

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2010
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NAME OF PROVIDER OR SUPPLIER TENDER LOVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 NEW YORK AVENUE, NW, SUITE 310 WASHINGTON, DC 20005
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted at your agency from March 22, 2010, through March 23, 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 ten (10) clinical records based on a census of one hundred-seventeen (117) patients, ten (10) personnel files based on a census of twenty-four (24) employees and three (3) 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.</p>	H 000	<p><i>Received 4/19/10</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 149	<p>3907.2(e) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(e) Health certification as required by section 3907.6;</p> <p>This Statute is not met as evidenced by: Based on a review of the Home Care Agency's (HCA) personnel records and interview, the HCA failed to ensure two (2) of ten (10) staff had current health certification. (Staff #8, Medical Social Worker (MSW), and #9, RN)</p> <p>The findings include:</p> <p>Review of the HCA's personnel records on March 22, 2010, beginning at 11:00 a.m., revealed Staff #8, and #9's personnel records failed to evidence a Health Certificate.</p> <p>During the face-to-face interview on March 23,</p>	H 149	<p>Tag 3907 Personnel</p> <p>1. The corrective actions for patients/clients affected by the deficient practice are:</p> <p>1a. Staff #8, #9, the agency will ensure that each of the cited employee's health certificates, staff #3, staff #5 and staff #10 each of the cited employees position descriptions, and staff #9's documentation of acceptance or declination of the Hepatitis Vaccine are made part of their employment files.</p> <p>1b. The Director of Operations will perform in-service with office staff/Business Office Manager regarding required documentation needed upon hire for all new employees</p> <p>2. The management team will identify other patients/clients having the potential to be affected by the deficient practice and take the following corrective actions:</p> <p>2a. 100% of personnel files will be audited by the Business Office Manager to ensure c</p>	<p>4-20-10</p> <p>4-23-10</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Judith Snowden West RN* TITLE: *DOO*

(X6) DATE: *4/15/10*

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H 149	Continued From page 1 2010, at approximately 4:30 p.m., with the Administrator/ Director of Operations, it was verified that Staff #8, and #9's personnel records failed to evidence a Health Certificate.	H 149	compliance with Tag 3907 3. Measures or systemic changes the agency will make to ensure the deficient practice does not recur are:	
H 155	3907.2(k) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (k) A position description: This Statute is not met as evidenced by: Based on a record review and interview, the Home Care Agency (HCA) failed to maintain a position description in the personnel records of three (3) of ten (10) employees included in the sample. (Staff #3, OT, #5, RN, and #10, PT) The findings include: Review of the personnel records on March 22, 2010, beginning at approximately 11:00 a.m., revealed no evidence of position descriptions in #3, #5 and #10's personnel file. During a face to face interview with the Administrator/ Director of Operations, on March 23, 2010, at approximately 4:30 p.m., it was acknowledged the aforementioned staff did not have position descriptions on file.	H 155	3a. The agency will scan all new hire documentation electronically using the Hiring Manager Check Off Tool to ensure no employee starts work without submission of all documentation, to include all documentation cited in this deficiency. 3b. The Business Manager will monitor the personnel files monthly using an audit tool and notifies the Director of Operations in advance of missing, expiring documentation. Personnel file expirations are tracked through a central database in Amedysys Corporate office 4. The monitoring plans to make sure the deficient practice will not recur are: 4a. The Director of Operations and or designee will audit 7 personnel files every month x 3 months, then quarterly to ensure ongoing compliance with this regulation.	5-23-10 5-23-10
H 157	3907.2(m) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the	H 157		

