

Received 6/29/10
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0022 | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 |
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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 | <p>INITIAL COMMENTS</p> <p>An annual survey was conducted at your agency from May 13, 2010, through May 14, 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 (20) clinical records based on a census of three hundred-twenty-six (326) patients, twenty (20) personnel files based on a census of three hundred-ninety-one (391) employees and five (5) home visits.</p> | H 000 | <p>3906.1(c) CONTRACTOR AGREEMENTS</p> <p>The policy governing contractor services was implemented and is included as Attachment #1(a)(b).</p> | <p>08/09/10 7/18/10</p> |
| H 122 | <p>3906.1(c) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(c) The manner in which services will be controlled, coordinated and evaluated by the primary home care agency;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Health Care Agency (HHCA) failed to include the manner in which services will be controlled, coordinated and evaluated by the primary home care agency for one (1) of one (1) contract agreement with the Speech Pathologist (Staff #6).</p> <p>The finding includes:</p> <p>A record review on May 13, 2010, at approximately 4:11 p.m., revealed the HHCA had a contract agreement with a Speech Pathologist</p> | H 122 | <p>All contract staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing contractor services. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all contract staff are inserviced on this policy to include the manner in which services will be controlled, coordinated and evaluated by Berhan Home Health Care Agency and will follow-up to ensure that all contracts are in place.</p> <p>No residents were affected by the deficient practice.</p> <p>The Administrator or Director of Nursing will review the contract agreement for all staff prior to orientation to ensure that a contract agreement has been executed in writing.</p> | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| 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 05/14/2010 |
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| H 122 | Continued From page 1 Review of the contract revealed that there was no documented evidence of the manner in which services would be controlled, coordinated and evaluated by the primary home care agency. At the time of the survey, the HHCA failed to include the manner in which services would be controlled, coordinated and evaluated by the primary home care agency in their Speech Pathologist's contract agreement. | H 122 | 3906.1(d) CONTRACTOR AGREEMENTS The policy governing contractor services was implemented and is included as Attachment #1(a)(b) . | 08/09/10 7/18/10 |
| H 123 | 3906.1(d) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports; This Statute is not met as evidenced by: Based on interview and record review of three (3) contracts and interview, it was determined that the Home Care Agency (HCA) failed to include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports for one (1) of one (1) contract agreements reviewed (Speech Pathologist, Staff #6). The finding includes: Interview with the Director of Nursing (DON) on May 13, 2010, at approximately 3:30 p.m., revealed HCA had a contract agreement with a | H 123 | All contract staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing contractor services. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all contract staff are inserviced on this policy to include the procedures for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports by Berhan Home Health Care Agency and will follow-up to ensure that all contracts are in place. No residents were affected by the deficient practice. The Administrator or Director of Nursing will review the contract agreement for all staff prior to orientation to ensure that a contract agreement has been executed in writing | |

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| H 123 | Continued From page 2 Speech Pathologist. Review of the contract agreement on the aforementioned date at approximately 4:11 p.m., revealed that there was no documented evidence of the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports in the agency's contractor agreement. At the time of the survey, there was no documented evidence of the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports in the Speech Pathologist contract agreement. | H 123 | | |
| H 124 | 3906.1(e) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (e) The procedure for payment for services and payment terms for services furnished; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to include the procedure for payment for services and payment terms for services furnished for one (1) of one (1) contract agreements reviewed (Speech Pathologist, Staff #6). The finding includes: | H 124 | 3906.1(e) CONTRACTOR AGREEMENTS The policy governing contractor services was implemented and is included as Attachment #1(a)(b) . All contract staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing contractor services. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all contract staff are inserviced on this policy to include the procedures for payment for services and payment terms for services rendered by Berhan Home Health Care Agency and will follow-up to ensure that all contracts are in place. No residents were affected by the deficient practice. The Administrator or Director of Nursing will review the contract agreement for all staff prior to orientation to ensure that a contract agreement has been executed in writing. | 08/09/10 7/18/10 |

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| H 124 | Continued From page 3 Interview with the Director of Nursing (DON) on May 13, 2010, at approximately 3:30 p.m., revealed HCA had a contract agreement with a Speech Pathologist. Review of the contract agreement on the aforementioned date at approximately 4:11 p.m. revealed, that there was no evidence of the procedure for payment for services and payment terms for services furnished in the agency's Speech Pathologist's contract agreement. At the time of the survey, there was no documented evidence of the procedure for payment for services and payment terms for services furnished in the Speech Pathologist contract agreement. | H 124 | | |
| H 125 | 3906.1(f) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (f) The procedures used for managing and monitoring the work of personnel employed on a contractual basis; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to include the procedure for managing and monitoring the work of personnel employed on a contractual basis for (1) of one (1) contract agreements reviewed (Speech Pathologist, Staff #6). | H 125 | 3906.1(f) CONTRACTOR AGREEMENTS The policy governing contractor services was implemented and is included as Attachment #1(a)(b) . All contract staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing contractor services. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all contract staff are inserviced on this policy to include procedures used for managing and monitoring the work of personnel employed on a contractual basis by Berhan Home Health Care Agency and will follow-up to ensure that all contracts are in place. No clients were affected by the deficient practice. The Administrator or Director of Nursing will review the contract agreement for all staff prior to orientation to ensure that a contract agreement has been executed in writing. | 08/09/10 7/18/10 |

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| H 125 | Continued From page 4 The findings include: Interview with the Director of Nursing (DON) on May 13, 2010, at approximately 3:30 p.m., revealed HCA had a contract agreement with a Speech Pathologist. Review of the contract agreement on the aforementioned date at approximately 4:11 p.m., revealed that there was no evidence of the procedure for managing and monitoring the work of personnel employed on a contractual basis. At the time of the survey, there was no documented evidence of the procedure for managing and monitoring the work of personnel employed on a contractual basis in the Speech Pathologist's contract agreement. | H 125 | 3907.1(c) PERSONNEL The personnel policy has been revised to incorporate provisions pertaining to probationary periods, disciplinary actions, termination and grievance procedures (Attachments #2 (a)(c)(d)(e)(f)) . This policy shall be available to each staff member. The Clinical Manager/Director of Nursing will review the policy with staff at the time of orientation and on an ongoing basis. | 08/09/10 7/18/10 |
| H 142 | 3907.1(c) PERSONNEL Each home care agency shall have written personnel policies that shall be available to each staff member and shall include the following: (c) Provisions pertaining to probationary periods, promotions, disciplinary actions, termination and grievance procedures; This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure their Personnel Policies included a provision pertaining to probationary periods. The finding includes: Review of the HCA's personnel policies on May 13, 2010, at 11:08 a.m., revealed there was no documented evidence that the agency's | H 142 | The Clinical Manager/Director of Nursing will track the inservice roster at the orientation review to ensure that all staff are inserviced on this policy. 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. | |

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| H 142 | Continued From page 5 personnel policy included a provision to address probationary periods. During a face to face interview with the CEO on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged that the agency's personnel policy did not include a provision to address probationary periods. There was no documented evidence the HCA ensured the personnel policy included a provision to address probationary periods. | H 142 | 3907.2(c) PERSONNEL All staff were contacted regarding the identified deficiencies. All staff will be oriented by the Clinical Manager/Director of Nursing prior to assignment on any cases. Attachment #2 (a)(b)(e) | 08/09/10 7/18/10 |
| H 147 | 3907.2(c) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, as there was no evidence of participation in orientation for two (2) of the twenty (20) employee's personnel records reviewed in the sample. (Staff #1, and Staff #7). The findings include: Review of personnel records for Staff #1, and Staff #7) on May 13, 2010, beginning at approximately 12:52 p.m. revealed no documented evidence that the aforementioned | H 147 | The Clinical Manager/Director of Nursing will review all personnel files of all staff to ensure that staff has been oriented and the completed orientation checklist is incorporated into the staff's personnel file. Staff will be notified of the findings and if deficient, will be 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. | |

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| H 147 | Continued From page 6 staff participated in the HCA's orientation. At the time of the survey, there was no documented evidence that Staff #1 and Staff #7 had participated in the HCA's orientation. | H 147 | 3907.2(d) PERSONNEL All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have all credentials and other employment documents maintained current at all times(Attachment #2(a)(e)) | 08/09/10 7/18/10 |
| H 148 | 3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of current CPR certification for two (2) of twenty (20) employees in the sample. (Staff #6 and Staff #17) The findings include: 1. Review of the personnel records on May 13, 2010, beginning at approximately 3:26 p.m., revealed the Staff #6's CPR certification expired on August 29, 2009. At the time of the survey, there was no documented evidence of a current CPR certification in Staff #6 personnel record. 2. Review of the personnel records on May 13, 2010, beginning at approximately 3:26 p.m., revealed the Staff #17's CPR certification expired on July 31, 2009. | H 148 | The Clinical Manager/Director of Nursing will review all personnel files of staff on a quarterly basis and maintain a roster of the expiration dates of credentials and other documents required of staff. 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. | |

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| H 148 | Continued From page 7 At the time of the survey, there was no documented evidence of current CPR certifications for Staff #6 and #17 in their personnel records. | H 148 | | |
| H 150 | 3907.2(f) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (f) Verification of previous employment; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of verification of previous employment for four (4) of twenty (20) employees included in the sample. (Staff #3, Staff #5, Staff #6, and Staff #14) The findings include: Record review on May 13, 2010, beginning at approximately 1:34 p.m., revealed that there was no documentation of verification of previous employment for Staff #3 and #5, Staff #6, and Staff #14 in their personnel records. At the time of the survey, there was no documented evidence of verification of previous employment in the aforementioned personnel records. | H 150 | 3907.2(f) PERSONNEL Cross reference 3097.2 (g) | 08/09/10 7/18/10 |
| H 151 | 3907.2(g) PERSONNEL Each home care agency shall maintain accurate | H 151 | | |

