

DCRA EXHIBIT D (2)

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/03/2014
NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018		
(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	Continued From page 12 patient to cook. When the patient was asked if she/he managed money, the patient stated "no, they take all my money." A review of the prescription for Medicaid services, dated March 4, 2013, however, revealed an order for personal care services that included bathing, medication management, meal preparation, housekeeping, money management, and telephone and toilet use. A review of the HHA's timesheets for September 2013 through November 2013 failed to reflect that the HHA provided any money management or training/assistance with telephone and toilet use. Continued review of the HHA's timesheets indicated that the HHA cleared rugs and provided a safe area daily for 50 - 60 minutes. However, on December 6, 2013 and December 11, 2013 the patient's bedroom carpet was observed covered with incontinent pads. The patient stated that the floor was covered to protect the carpet from footprints. It also should be noted that the HHA timesheets revealed that the patient received range of motion (ROM) exercise 10-30 minutes a day; however, there was no prescription for ROM exercise. Although the timesheets documented that the patient's HHA provided many daily housekeeping tasks such as dusting for 10-35 minutes, cleaning bedroom for 20-40 minutes, sweeping and vacuuming for 19-30 minutes, preparing meals for 45 minutes - 2 hours, cleaning dishes for 15-35 minutes, and laundering clothes for 45 minutes- 2 hours, 3-4 times a week; the cooking and housekeeping were observed to be a shared responsibility between 3 HHAs. 2. During the monitoring visit on December 6, 2013, Patient #1's HHA was interviewed and revealed that she/her provided the patient assistance with bathing, toileting, and cooking	H 355	The presence of incontinent pads on the floor after our shift further justifies the inconsistency and lack of continuity of care which justifies the reason why we have decided to discharge our responsibilities to provide care The different aides care for the different client rooms and other personalized care, but jointly clean the common areas such as hallways, kitchens and living rooms. The different aides care for the different client rooms and other personalized care, but jointly clean the common areas such as hallways, kitchens and living rooms.		

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H 355	Continued From page 13 from 5:00 p.m. until 9:00 p.m., and that Patient #1 was able to self-medicate and was independent in using public transportation. Review of the patient's current POC on December 10, 2013, revealed that the patient was to receive an HHA for eight (8) hours daily, seven (7) days a week, for six (6) months. The POC, however, failed to include the specific personal care services that were ordered for the patient. The Medicaid POC, dated September 13, 2013, and signed by the administrator/registered nurse, revealed that the patient required assistance only with self-administering medications. The HHA's timesheets from September 2013 to November 2013 revealed that the HHA was providing daily personal care services such as bathing (30-50 minutes), dressing (23-30 minutes), oral hygiene (6-12 minutes), shaving (28-35 minutes), and toileting (20-30 minutes), assistance with eating (15-20 minutes), and hair and skin grooming (8-25 minutes). The timesheets also revealed that the HHA provided housekeeping task such as cooking, cleaning and laundering. Although the HHA stated that the patient was assisted with food and clothes shopping, the timesheets did not reflect that this task had been implemented. 3. During the monitoring visit on December 6, 2013, At 9:15 a.m. Patient #3's HHA, was observed to serve Patient #3 breakfast while in bed. Shortly after the patient finished breakfast, the HHA was observed to prepare and administer the patient's medications. The HHA was asked what other personal care service was rendered to the patient. The HHA stated that the patient was assisted with bathing,	H 355		
			The aide did not document on assistance with food because this client does not require assistance in this area as well as clothes shopping because the caretaker is doing all the shopping for the client.	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

T & N RELIABLE NURSING CARE

**3500 18TH STREET
WASHINGTON, DC 20018**

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H 355	Continued From page 14 dressing, laundering and shopping. Review of the patient's current POC on December 10, 2013, revealed that the patient was to receive HHA services for twelve (12) hours a day, seven (7) days a week. The POC, however, failed to include the specific personal care services that were ordered for the patient. 4. On December 6, 2013, at approximately 9:15 a.m., Patient #5's HHA was observed preparing the patient's breakfast. The HHA plated the breakfast which consisted of 4 slices of buttered toast with jelly and one (1) sliced of fried bologna. After plating the meal, at approximately 9:30 a.m., the HHA left the plate on the counter, and stated that the patient was sleeping and would be served between 10:30 a.m. and 11:00 a.m. At 10:36 a.m., the surveyor accompanied the HHA to the patient's bedroom that was located in the attic (4th floor). The surveyor did not enter the bedroom because the patient was still asleep. The HHA was interviewed to ascertain what services, other than cooking, was provided to the patient. The HHA stated that the patient needed assistance with bathing, incontinent care, and medication reminders. Review of the patient's current POC revealed a certification period of September 13, 2013 through March 12, 2014. The POC ordered personal care services for eight (8) hours a day, seven (7) days a week. The POC, however, failed to document the specific personal care services to be provided by the HHA. A review of the prescription for Medicaid services, dated March 4, 2013, however, revealed an order for personal care services that included bathing, medication management, meal preparation, shopping, and laundering. The HHA's timesheets from September 2013 to	H 355		