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H 157	Continued From page 2 following information: (m) Documentation of acceptance or declination of the Hepatitis Vaccine; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain personnel records, which included documentation of a acceptance or declination of the Hepatitis Vaccine for one (1) of ten (10) employees included in the sample. (Staff #9, RN) The finding includes: Review of Staff #9's personnel record on March 22, 2010, at approximately 2:14 p.m., revealed no documentation of acceptance or declination of the Hepatitis Vaccine. During a face-to-face interview with the Administrator/Director of Operations on March 23, 2010, at approximately 4:30 p.m., it was acknowledged there was no documentation of an acceptance or declination of the Hepatitis Vaccine on file for Staff #9.	H 157			
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the Home	H 279	Tag 3911.2(s) Clinical Records 1. The corrective actions for patient/clients affected by the deficient practice are: 1a. Patient #5, the agency is unable to retrospectively correct the cited deficiency. 1b. Director of Operations and or designee will review/in-service clinical staff on policy & procedure regarding documentation of training and education to patient and caregiver. 2. The management team will identify other patients/clients having the potential to be affected by the deficient practice and take t	4-2-10	

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H 279	Continued From page 3. Care Agency (HCA) failed to ensure documentation of training and education given to the patient and the patient's caregivers for one (1) of ten (10) patients in the sample. (Patient # 5) The findings include: Review of Patient #5's POC dated February 20, 2010, through April 20, 2010, on March 22, 2010, at approximately 1:50 p.m., revealed the patient had diagnoses that included a Stage IV pressure ulcer on the lower back, Diabetes Mellitus, hypertension and peripheral vascular disease was ordered a low sodium no added sweets diet. Review of Skilled Nurse Visit Note dated March 22, 2010, revealed no training and education given to the patient and the patient's caregivers. During face to face interview with the DON on March 22, 2010, at approximately 4:20 p.m., it was acknowledged the medical records did not include any training and education given to Patient #5 and the patient's caregivers. A face to face interview with Patient #5's caregiver during a home visit on March 23, 2010, at approximately 11:20 a.m., revealed the skilled nurse had not provided the caregiver with training and education on wound care.	H 279	the following corrective actions: 2a. 10% of active patient charts will be audited to determine compliance with documentation of training & education to patient and caregiver 3. Measures or systemic changes the management team will make to ensure the deficient practice does not recur are: 3a. Review In-service clinical staff on H279-3911.2(s) protocol for providing patient/caregiver education and the use of Clinical Tracks for documentation of training/education. 3b. Weekly care team meetings to discuss patients progress towards goals, education/ teaching being provided and to ensure patient/caregiver education & response is documented in the clinical record per DC regulations and company policy 4. The monitoring plans to make sure the solutions are sustained are: 4a. 10% of all patient charts will be audited by the DOO and or designee every month x 3, then quarterly for compliance documentation of training & education to patient/caregiver. Compliance with DC regulations and company policy will be ensured via Quarterly PI Review	5-4-10 4-21-10 5-23-10
H 333	3913.3 COMPLAINT PROCESS The telephone number of the Home Health Hotline maintained by the Department of Health shall be posted in the home care agency's operating office in a place where it is visible to all staff and visitors.	H 333	Tag 3913.3 Complaint Process 1. The corrective actions for patients/client affected by the deficient practice are: 1a. The agency will post the telephone number of the Home Health Hotline	4-16-10

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H 333	<p>Continued From page 4</p> <p>This Statute is not met as evidenced by: Based on an observation, it was determined that the agency failed to post the Department of Health Hotline telephone number in it's operating office in a place where it is visible to all staff.</p> <p>The finding includes:</p> <p>During an observation on March 22, 2009 at approximately 9:30 a.m., it was revealed that the agency did not have the Department of Health's Hotline number posted in the office.</p> <p>During a face to face interview with the Administrator/Director of Operations on March 23, 2009 at approximately 4:30 p.m., it was acknowledged that the telephone number of the Home Health Hotline maintained by the DOH was not posted in the agency's operating office in a place visible to staff and visitors.</p>	H 333	<p>maintained by the Department of Health in the Home Care Agency's Operating Office in a place where it is visible to all staff and visitors.</p> <p>2. The management team will identify other patients/clients having the potential to be affected by the deficient practice and take the following corrective actions:</p> <p>2a. The Department of Health Hotline telephone number will be posted in the Operating Office of the Home Health Agency in a place where it is visible to all staff/visitors.</p> <p>3. Measures or systemic changes the management team will make to ensure the deficient practice does not recur are:</p> <p>3a. The Department of Health Hotline telephone number will be posted, remain posted in the Operating Office of the Home Health Agency in a place where it is visible to all staff/visitors.</p> <p>4. The monitoring plans to make sure the solutions are sustained are:</p> <p>4a. Director of Operations and or designee will perform periodic reviews to ensure Department of Health Hotline telephone number remains posted in the Operating Office of the Home Health Agency in a place where it is visible to all staff/visitors</p> <p>Tag 3914.3(i) Patient Plan of Care</p> <p>1. The corrective actions for patients/clients affected by the deficient practice are:</p>
H 363	<p>3914.3(i) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(i) Identification of employees in charge of managing emergency situations;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview it was determined the agency failed to include identification of employees in charge of managing emergency situations for ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10)</p> <p>The findings include:</p> <p>Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, #</p>	H 363	<p>4-16-10, ongoing</p>

