Health F	Regulation & Licensing	ng Administration		·		Two sars guevey		
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		The service of the se	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HCA-0016		B. WING		03/21/2013		
		1102-0010	STREET AL	DRESS CITY	STATE, ZIP CODE			
j kardet tie	5101 W		5101 WIS	CONSIN A	/E NW			
NORSING	S LIVILIA MOLO, INC		WASHIN	GTON, DC 2				
(X4) ID PREFIX TAG				ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE			
H 000	H 000 INITIAL COMMENTS							
	2013 through March compliance with Tit (Home Care Agency Sample of 15 clinical of 515 patients, 33 census of 363 empland 4 home visits was survey. Another 11 after the survey. The based on observation four patients homes and patient interview patient and administ It should be noted to Health Regulations (HRLA) received and that one of the patient enterprises had been aide (HHA) on the earth of the survey team into the survey sample.	vas conducted on Felh 4, 2013, to determile 22 DCMR, Chapteries Regulations). A real records based on a personnel files based loyees, 3 discharge revere utilized to condupatients were intervie e findings of the survons in the corporate is, interviews with age ws as well as a reviet trative records.  That on January 25, 21 Licensing Administrative records.  That on January 25, 21 Licensing Administrative records.  The e-mail. The e-mail interest in e-mail of January 15 cluded this patient (Pe. The allegation was flected in the report	ne er 39 candom a census don a records lect the ewed level were office and ency staff w of 013, the lation indicated give health 5, 2013. Patient #8) is		Department of Health Regulation & Licensing Ad Intermediate Care Facilities 899 North Capitol St., Washington, D.C. 200	th ministration Division N.E.		
H 123	If a home care ager provided by a third p agreements betwee the contractor for th services shall be in minimum, the follow	in the home care age e provision of home writing and shall including:	nat is ency and care ude, at a	H 123	The contractor agreement to include the procedure clinical and progress not patient evaluation, sched and other designated report Additionally, the contract also reflects the procedu managing and monitoring the contract and contract and contract agreement applicated on a contract and contract and contract are contracted.	for submitting es, periodic uling of visits rts. t agreement re used for he work of		
	progress notes, peri	or submitting clinical lodic patient evaluation and other designate	on,		personnel employed on a c basis.(see attachment)	Ontractual		

Health Regulation & Licensing Administration

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

STATE FORM

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ HCA-0016 B. WING 03/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5101 WISCONSIN AVE NW NURSING ENTERPRISES, INC. WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 123 Continued From page 1 H 123 This Statute is not met as evidenced by: Based on interview and record review, the home care agency (HCA) and a staffing agency failed to include the procedure for periodic patient evaluations and scheduling visits, for 4 of the 4 contractor agreements. (Contracts #1, #2, #3 and #4) The finding includes: On March 21, 2013, at 10:10 a.m., telephone interview with the HCA's clinical manager (Staff #40) revealed that all nursing responsibilities, including patient evaluations and scheduling visits, were handled by HCA nurses. At approximately 12:00 p.m., review of the four contractor agreements revealed that the HCA failed to ensure that each contract reflected a procedure for periodic patient evaluations and scheduling visits. H 125 H 125 3906.1(f) CONTRACTOR AGREEMENTS Cross Reference H 123. 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 interview and record review, each contract between the home care agency (HCA) and a staffing agency failed to include the

Health F	Regulation & Licensin	g Administration				
STATEME	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM				PLE CONSTRUCTION  G:	(X3) DATE SURVEY COMPLETED
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NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CIT	Y, STATE, ZIP CODE	
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H 125	of personnel employ 4 of the 4 contractor #2, #3 and #4)  The finding includes [Cross-reference H2 3917.2(f)] On March telephone interview manager (Staff #40) responsibilities, inclusupervising the hom handled by HCA nump.m., review of the frevealed that the stand evaluate the HH to the HCA. The con HCA's role and responsing and monitorial managing and monitorial ways.	ging and monitoring yed on a contractual ragreements. (Contr	basis, for acts #1,  H456 / a.m., al sing s), were y 12:00 ments monitor findings the ect to HHAs.	H 125		
	responsibilities were	clearly outlined in the the 4 staffing agence	e			
H 148		ency shall maintain ach		H 148	Corrective action: Personnels #'s 6,7,17,1 all contacted and an up certificate was obtaine employee.	dated CPR
( r	required; This Statute is not n	ocumentation of current CPR certification, if ed;  Statute is not met as evidenced by: If on record review and interview, the home			Measures put in place: Every employee file will to ensure all employees patient care have update	providing d CPR certificates
	care agency (HCA) for personnel records, to	ailed to maintain acci include documentat	urate		and all employees files health certificates.	have current
	current CPR certifica				Quality Measures: Every employee file will	bo wavi-
ıın Kequla	tion & Licensing Administ	ration			preth embrohee tire Mill	ne reviewed