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| H 151 | <p>Continued From page 8</p> <p>personnel records, which shall include the following information:</p> <p>(g) Documentation of reference checks;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to maintain accurate personnel records, which included documentation of reference checks for four (4) of twenty (20) employees included in the sample. (Staff #3, Staff #5, Staff #6, and, Staff #14)</p> <p>The finding includes:</p> <p>Record review on May 13, 2010, beginning at approximately 1:34 p.m., revealed that there was no documentation of reference checks for Staff #3 and #5, Staff #6 and Staff #14 in their personnel records.</p> <p>At the time of the survey, there was no documented evidence of reference checks in the aforementioned personnel records.</p> | H 151 | <p>3907.2(f) PERSONNEL 3907.2(g) PERSONNEL</p> <p>All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have all credentials and other employment documents maintained current at all times (Attachment #2(a)(e)(f))</p> <p>The Clinical Manager/Director of Nursing will review all personnel files of staff on a quarterly basis and maintain a roster of the expiration dates of credentials and other documents required of staff. 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.</p> | 08/09/10 7/18/10 |
| H 152 | <p>3907.2(h) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(h) Copies of completed annual evaluations;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency failed to maintain accurate personnel records,</p> | H 152 | <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> | |

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| H 152 | Continued From page 9 annual evaluations for two (2) of twenty (20) employees in the sample. (Staff #13 and Staff #16). The findings include: On May 13, 2010, beginning at approximately 4:19 p.m., review of Staff #13, and Staff #16's personnel records, revealed that there was no documented evidence of current annual evaluations. During a face to face interview with the CEO on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged that the aforementioned personnel files did not have current evaluations in their personnel records. At the time of the survey, there was no documented evidence of current annual evaluations for Staff #13 and Staff #16. | H 152 | 3907.2(h) PERSONNEL All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have probationary and current annual performance evaluations completed as per policy. (Attachment #2(a)(c)(d)(e)) The Clinical Manager/Director of Nursing will review all personnel files of staff on a quarterly basis and maintain a roster of the due dates and completion of probationary and current annual evaluations. Staff who fail to comply with the scheduled evaluations will be suspended until the evaluations are completed. | 08/09/10 7/18/10 <i>JS</i> |
| 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 one (1) of twenty (20) employees included in the sample. (Staff #11) The finding includes: | H 155 | 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. | |

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| H 155 | Continued From page 10 Review of the personnel records on May 13, 2010, at approximately 3:39 p.m., revealed no evidence of a position description in Staff #11's personnel record. At the time of the survey, there was no documented evidence of a position description for Staff #11 in her personnel record. | H 155 | 3907.2(k) PERSONNEL cross reference 3907.2(1) 3907.2(1) PERSONNEL All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have a valid job description and results of competency testing. (Attachment #2(a)(c)(e)(f)) | 08/09/10 7/18/10 |
| H 156 | 3907.2(1) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (l) Results of any competency testing; This Statute is not met as evidenced by: Based on a record reviews and interview, it was determined that the Home Care Agency failed to include the results of competency testing for one (1) of the twenty (20) employee's personnel records. (Staff #13) The finding includes: Record review on May 13, 2010, at approximately 4:21 p.m. revealed that the HCA failed to ensure Staff #13 had the results of a competency test in her personnel record. At the time of the survey, there was no documented evidence of the results of a competency test for Staff #13 in her personnel record. | H 156 | The Clinical Manager/Director of Nursing will review all personnel files of staff on a quarterly basis and ensure that all staff's personnel file contain a valid position description which is signed and dated by the staff and the results of competency testing. Staff will be notified of the findings and requested to comply with this policy. Staff who fail to correct the deficiency will be suspended until the required documents are submitted. No clients were affected by the deficient practice. | |

Health Regulation Administration FORM APPROVED

| 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 05/14/2010 |
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| 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 |
| | Continued From page 11 | | | |
| | 3908.1(h) ADMISSIONS | | 3908.1(h) ADMISSIONS | 08/09/10 |
| H 197 | <p>Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following:</p> <p>(h) Consent for interagency sharing of information.</p> <p>This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure written policies on admissions, which included, consent for interagency sharing of information. The finding includes: Review of the HCA's Admissions Policies and Procedures on May 13, 2010, at approximately 11:21 a.m., revealed the HHCA failed to ensure the admissions policy included consent for interagency sharing of information. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged the admissions policy failed to include consent for interagency sharing of information.</p> <p>There was no documented evidence the HCA ensured the admissions policy included consent for interagency sharing of information.</p> | H 197 | <p>The policy governing Interagency Sharing of Information and the Client Consent for Interagency Sharing of Information were implemented and are included as Attachment #3(a)(b).</p> <p>All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing Interagency Sharing of Information and the Client Consent for Interagency Sharing of Information. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy.</p> <p>Staff who fail to comply will be suspended.</p> | 7/18/10 |
| H 205 | <p>Each home care agency shall conduct an initial assessment, including a home visit, based on information provided by the prospective patient or</p> | H 205 | <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> | |

Health Regulation Administration FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0022 | (X2) MULTIPLE BUILDING WINGS A _____ B WINGS _____ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 CORRECTIDN (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| H 205 | Continued From page 12 the patient's representative <i>and</i> on other pertinent data. This Statute is not met as evidenced by: Based on interview and record verification, the Home Care Agency (HCA) failed to ensure written policies on admissions, which included, an initial assessment, including a home visit. The finding includes: Review of the HCA's Admissions Policies and Procedures on May 13, 2010, at approximately 11:32 a.m., revealed that although the agency's policy included an initial assessment, it failed to include a home visit. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged the admissions policy failed to include a home visit during the initial assessment. There was no documented evidence the HCA ensured the admissions policy included a home visit during the initial assessment. | H 205 | 3908.6 ADMISSIONS An addendum has been made to the agency's Admission Policies and Procedures and was implemented and is included as Attachment #4 . All professional staff will be inserviced by the Clinical Manager/Director of Nursing on the policy that a home visit must be conducted during the initial assessment. The Clinical Manager/Director of Nursing will ensure that the staff is notified of this policy. 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. | 08/09/10 7/18/10 | |
| H 220 | 3909.1 DISCHARGES TRANSFERS & REFERRALS Each home care agency shall have written policies that describe transfer, discharge, and referral criteria and procedures. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure their Discharges, Transfers and Referrals Policies and | H 220 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0022 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED 05/14/2010 |
|--|--|--|--|--------------------------------|--|
| 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) CDMPLTE DATE | |
| H 220 | Continued From page 13 Procedures included a written notice for the patient to be notified of discharge or referral no less than seven (7) calendar days prior to the action. The finding includes: Review of the HCA's Policies and Procedures for Discharges, Transfers and Referrals on May 13, 2010, at approximately 11:43 a.m., revealed the aforementioned policy did not include a written notice for the patient to be notified of discharge or referral no less than seven (7) calendar days prior to action. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged the Discharges, Transfers and Referrals policy failed to include a written notice for the patient to be notified of discharge or referral no less than seven (7) calendar days prior to action. There was no documented evidence the HCA ensured the Discharges, Transfers and Referrals policy included a written notice for the patient to be notified of discharge or referral no less than seven (7) calendar days prior to action. | H 220 | 3909.1 DISCHARGES TRANSFERS & REFERRALS An addendum has been made to the agency's Discharges, Transfers and Referrals policy and was implemented and is included as Attachment #5 . All professional staff will be inserviced by the Clinical Manager/Director of Nursing on the policy that a written notice of discharge must be given to the client at least seven (7) days prior to the action. The Clinical Manager/Director of Nursing will ensure that the staff is notified of this policy. | 08/09/10 7/18/10 | |
| H 241 | 3910.1(b) RECORDS RETENTION & DISPOSAL Each home care agency shall maintain a clinical record system that shall include the following: (b) Written procedures that address the transfer or disposition of clinical records in the event of dissolution of the home care agency. | H 241 | 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. | | |

Health Regulation Administration FORM APPROVED

| 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 05/14/2010 |
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| 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 241 | Continued From page 14 This Statute is not met as evidenced by: Based on record review and interview the Home Care Agency (HCA)'s Policies and Procedures for Records Retention and Disposal failed to ensure their clinical record system included written procedures to address the transfer or disposition of clinical records in the event of dissolution of the home care agency. The finding includes: Review of the HCA Policies and Procedures on May 13, 2010, at approximately 11:51a.m. revealed the policy for Records Retention and Disposal failed to include written procedures to address the transfer or disposition of clinical records in the event of dissolution of the home care agency. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged the agency's policy failed to address the transfer or disposition of clinical records in the event of dissolution of the home care agency. There was no documented evidence the HCA ensured the policy for Records Retention and Disposal included written procedures to address the transfer or disposition of clinical records in the event of dissolution of the home care agency. | H 241 | 3910.1(b) RECORDS RETENTION & DISPOSAL The policy governing Record Retention and Disposal was implemented and is included as Attachment #6 . All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing Records Retention and Disposal. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all staff are inserviced on this policy. 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. | 08/09/10 7/18/10 |
| H 268 | 3911.2(h) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate | H 268 | | |