4-16-10, ongoing

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H 363	Continued From page 5 8, #9, and #10's plan of care (POC) on March 22, 2010, approximately between 10:00 a.m., to 4:00 p.m., revealed the POC did not include identification of employees in charge of managing emergency situations. During a face to face interview with the Director of Nursing (DON) on March 22, 2010, at approximately 4:10 p.m., it was acknowledged the POC did not include identification of employees in charge of managing emergency situations for Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10.	H 363	1a. All clients/patients Plan of Care's (Patient's #1 through #10) did include emergency plans; they did not include identification of TLC staff in charge of managing emergency situations. The Plan of Care's of the cited patients/clients will be updated to include "All staff of TLC will call 911 in an emergency that occurs while they are in the patient's home. Patient and family have been taught emergency protocols". 2. The management team will identify other patients/clients having the potential to be affected by the deficient practice and take the following corrective actions: 2a. All Plan of Care's of active patients will be adjusted to include updated emergency protocols plans per the DC regulations.	4-30-10
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 interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for ten (10) of ten (10) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10) The findings include: Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10's plan of care (POC) on March 22, 2010, approximately between 10:00 a.m., to 4:00 p.m., revealed the POC did not include emergency protocols. During a face to face interview with the Director of Nursing (DON) on February 23, 2010, at approximately 4:10 p.m., it was acknowledged the POC did not include emergency protocols for	H 364	3. Measures or systemic changes the agency will make to ensure the deficient practice will not recur are: 3a. Clinical staff will be in-serviced on H 363-3914.3(l) The Plan of Care shall include the following: identification of employees in charge of managing situations: "All staff of TLC will call 911 in an emergency that occurs while they are in the patient's home. Patient and family have been taught emergency protocols". 4. The monitoring plans to make sure the s	4-21-10

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H 364	Continued From page 6 Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9 and # 10.	H 364	solutions are sustained are:	
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance: This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure home health aides (HHA's) recorded, and reported on the patient's physical condition, behavior or appearance two (2) of two (2) patients in the sample with a HHA. (Patient #2 and #11) The finding includes: Review of Patient #2 and #11's medical records on March 22, 2010, approximately between 9:45 a.m. and 4:00 p.m. revealed the home health aides had not recorded and reported the patient's physical condition, behavior, or appearance to the agency. During a face to face interview with the Director of Nursing (DON) on March 22, 2010, at approximately 4:10 p.m., it was acknowledged the home health aides had not recorded and reported Patient #2 and #11's physical condition, behavior, or appearance to the agency. There was no documented evidence the home	H 411	4a. Clinical manager will audit each Plan of Care for the emergency protocol plan statement prior to signing the 485 4b. 10% of active charts will be audited x 2months, then quarterly for compliance with documentation of emergency protocol plan statements on the Plan of Care. Compliance with DC regulations will be ensured via Quarterly PI Review. Tag 3915.11(f) Home Health & Personal Care Aide Service 1. The corrective actions for patients/clients affected by the deficient practices are: 1a. DC regulations indicate that the Home health aide duties may include the following: observing, recording and reporting the patient's physical condition, behavior or appearance, therefore the agency did not require the HHA to document the cited deficiency and the agency is unable to retrospectively correct the absence of documentation on charts #2 and #11. 1b. Director of Operations and or designee will in-service the Home Health Aide's on documentation of: observing, recording and reporting the patient's condition, behavior, or appearance on HH	4-13-10 5-4-10