Health I	Regulation & Licensin	ng Administration						
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			M. HANDANGER SAN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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H 148	8 Continued From page 3			H 148	H 148 quarterly to ensure that CPR certi			
	sampled employees	s. (Staff #6, #7, #10	#11.		and health certificates are current.			
	#17, #18, #19, #23,		, ,		This report will be brou	ight to the		
	The findings include:  The HCA's personnel records were reviewed on March 1, 2013, beginning at 4:10 p.m. Additiona				attention of the clinica	al director and		
					employees not in complia	nce shall be		
			wed on		removed from their cases	until their		
					files are current.	ž i		
1	personnel records w	ere reviewed on Ma	rch 4,					
	2013, beginning at 1 revealed the following	10:00 a.m. The review	ws			E 1		
			1					
	<ol> <li>Documentation in the records of Staff #10, #11, #18 and #25 showed their CPR certification had expired.</li> </ol>					s		
		cords for Staff #6, #7 31 also showed expi				=		
	clinical nurse managemployee names whe evidence of current of the documents received the country of the country of the documents received the country of the	ted/current certificati and #25 that were no g the survey. There CPR certifications for	ven thout view of rch 5, ons for t in their was no					
H 149	3907.2(e) PERSON	NEL		H 149				
	Each home care age personnel records, w following information	hich shall include the		# 1				
	(e) Health certificatio 3907.6;	n as required by sec	tion					

Health Regulation & Licen	sing Administration				FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0016		B. WING		03/21/2013
NAME OF PROVIDER OR SUPPLIE	}	STREET AL	DDRESS, CITY,	STATE, ZIP CODE	
NURSING ENTERPRISES, II	IC		SCONSIN AV GTON, DC 2		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
This Statute is not Based on review interviews, the homaintain personnt annual health cert sampled employe #15, #18, #19, #2.  The findings included the findings included the following an arevealed the following an arevealed the following the first personner in the HCA's personner records 2013, beginning an arevealed the following the first personner was not entirely the first personner was not entirely the first personner for the fir	This Statute is not met as evidenced by: Based on review of personnel records and interviews, the home care agency (HCA) failed to maintain personnel records to reflect initial and/or annual health certificates, for 12 of the 33 sampled employees. (Staff #1, #3, #10, #12, #15, #18, #19, #24, #25, #26, #29 and #31)  The findings include:  The HCA's personnel records were reviewed on March 1, 2013, beginning at 4:10 p.m. Additional personnel records were reviewed on March 4, 2013, beginning at 10:00 a.m. The reviews revealed the following:  1. There was no evidence that Staff #1, #3, #10, #12, #15, #24, #25, #26 and #31 had obtained health certifications; and,  2. The health certificates on file for Staff #18, #19 and #29 had expired on September 16, 2012, February 23, 2011 and October 22, 2012,		H 149	Staffs #'s 1,3,10,12,15 29 and 31 were contacted health certificates were  Measures put in place: Every employee file will to ensure all employees patient care have update and all employees files health certificates. Quality Measures: Every employee file will quarterly to ensure that certificates are current whose certificates are current whose certificates are finall be removed from the until their health certificate are updated. This reports brought to the attention Administrator quarterly	ed and current re obtained.  l be reviewed  providing ed CPR certificates  have current  l be reviewed t health t. Employees not current heir cases ificates rt shall be n of the
resources manage at approximately 6: applicants for emplorentificate prior to be patients. On March #36 and the clinical were given employed without evidence of certificates.  A post-survey revie delivered to the Heat	r (Staff #36) on March (Staff #36) on March 00 p.m., it was stated byment must obtain a eing assigned to work 4, 2013, at 9:50 a.m., nurse manager (Staff ee names whose recoinitial or annual health w of documents that the alth Regulation and Lides on March 5, 2013 r.	that all health with swith swith swith staff f #37) rds were health were healt			

