was instructed on the precipitating factors of dyspnea. Additionally, a review of a VR dated May 5, 2013, revealed that the caregiver was instructed in patient care planning. The SN however, failed to document the specific aspects of the aforementioned respective training's taught to the family/caregiver and the family/caregiver's specific level of understanding of the aforementioned health teachings.</p> <p>2. Review of Patient #6's POC with a certification period of March 30, 2013, through May 18, 2013, revealed that the SN was to revealed that the SN was to instruct the family/caregiver on the signs and symptoms to report to the medical doctor, provide instruction on how to increase fluids, instruct on perineal hygiene/handwashing</p>	H 459	See page 3	

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H 459	Continued From page 4 techniques and how to clear paths, remove throw rugs and provide proper lighting. Review of Patient #6's medical record on May 14, 2013, at approximately 2:30 p.m., revealed a VR dated April 25, 2013. The document indicated that the SN provided training on the aforementioned health teachings. The SN however, failed to document the specific aspects of the aforementioned respective training's taught to the family/caregiver and the family/caregiver's specific level of understanding of the aforementioned health teachings. 3. Review of Patient #7's POC with a certification period of March 23, 2013 through June 21, 2013, revealed that the SN was to assess the family/caregiver's ability to safely give care. Review of Patient #7's medical record on May 14, 2013, at approximately 3:30 p.m., revealed a VR dated April 10, 2013. The document indicated that the SN provided training on the POC and safety measures. The SN documented that the caregiver "expressed understanding" of the aforementioned training's. The SN however, failed to document the specific aspects of the aforementioned respective training's taught to the family/caregiver and the family/caregiver's specific level of understanding of the aforementioned health teachings. 4. Review of Patient #9's POC with a certification period of May 20, 2013 through June 18, 2013, revealed that the patient was prescribed Pulmicort Inhaler Suspension 0.5 (zero point five) mg (milligrams)/ 2 (two) ml (milliliters) twice a day. Also the patient was prescribed Albuterol Sulfate Inhaler Nebulization Solution 2.5 mg/3 (three) ml every 4 hours whenever necessary. Review of Patient #9's medical record on May 14, 2013, at approximately 5:00 p.m. revealed VRs	H 459	See page 3		

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H 459	Continued From page 5 dated April 20, 22, 24, 25 and May 4, 2013. The documents indicated that the SN provided instruction on the inhalers for medication administration. The SN however, failed to document the specific aspects of the aforementioned respective training's taught to the family/caregiver and the family/caregiver's specific level of understanding of the aforementioned health teachings During a face to face interview with the administrator and clinical manager on May 14, 2013, at approximately 6:05 p.m., it was acknowledged at the time of the survey there was no documented evidence that the agency's nursing staff ensured specific training and/or that the evaluation of the training had been completed as prescribed. Further interview revealed that the nursing staff would be re-trained on how to accurately document training and/or the evaluation of the training in the patient's medical record.	H 459	See page 3		
H 564	3923.3(c) PHYSICAL THERAPY SERVICES The licensed physical therapist shall: (c) Monitor and assess the degree to which therapy treats the identified physical dysfunction or the degree to which pain associated with movement is reduced. This Statute is not met as evidenced by: Based on interview and record review, the home care agency's (HCA)physical therapy staff failed to provide evidence that the instructions given to treat the identified physical dysfunction were understood for one (1) of ten (10) patients in the	H 564	See page 7		

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H 564	Continued From page 6 sample. (Patient #5) The finding includes: Review of Patient #5's plan of care (POC) with a certification period of April 1, 2013 through May 30, 2013, revealed that the physical therapist (PT) was to teach the patient how to safely ascend and descend stairs, establish a home exercises program and provide gait training. Review of Patient #5's record on May 8, 2013, at approximately 4:25 p.m., revealed a PT Routine Visit Note (PTRVN) dated April 9, 2013. The document indicated that the PT provided training's on balance, home, coordination and strengthening exercises. The PT documented that the patient/caregiver verbalized understanding of the aforementioned training's. However, the PT failed to document the specific level of understanding of the aforementioned training's. During a face to face interview with the administrator and clinical manager on May 14, 2013, at approximately 5:55 p.m., it was revealed that the PT staff would be re-trained on documenting the specific level of understanding of the instructions given to treat the identified physical dysfunctions of the patient.	H 564	H564 HSC Home Care, LLC will comply with 3923.3(c) by ensuring the physical therapist continues to documents the instructions and evaluates caregiver /client's understanding of the instruction to treat the identified physical dysfunction. The physical therapist will also include the specific level of understanding of the patient/caregiver. All records were reviewed. All therapist will be in-service on documentation of the client/caregiver instructions/training to include evaluation of the specific level of understanding of the caregiver/client. Peer Review therapist will conduct monthly focused chart reviews The Quality Clinician will audit 10% of the active files quarterly. Client teaching and evaluation will be a HSC Home Care Quality indicator to be measured monthly and reported quarterly at the Quality/Compliance Advisory Meetings.	June 30, 2013