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H 450	<p>Continued From page 8</p> <p>During a face to face interview with the Director of Nursing (DON) on March 22, 2010, at approximately 4:15 p.m., it was acknowledged skilled nursing services were not provided in accordance with the Patient #5's POC.</p> <p>2. Review of Patient # 6's POC dated March 4, 2010, through May 2, 2010, on March 22, 2010, at approximately 3:10 p.m., revealed the skilled nurse was to provide wound care that included washing the wound with wound cleanser, pat dry then pack with iodisorb then cover with 4x4, wrap with Kerlix secure with tape.</p> <p>Review of Patient # 6's Wound Addendum dated March 20, 2010, on March 22, 2010, at approximately between 3:30 p.m. revealed under the section entitled Wound Interventions, "wound cleaned with soap and water pat dry then rinse with normal saline then apply iodisorb". Further review revealed the section entitled Other stated "then cover with 4x4 gauze secure with a tape". The sections entitled "wound dressing applied (specify) and wound packed with (specify)" were left blank.</p> <p>During a face to face interview with the DON on March 22, 2010, at approximately 4:15 p.m., it was acknowledged skilled nursing services were not provided in accordance with the Patient #6's POC.</p> <p>3. Review of Patient # 8's POC dated March 10, 2010, through May 8, 2010, on March 22, 2010, at approximately 2:00 p.m., revealed the skilled nurse was to provide wound care that included</p>	H 450	<p>HHA visit note. Compliance with DC regulations will be ensured via Quarterly PI Review.</p> <p>Tag 3917.1 Skilled Nursing Services</p> <p>1. The corrective actions for patients/clients affected by the deficient practice are:</p> <p>1a. Patients #5, #6, #8, the agency is unable to retrospectively correct the cited deficiencies, however SN services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care.</p> <p>2. The management team will identify other patients/clients having the potential to be affected by the deficient practice and take the following corrective actions:</p> <p>2a. 10% of active charts will be audited to determine: Adherence to the Plan of Care, accurate completion of the wound addendum per the POC/Verbal Order, and ensure ongoing compliance with the DC regulations/company policy by incorporating monitoring into quarterly PI Review.</p> <p>3. Measures or systemic changes the management team will make to ensure the deficient practice does not recur are:</p>	5-4-10

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H 450	Continued From page 9 loosely packing the wound with silver absorbent dressing. Review of Patient # 8's Wound Addendum dated March 12, 2010, on March 22, 2010, at approximately between 3:15 p.m. revealed under the section entitled Wound Interventions, "wound dressing applied " silvadene with 4x4 (four by four) and tape" was documented. Further review revealed the section entitled " wound packed with (specify)" was left blank. During a face to face interview with the Director of Nursing (DON) on March 22, 2010, at approximately 4:15 p.m., it was acknowledged skilled nursing services were not provided in accordance with the Patient #8's POC.	H 450	3a. Clinicians will be in-serviced on H450-3917.1, Skilled Nursing Services shall be provided in accordance with the patient's Plan of Care 3b. Clinicians will review the most current 485/POC and verbal order prior to making a home visit in order to provide the care ordered by the physician. 3c. DOO/CM will notify clinicians when an order is received and a copy of the changes will be made available to the staff. 4. The monitoring plans to make sure the solutions are sustained are: 4a. 10% of active wound patients will be audited to determine: Adherence to the Plan of Care, completion of the wound addendum in its entirety per the POC/Verbal Order, and ensure ongoing compliance with the DC regulations/company policy by incorporating monitoring into quarterly Pi Review. 4-22-10 5-4-10