Health R	egulation & Licensir	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION N	UMBER:	A. BUILDING:		COMPLETED
		HCA-0016		B. WING		03/21/2013
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H 149	Continued From page 5 that were current, but that were not observed in the employees' personnel records at the time of the survey. In addition, there was no evidence of current health certificates for Staff #1, #12, #15, #24, #26 and #31.  This is a repeat deficiency. See deficiency report dated December 14, 2011.		H 149			
	Each home care ag personnel records, following information (h) Copies of composition of the Statute is not Based on review of interviews, the homogroup of the survey. The findings included the HCA's personnel records agont of the HCA's personnel records agont of the HCA's personnel records agont of the homogroup of the no documented evice of t	gency shall maintain which shall include on:  leted annual evaluation met as evidenced by personnel records are care agency (HCA) and evidence of current of the 33 records of the 33 records of the ired more than 1 (Staff #1-19, #22-2) e:  met records were reviginning at 4:10 p.m. awere reviewed on M 10:00 a.m. Of the 3 ayees had been on state 29 other records, this dence that the employee evaluations within	the tions;  y: and A) failed to nt annual 12 months 8, #30,  iewed on Additional arch 4, 33 records aff for less ere was loyees had in the past	H 152	Annual evaluations will those employees due for evaluation by 4/30/13. Some of the employees cireport are not due for a evaluations until a late example, employee # 2 was Measures put in place: Going forward, the personnel review all personnel review all personnel annual basis.  As a quality assurance of Clinical Director shall the HR personnel an annual ongoing evidence that all have had an annual evaluations	an annual  ited in this annual  er date. For as hired 12/7/12  connel clerk will cords to ensure e completed and files on an  measure, the require from ual report and ll personnel
	than 1 year. Of the no documented evi received performar 12 months.	29 other records, the dence that the employer	ere was loyees had in the past	Ower Continues of the C		

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 03/21/2013 HCA-0016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5101 WISCONSIN AVE NW NURSING ENTERPRISES, INC WASHINGTON, DC 20016 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (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 152 H 152 Continued From page 6 nurse manager (Staff #37) on March 4, 2013, at approximately 10:45 a.m. Review of the documents received by HRLA on March 5, 2013, revealed no evidence of current annual performance evaluations for the aforementioned 29 employees. This is a repeat deficiency. See deficiency report dated December 14, 2011. Following the survey, employees #'s 1, H 162 H 162 3907.6 PERSONNEL 12, 15, 24, 25, 26, 31 were all At the time of initial employment of each contacted and health certificates employee, the home care agency shall verify that were received ensuring that the the employee, within the six months immediately employees were free from communicable preceding the date of hire, has been screened for 4/19 disease. and is free of communicable disease. /13 Going forward, the HR personnel was instructed that no prospective This Statute is not met as evidenced by: employee should be hired prior to Based on review of personnel records and bringing to this agency a medical interviews, the home care agency (HCA) failed to certificate ensuring that they are provide evidence that every employee obtained a health certificate at the time of hire, for 7 of the 33 free of communicable disease. sampled employees. (Staff #1, #12, #15, #24, The Administrator shall be responsible #25, #26 and #31) to ensure that this plan of correction is enforced and this deficiency does The findings include: not recur. The HCA's personnel records were reviewed on March 1, 2013, beginning at 4:10 p.m. Additional personnel records were reviewed on March 4, 2013, beginning at 10:00 a.m. There was no evidence that Staff #1, #3, #10, #12, #15, #24, #25, #26 and #31 had obtained health certifications at the time of their initial employment. During a face to face interview with the human resources manager (Staff #36) on March 1, 2013,