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H 355	Continued From page 15 November 2013 revealed that the HHA was providing daily personal care services such as bathing (37-51 minutes), dressing (9-30 minutes), oral hygiene (6-12 minutes), shaving (25-33 minutes), and toileting (25-31 minutes), assistance with eating (15-20 minutes), and hair and skin grooming (8-21 minutes). The timesheets also revealed that the HHA provided housekeeping tasks such as cooking, cleaning, and laundering. Although the HHA stated that the patient was assisted with food and clothes shopping, the timesheets did not reflect that this task had been implemented.	H 355		
H 400	3915.10(g) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care aide duties may include the following: (g) Meal preparation in accordance with dietary guidelines, and assistance with eating; This Statute is not met as evidenced by: Based on observation, interview and record review, the HHAs failed to ensure that patients were served meals in accordance with their dietary orders for four (4) of five (5) patients prescribed specialized diets. (Patients #1, #2, #3, and #5). The findings include: The HCA failed to ensure that HHAs prepared meals in accordance with dietary guidelines for Patients #1, #2, #3, and #5 receiving services.	H 400		

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H 400	Continued From page 16 Observation on December 6, 2013, at approximately 9:15 a.m. and on December 11, 2013, at 9:30 a.m., revealed that three HHAs were preparing breakfast. The breakfast on both days consisted of fried bologna, and white toast with butter/margarine and jelly. a) On December 6, 2013, Patient #1's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables. Review of Patient #1's current POC on December 9, 2013 at approximately 2:30 p.m. revealed diagnoses of hypertension, elevated cholesterol, and GERD. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension; Rosuvastatin for elevated cholesterol, and Omeprazole for GERD. The patient was also prescribed a low fat, low cholesterol and low salt diet. The HHA for Patient #1 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied no when asked if she/he had been instructed on the patient's diet. b) On December 6, 2013, Patient #2's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that	H 400	The staffing coordinators give aides upon assignment of duties, client diagnosis, diet and other pertinent information required for proper care. The monthly nurses assigned to visit clients are in-serviced to educate the aides on different types of diets the clients are on, see attachment B1 of nursing training by the agency and attachment B2 of nursing teaching of diet. Additionally the caretaker does the grocery shopping. However, the aides concerned were in-serviced on diet again on 1/16/14. See Attachment B3. The nurse was given a verbal warning for not educating the caretaker on groceries shopping and clients on diet. The nurse was in-serviced again on 1/16/14. See attachment for nurse to enforce dietary compliance.. All aides will be in-serviced on diet again during the March 2014 in-service. All nurses will be in-serviced again to enforce dietary compliance and inform doctors if clients and caretakers are non-compliant with diet.	3/31/14 1/31/14	

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H 400	Continued From page 17 the patient will be served vegetables. Review of Patient #2's current POC on December 9, 2013 at approximately 2:30 p.m. revealed that she/he was prescribed a low salt diet. The HHA for Patient #2 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if she/he had been instructed on the patient's diet. c. On December 6, 2013, Patient #3's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be serve for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables. Review of Patient #3's current POC on December 9, 2013 at approximately 2:30 p.m. revealed diagnoses of hypertension, acid reflux and elevated cholesterol. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension, and Lovastatin for elevated cholesterol, and Famotidine for acid reflux. The patient was also prescribed a low fat and low salt diet. The HHA for Patient #3 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet. d. On December 6, 2013, Patient #5's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be serve	H 400		

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H 400	Continued From page 18 for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables. Review of Patient #5's current POC on December 9, 2013 at approximately 2:30 p.m. revealed diagnoses of hypertension and elevated cholesterol. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension; Simvastatin for elevated cholesterol. The patient was also prescribed a low fat and low salt diet. The HHA for Patient #5 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet.	H 400		
{H 453}	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care; This Statute is not met as evidenced by: Based on interview and record review, the HCA's nurse failed to ensure that the HHAs implemented personal care services as recommended by the HCA's nurse and as ordered by the patient's physician for four (4) of five (5) patients' included in the sample. (Patients #1, #2, #3, and #5) The findings include:	{H 453}		