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| 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 05/14/2010 |
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| 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 268 | Continued From page 15 by professional and direct care staff; This Statute is not met as evidenced by: Based on a record review and interview, it was determined the agency failed to ensure Clinical, progress, and summary notes, were signed and dated as appropriate by skilled nursing staff for one (1) of twenty (20) patients. (Patient #17) The finding includes: Review of Patient # 17's Start of Care Comprehensive Assessment (SOCCA) electronically dated April 26, 2010, on May 13, 2010, at approximately 4:00 p.m., revealed the Registered Nurse (RN) did not sign and date the document. During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5:29 p.m., the surveyor informed the provider of the above and it was acknowledged the SOCCA is done electronically and the RN's usually come into the office to sign and date the SOCCA. There was no documented evidence all of the clinical, progress, and summary notes, were signed and dated as appropriate by skilled nursing staff. | H 268 | 3911.2(h) CLINICAL RECORDS All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to ensure that all clinical, progress and summary notes are signed and dated by the appropriate involved discipline. 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. | 08/09/10 7/8/10 |
| 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. | H 279 | 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. | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0000 | <input type="checkbox"/> MULTIPLE CONSTRUCTION <input type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING | | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 279 | <p>Continued From page 16</p> <p>This Statute is not met as evidenced by:</p> <p>Based on interview and record review, the Home Care Agency (HCA) failed to ensure documentation of training and education given to the patient and the patient's caregivers for six (6) of twenty (20) patients in the sample. (Patient #17, #9, #18, #19, #13 and #14)</p> <p>The findings include:</p> <p>1. Review of Patient # 17's POC dated April 26, 2010, through June 24, 2010, on May 13, 2010, at approximately 3:45 p.m., revealed the patient had diagnoses that included open wound of the left amputated foot, Diabetes Mellitus Type Two and hypertension. Further review revealed the skilled nurse was to instruct Patient #17 to cleanse his left stump with Normal Saline (NSS), pat the area dry, apply Aquacel AG, cover with a 4x4 (four by four) gauze and wrap with Kerlix.</p> <p>Review of Patient # 17's Nursing Clinical Notes dated April 28, May 3 and May 5, 2010, on May 13, 2010, at approximately 3:55 p.m., revealed no evidence the skilled nurse documented training and education given to Patient #17 on wound care management.</p> <p>During a face to face interview with Patient #17 in his home, on May 14, 2010, at approximately 11:45 a.m., it was acknowledged the skilled nurse had not trained and educated Patient #17 on wound care management.</p> <p>There was no documented evidence of training and education given to the patient and the patient's caregivers on wound care management.</p> <p>2. Review of Patient # 17's POC on May 13,</p> | H 279 | <p>3911.2(s) CLINICAL RECORDS</p> <p>All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All 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 interventions taught such as on:</p> <ol style="list-style-type: none"> 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 <p>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.</p> | <p>08/09/10 7/18/10</p> | |

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| 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 05/14/2010 |
|--|--|--|--|--------------------|--|
| 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 279 | <p>Continued From page 17</p> <p>2010, at approximately 3:45 p.m., revealed the patient was prescribed Lantus Insulin 20 units to be given subcutaneously at night, Lisinopril 40 mg. twice a day by mouth, Ascorbic Acid (Vitamin C) 500mg every seventy-two (72) hours by mouth and Percocet two (2) tablets every six (6) hours as needed by mouth. Further review revealed the patient was to be instructed on medication management to include route, dosage, side effects and compliance.</p> <p>Review of Patient # 17's Nursing Clinical Notes dated April 13, April 15, April 19 and April 21, 2010, on May 13, 2010, at approximately 3:55 p.m., revealed the skilled nurse documented " instructed to take meds [medications] as prescribed".</p> <p>During a visit to the home of Patient #17, on May 14, 2010, at approximately 11:35 a.m., it was observed the patient did not have any of the aforementioned medications in his home.</p> <p>During a face to face interview with Patient #17 in his home, on May 14, 2010, at approximately 11:50 a.m., Patient #17 indicated the skilled nurse was made aware of his inability to purchase his medications each time they visited his home and had not instructed him on managing his medications.</p> <p>During telephone interview with the CEO on May 14, 2010, at approximately 12:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not informed the agency that Patient #17 did not have any of his prescribed medications.</p> <p>There was no evidence the skilled nurse provided training and education to the patient on</p> | H 279 | <p>3911.2(s) CLINICAL RECORDS (continued)</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> | | |

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| 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 05/14/2010 |
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| 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 |
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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 279 | <p>Continued From page 18 medication management.</p> <p>3. Review of Patient # 17's POC on May 13, 2010, at approximately 3:45 p.m., revealed the patient was prescribed a low salt, low sugar diet. Further review revealed the skilled nurse was to instruct the patient on his dietary regime.</p> <p>Review of Patient # 17's Nursing Clinical Notes dated April 28, May 3 and May 5, 2010, on May 13, 2010, at approximately 3:56 p.m., revealed the skilled nurse did not document any training or education given to the patient related to his dietary regime.</p> <p>During a home visit with Patient #17, on May 14, 2010, at approximately 11:35 a.m., it was observed that Patient #17 had approximately six (6) hotdogs in the refrigerator, several packages of "Oodles of Noodles", a jar of peanut butter and a third of a loaf of bread sitting on the kitchen counter.</p> <p>During a face to face interview with Patient #17, on May 14, 2010, at approximately 11:50 a.m., the patient indicated that he could not afford to purchase food on a regular basis and prepared meals mainly consisting of hotdogs and Oodles of Noodles. Patient #17 indicated the skilled nurse was made aware of his inability to purchase food each time they visited his home and had not instructed him on managing his low salt, low sugar diet.</p> <p>During telephone interview with the CEO on May 14, 2010, at approximately 12:10 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse had not informed the agency of Patient #17's inadequate food supplies in his home.</p> | H 279 | | |

Health Regulation Administration FORM APPROVED

| 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 05/14/2010 |
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| 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 | | |
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| H 279 | <p>Continued From page 19</p> <p>There was no evidence the skilled nurse provided training and education to the patient on diet management.</p> <p>4. Review of Patient # 17's POC on May 13, 2010, at approximately 3:45 p.m., revealed the skilled nurse was to instruct the patient on safety in the home.</p> <p>Review of Patient # 17's Nursing Clinical Notes dated April 28, May 3 and May 5, 2010, on May 13, 2010, at approximately 3:56 p.m., revealed the skilled nurse did not document any training or education given to the patient related to safety in the home.</p> <p>Observation during a home visit to Patient #17, on May 14, 2010, at approximately 12:10 p.m., revealed that Patient #17 had left a saucepan containing food on the lit stove unattended and the saucepan was burning. The fireman from Engine #18 off the stove to stop the saucepan from burning.</p> <p>During a face to face interview with the fireman from Engine #18 on May 14, 2010, at approximately 12:15 p.m., Patient #17 stated "I forgot that I was cooking Oodles of Noodles on the stove and I did not know that it was burning up".</p> <p>During a face to face interview with Patient #17, on May 14, 2010, at approximately 11:50 a.m., the patient indicated the skilled nurse was made aware of his inability to prepare light meals on a regular basis due to his disabilities and had not instructed him on safety in the home.</p> <p>There was no evidence the skilled nurse provided</p> | H 279 | | |

Health Regulation Administration FORM APPROVED

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0022 | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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|--------------------|---|---------------|---|--------------------|
| H 279 | <p>Continued From page 20</p> <p>training and education to the patient on safety in the home.</p> <p>5. Review of Patient # 9's POC on May 13, 2010, at approximately 2:30 p.m., revealed the patient had an open wound on his left hip and thigh and the patient was to be instructed to cleanse the wound with NSS, pack the wound with Iodoform packing, cover the wound with ABD pads and Tegaderm.</p> <p>Review of Patient # 9's Nursing Clinical Note dated April 19, April 21, April 24, April 26, April 28 and May 6, 2010, on May 13, 2010, at approximately 2:30 p.m., revealed no documented evidence the patient had been instructed on wound care management.</p> <p>During a face to face interview with Patient #9 in his home, on May 14, 2010, at approximately 9:10 a.m., it was acknowledged the skilled nurse had not instructed him on wound care management.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not be in the patient's medical record.</p> <p>There was no documented evidence the skilled nurse provided training and education in accordance with the patient's POC.</p> <p>6. Review of Patient # 18's plan of care (POC) dated April 10, 2010, through June 8, 2010, on May 13, 2010, at approximately 4:05 p.m., revealed the patient was prescribed medications that included Metformin 850 mg. every evening,</p> | H 279 | | |

Health Regulation Administration FORM APPROVED

| 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 05/14/2010 |
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| 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 279 | <p>Continued From page 21</p> <p>Risperidone 1 mg. daily, Trazadone 100 mg at bedtime and Docusate Sodium 20mg/5m1twice a day by mouth.</p> <p>, Further review revealed the patient was to be instructed on medication management to include route, dosage, side effects and compliance.</p> <p>Review of Patient # 18's Nursing Clinical Notes dated April 13, April 15, April 19 and April 21, 2010, on May 13, 2010, at approximately 4:12 p.m., revealed no evidence the skilled nurse instructed Patient #18 on medication management.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5:29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not be in the patient's medical record.</p> <p>There was no evidence the skilled nurse provided training and education to the patient on medication management.</p> <p>7. Review of Patient # 19's POC on May 13, 2010, at approximately 4:25 p.m., revealed the patient had that included a right foot ulcer, toe amputation and cellulitis of the foot. Further review revealed the patient and wife were to be instructed on wound care as follows:</p> <p>(a) clean medial foot ulcer with NSS. pat dry, apply Santyl, cover with gauze daily for thirty (30) days as needed.</p> <p>(b) irrigate the right Hallux wound with NSS, pat dry, pack with Iodoform dressing for thirty (30) days as needed.</p> | H 279 | | |

