Health Regulation & Licensi	ng Administration				<b>,</b>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			B. WING		10/17/2012	
NAME OF PROVIDER OR SUPPLIER	TIOA-0031	STREET ADD	RESS, CITY,	STATE, ZIP CODE		
6856 EAS			TERN AVE	NUE, NE, SUITE 320A 20012		
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from October 16, 2 2012, to determine DCMR, Chapter 39 Regulations). The f based on a random records based on a patients, ten (10) po census of twenty-se (2) home visits. The based on observation	vas conducted at your on the compliance with Title (Home Care Agencial indings of the survey a sample of ten (10) consus of twenty (20) ersonnel files based of the survey on the home, interest of patient interviews and administrative reconstructions.	17, 222 es were linical )) on a and two ey were rviews as well as cords.	H 000	Department of Health Health Regulation & Licensing Administre Intermediate Care Facilities Divisi 899 North Capitol St., N.E. Washington, D.C. 20002	noite	
Each home care ag personnel records, following information of background check;  This Statute is not reported that the failed to maintain activation included document of the same of the	ency shall maintain a which shall include the him included by	was HCA) ords, uired ten (10) ide #9	Н 153	Corrective actions: LINAC will continue to mandate all employees to get criminal background checks fror all the states lived or worked for past seven years. HHA #9 was mandated to get th Criminal background check for N Virginia. LINAC will make sure that all ne employees go through the new I Of Columbia Back Ground proce Systematic changes to be made LINAC will ensure that employee Criminal Background check are for every State they lived or wor for the past seven years before Monitoring plan A quarterly employee file audit by Quality assurance staff will help monitor compliance	the 10/18/12  e Maryland  w District ess de es done eked hire. by the	
alth Regulation & Licensing Administ	<u> </u>	1		monitor compliance	10/18/12	

TITLE

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 10/17/2012 HCA-0031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6856 EASTERN AVENUE, NE, SUITE 320A LINAC SERVICES, INC WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 153 H 153 Continued From page 1 H153 Corrective actions: According to HHA #9's employment application LINAC will continue to dated August 3, 2010, the employee worked in mandate all employees to get the state of Virginia from June 2008 until May 2010. Further review revealed HHA #9 lived in criminal background checks from the state of Maryland with-in the past seven years all the states lived or worked for the 10/18/12 of being hired by the agency. However, there was past seven years. no evidence a criminal background check was HHA #9 was mandated to get the completed for the aforementioned jurisdictions Criminal background check for Maryland prior to the date of hire. Virginia. LINAC will make sure that all new During a face to face interview with the director of employees ao through the new District nursing (DON) on October 16, 2012, at Of Columbia Back Ground process approximately 5:45 p.m., it was acknowledged HHA #9 did not have a criminal background check completed for the aforementioned Systematic changes to be made jurisdictions with-in the past seven years of being hired by the agency. Further review revealed that LINAC will ensure that employees the DON believed that the District of Columbia Criminal Background check are done Criminal History Request covered all the for every State they lived or worked aforementioned jurisdictions and met the for the past seven years before hire. requirement. Monitoring plan H 279 3911.2(s) CLINICAL RECORDS H 279 A quarterly employee file audit by the Each clinical record shall include the following information related to the patient: Quality assurance staff will help to monitor compliance 10/18/12 (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure documentation of training and education given to the patient and the patient's caregivers for four (4) of ten (10) patients in the sample. (Patient #1, #2, #3 and #4)