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{H 453}	Continued From page 19 1. [Cross Reference H 400] Observations and interviews revealed that the HCA's nurse failed to ensure that meals were prepared in accordance with dietary orders for Patients #1, #2, #3, and #5 that received specialized diets. Observation during two monitoring visits conducted on December 6, 2013, at 9:15 a.m. and December 11, 2013, at 9:30 a.m. revealed that Patients #1, #2, #3 and #5 were served fried bologna, and toast with more than a tablespoon of butter/margarine for breakfast. Interview with the HCA's nurse on December 11, 2013, revealed that the nurse was aware that the HHAs were preparing meals that did not comply with their diet order. The nurse recalled during a previous nursing visit, that the HHA was preparing fried chicken and adding salt to the patient's food. The nurse stated that the HHA was instructed on the patient's diet order and advised to avoid salt and to limit the consumption of fried foods. 2. [Cross Reference H260] On December 11, 2013, beginning at 9:15 a.m., an onsite visit was conducted to monitor patient care provided by the HCA. Review of the POCs for Patients #1, #2, #3, #4, and #5 revealed that the patients resided in a "group home that provided 24 hour staffing and management plans." The Department of Consumer and Regulatory Affairs online website license check revealed, however, that the patients' residence was licensed as a rooming house. Interview with the owner on December 1, 2013, at 11:30 a.m. of the rooming house confirmed that the patients' residence was licensed as a rooming house and that the rooming house was not responsible for the	{H 453}	The nurse identified the deficiency concerns, educated the aides and documented in her notes of 11/5/13 and 12/6/13 but failed to educate the caretaker who buys the food for the clients. The nurse was in-serviced on 1/9/2014 to always educate family members/caretakers and clients alongside HHAs for any treatment orders concerns that she identifies and inform the doctor of the client's/family refusal to adhere to doctor orders. All nurses will be in-serviced again to enforce dietary compliance and inform doctors if clients and caretakers are non-compliant with diet, medication and all safety issues.	1/31/14

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{H 453}	Continued From page 20 patients' care. The owner indicated that all patient care was provided by their HHAs, and also indicated that there were no home care services provided to the residents on a 24-hour basis. On December 11, 2013, the HCA's nurse joined the surveyors during the onsite monitoring visit. The nurse was unaware that the home was a rooming house, but was aware, however, that the patients were not receiving 24-hour home management. The nurse was asked if the patients could reside in the home without supervision, or without aide care. The nurse replied "no." There was no evidence that the nurse reported the lack of sufficient supervision after the HHAs left the home. Additionally, the current POCs for Patients #1, #2, #3, #4, and #5 revealed that the owner of the rooming house was a family member and/or the responsible party. The POC indicated that the rooming house owner was available to assist with the patient's 24-hour home management and activities of daily living, when the HHAs were not available. There was no evidence in the patients' records, to include available nursing notes, that the rooming house owner was instructed in the care of the patients or advised of any concerns with the patients. Interview with the rooming house owner on December 6, 2013, revealed that all care was provided by home care aides. The rooming house owner further explained that owning a rooming house instead of a group home, provided her with freedom and placed all of the responsibility for personal care services on the	{H 453}	We were providing home health care services to the five (5) residents in the rooming house with the understanding that the owner of the home was providing the beneficiaries care and oversight for the hours not covered in their plan of care (POC). It is clear to us that the owner is not able to provide the necessary oversight to ensure the continuity of 24 hours coverage following the survey report. As a result, we issued discharge notices to the clients informing them of our intension to discharge them from our care.		

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{H 453}	Continued From page 21 HHAs. Note: This is a repeat deficiency from the October 4, 2013, annual survey. Based on record review and interview, the home care agency's (HCA's) nurse failed to ensure that patient needs were met in accordance with the plan of care (POC), for two (2) of twenty-five (25) patients in the sample. (Patient #14 and #15) The findings include: 1. On October 1, 2013, at approximately 11:25 a.m., review of Patient #14's plan of care (POC) for the certification period of July 30, 2013 to September 27, 2013, revealed that the registered nurse (RN) was ordered to measure the patient's wound weekly and document drainage, color, consistency, and the size of the wound. The nursing notes failed to include wound measurements for the week of August 26 th and the week of September 16 th 2013. Additionally, interview with the skilled nurse coordinator (SNC) on October 1, 2013, at approximately 3:00 p.m., revealed that the RN attempted to visit the patient on August 27 th and September 17 th of 2013, to measure and assess the wound; however, the patient was not available at the time of the visits. Further interview with the SNC, revealed that the practice of the agency was that the RN does not make any additional visits to measure and assess the wounds, if the weekly scheduled RN visit is missed. 2. On October 2, 2013, at approximately 10:00	{H 453}		
			This deficiency was corrected and has not recur since the date of completion.	10/30/13

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{H 453}	Continued From page 22 a.m., review of Patient #15's POC, for the certification period of August 14, 2013 to September 27, 2013, the skilled nurse (SN) was ordered to visit one (1) to two (2) times per week for medication teaching. The record failed to evidence the SN provided medication teaching on the following dates: August 22, 2013, August 25, 2013, August 28, 2013, September 5, 2013, September 10, 2013, September 11, 2013, September 17, 2013 and September 20, 2013. During an interview with the agency's licensed practical nurse (LPN) on October 2, 2013, at approximately 10:49 a.m., the LPN, who has worked with the patient for approximately 2 weeks stated, "I have not started teaching medications yet but I will". Interview with the SNC on October 2, 2013, at approximately 10:00 a.m., revealed that the reason for not providing medication teaching was due to a additional orders received that ordered skill nurse visit to increase to twice a week for trach inner cannula care, cleaning and teaching until patient can demonstrate competency with good trach care. The SNC was informed that the order for medication teaching was still to be followed.	{H 453}	This deficiency was corrected and has not recur since the date of completion.	10/30/13	