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| 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 05/14/2010 |
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| 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 CORRECTIDN (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| H 279 | <p>Continued From page 22</p> <p>(c) irrigate the right fifth (5th) metatarsal ulcer with NSS, pat dry, pack with Iodoform dressing for thirty (30) days, and wrap with gauze and secure with tape.</p> <p>Review of Patient # 19's Nursing Clinical Notes dated April 19, April 21, April 23, April 26, April 28, May 3 and May 5, 2010, revealed no evidence the skilled nurse instructed the patient and caregiver on the aforementioned wound care management procedures.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not be in the patient's medical record.</p> <p>There was no evidence the skilled nurse provided training and education to the patient on wound care management.</p> <p>8. Review of Patient # 13 and #14's plan of care (POC) dated April 06, 2010, through October 05, 2010, on May 13, 2010, approximately between 2:55 p.m., and 3:10 p.m., revealed both patients had diagnoses that included chronic airway obstruction. Further review revealed both patients were to be instructed on safety measures that included oxygen precautions.</p> <p>During a visit to the home of Patient #13 and Patient #14 (husband and wife) on May 14, 2010, at approximately 1:00 p.m., it was observed that Patient #13 and Patient #14 were on oxygen therapy continuously. Further observation revealed there were no signs in the home or on the front door of Patient #13 and Patient #14's home to indicate the patients were receiving</p> | H 279 | | | |

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| 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 05/14/2010 |
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| 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 |
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| H 279 | <p>Continued From page 23</p> <p>oxygen therapy.</p> <p>During a face to face interview in Patient #13 and Patient #14's home on May 14, 2010, at approximately 1:10 p.m., it was revealed they did not have any signs in the home indicating they were on oxygen therapy. Patient #13 indicated "sometimes I walk into the kitchen with my oxygen when I use the electric stove". Further interview revealed the skilled nurse had not instructed the patients on safety in the home including oxygen precautions.</p> <p>During a face to face interview with Personal Care Aide (PCA) #22 on May 14, 2010, at approximately 1:15 p.m., it was revealed she was aware Patient #13 and Patient #14 did not have any signs in the home indicating they were on oxygen therapy.</p> <p>During a telephone interview with the CEO on May 14, 2010, at approximately 3:30 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nurse or HHA#22 had not informed the agency Patient #13 and Patient #14's home did not have signs indicating oxygen therapy was being utilized in their residence.</p> <p>There was no evidence the skilled nurse provided training and education to the patient on oxygen therapy precautions.</p> <p>9. Review of Patient # 20's POC dated April 10, 2010, through June 8, 2010, on May 13, 2010, at approximately 4:50 p.m., revealed the patient had diagnoses that included open wound of the abdomen, convulsions malnutrition, acute cholecystitis and hypertension. Further review revealed the skilled nurse was to instruct the</p> | H 279 | | |

Health Regulation Administration FORM APPROVED

| 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 05/14/2010 |
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| 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 279 | Continued From page 24 patient/friend to clean the abdominal wound with NSS, pat dry, apply Hydrogel, cover with 4x4 gauze and tape. Review of Patient # 20's Nursing Clinical Notes dated April 12, April 14 and April 17, on May 13, 2010, at approximately 4:55 p.m., revealed no evidence the patient/friend was instructed on the aforementioned wound care procedures. During a face to face interview with the CEO and the DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not be in the patient's medical record. There was no evidence the skilled nurse provided training and education to the patient on wound care management. | H 279 | 3912.2(b) PATIENT RIGHTS & RESPONSIBILITIES The policy governing Client Rights and Responsibilities was amended and implemented and is included as Attachment #7 . | 08/09/10 7/18/10 |
| H 292 | 3912.2(b) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (b) To control his or her own household and life style; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to include the patient has the right to control his or her own household and life style in it's Patient Rights and Responsibilities Policy. | H 292 | All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing the client's right to control his/her own household and life style. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy. 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. | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 292 | Continued From page 25 The finding includes: Review of the agency's policies and procedures on May 13, 2010, at approximately 12:11 p.m., revealed the HHCA failed to include in their Patient Rights and Responsibilities policy, the patient has the right to control his or her own household and life style. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged the agency's policy for Patient Rights and Responsibilities failed to include the patient has the right to control his or her own household and life style. There was no documented evidence the HCA ensured the policy for Patient Rights and Responsibilities included the patient has the right to control his or her own household and life style. | H 292 | 3912.4(a) PATIENT RIGHTS & RESPONSIBILITIES The policy governing Client Rights and Responsibilities was amended and implemented and is included as Attachment #7 . All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing the client's responsibility to treat agency personnel with respect and dignity. The Clinical Manager/director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy. | 08/09/10 7/18/10 |
| H 311 | 3912.4(a) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop a statement of patient responsibilities regarding the following: (a) Treating agency personnel with respect and dignity; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop a statement of patient responsibilities to include that the patient had the responsibility to treat agency personnel with respect and dignity in it's Patient Rights and | H 311 | 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. | |

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| 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 05/14/2010 |
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| 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 311 | Continued From page 26 Responsibilities Policy. The finding includes: Review of the HCA's policies and procedures on May 13, 2010, at approximately 12:22 p.m., failed to develop a statement that the patient had the responsibility to treat agency personnel with respect and dignity. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged that the HCA failed to develop a statement that the patient had the responsibility to treat agency personnel with respect and dignity. There was no documented evidence that the HCA developed a statement that the patient had the responsibility to treat agency personnel with respect and dignity. | H 311 | 3912.4(b) PATIENT RIGHTS & RESPONSIBILITIES The policy governing Client Rights and Responsibilities was amended and implemented and is included as Attachment #7 . All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing the client's responsibility to provide accurate information when requested. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy. 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. | 08/09/10 7/18/10 |
| H 312 | 3912.4(b) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop a statement of patient responsibilities regarding the following: (b) Providing accurate information when requested; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop a statement of patient responsibilities that included the patient had the responsibility to provide accurate information. | H 312 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 312 | Continued From page 27 The findings include: Review of the agency's policies and procedures on May 13, 2010, at approximately 12:33 p.m. revealed the Patient Rights and Responsibilities Policy failed failed to develop a statement of patient responsibilities that included the patient had the responsibility to provide accurate information when requested. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged the agency failed to develop a statement of patient responsibilities that the patient had the responsibility to provide accurate information when requested. There was no documented evidence the HCA ensure the agency developed a statement of patient responsibilities to include that the patient had the responsibility to provide accurate information when requested. | H 312 | 3912.4(c) PATIENT RIGHTS & RESPONSIBILITIES The policy governing Client Rights and Responsibilities was amended and implemented and is included as Attachment #7 . All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing the client's responsibility to inform the agency when instructions are not understood or cannot be followed in the Patient Rights and Responsibilities policy. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy. | 08/09/10 7/18/10 <i>JA</i> |
| H 313 | 3912.4(c) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop a statement of patient responsibilities regarding the following: (c) Informing the agency when instructions are not understood or cannot be followed; and... This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop a statement of patient responsibilities to inform the agency when | H 313 | 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. | |

Health Regulation Administration FORM APPROVED

| 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 05/14/2010 |
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| 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 313 | Continued From page 28 instructions are not understood or cannot be followed in it's Patient's Rights and Responsibilities Policy. The finding includes: Review of the agency's policies and procedures on May 13, 2010, at approximately 12:33 p.m., revealed the HCA failed to develop a statement of patient responsibilities to include the patient had the responsibility to inform the agency when instructions are not understood or cannot be followed in it's Patient's Rights and Responsibilities Policy. During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged they failed to develop a statement of patient responsibilities to inform the agency when instructions are not understood or cannot be followed in it's Patient's Rights and Responsibilities Policy. There was no documented evidence the HCA developed a statement of patient responsibilities to inform the agency when instructions are not understood or cannot be followed in it's Patient's Rights and Responsibilities Policy. | H 313 | 3912.4(d) PATIENT RIGHTS & RESPONSIBILITIES The policy governing Client Rights and Responsibilities was amended and implemented and is included as Attachment #7 . All staff will be inserviced by the Clinical Manager/Director of Nursing on the policies and procedures governing the client's responsibility to cooperate in making a safe environment for care within the home. The Clinical Manager/Director of Nursing will track the inservice roster to ensure that all professional staff are inserviced on this policy. 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. | 08/09/10 7/18/10 |
| H 314 | 3912.4(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop a statement of patient responsibilities regarding the following: (d) Cooperating in making a safe environment for | H 314 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0022 | <input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 | | |
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| H 314 | <p>Continued From page 29</p> <p>care within the home.</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop a statement of patient responsibilities to cooperate in making a safe environment for care within the home.</p> <p>The finding includes:</p> <p>Review of the agency's policy and procedures on May 13, 2010, at approximately 12:33 p.m., revealed the HCA failed to develop a statement of patient responsibilities to cooperate in making a safe environment for care within the home.</p> <p>During a face to face interview with the CEO and the Director of Nursing (DON) on May 13, 2010, beginning at approximately 5:29 p.m., it was acknowledged they failed to develop a statement of patient responsibilities to cooperate in making a safe environment for care within the home.</p> <p>There was no documented evidence the HCA developed a statement of patient responsibilities to cooperate in making a safe environment for care within the home.</p> | H 314 | <p>3913.5 COMPLAINT PROCESS</p> <p>The policy governing the Complaint Process was amended and implemented and is included as Attachment #8.</p> | <p>08/09/10 7/18/10</p> | |
| H 335 | <p>3913.5 COMPLAINT PROCESS</p> <p>The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.</p> <p>This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure the</p> | H 335 | <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> | | |