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	dated September 2 2012, on October 1 p.m., revealed the pincluded chronic reventilator dependent Review of Patient # October 16, 2012, bp.m., dated Septem and October 1, 2, 9 heading patient eduhome/reported off to Patient #1's Nursing September 22 and 2 under the heading pinobody home/reported off to Patient #1's Nursing September 22 and 2 under the heading pinobody home/reported education given to the distribution of the patient #1's Nursing September 12 and 2 under the heading pinobody home/reported education given to the During a face to face visit with licensed proctober 17, 2012 at was acknowledged to the pincle of the	e:  It #1's plan of care (P 0, 2012 to November 6, 2012, at approximation that diagnoses spiratory failure, track at and seizure disorder this Nursing Flow Shoetween 1:36 p.m. and ther 23, 24, 25 and 20 and 10, 2012, under to uncle". Further revi- grow Sheets dated 29, 2012 and Octobe that education reverted off to Mom". The dence of training and the patient's caregiver the interview during a had the patient's caregiver that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and educate that the nurse did not of training and the patient's caregiver that the nurse did not of training and that the nurse di	r 18, ately 1:35 s that heostomy, er. eets on hd 2:45 6, 2012 the ents not ew of r 5, 2012, ealed ere was rs. home N #1) on o a.m., it t ation he not in hoff duty. btember ber 16, ed the bral strostomy stic LPN	H 279	H279 Corrective actions:  LINAC will ensure that all the Staff documents properly all the training/teaching given to the care givers and the out of such teachings. Clinical mescheduled to re-orient the skill On the importance of patient to and evaluation.  Systematic changes to be made evaluation.  Systematic changes to be made evaluation.  Systematic changes to be made evaluation is made every teaching given to the care show compliance to this standard Teaching and their feedbacks customized to the patient's needs  Monitoring plan  Chart audit will be done every two months to ensure the of education/ training given to the care giver understood and documented.	eting are. I nurses eaching  ade will e that e on re giver to ard are	11/15/12	
	#2, ten (10) hours a times sixty (60) days	day, seven (7) days a	a week,					

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 10/17/2012 HCA-0031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6856 EASTERN AVENUE, NE, SUITE 320A LINAC SERVICES, INC WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 279 H 279 Continued From page 3 H279 Corrective actions: revealed that the nurse was to teach the caregiver about disease condition and care, emergency management and 911. Review of LINAC will ensure that all the Patient #2's Pediatric Older Child Notes dated Staff documents properly September 23, 24, 25, 26, 27, 29 and 30, 2012 all the training/teaching given and October 1, 2, 3,4, 5, 6, 7 and 13, 2012, on to the care givers and the outcomes October 16, 2012 between 2:10 p.m. and 2:25 of such teachings. Clinical meeting are. p.m., revealed no documented evidence of Scheduled to re-orient the skill nurses training and education given to the patient's On the importance of patient teaching caregivers. and evaluation. 3. Review of Patient #3's POC dated September 11/15/12 21, 2012 to November 25, 2012, on October 16, 2012, at approximately 2:29 p.m., revealed the patient had diagnoses that included cerebral Systematic changes to be made palsy, gastrostomy, failure to thrive, seizure disorders and asthma. The POC revealed that Quality assurance coordinator will the LPN was scheduled to provide skilled care review all Flow sheet to ensure that eight (8) hours a day, seven (7) days a week, proper documentation is made on times sixty (60) days. Further review of the POC every teaching given to the care giver to revealed that the nurse was to teach the show compliance to this standard caregiver about disease condition and care. Teaching and their feedbacks are emergency management and 911. Review of customized to the patient's Patient #3's Pediatric Older Child Notes dated needs September 27, 28, 2012 and October 1, 2, 3 and 5, 2012, on October 16, 2012, between 2:35 p.m. Monitoring plan and 3:00 p.m., revealed no documented evidence of training and education given to the patient's Chart audit will be done caregivers. every two months to ensure that details of education/ 4. Review of Patient #4's plan of care (POC) dated August 30, 2012 to October 28, 2012, on training given to the care giver is well understood and documented. October 16, 2012, at approximately 4:43 p.m., revealed the patient had diagnoses that included failure to thrive, vasculitis, clothing disorder and altered mental status. Further review revealed the skilled nurse (SN) was to visit two (2) times a day. seven (7) times a week times sixty (60) days. Patient #4's caregiver was to be taught /supervised giving Lovenox injections, infection

