

Received 5/12/11

Department of Health
 Health Regulation & Licensing Administration
 Intermediate Care Facilities Division
 800 North Capitol St., N.E. WASHINGTON, D.C. 20002
 PRINTED: 04/28/2011
 FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2011
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	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 on April 18, 2011 to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of twenty (20) clinical records based on a census of three hundred ninety-nine (399) patients and twenty (20) personnel files based on a census of four hundred thirty-seven (437) employees. The findings of the survey were based on interviews with agency staff, a review of patient and administrative records, patient interviews as well as observations in patient homes.	H 000		
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) recorded, and reported on the patient's physical condition, behavior or appearance for nine (9) of nine (9) patients receiving HHA services in the sample. (Patient #3, #4, #5, #6, #8, #13, #15, #16 and #17) The findings include: Review of Patient #3, #4, #5, #6, #8, #13, #15, #16 and #17's medical records on April 13, 2011, between 11:30 a.m. to 4:00 p.m., revealed no	H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE All aides were contacted regarding the identified deficiencies and the referenced documents were requested. All aides will be inserviced by the Clinical Manager/Director of Nursing on the need for observing, recording, and reporting the client's physical condition, behavior or appearance. The registered nurse will supervise the aide monthly and The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure that the aides are complying with reporting the client's physical condition, behavior or appearance. Staff who fail to comply will be suspended or terminated. Berhan Home Health Care Agency recognizes that any identified deficient practice may potentially affect other clients. The corrective action to all identified	05/20/11

Health Regulation Administration
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 STATE FORM

Fessha M...

TITLE
CEO

(X8) DATE
5/12/11

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H 411	Continued From page 1 evidence the home health aides (HHA) had 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) and Administrator on April 18, 2011, at approximately 4:05 p.m., it was revealed the HHA's had been trained to document and report on Patient #3, #4, #5, #6, #8, #13, #15, #16 and #17's physical condition, behavior and appearance on a daily basis, however the documentation program had not been implemented at the time of the survey.	H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE (Continued) deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered.	05/20/11
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 patient instruction, and evaluation of patient instruction for five (5) of twenty (20) patients in the sample. (Patient # 3, #4, #6, #12 and #14) The finding includes: Review of Patient # 3, #4, #6, #12 and #14's Nursing Clinical Notes on April 18, 2011 between 12:10 pm to 3:45 pm revealed the skilled nurse documented patient instruction, however there was no documented evidence the skilled nurse specifically evaluated the instructions given to	H 459	39172.(i) SKILLED NURSING SERVICES 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's caregiver and the evaluation of the client/representatives understanding of the	05/20/11

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H 459	Continued From page 2 Patient # 3, #4, #6, #12 and #14. During a face to face interview with the Director of Nursing (DON) and Administrator on April 18, 2011, at approximately 4:06 p.m., it was acknowledged there was no evidence that the skilled nurse specifically evaluated the instructions given to Patient # 3, #4, #6, #12 and #14.	H 459	39172.(I) SKILLED NURSING SERVICES (Continued) interventions taught such as on: 1. wound care management 2. medication management 3. dietary regime/management 4. safety in the home 5. oxygen therapy safety 6. coordination of care 7. community resources 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. 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.	05/20/11