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| 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 | | |
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| H 335 | Continued From page 30 establishment of a written policy to respond to a complaint was within fourteen (14) calendar days of its receipt, and document the response. The finding includes: Review of the agency's Compliant/Grievance Process Policy on May 13, 2010, at approximately 12:38 p.m., revealed the HCA policy to respond to a complaint was within fifteen (15) days of its receipt, instead of the fourteen (14) days. During a face to face interview with the CEO and Director of Nursing (DON) on May 13, 2010, at approximately 5:29 p.m., it was acknowledged the HCA established a written policy to respond to a complaint within fifteen (15) days of its receipt, instead of fourteen (14) days. There was no documented evidence the HCA established a written policy to respond to a complaint within fourteen (14) calendar days of its receipt, and to document the response. | H 335 | 3914.3(d) PATIENT PLAN OF CARE All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need to have all credentials and other employment documents maintained current at all times. The Clinical Manager/Director of Nursing will review the clinical records on a monthly basis to ensure compliance with the conditions of participation governing the plan of care to address the following: | 08/09/10 7/18/10 |
| H 355 | 3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the plan of care (POC) described | H 355 | 1. Pertinent diagnoses 2. Description of types (disciplines) of services to be provided 3. Frequency of visits including the amount and expected duration 4. Treatments and specific services to be provided 5. Types of equipment and supplies needed 6. Functional limitations 7. Activities permitted 8. Nutritional requirements and supplements | |

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| 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 05/14/2010 |
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| 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 355 | <p>Continued From page 31</p> <p>the specific services to be provided for wound care for one (1) of five (5) patients in the sample receiving wound care (Patient #16); failed to describe the frequency, amount, and expected duration for the Personal Care Aide (PCA) services to be provided for five (5) of ten (10) patient's in the sample receiving PCA services (Patient #8, #10, #11, #12 and #16); and failed to described the specific PCA services to be provided for three (3) of ten (10) patient's in the sample receiving PCA services (Patient #7, #9 and #17)</p> <p>The findings include:</p> <p>1. Review of Patient #16's plan of care (POC) dated December 14, 2009, through June 13, 2010, on May 13, 2010, at approximately 3:35 p.m., revealed the patient had diagnoses that included Diabetes Mellitus Type Two, hypertension, morbid obesity and sarcoidosis. Further review revealed the skilled nurse was to visit one (1) month times six (6) months, to provide skilled observation of all systems, review and update medications, instruct on diet, safety, hydration and supervise the PCA.</p> <p>During a face to face interview with Patient #16 in her home, on May 14, 2010, at approximately 10:00 a.m., it was revealed Patient #16 had "two wounds on my buttocks" and "the skilled nurse from Berhan had not been to visit the patient and perform wound care in two (2) weeks". Further interview revealed the patient had been treating her wounds with "Neosporin Ointment".</p> <p>During a face to face interview with the Director of Nursing (DON) on May 13, 2010, at approximately 4: 12 p.m., it was revealed Patient #16 was probably receiving wound care from</p> | H 355 | <p>3914.3(d) PATIENT PLAN OF CARE (Continued)</p> <p>9. Medications including name, dose, route, frequency and purpose</p> <p>10. Safety measures</p> <p>11. Prognosis</p> <p>12. Rehabilitation potential</p> <p>13. Goals</p> <p>14. Instructions for timely discharge or referral</p> <p>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.</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> | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0000 | (X2) MULTIPLE CONSTRUCTION A. _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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) | (X5) COMPLETE DATE |
| H 355 | <p>Continued From page 32 another home care agency.</p> <p>During a telephone interview with the Chief Executive Officer (CEO) on May 14, 2010, at approximately 10: 30 a.m., the surveyor informed the provider of the above and it was acknowledged a skilled nurse from the agency was providing wound care to Patient #16. Further interview revealed that the agency would "send a nurse to perform Patient #16's wound care in ten minutes".</p> <p>There was no documented evidence the POC described the specific skilled nurse services to be provided to the patient for wound care management.</p> <p>2. Review of Patient #8, #10, #11, #12 and #17's POC on May 13, 2010, approximately between 1:45 p.m. to 3:35 p.m., did not reveal the expected duration for the Personal Care Aide (PCA) services to be provided.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was acknowledged the POC did not reveal the expected duration for the PCA services to be provided.</p> <p>There was no evidence the POC described the expected duration for the PCA services to be provided.</p> <p>3. Review of Patient #7, #9 and #17's POC on May 13, 2010, between 1:45 p.m. to 3:45 p.m., revealed HHA for assistance with personal care and ADL's (activities of daily living) and did not describe the specific PCA services to be provided.</p> | H 355 | | |

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| 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 05/14/2010 |
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| H 355 | Continued From page 33 | H 355 | | |
| H 358 | <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was acknowledged the POC did not describe the specific PCA services to be provided.</p> <p>There was no evidence the POC described the describe the specific PCA services to be provided.</p> <p>3914.3(g) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(g) Physical assessment, including all pertinent diagnoses;</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility's Plan of Care (POC) failed to include a physical assessment including all pertinent diagnoses for one (1) of twenty (20) patients in the sample. (Patient #13)</p> <p>The finding includes:</p> <p>Review of Patient # 13's Home Health Certification and Plan of Care (POC) dated April 6, 2010 to October 5, 2010, on May 13, 2010, at approximately 2:55 p.m., revealed Patient #13 had diagnoses that included chronic heart failure, chronic airway obstruction, general osteoarthritis and obesity nos.</p> <p>During a visit to Patient #13's home on May 14, 2010, at approximately 1:00 p.m., a face to face interview was conducted with the patient's</p> | H 358 | <p>3914.3(g) PATIENT PLAN OF CARE</p> <p>All professional staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need comply with the conditions of participation governing the plan of care.</p> <p>The Clinical Manager/Director of Nursing will review the clinical records on a monthly basis to ensure compliance with the conditions of participation governing the plan of care to address the following:</p> <ol style="list-style-type: none"> 1. Physical assessment 2. Pertinent diagnoses 3. Ensuring that medications are consistent with diagnoses. <p>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.</p> | <p>08/09/10 7/18/10 <i>of</i></p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0022 | <input checked="" type="checkbox"/> MULTIPLE BUILDING A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| H 358 | Continued From page 34 Personal Care Aide (PCA, Staff #21). According to the PCA , the patient informed her that she was a diabetic . Review of the POC Addendum to the on May 13, 2010, revealed the patient was prescribed Glipizide 2.5 mg daily. It should be was also prescribed a regular diet. At the time of the survey, there was no documented evidence the physical assessment included a diagnosis of Diabetes. | H 358 | 3914.3(g) PATIENT PLAN OF CARE (Continued) 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. | | |
| H 363 | 3914.3(1) PATIENT PLAN OF CARE The plan of care shall include the following: (I) Identification of employees in charge of managing emergency situations; 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 twenty (20) of twenty (20) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10,# 11,# 12,# 13,# 14,# 15,# 16,# 17,# 18, # 19 and # 20) The findings include: Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10,# 11,# 12,# 13,# 14,# 15,# 16,# 17,# 18, # 19 and # 20's Plan of Care (POC) on May 13, 2010, between 12:35 p.m., to 4:45 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 CEO and | H 363 | 3914.3(1) PATIENT PLAN OF CARE All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need comply with the conditions of participation governing the plan of care. The Clinical Manager/Director of Nursing will review the clinical records on a monthly basis to ensure compliance with the conditions of participation governing the plan of care to address identification of employees in charge of managing emergency situations. Attachment #9. | 08/09/10 <i>[Signature]</i> | |

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| H 363 | Continued From page 35 DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was acknowledged the POC did not include identification of employees in charge of managing emergency situations for the patients. There was no documented evidence the HCA included the identification of employees in charge of managing emergency situations on the POC. | H 363 | 3914.3(1) PATIENT PLAN OF CARE (Continued) 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. | |
| 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 twenty (20) of twenty (20) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, # 11, # 12, # 13, # 14, # 15, # 16, # 17, # 18, # 19 and #20) The findings include: Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, # 11, # 12, # 13, # 14, # 15, # 16, # 17, # 18, # 19 and # 20 's Plan of Care (POC) on May 13, 2010, 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 CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was acknowledged the POC did not include emergency protocols for the patients. | H 364 | 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. 3914.3(m) PATIENT PLAN OF CARE All staff were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need comply with the conditions of participation governing the plan of care as it relates to emergency protocols. Attachment #9 | 08/09/10 7/18/10 <i>[Signature]</i> |

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| H 364 | Continued From page 36 | H 364 | 3914.3(m) PATIENT PLAN OF CARE (Continued) | |
| H 399 | <p>3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure Personal Care Aides (PCAs) recorded, and reported on the patient's physical condition, behavior or appearance for ten (10) of ten (10) patients who were receiving PCA services in the sample. (Patient #7, Patient #8, Patient #9, Patient #10, Patient #11, Patient #12, Patient #13, Patient #14, Patient #16 and Patient #17).</p> <p>The findings include:</p> <p>Review of Patient #7, Patient #8, Patient #9, Patient #10, Patient #11, Patient #12, Patient #13, Patient #14, Patient #16 and Patient #17's medical records on May 13, 2010, approximately between 1:45 p.m.- 4:25 p.m., revealed the PCA's (Personal Care Aides) had not recorded and reported the patient's physical condition, behavior, or appearance to the agency.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5:29 p.m., the surveyor informed the provider of the</p> | H 399 | <p>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.</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> <p>3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Cross reference 3915.10(i)</p> | <p>08/09/10 7/18/10 <i>off</i></p> |