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	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU  HCA-0016			PLE CONSTRUCTION  G:	(X3) DATE SURVEY COMPLETED	
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	applicants for employer certificate prior to be patients. On March the clinical nurse may provided the names were without eviden additional information review that day. How documents delivered Licensing Administrative revealed health certifications and #10) that were respective personne There remained no employees had been free of communicable.	200 p.m., it was stated by ment must obtain a seing assigned to work 4, 2013, at 9:50 a.m. anager (Staff #37) we of employees whose ce of health certification was made available vever, a post-survey of to Health Regulation on March 5, 20 ficates for 2 employers and observed in the I records during the sevidence that the other screened for and determined the disease.	a health k with ., he and ere e records tes. No le for review of on and 13, ees (Staff eir survey. er 7	H 162			
	Each employee shall communicable diseas guidelines issued by Disease Control, and communicable disease.  This Statute is not m Based on record reviecare agency (HCA) far employee was screen communicable diseases sampled employees. #19, #24, #26, #29 and The findings include:  Review of the agency March 1, 2013, beginn March 4, 2013, beginn	be screened for se annually, according the federal Centers for shall be certified freese.  et as evidenced by: ew and interview, the side to ensure that eated for, and certified se annually, for 9 of the (Staff #1, #12, #14, and #31)  s personnel records along at 4:10 p.m. and	e home ach free of he 33 #15,	H 163	Following the survey, a contacted to update hea as is required by this Measure put in place: All other employees will following a review of a files and will be given to submit to this office medical certificates or off of their cases.  QA Measures: Annually, all employee fireviewed for updated medical the months of Mand the employees shall working days to be complete.	lth certificate regulation.  l be contacted ll personnel ten days e current will be taken less shall be dical certificate arch and April be given ten	4/

Health	Regulation & Licensin	ng Administration				
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	G ENTERPRISES, INC	:		SCONSIN AV GTON, DC 2		
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H 163	(dated February 23, 2 years prior to this 2. The health certific expired on October 3. Staff #14's persor 18-month gap betwee were documented of February 28, 2013; and the state of the st	cate on file for Staff # 2010) had expired in survey; cate on file for Staff # 22, 2012; cate of the file of the f	an sthat and	H 163		
	At the time of the sur implement a system employee was screet disease annually.	to ensure that each		1		
	3909.2 DISCHARGE REFERRALS Each patient shall red discharge or referral	ceive written notice o		H 227		
	calendar days prior to			81		

Health R	egulation & Licensir	ng Administration				(X3) DATE SURVEY	
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NURSING	S ENTERPRISES, INC	•	WASHING	STON, DC	20016		
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				H 227	It is the practice that	a	
H 227	Continued From pa	age 9		H 221	discharge summary must b	e written	
	day written notice s	shall not be required,	and oral				
	notice may be give	n at any time, if the tr	ansfer,		for every patient upon di	Scharge.	
	referral or discharg	e is the result of:			Additionally, discharge	ge praiming	
					starts on the day of admi	LSSIOH.	
					The registered nurses fai		
					complete a discharge summ		
					on clients 16, 17, 18 as	was	
	This Statute is not	met as evidenced by	<i>[</i> :		found by the surveyors.		
	Based on record re	eview and interview, t	he nome		Corrective Action:	1	
	care agency failed	to document that it p	rovided /		The registered nurses we	re	
	days written notice	of discharge, for 3 of street of the street	Patients	1	counselled regarding this	5	
	#16, #17 and #18)	s records reviewed.	(1 4.10		deficient practice and d	ischarge	
	#10, #17 2110 #10)				summaries were written for	or the	
	The findings includ	le:			above mentioned patients	•	
			#16'0		Measures:		
	1. On March 4, 20	13, review of Patient nately 10:00 a.m., rev	#105 ealed the		NEI has designated two f	ull time	
	record at approxim	rged on September 8	3. 2012.		employees that will moni		
	There were no disc	charge-related docum	nents		clients from admission t		
	available for review	v in the record.			discharge to ensure that	10	
			#4 <b>7</b> 1-		registered nurses comple		
	2. On March 4, 20	13, review of Patient	#1/S	9	documents necessary duri		
	record at approxim	nately 10:10 a.m., rev rged on September 1	19. 2012.		clients' episode of care		
	There were no disc	charge-related docum	nents		Additionally, all docume		
	available for review	v in the record.		-	be created and stored	4/11/13	
					electronically to minimi	ze the	
	3. On March 4, 20	113, review of Patient	#18'S		incidence of misplaced		
	record at approxim	nately 10:15 a.m., rev irged on May 13, 201	2 There	1	documentation.		
	patient was discharge	related documents	vailable				
	for review in the re	cord.		5 9 8	QA: Going forward, a weekly	report	
			955 BBSD.				
	Interview with the	clinical nurse manage	er (Staff	Î	shall be provided to the	•	
	#37) on March 4, 2	2013, at 12:35 p.m., r	evealed		clinical supervisor and	2017404	
	that as a routine p	ractice, a discharge	summary		Administrator regarding		
	should be placed i	n each discharged pa ined the 3 aforementi	oned		not completing their doc		
	record. She exami	illed tile 3 alorement	J.104	1	and the clinical supervi	sor or	