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bleeding precaution medications and er Review of Patient adated August 30, 2 27, 28, 29 and 30, 2 between 4:50 p.m. documented evider given to the patient During a face to facursing (DON) on Capproximately 6:15 the agency's nurses to support whether #4's caregivers wer	nedication administra n and side effects, eff mergency manageme # 4's Pediatric Visit R 012 and September 2 2012, on October 16, and 5:20 p.m., reveal nce of training and ed	fects of ent. ecord 25, 26, 2012, led no lucation director of edged leentation #3 and	H 279		
(i) Activities permitted functional limitations  This Statute is not in Based on interview and Care Agency (HCA) care (POC) included precluded because two (2) of ten (10) proposed (Patient #5 and #6)  The findings included the Review of Patient Poctober 8, 2012 to Agency functions.	all include the following of or precluded because; met as evidenced by: and record review, the failed to ensure the part of functional limitation patients in the sample	e Home plan of ted or as for the led ber 16,	Н 360	H360 Corrective actions: LINAC will make sure those activitie Permitted or precluded because of Functional limitations are included in POC. In-services will be provided for RN's on the importance of activity structures.  Systematic changes to be made All LINAC's POC will contain activitic Permitted or precluded because of functional limitations of a patient to satisfy this standard.  Monitoring plan  The LINAC's Quality assurance team Will develop a two months POC audiensure continual satisfaction of this Standard	n the relatus.

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0031			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 10/17/2012	
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H 363	2. Review of Patien 19, 2012 to Novem! 2012, at approxima POC did not include precluded because  During a face to fact nursing (DON) on Capproximately 6:40 Patient #5 and #6's activities permitted of functional limitations would in-service the the POC the activitie because of functional and #6.  3914.3(I) PATIENT  The plan of care shall limitation of care shall limitation of early and the plan of care shall limitation of early and the plan of care (POC) in employees in charge situations for four (4) sample. (Patient #4, The findings include:	e the activities permit of functional limitation of functional limitation of functional limitation of the staff of the color of the staff of the color of the permit of functional limitation of the color of the col	ptember ober 16, led the ted or ons. director of edged the e of e agency ument on uded ents #5	H 363	H360 Corrective actions: LINAC will make sure those ac Permitted or precluded becaus Functional limitations are included POC. In-services will be provided RN's on the importance of actives Systematic changes to be maked.  Systematic changes to be maked at LINAC's POC will contain an Permitted or precluded because functional limitations of a patient satisfy this standard.  Monitoring plan  The LINAC's Quality assurance Will develop a two months POC ensure continual satisfaction of Standard	e of ded in the ed for vity status.  ade ctivities e of at to	11/16/12
	<ol> <li>Review of Patient dated August 30, 20</li> </ol>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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in the second se	revealed no docume included the identific of managing emergence 2. Review of Patient 2012 to April 7, 201 approximately 2:43 documented evidentification of emplemergency situation 3. Review of Patient 28, 2012 to Novembergency situation of emplemergency situation	at approximately 2:43 ented evidence the Foation of employees ency situations.  It #5's POC dated Oc 3, on October 16, 20 p.m., revealed no ce the POC included ployees in charge of res.  It #7's POC dated Select 26, 2012, on October 26, 2012, on October 3:42 p.m., revealed the POC included ployees in charge of res.  It #8's POC dated Select 14, 2012, on October 14, 2012, on October 3:49 p.m., revealed the POC included ployees in charge of res.  It is provided that the identification of managing emergence of managing emergence and patient #4, #5, #7 and N indicated that the computer software to its provided to the pocket was a provided to the pocket in charge of managing emergence in Patient #4, #5, #7 and N indicated that the computer software to its provided to the pocket in patient #4, #5, #7 and N indicated that the computer software to its provided to the pocket in patient #4, #5, #7 and N indicated that the provided that the prov	tober 8, 12, at 14e managing otember 16, ed no the managing sing / 6:35 fication ergency and #8's eagency	Н 363	H363 Corrective actions LINAC will make sure current esituations are managed by the and there are documentary evito identify the staff in the patie.  Systematic Change Hence forth there will be a cleated identification of the staff manage Emergency situations in the PC Monitoring There will be two-months POC audit chart to ensure the staff of this standard.	staff dent nts POC	11/16/12
	914.3(m) PATIENT			Н 364			
: T	he plan of care sha	ll include the followin	g:				
(r	m) Emergency proto	ocols; and					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SU COMPLE		
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	ERVICES, INC		6856 EAS		NUE, NE, SUITE 320A		
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H 364 Continued From page 7  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			Н 364	H364 Corrective action LINAC's POC software program Nursing notes programs to Include emergency protocols for Appropriate emergency docum	or		
	four (4) of ten (10) patients in the sample. (Patient #5, #6, #7 and #8)  The findings include:  1. Review of Patient #6's plan of care (POC) dated August 30, 2012 to October 28, 2012, on October 16, 2012, at approximately 2:44 p.m., revealed no documented evidence the POC included emergency protocols.			Systematic changes to be made Obtain a computer software program that Includes emergency protocols			
	2. Review of Patien 2012 to April 7, 201 approximately 2:43	t #5's POC dated Oc 3, on October 16, 20 p.m., revealed no ce the POC included	12, at		Monitoring plan  Office manager/ administration The software programs work we regularly maintained, update an Learn its usability	∍ll,	11/15/12
:	28, 2012 to Novemb 2012, at approximat	t #7's POC dated Septer 26, 2012, on October 3:42 p.m., reveal ce the POC included s.	ober 16, ed no				
	4. Review of Patient 16, 2012 to Novemb 2012, at approximat documented evidence emergency protocol	per 14, 2012, on Octo ely 3:49 p.m., reveal ce the POC included	ober 16, ed no				
	During a face to face nursing (DON) on O approximately 6:37 p the POC did not incl Patients #5. #6, #7	ctober 16, 2012, at p.m., it was acknowle ude emergency prote	edged ocols for				