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| H 399 | Continued From page 37 above and it was acknowledged the PCA's had not been required to record and report on the patient's physical condition, behavior, or appearance to the agency. | H 399 | 3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE | 08/09/10 7/18/10 <i>RL</i> |
| H 402 | There was no documented evidence the PCA's recorded and reported the patient's physical condition, behavior, or appearance to the agency. 3915.10(i) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (i) Tasks related to keeping the patient's living area in a condition that promotes the patient's health and comfort; This Statute is not met as evidenced by: Based on observation and interview, the Home Care Agency (HCA) failed to ensure the Personal Care Aides (PCA) Staff #21 with task to keep the patient's living area in a condition that promotes the patient's health and comfort was inclusive for one (1) of five (5) home visits conducted. The finding includes: During the home visits conducted on May 14, 2010, the following observations were noted: On May 14, 2010, beginning at approximately 11:15 a.m., Patient #17 was observed sitting in a chair located in his living room. Upon entering the patient's apartment, surveyors smelled an unbearable foul odor. The condition of the apartment was extremely cluttered and dirty. The carpet on the living room floor was dirty with | H 402 | 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 and compliance with keeping the patient's living area in a condition that promotes the patient's health and comfort. 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 patient's are complying with reporting the client's physical condition, behavior or appearance and compliance with keeping the living area in a condition that promotes the patient's health and comfort. 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 deficiencies will be applied across the board to all clients and/or staff to improve the quality of services rendered. | |

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| H 402 | Continued From page 38 debris and stains. Observation of the patient's kitchen revealed the top of his stove was infested with roaches. Continued observation of the patient revealed that his clothing was observed to be soiled and he appeared not to have been bathed or shaved over an unknown period of time. Interview with Patient #17 revealed that he was assigned a PCA two (2) times a week on Tuesdays and Thursdays. According to the patient, the PCA was there on Tuesday May 11, 2010, however, he had not seen or heard from the PCA for Thursday May 13, 2010. Review of the patient's Plan Of Care (POC) on May 13, 2010, at approximately 3:45 p.m. revealed the patient was assigned a PCA to assist him with personal care and assisted daily living skills (ADL'S). Further review of the POC revealed the patient's primary diagnosis was an open wound of the foot, which included a surgical procedure, "amputation through the foot," Hypertension, and Diabetes Mellitus, Type II. The POC also included Patient #17's functional limitations of endurance, ambulation and dyspnea (difficulty in breathing) with minimal exertion. At the time of the survey, the HCA failed to ensure Patient #17's PCA, Staff #21, kept the patient's living area in a condition that promoted his health and comfort. | H 402 | 3917.1 SKILLED NURSING SERVICES All nurses were contacted regarding the identified deficiencies and the referenced documents were requested. All staff will be inserviced by the Clinical Manager/Director of Nursing on the need for compliance with the policies governing compliance with the physician's Plan of Care with emphasis on: 1. Providing services in accordance with the physician's plan of care. 2. Complete physical assessment and incorporating onto the POC all identified medications and diagnoses. 3. Compliance with the frequency of visit schedule as ordered. 4. Weekly wound measurements. 5. Compliance with wound care regimen. 6. Supervision of the LPN. | 08/09/10 7/18/10 |
| H 450 | 3917.1 SKILLED NURSING SERVICES Skilled nursing 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. | H 450 | | |

Health Regulation Administration FORM APPROVED

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| H 450 | <p>Continued From page 39</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure Skilled nursing services were provided in accordance with the patient's plan of care (POC) for five (5) of five (5) patients in the sample receiving wound care. (Patient #17, #9, #18, #19 and #20)</p> <p>The findings include:</p> <p>1. Review of Patient # 17's plan of care (POC) dated April 26, 2010, through June 24, 2010, on May 13, 2010, at approximately 3:45 p.m., revealed the patient had diagnoses that included open wound of the left foot, amputation through foot, Diabetes Mellitus Type Two and hypertension. Further review revealed the skilled nurse was to visit three (3) times a week for five (5) weeks and two (2) times a week for four (4) weeks to provide skilled observation of all systems and perform wound care on the open wound on Patient #17's partially left amputated foot.</p> <p>Review of Patient # 17's Nursing Clinical Notes dated April 28, 2010, May 3, 2010 and May 5, 2010, on May 13, 2010, at approximately 3:50 p.m., revealed wound care was not provided in the frequency ordered by the physician in accordance with the patient's POC.</p> <p>During a face to face interview with Patient #17 in his home, on May 14, 2010, at approximately 11:35 a.m., it was acknowledged the skilled nurse had not been to visit the patient and perform wound care three (3) times a week since the start of care (SOC) on April 26, 2010.</p> <p>There was no documented evidence skilled</p> | H 450 | <p>3917.1 SKILLED NURSING SERVICES (Continued)</p> <p>The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure compliance with this regulation. Nurses will be notified of the findings and requested to correct/submit the deficient documents.</p> <p>Nurses who fail to correct the deficiency will be suspended until the required documents are submitted.</p> <p>Berhan Home Health Care Agency recognizes that any identified deficient practice may potentially affect other residents. The corrective action to all identified deficiencies will be applied across the board to all clients to improve the quality of services rendered.</p> | |

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| H 450 | <p>Continued From page 40</p> <p>nursing services were provided in accordance with the patients POC.</p> <p>2. Review of Patient # 17's POC dated April 26, 2010, through June 24, 2010, on May 13, 2010, at approximately 3:45 p.m., revealed Patient # 17 had an open wound on his partially left amputated foot. Further review revealed the Registered Nurse (RN) was to measure the wound weekly.</p> <p>Review of Patient # 17's Nursing Clinical Note dated April 28, 2010, on May 13, 2010, at approximately 3:52 p.m., revealed "contacted RN for measurement". Review of Patient # 17's Nursing Clinical Notes revealed no documented evidence the wound was measured the week of May 2, 2010. Further review revealed the last measurement of the open wound on Patient # 17's left amputated foot was at the SOC dated April 26, 2010.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>3. Review of Patient # 17's POC dated April 26, 2010, through June 24, 2010, on May 13, 2010, at approximately 3:45 p.m., revealed the patient had an open wound on his partially left amputated foot. Further review revealed the left stump was to be cleansed with Normal Saline (NSS), patted dry, Aquacel AG applied, covered with 4x4 (four by four) gauze and wrapped with Kerlix.</p> <p>Review of Patient # 17's Nursing Clinical Note dated April 28, May 3 and May 5, 2010, on May 13, 2010, at approximately 3:50 p.m., revealed the wound was cleaned with NSS, Aquacel AG applied, covered with 4x4 gauze, wrapped and secured with tape.</p> | H 450 | | |

Health Regulation Administration FORM APPROVED

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| H 450 | <p>Continued From page 41</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>4. Review of Patient # 9's POC dated March 23, 2010, through May 21, 2010, on May 13, 2010, at approximately 2:30 p.m., revealed the patient had diagnoses that included open wound of the left hip and thigh, amputation through foot, Diabetes Mellitus Type Two and hypertension. Further review revealed the skilled nurse was to visit one (1) to three (3) times a week for nine (9) weeks and perform wound care on the open wound on Patient #9's left hip and thigh.</p> <p>Review of Patient # 9's Nursing Clinical Notes dated April 16, April 19, April 21, April 23, April 24, April 26, April 28 and May 6, 2010, on May 13, 2010, at approximately 2:30 p.m., revealed wound care was not provided in the frequency ordered by the physician in accordance with the patient's POC.</p> <p>During a face to face interview with Patient #9 in his home, on May 14, 2010, at approximately 9:00 a.m., it was acknowledged the skilled nurse had not been to visit the patient and perform wound care one (1) to three (3) times a week three since the SOC on March 23, 2010.</p> <p>During a face to face interview with the CEO and the DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the medical records.</p> <p>There was no documented evidence skilled nursing services were provided in accordance</p> | H 450 | | |

Health Regulation Administration FORM APPROVED

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| 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 |
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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 |
|--------------------|---|---------------|---|--------------------|
| H 450 | <p>Continued From page 42 with the patient's POC.</p> <p>5. Review of Patient # 9's POC on May 13, 2010, at approximately 2:30 p.m., revealed the patient had an open wound on his left hip and thigh. Further review revealed the wound was to be cleansed with NSS, packed with Iodoform packing, covered with an ABD pads and Tegaderm.</p> <p>Review of Patient # 9's Nursing Clinical Note dated April 19, April 21, April 24, April 26, April 28 and May 6, 2010, on May 13, 2010, at approximately 2:30 p.m., revealed the wound was cleaned with NSS, patted dry, Iodoform strips applied, covered with 4x4 and secured with tape.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed they would consult with the skilled nurse to ensure if skilled nursing services were provided in accordance with the POC.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>6. Review of Patient # 9's POC dated March 23, 2010, through May 21, 2010, on May 13, 2010, at approximately 2:30 p.m., revealed Patient # 9 had an open wound on his left hip and thigh. Further review revealed the RN was to measure the wound weekly.</p> <p>Review of Patient # 9's Nursing Clinical Notes dated April 19, April 21, April 24, April 26, April 28 and May 6, 2010, on May 13, 2010, at approximately 2:30 p.m., revealed no</p> | H 450 | | |