STATEME	Regulation & Licensing ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		MBER:	A. BUILDING:		COMPLETED	
		HCA-0016	8	B. WING		03/21/2013	
NAME OF	PROVIDER OR SUPPLIER	T	STREET ADDR	ESS, CITY	STATE, ZIP CODE	1 03/21/2013	
NURSIN	G ENTERPRISES, INC		5101 WISCO WASHINGTO				
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	Continued From pa	ge 10	j ,	H 227	Administrator shall com	municate	
	records and confirm	ed that there were no	, İ	į	with the responsible RN	to have	
	discharge summarie				their documentation sub		
	At the time of the survey, there was no evidence that the HCA provided 7 days written notice prior to discharging its patients.				to the agency.		
	This is a repeat defi- dated December 14	ciency. See deficiency , 2011.	y report				
H 260	3911.1 CLINICAL R	ECORDS	Н	1 260	Following the survey, the interviewed by the Associated		
	Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.  This ELEMENT is not met as evidenced by: Based on record review and interviews, the home care agency failed to ensure that nursing staff maintained accurate clinical records, for 1 of the 15 sampled patients. (Patient #3)		anent each d		It was determined follow that the client wanted m and alleged that she fel service was increased by and it took a while for	ing this interviore PCA service  1. The PCA the physician	
			e home	The statement cannot be a second as a seco	accept another aide for since the aide working M Friday could not work th because it would incur of 40 hours worked).	onday to e weekends	
	The finding includes:				The staff (#25) was coun documentation accuracy as		
	On February 27, 2013, at approximately 3:00 o.m., review of the "Nursing intervention" notes in Patient #3's clinical record revealed that an RN Staff #25) wrote the following on November 1, 1012: the patient "stated she had a fall, was on the floor for two days, aide came and got her up. Went to PCP, PCA."			346.0	was conducted to all state (skilled Staff) See attacked Going forward, a registed assigned to screen all state for accuracy and report administrator any unusual	ched agenda. red nurse is killed notes to the Assoc.	
ā	7, 2013, at 11:05 a.m aforementioned nursi	wed by telephone on She stated that the ng note was not accur ell on Saturday and th	rate.	*			

again on Sunday. The home health aide went to
Health Regulation & Licensing Administration

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STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	R/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NU		A. BUILDING		COMPL	FIED
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NAME OF P	ROVIDER OR SUFFLIER			CONSIN AV			
NURSING	G ENTERPRISES, INC	;		STON, DC 2	20016	VII.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
H 260	Continued From pa	ge 11		H 260			
	the patient's house on Sunday. Further the patient did not g physician as she ha "intervention note." note was meant to that Patient #3 visit	after she called her fainterview also reveauge to the primary care and indicated on her Staff #25 clarified the be read as a recomment the PCP to request and care aide (PCA) ho	led that e at her nendation an				
H 264	H 264 3911.2(d) CLINICAL RECORDS  Each clinical record shall include the following information related to the nation:  H 264 POC was created for patients in a timely manner, and was sent for MD signature		ents #5				
			owing		1000	ature.	
	(d) Plan of care for	each service provide	d;		Patient # 14 had expired POC was necessary.		
	This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's clinical record included a Plan of Care (POC) for home health aide (HHA) services and/or registered nurse (RN) services, for 2 of th 15 sampled patients. (Patients #5 and #14)		ne home each of Care ces or 2 of the		All nurses have been inson timely completion of POC. Additionally, all splan POC's will be done electronically which will facilitate a quicker profor completion of POC's	their state	1/30/13
	The findings include	9:			contrast to the current This process will be eff		
	February 27, 2013, revealed no evidence previous POC was period of July 23, 24 (for HHA and RN set). Review of Patien March 1, 2013, at 1 evidence of a curre a previous POC for	t #14's clinical record 2:50 p.m. revealed no nt POC. There was, the certification perio	0 p.m., A ertification 23, 2013 on on onowever, od for		by 4/30/13.  QA Measure:  NEI has designated a full employee to monitor time completion of POC. Any not completing their POC a timely manner shall be to the attention of the Director or Administrate	Il time ely staff C's in e brought Clinical	
	(for HHA and RN set 2. Review of Patien March 1, 2013, at 1 evidence of a curre a previous POC for	ervices). t #14's clinical record 2:50 p.m. revealed n nt POC. There was, h	on o nowever, od for		completion of POC. Any not completing their POC a timely manner shall be to the attention of the	staff C's in broug Clinic or for	gh!

