

Received 1/25/12

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division

899 North Capitol St., N.E.
Washington, D.C. 20002

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(XI) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE
A. BUILDING
B. WING

(XS) DATE SURVEY
COMPLETED

HCA-0022

011051201

NAME OF PROVIDER OR SUPPLIER
BERHAN HOME HEALTH CARE AGENCY

STREET ADDRESS, CITY, STATE, ZIP CODE
**7825 EASTERN AVENUE, NW, SUITE L1-16
WASHINGTON, DC 20012**

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDERS PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(Y5)
CORRECT
DATE

H 000 INITIAL
COMMENTS

An annual survey was conducted at your agency from January 4, 2012, through January 5, 2012, 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 ninety-seven (97) patients, ten (10) personnel files based on a census of three hundred sixty-six (366) employees and two (2) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.

H 000

All professional staff were contacted regarding the identified deficiencies and the referenced documents were requested. All professional staff will be inserviced by the Clinical Manager/Director of Nursing on the need to ensure documentation of the training and education given to the patient and the patient /representative and the evaluation of the patient/representative's understanding of the

Feb
03,
2012

interventions taught to include but not limited to:

1. wound care performance/management
2. medication regimen/management
3. dietary regimen/management
4. safety in the home
5. oxygen therapy safety
6. disease process/management
7. coordination of care
8. community resources

H 459

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 facility's skilled nursing staff failed to ensure documentation of the evaluation of patient instruction for one (1) of ten (10) patients in the sample. (Patient #1)The finding includes:

The Clinical Manager/Director of Nursing will review all documentation on a quarterly basis to determine compliance with the conditions of participation for home care. Staff will be notified of the findings and requested to correct/submit the deficient documents. Staff who fail to correct the deficiency will be suspended until the required documents are submitted.

Health Regulation & Licensing Administration
TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Fessha Malku 1/24/2012

(XS) DATE

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING B. CONSTRUCTION WING	(X3) DATE SURVEY COMPLETED 01/05/2012
NAME OF PROVIDER OR SUPPLIER BERHAN HOME HEALTH CARE AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 7825 EASTERN AVENUE, NW, SUITE L1-16 WASHINGTON, DC 20012	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(Y5) COMPLETE DATE
<p>H 459 Continued From page 1</p> <p>Review of Patient #1's Plan of Care (POC) on January 4, 2012 at approximately 1:00 p.m., revealed the patient has diagnoses that included a Stage II sacral ulcer. The wound was to be cleansed with normal saline, Sanyty ointment/Bactrim applied and covered with four by fours secured with tape. instructed on their disease nursing clinical notes by the dated December 10,11,12, January 4, 2012, between p.m., revealed the wound to the POC. However the instruction stated "Pt [patient] well". During a face to face Director of Nursing (DOH) at approximately 2:00 p.m. the skilled nurse did not document teaching instructions provided/ understood by Patient #1.</p> <p>The patient was to be processes. Review of Skilled Nurse (SN) 13 and 15, 2012, on 1:15 p.m. and 1:35 was treated according response to patient tolerated treatment interview with the on January 4, 20012,, it was acknowledged the health evaluated or</p>	H 459	<p>Continued from page 1</p> <p>Berhan Home Health Care Agency recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.</p>	Feb 03, 2012