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| 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 05/14/2010 |
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| 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 450 | <p>Continued From page 43</p> <p>documented evidence the wound was measured the week of March 28, April 4, April 25 and May 2, 2010. Further review revealed the last measurement of the open wound on Patient # 9's left hip and thigh wound was on April 23, 2010.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the patient's medical record.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>7. Review of Patient # 18's POC dated April 10, 2010, through June 8, 2010, on May 13, 2010, at approximately 4:05 p.m., revealed the patient had diagnoses that included a sacral decubitus ulcer , Diabetes Mellitus Type Two and hypertension. Further review revealed the skilled nurse was to visit one (1) to three (3) times a week for nine (9) weeks and perform wound care on the open wound on Patient #18's sacral decubitus ulcer.</p> <p>Review of Patient # 18's Nursing Clinical Notes dated April 13, April 15, April 19 and April 21, 2010, on May 13, 2010, at approximately 4:05 p.m., revealed wound care was not provided in the frequency ordered by the physician in accordance with the patient's POC.</p> <p>During a face to face interview with the CEO and the DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the patient's medical record.</p> | H 450 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| H 450 | <p>Continued From page 44</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>8. Review of Patient # 18's POC on May 13, 2010, at approximately 2:30 p.m., revealed the RN was to measure the wound weekly.</p> <p>Review of Patient # 18's Nursing Clinical Notes on May 13, 2010, at approximately 2:30 p.m., revealed no documented evidence the wound was measured after the week of April 11, 2010.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the patient's medical record.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>9. Review of Patient # 18's POC dated April 10, 2010, through June 8, 2010, on May 13, 2010, at approximately 4:05 p.m., revealed the patient had a sacral decubitus ulcer. Further review revealed the sacral decubitus ulcer was to be cleansed with NSS, patted dry, apply Hydrogel, cover with 4x4 and skin tape.</p> <p>Review of Patient # 18's Nursing Clinical Note dated April 13 and April 15, 2010, on May 13, 2010, at approximately 4:15 p.m., revealed the wound was cleaned, Hydrogel applied and covered with Tegaderm. .</p> <p>During a face to face interview with the CEO and</p> | H 450 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 450 | <p>Continued From page 45</p> <p>DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the patient's medical record.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>10. Review of Patient # 19's POC dated April 15, 2010, through June 21, 2010, on May 13, 2010, at approximately 4:25 p.m., revealed the patient had diagnoses that included ulcer on foot, toe amputation, cellulitis of foot Diabetes Mellitus Type Two and CHF (Congestive Heart Failure). Further review revealed the skilled nurse was to visit three (3) times a week for five (5) weeks and two (2) times a week for four (4) weeks to provide skilled observation of all systems and perform wound care on the open wound on Patient #19's right foot.</p> <p>Review of Patient # 19's Nursing Clinical Notes dated April 19, April 21, April 23, April 26, April 28, May 3 and May 5, 2010, on May 13, 2010, at approximately 4:275 p.m., revealed wound care was not provided in the frequency ordered by the physician in accordance with the patient's POC.</p> <p>During a face to face interview with the CEO and the DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the patient's medical record.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> | H 450 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0022 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING: | | (X3) DATE SURVEY COMPLETED 05/14/2010 |
| 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 450 | <p>Continued From page 46</p> <p>11. Review of Patient # 19's POC on May 13, 2010, at approximately 4:25 p.m., revealed the patient had diagnoses that included right foot ulcer, toe amputation and cellulitis of the foot. Further review revealed the RN was to measure the wound weekly.</p> <p>Review of Patient # 19's Nursing Clinical Notes dated April 19, April 21, April 23, April 26, April 28, May 3 and May 5, 2010, revealed the last measurement of the open wound on Patient # 19's right foot was dated April 23, 2010.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the patient's medical record.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>12. Review of Patient # 19's POC on May 13, 2010, at approximately 4:25 p.m., revealed the patient had that included a ulcer on right foot, toe amputation, cellulitis of the foot. Further review revealed wound care included:</p> <p>(a) clean medial foot ulcer with NSS. pat dry, apply Santyl, cover with gauze daily for thirty (30) days as needed.</p> <p>(b) irrigate the right Hallux wound with NSS, pat dry, pack with Iodoform dressing for thirty (30) days as needed.</p> <p>(c) irrigate the right fifth (5th) metatarsal ulcer</p> | H 450 | | | |

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| 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 05/14/2010 |
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| 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 | PRDVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| H 450 | <p>Continued From page 47</p> <p>with NSS, pat dry, pack with Iodoform dressing for thirty (30) days, and wrap with gauze and secure with tape.</p> <p>Review of Patient # 19's Nursing Clinical Notes dated April 19, April 21, April 23, April 26, April 28, May 3 and May 5, 2010, revealed the skilled nurse documented "clean wound with NSS. pat dry, pack with Iodoform packing, covered with 4 by 4 gauze and wrapped with Kerlix".</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was acknowledged the skilled nursing note did not provide evidence that skilled nursing services were provided according to the POC.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>13. Review of Patient # 19's POC on May 13, 2010, at approximately 4:25 p.m., revealed the patient had diagnoses that included right foot ulcer, toe amputation and cellulitis of the foot. Further review revealed the RN was to measure the wound weekly.</p> <p>Review of Patient # 19's Nursing Clinical Notes dated April 19, April 21, April 23, April 26, April 28, May 3 and May 5, 2010, revealed the last measurement of the open wound on Patient # 19's right foot was dated April 23, 2010.</p> <p>During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled</p> | H 450 | | |

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| 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 05/14/2010 |
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| 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 450 | <p>Continued From page 48</p> <p>nursing notes may not have been filed in the patients medical record.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> <p>14. Review of Patient # 20's POC dated April 10, 2010, through June 8, 2010, on May 13, 2010, at approximately 4:50 p.m., revealed the patient had diagnoses that included open wound of the abdomen, convulsions malnutrition, acute cholecystitis and hypertension. Further review revealed the skilled nurse was to visit three (3) times a week for one (1) week and two (2) times a week for four (4) weeks and one (1) time a week for four (4) weeks and to provide skilled observation of all systems and perform wound care on the open wound on Patient #20's abdomen.</p> <p>Review of Patient # 20's Nursing Clinical Notes dated April 12, April 14 and April 17, and two Communication Notes [attempted visits] on April 19 and 23, 2010, on May 13, 2010, at approximately 4:55 p.m., revealed the last Nursing Clinical Note on wound care was documented on April 17, 2010.</p> <p>During a face to face interview with the CEO and the DON on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the patient's medical record.</p> <p>There was no documented evidence skilled nursing services were provided in accordance with the patient's POC.</p> | H 450 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0022 | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| 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 |
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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 450 | Continued From page 49 15. Review of Patient # 20's POC on May 13, 2010, at approximately 4:50 p.m., revealed the patient had diagnoses that included included an open wound of the abdomen. Further review revealed the RN was to measure the wound weekly. Review of Patient # 20's Nursing Clinical Notes revealed the last measurement of the open wound on Patient # 20's abdomen was dated April 17, 2010. During a face to face interview with the CEO and DON on May 13, 2010, at approximately 5:29 p.m., the surveyor informed the provider of the above and it was revealed that all of the skilled nursing notes may not have been filed in the medical record. There was no documented evidence skilled nursing services were provided in accordance with the patient's POC. | H 450 | | |
| H 452 | 3917.2(b) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (b) Coordination of care and referrals; This Statute is not met as evidenced by: Based on record review, interview, and observation, the agency's nurse failed to ensure coordination of care and to make referrals for one (1) of twenty (20) patients of in the sample. (Patient #17) The finding includes: | H 452 | 3917.2(b) SKILLED NURSING SERVICES All nurses were contacted regarding the identified deficiencies and the referenced documents were requested. All nurses will be inserviced by the Clinical Manager/Director of Nursing on the need for compliance with the policies governing coordination of care and referrals or linkages to community resources to ensure that all identified problems are addressed and resolved. Focus will be placed on: 1. Communication with the physician regarding identified problems. 2. Environmental safety including living area and fire safety. 3. Ensuring that problems identified on the Start of Care Comprehensive Assessment (SOCCA) are addressed and resolved. 4. Coordination of the client's care and referrals to community resources to assist in assessing and meeting the needs of the client. 5. Identification and resolution of risks. 6. Medication management 7. Treatment management 8. Documentation of identified problems and the resolution of the problem. | 08/09/10 7/18/10 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: USA 8000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2010 | |
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| 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 452 | <p>Continued From page 50</p> <p>Review of Patient # 17's (POC) dated April 26, 2010, through June 24, 2010, on May 13, 2010, at approximately 3:45 p.m., revealed the patient had diagnoses that included open wound of the left foot, amputation through foot, Diabetes Mellitus Type Two and hypertension. Further review revealed the skilled nurse was to instruct the patient on medication management to include route, dosage, side effects, compliance, diet and safety in the home.</p> <p>Review of Patient # 17's Start of Care Comprehensive Assessment (SOCCA) dated April 26, 2010, on May 13, 2010, at approximately 4:05 p.m., evidenced the following:</p> <p>(a) "Diagnosis Description: open wound of the left foot, Diabetes Mellitus Type Two and hypertension; Surgical Diagnosis : amputation through foot".</p> <p>(b) "Patient Medication", Patient #17 was prescribed Lantus Insulin 20 units to be given subcutaneously at night, Lisinopril 40 mg. twice a day by mouth, Ascorbic Acid (Vitamin C) 500 mg every seventy-two (72) hours by mouth and Percocet two (2) tablets every six (6) hours as needed by mouth.</p> <p>(c) "Drug Regimen Review" marked "problems found during review" Patient #17's, however the problems found were not documented on the SOCCA.</p> <p>(d) "Medication follow-up" marked "yes", however the medication follow-up findings were not documented on the SOCCA.</p> <p>(e) "Planning and Preparing Light Meal" marked "unable to prepare light meals on a regular basis</p> | H 452 | <p>3917.2(b) SKILLED NURSING SERVICES (Continued)</p> <p>The Registered Nurse will perform monthly supervision of the aide to ensure that the client's living area is (1) conducive to adequate hygiene, health and comfort, (2) adequate food supply is available or linkages are made to commodity programs to obtain food items within the client's dietary regimen; (3) the client's living conditions are safe; and (4) services are meeting the client's needs.</p> <p>The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure compliance with this regulation. Nurses will be notified of the findings and requested to correct/submit the deficient documents. Nurses who fail to correct the deficiency will be suspended until the required documents/corrections are submitted.</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> | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0022 | <input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A. _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/14/2010 |
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| NAME OF PROVIDER OR SUPPLIER BERMAN 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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| H 452 | <p>Continued From page 51</p> <p>due to physical, cognitive, or mental limitations".</p> <p>(f) "Conditions Prior to Inpatient Stay With-in the last fourteen (14) days" revealed "impaired decision making and memory loss to the extent that supervision required".</p> <p>(g) "Risk for Hospitalization" revealed "multiple hospitalizations (2 or more) in the past year".</p> <p>During a home visit with Patient #17, on May 14, 2010, at approximately 11:35 a.m., it was observed the patient's apartment was roach infested, unkempt, dusty and odorous. Patient #17 did not have any of the aforementioned medications in his home. Patient #17 had approximately six (6) hotdogs in the refrigerator, several packages of Oodles of Noodles, a jar of peanut butter and a third of a loaf of bread sitting on the kitchen counter. Further observation revealed fire under a saucepan containing food on the stove that was burning. The fireman from Engine #18 turned the fire from the stove off to stop the saucepan from burning.</p> <p>During a face to face interview with Patient #17, on May 14, 2010, at approximately 11:50 a.m., the patient indicated that he could not afford to buy his insulin, insulins syringes, glucometer, blood pressure or pain medications and Vitamin C. and had not taken any medications since being discharged from the hospital on April 1, 2010. Further interview indicated Patient #17 was unable to purchase food on a regular basis and prepared meals mainly consisting of hotdogs and Oodles of Noodles. Patient #17 indicated the skilled nurse was made aware of his inability to purchase his medications and food each time they visited his home.</p> | H 452 | | | |