Health R	Regulation & Licensin	ig Administration		·		
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0016				03/21/2013
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	
NURSING	G ENTERPRISES, INC		<ul> <li>Ultrasia Control (Control /li></ul>	CONSIN A		
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	HHA and RN services).  On March 4, 2013, at approximately 12:15 p.m., the quality assurance coordinator (Staff #35) retrieved the two clinical records. She confirmed that the 2 patients were still receiving services and that there were no current POCs on file. She explained that POCs had been developed for the current period; however, they had not yet been signed by the patients' physicians.  8 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 by professional and direct care staff;			H 264	Following the survey an ir was conducted with the date entry staff and the PCA st	a
					regarding the agency's polon the correction of clinidocuments which prohibits use of "white-Out".  Measures put in Place: Data entry staff will disc	cal the
	This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure the accuracy of time sheets submitted by direct care staff, for one of the 15 sampled patients. (Patient #11)		ne home accuracy staff, for		the use of white-out on the scantron documents, and macorrections according to a policy. Additionally, all	ake 4/5/13 agency PCA's
	The finding includes	•			were inserviced on accurate completion of clinical not	es
	On February 28, 2013, beginning at 4:37 p.m., review of Patient #11's Plan of Care (POC) for the certification period of September 12, 2012 through March 13, 2013, revealed an order for personal care aide (PCA) services "8 hrs, 7 days x 6 months for personal care, ADLs and including but not limited to accompanying the patient to" doctor's appointments.  On March 1, 2013, continued review of Patient			and the use of a #2 pencil fill in the circles on the scantron sheet. These she are then scanned into the computer and becomes a per electronic record. QA Measures: The PCA coordinator will in	eets rmanent	
		ning at 9:35 a.m., rev			all PCA notes at the time	of

Health R	legulation & Licensin	ig Administration		0400 MIII TIE	PLE CONSTRUCTION	(X3) DATE	SURVEY
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AND PLAN	OF CORRECTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	www.comondeli	A. BUILDING	S:		
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NAME OF P	ROVIDER OR SUPPLIER	L	STREET AD	DRESS, CITY	STATE, ZIP CODE		
	NURSING ENTERPRISES, INC		5101 WIS	5101 WISCONSIN AVE NW WASHINGTON, DC 20016			
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100 100 000		Market 4.0		H 268	submission to the offi		11
H 268	268 Continued From page 13			H 200	would reject any note	that is not	-
	numerous weekly time sheets for PCAs for the period September - December 2012 that had been altered with correction fluid. Among the alterations observed were the dates of submission, employee identification numbers, and the dates on which Patient #11 had signed the time sheet.  On March 1, 2013, at 10:08 a.m., the survey team requested the HCA's policies regarding altering PCA time sheets. At 10:44 a.m., the HCA associate administrator (Staff #39) stated that he was previously unaware that time sheets had been altered. He said there was no policy specific to the PCA's time sheets; however, he presented a policy "Documentation In The Clinical Records." Subsequent review of said policy (policy # 800.07, dated April 7, 2002) revealed the following: "Employees who have made an error in documentation should draw a line through the error, write "error" and place initials and date Errors should not be white-out or erased" He then acknowledged that the time sheets should not have been altered with White Out.			clearly documented.			
	On March 1, 2013, at 10:48 a.m., the HCA's staffing coordinator (Staff #34) stated that the PCA was a "contract" employee. Further interview, however, revealed that the HCA was responsible for verifying PCA hours, time sheets and processing payroll.			O MAN CONTRACTOR OF THE CONTRACTOR OF T			
	HCA associate adm beginning at 12:00 (Staff #19) currently	follow-up interview value follow-up interview value for the follow-up interview value for interview the HCA office for interview to the HCA office for interview value val	) he aide t #11 had				
	On March 1, 2013, review of the PCA t	beginning at 12:13 p ime sheets (TS) rev	o.m., ealed that				

