

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2010
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HEALTHCARE RESOURCES	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WISCONSIN AVENUE, NW, SUITE 300 WASHINGTON, DC 20007
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(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
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H 000	INITIAL COMMENTS An annual survey was conducted at your agency on May 21, 2010 through May 27, 2010, 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 twenty-five (25) clinical records based on a census of 460 patients, three (3) discharge clinical records, twenty-six (26) personnel files based on a census of 306 employees, and five (5) home visits. The deficiencies cited during this survey were based on interviews conducted with patients, agency staff and review of patient medical records, employee records and administrative records.	H 000	<p><i>Receival 6/22/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
H 455	3917.2(e) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (e) For registered nurses, supervision of nursing services delivered by licensed practical nurses, including on-site supervision at least once every sixty-two (62) calendar days; This Statute is not met as evidenced by: Based on interview and record review, the Home Health Agency (HHA) failed to have evidence that the Registered Nurses (RN) supervised the practices of the Licensed Practical Nurses (LPN) for one of twenty-five patients. (Patient #10) The finding includes: Review of Patient #10's Home Health Certification and Plan of Treatment (POT) dated March 17, 2010 to May 15, 2010, on May 25, 2010, at approximately 1:30 p.m., revealed that	H 455	<p>3917.2(e) SKILLED NURSING SERVICE</p> <p>LPN Supervision-Please note that there is no electronic prompt for LPN supervision as described by the PT in the office</p> <p>A. Corrective Actions for patient found to be affected by this deficiency:</p> <ol style="list-style-type: none"> We are unable to identify specific patient as there was not a listing of patient names/corresponding numbers included in deficiency report <p>B. Identification of other patients having the potential to be affected by this deficiency:</p> <ol style="list-style-type: none"> 100% of patient records assigned to LPN's have been reviewed for deficiency Identified 1 additional patient with identified deficiency per Professional Healthcare policy (supervision every 30 days). No additional deficiency identified per DC licensure rules Schedules have been updated to reflect Professional Healthcare policy for LPN supervision every 30 days 	<p><i>6/17/10 PK</i></p> <p><i>6/15/10 PK</i></p>

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Patricia Kelley RN MSN* TITLE: *Administrator* (X6) DATE: *6/17/10*

STATE FORM 6890 FOR911 If continuation sheet 1 of 2

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H 455	<p>Continued From page 1</p> <p>the patient received skilled nursing services. The services entailed instructing the patient about his disease process, diet management, medication management, signs and symptoms of hypo-hyper glycemia, and foot/skin care. Review of the documentation in the record revealed that the services was provided by LPN's. Further review of the patients record revealed that the RN had only documented one (1) supervisory visit.</p> <p>In a face to face interview with the HHA's Branch Administrator on May 25, 2010, at approximately 1:45 p.m., she indicated that the RN was to have conducted three (3) supervisory visits up to this point. In another face to face interview with the HHA's physical therapist (PT) on the same day, she revealed that the electronic documentation system used by the HHA, sends an alert to the RN when supervisory visits should be conducted, however the RN ignored the systems alerts and failed to document his/her supervision of the LPN's services.</p> <p>Both the Branch Administrator and PT acknowledged that the RN had not documented the supervision of the services delivered by LPN's.</p>	H 455	<p>C. Systemic Changes to ensure deficient practice does not recur:</p> <ol style="list-style-type: none"> 1. Results of survey have been shared with field Staff 2. Processes have been implemented to assure compliance with standard: <ol style="list-style-type: none"> a. At the time of LPN assignment the Patient Service Coordinators will schedule LPN supervisory visits by the RN on the day 25 b. Supervisory visits will be monitored at least Weekly by the Clinical Manager c. LPN supervisory visits will be a standardized agenda item at weekly care conference <p>D. Monitoring of Corrective Action</p> <ol style="list-style-type: none"> 1. Standard to be included in quarterly compliance audits 2. Results are reported and published to Administrator, and Vice President of Clinical Outcomes, Professional Advisory Committee and Governing Board 3. A corrective action plan will be generated for any standard found to be deficient 	<p>6/9/10</p> <p>6/15/10 ongoing PU</p> <p>6/15/10 ongoing R</p>
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Patricia Kelley RN MSN Administrator 6/17/10