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| 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 05/14/2010 |
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| 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 452 | Continued From page 52 During a face to face interview with the fireman from Engine #18 on May 14, 2010, at approximately 12:15 p.m., Patient #17 stated "I forgot that I was cooking Oodles of Noodles on the stove and I did not know that it was burning up". During telephone interview with the CEO on May 14, 2010, at approximately 12:00 p.m., the surveyor informed the provider of the above and it was revealed that the agency would consult with the skilled nurse to ascertain if Patient #17 had been referred to social services for management of his medication and dietary needs. There was no documented evidence the skilled nurse coordinated care and referred the patient to social services to assess his needs. | H 452 | 3917.2(i) SKILLED NURSING SERVICES All nurses were contacted regarding the identified deficiencies and the referenced documents were requested. All nurses will be inserviced by the Clinical Manager/Director of Nursing on the need for compliance with the policies governing teaching and training activities to the client and/or representative and the evaluation of the client/caregiver's understanding of the instructions. Focus will be placed on: | 08/09/10 <i>7/18/10 JF</i> |
| H 459 | 3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion 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 one (1) of twenty (20) patients in the sample. (Patient Patient # 18) The finding includes: Review of Patient # 18's POC on May 13, 2010, | H 459 | 1. Specific documentation of what was taught. 2. Specific documentation of the evaluation of the client's understanding of what was taught. 3. Use of teaching/training materials in the provision of services. 4. Incorporating into the client's clinical record a copy of the teaching/training materials used. 5. Reinforcing the instructions. 6. Notification to the physician of a need for a change in the POC if the goals are not being met. The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure compliance with this regulation. | |

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| 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 05/14/2010 |
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| 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 459 | <p>Continued From page 53</p> <p>at approximately 4:05 p.m., revealed the patient was receiving wound care for a sacral decubitus ulcer and was to be instructed on her disease processes.</p> <p>Review of Patient # 18's Nursing Clinical Notes dated April 19, 2010, on May 13, 2010 at approximately 4:10 p.m., revealed "reviewed infection control measures. Family verbalized understanding of instruction". Further review revealed on April 21, 2010, the skilled nurse documented "nutritional need instructed. Family verbalized understanding of instruction".</p> <p>During a face to face interview with the Chief Executive Officer (CEO) and Director of Nursing (DON) on May 13, 2010, at approximately 5: 29 p.m., the surveyor informed the provider of the above and it was acknowledged the RN had not specifically evaluated the instructions given to Patient #18.</p> <p>There was no documented evidence of the specific evaluation of the instructions given to the patient.</p> | H 459 | <p>3917.2(i) SKILLED NURSING SERVICES (Continued)</p> <p>Nurses will be notified of the findings and requested to correct/submit the deficient documents. Nurses who fail to correct the deficiency will be suspended until the required documents/corrections are submitted.</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> | |
| H 560 | <p>3923.1 PHYSICAL THERAPY SERVICES</p> <p>If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure physical therapy services are provided in accordance with the patient's plan of care (POC) for three (3) of five (5) patients in the sample receiving physical therapy. (Patient #3, #4 and #6)</p> | H 560 | | |

Health Regulation Administration FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0022 | (X2) MULTIPLE BUILDING A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2010 | |
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| 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 | | |
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| H 560 | <p>Continued From page 54</p> <p>The findings include:</p> <p>1. Review of Patient # 3's Home Health Certification and Plan of Care (POC) dated April 7, 2010, to June 6, 2010, on May 13, 2010, at approximately 12:45 p.m., revealed the Physical Therapist (PT) was to visit one (1) to three (3) times a week for nine (9) weeks. Further review revealed the PT was to instruct Patient #3 on the safe and effective use of assistive devices and assess balance/posture coordination, tone/spacticity and endurance/tolerance to activity.</p> <p>Review of Patient # 3's medical record on May 13, 2010, at approximately 12:46 p.m., revealed the last PT Clinical Note was dated April 24, 2010.</p> <p>During a face to face interview with the Director of Nursing (DON) on May 13, 2010, at approximately 1:25 p.m., it was revealed that all of the patient's PT Clinical Notes may not have been filed in the medical record.</p> <p>2. Review of Patient # 4's POC dated April 2, 2010, to May 31, 2010, on May 13, 2010, at approximately 1:16 p.m., revealed the PT was to visit one (1) to three (3) times a week for nine (9) weeks to assist the patient to perform therapeutic exercises using one to five weights, bed mobility and transfer, coordination, balance, gait and assistive device instruction. Further review revealed the PT was to instruct Patient #4 in the care and use of equipment, positioning, posture total hip replacement precautions, safety awareness and fall prevention.</p> <p>Review of Patient # 4's medical record on May</p> | H 560 | <p>3923.1 PHYSICAL THERAPY SERVICES</p> <p>All physical therapists were contacted regarding the identified deficiencies and the referenced documents were requested. All physical therapists will be inserviced by the Clinical Manager/Director of Nursing on the need for compliance with the policies governing the provision of services in accordance with the client's plan of care. Focus will be placed on:</p> <ol style="list-style-type: none"> 1. Ensuring that physical therapy services are provided in the frequency and duration as ordered. 2. Compliance with the established treatment regimen in accordance with the client's plan of care. 3. Safe and effective use of safety devices. <p>The Clinical Manager/Director of Nursing will review all clinical records on a quarterly basis to ensure compliance with this regulation.</p> <p>The physical therapists will be notified of the findings and requested to correct/submit the deficient documents. Any therapist who fails to correct the deficiency will be suspended until the required documents/corrections are submitted.</p> | <p>08/09/10 7/18/10</p> |

Health Regulation Administration FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA 0000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2010 |
|--|---|---|--|--|
| 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 | | |
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| H 560 | <p>Continued From page 55</p> <p>13, 2010, at approximately 1:18 p.m., revealed the last PT Visit Assessment Note was dated April 27, 2010.</p> <p>During a face to face interview with the DON on May 13, 2010, at approximately 1:25 p.m., it was revealed that all of the patient's PT Clinical Notes may not have been filed in the medical record.</p> <p>3. Review of Patient # 6's physician order dated April 22, 2010, on May 13, 2010, at approximately 1:35 p.m., revealed the PT was to visit one (1) to two (2) times a week for six (6) weeks. Further review revealed the PT was to instruct Patient #6 on strengthening exercises, gait/stair training with progression to straight cane. Review of Patient # 6's medical record on May 13, 2010, at approximately 1:36 p.m., revealed the last PT Visit Assessment Note was dated April 22, 2010</p> <p>During a face to face interview with the DON on May 13, 2010, at approximately 1:25 p.m., it was revealed that all of the patient's PT Clinical Notes may not have been filed in the medical record.</p> <p>There was no documented evidence to ensure physical therapy services were provided in accordance with the patient's POC.</p> | H 560 | <p>3923.1 PHYSICAL THERAPY SERVICES (Continued)</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> | |