

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>IDEAL NURSING SERVICES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 UPSHUR STREET, NW, 2ND FLOOR WASHINGTON, DC 20016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	INITIAL COMMENTS  An annual survey was conducted at your agency from January 10, 2013, through January 11, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) clinical records based on a census of two hundred and forty-seven (247) patients, ten (10) personnel files based on a census of three hundred and seventy-two (372) employees and observations and interviews conducted in the patient homes during three (3) home visits and seven (7) phone calls were made to current patients.	H 000	<p><i>Received 1/31/13</i></p> <p><b>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</b></p>		
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 Home Care Agency's (HCAs)nurse failed to ensure that patient needs are met in accordance with the plan of care (POC) for two (2) of (10) patients in the sample. (Patient #8 and Patient #9)  The findings include:  1. Review of Patient # 8's Home Health Certification and POC dated July 19, 2012, to January 14, 2013, on January 10, 2013, at approximately 12:10 p.m., revealed the skilled nurse was to instruct on medication, assess medication and diet compliance.	H 453	<p>Individual counseling was done with each nurse whose client's records were reviewed.</p> <p>A memo was sent to all registered nurses regarding the deficiencies. (See attachment)</p> <p>Resource guides, self instructional and teaching guides were made available to assist RN staff in medication management, diet instruction and disease teaching.</p> <p>The in-house record reviewer was in-serviced on how to review notes. Going forward all notes are to be reviewed in tandem with previous monthly notes to insure no duplicated teaching and compliance with plan of care.</p> <p>The Clinical Director and/or Quality Coordinator will audit at least 25% of all charts quarterly to ensure compliance. Results will be shared with management, Governing Body and will be included in program evaluation.</p>	1/28/13	2/1/13
				2/15/13	1/30/13

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*Erant-Borden*

TITLE

*Administrator*

(X6) DATE

*1/30/13*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

KTML11

If continuation sheet 1 of 3

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H 453	Continued From page 1  Review of Patient # 8's monthly assessments dated November 8, October 11, September 13 and August 9, 2012, between 12:10 p.m. and 1:00 p.m., on January 10, 2013, revealed "infection control measures reviewed and instructed" for each of the aforementioned months. There was no evidence the skilled nurse instructed Patient #8 on medication and diet compliance.  During a face to face interview with the Administrator on January 10, 2013, at approximately 3:30 p.m., it was acknowledged Patient #8 did not have monthly assessment notes in the medical record to verify skilled nursing services were provided in accordance with the POC. Further interview revealed that nursing staff had been trained to provide skilled nursing services in accordance with the POC.  2. Review of Patient # 9's Home Health Certification and POC dated September 13, 2012, to March 1, 2013, on January 10, 2013, at approximately 1:10 p.m., revealed the skilled nurse was to instruct on medication, assess medication and diet compliance.  Review of Patient # 9's monthly assessments dated December 12, October 11 and September 13, 2012, between 1:20 p.m. and 1:45 p.m., on January 10, 2013, revealed "infection and safety precaution reviewed and instructed". There was no evidence the skilled nurse instructed Patient #9 on medication and diet compliance.  During a face to face interview with the Administrator on January 10, 2013, at approximately 3:55 p.m., it was acknowledged that Patient #9 did not have monthly assessment notes in the medical record to verify skilled	H 453	Individual counseling was done with each nurse whose client's records were reviewed.  A memo was sent to all registered nurses regarding the deficiencies. (See attachment)  Resource guides, self instructional and teaching guides were made available to assist RN staff in medication management, diet instruction and disease teaching.  The in-house record reviewer was in-serviced on how to review notes. Going forward all notes are to be reviewed in tandem with previous monthly notes to insure no duplicated teaching and compliance with plan of care.  The Clinical Director and/or Quality Coordinator will audit at least 25% of all charts quarterly to ensure compliance. Results will be shared with management, Governing Body and will be included in program evaluation.	1/28/13   2/1/13  2/15/13  1/30/13	
		H 453	2. Cross reference response to H453 finding #1.	2/15/13	

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H 453	Continued From page 2  nursing services were provided in accordance with the POC. Further interview revealed that nursing staff had been trained to provide skilled nursing services in accordance with the POC.	H 453			