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 10/17/2012 HCA-0031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6856 EASTERN AVENUE, NE, SUITE 320A LINAC SERVICES, INC WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 364 H 364 Continued From page 8 the agency would update their computer software to include the aforementioned requirement. H 459 3917.2(i) SKILLED NURSING SERVICES H 459 H459 Corrective actions Duties of the nurse shall include, at a minimum, Re-training of the skilled nurses on how to the following: document specifics of health teachings clearly stating topic discussed with care (i) Patient instruction, and evalutaion of patient giver and the method of evaluating the instruction; and understanding of teachings done either verbally or practically. 11/16/12 Systematic changes to be made This Statute is not met as evidenced by: Based on interview and record review, the Orientation and training of new staff on facility's skilled nursing staff failed to ensure documentation. Schedule clinical training and meetings documentation of patient instruction and evaluation of patient instruction for one (1) of ten every six months and as needed. (10) patients in the sample (Patient #6) Monitoring plan The finding includes: The quality assurance personnel will 11/16/12 Perform a chart audit every two months to Review of Patient #6's POC dated September 19. ensure this standard is satisfied 2012 to November 17, 2012, on October 16, 2012, at approximately 3:21 p.m., revealed the patient had diagnoses that included Attention Deficit Hyperactivity Disorder (ADHD) and anxiety disorder. Further review revealed the skilled nurse was to instruct the caregiver on hydration, nutrition and fall precaution. Review of a nursing progress note dated September 22, 2012, on October 17, 2012, at approximately 3:21 p.m., revealed "caregiver instructed on balanced diet, safety measures and to exercise regularly. Caregiver was instructed to make sure client eats right food to maintain average weight for age. She verbalized "understanding". The skilled nurse did not specify specifically what health teaching instructions were

Health Regulation & Licensing Administration								
STATEMENT OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0031		A BUILDING  B WING			TE SURVEY MPLETED 10/17/2012		
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LINAC SERVI	CES, INC		6856 EAS		NUE, NE, SUITE 320A			
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give exe which were care pur nurs app that not his/lexes skilled documents.	rcise. There want of the health e evaluated or usegiver.  Ing a face to fact facting (DON) on Coroximately 3:33 on September 2 document specifications given to the caregiver of the caregiver of patient of pati	ge 9 of diet, safety measures no documented eviteaching instructions inderstood by Patien se interview with the coctober 16, 2012, at p.m., it was acknowled, 2012, the nursing fic health teaching of Patient #6's caregivet, safety measures of terview revealed that would be re-trained elealth teaching instruction on the measure and how to docume instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction on the measure and how to docume the instruction of the instru	dence received t #6's  director of edged staff did er on or the on how to ctions ent the	H 459	Corrective actions Re-training of the skilled nurses document specifics of health te clearly stating topic discussed of giver and the method of evaluational understanding of teachings dore either verbally or practically.  Systematic changes to be more orientation and training of new documentation. Schedule clinical training and mevery six months and as needed monitoring plan. The quality assurance personner Perform a chart audit every two ensure this standard is satisfied.	eachings with care ting the ne ade staff on neetings d. el will months to	11/16/12	
			<b>!</b>		two months			