Health Regulation & Licensing Administration		700114	(VO) MIII TIDI G	CONSTRUCTION	(X3) DATE SURVEY		
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H 268	Continued From pa		had boon	H 268			ă g
	the TS originally dated October 7, 2012 had been altered to become November 22, 2012. The TS originally dated October 14, 2012 was altered to become October 7, 2012. The TS originally dated December 2, 2012 became November 25, 2012 and the TS originally dated December 9, 2012 became December 2, 2012 (even though both the patient's and the PCA's signatures on the TS still reflected December 9, 2012). Some TSs had the same employee signature, but the employee identification numbers had been changed from 550081 to 550091. Other TSs showed a different signature assigned to the same employee identification number. Patient #11's signature dates on TSs allegedly completed for December 3, 2012 and December 4, 2012 had been altered. Other alterations of time sheets were noted (too many to list out).						
	the HCA associate stated that he intended that he intended that time and was to further interview. The stated that errors he payroll office. Staff different identificating given). He further in was using two different indicates who had made alter with White Out but next staff in-services.	urvey, there was no e	#39) If #19) in ad left by le for trator HCA's ssued two ons not ne staff associate clear as to me sheets is it in the		*		
	that the HCA estab	lished and implemen d timely review of PC	ted a				

Health F	Regulation & Licensin	ng Administration					
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		# CONTROL WAS	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
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H 333	Continued From pa	ge 15		H 333	Following the survey the t	elephone	
	3 3913.3 COMPLAINT PROCESS			Н 333	number for the home health was posted at the front of		3/4/13
		<b></b>	-141-		office to be seen by staff		
	The telephone num	ber of the Home Hea by the Department o	aith f Health		visitors as is required by		
	shall be nosted in the	ne home care agency	/'s		regulation.		
	operating office in a	place where it is vis	ible to all				
	staff and visitors.	AS NOW THE SERVE THAT IN THE			E .		
	This Statute is not met as evidenced by: Based on observation and interview, the home care agency failed to post the Department of Health's "Home Health Hotline" telephone number in its operating office in a place where it was visible to visitors.						
	The finding includes	<b>S</b> .					
	agency's main office the Department of H posted. This observe brought to the atten (Staff #38) and her (Staff #35). They din number posted on a within view of the fro- visitors, they confirm typically venture to to observations during revealed the Hotline	13, at 10:40 a.m., front desk area of the failed to show evide Health's Hotline numberation was immediated tion of the agency's popular assurance corrected surveyors to the bulletin board that wont area. When asked that they would refer the back office area. The next 3 business a number remained pout of view of visitors.	ence that per was ely president pordinator ne Hotline was not d about not days osted in		æ		
	4, 2013, at approxing associate administration assurance coordinate that the Hotline numvisitors could see it.	the Exit conference of nately 11:00 a.m., the ator (Staff #39) and to tor (Staff #35) acknow ber was not posted of At 1:00 p.m., the cliff #37) pointed to the	he quality wledged where nical				

Health Regulation & Licensing Administration  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
AND PLAN	OF CORRECTION	IDENTIFICATION N	UMBER:	A. BUILDING		COMMILETED		
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	ENTERPRISES, INC	;	5101 WIS	ISCONSIN AVE NW NGTON, DC 20016				
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TAG	REGULATORTORE			<b> </b>	DEFICIENCY)			
H 333	Continued From pa	age 16		H 333				
	number that was now posted in a location visible to all staff and visitors, saying they had just moved it to abate the deficiency.		and the second of the second o					
H 335	3913.5 COMPLAIN	IT PROCESS		H 335	The finding of the surve was substantiated. The	yors complaint		
			o the		was received from the cl	-77		
	omplaint within for	ency shall respond to urteen (14) calendar	days of its	1	daughter very late after			
	receipt, and shall d	ocument the respon	ise.		the tour of duty had sta			
	•			2	and a replacement aide c			
	This Chatuta is not	met as evidenced b	W.		be sent at that time.			
	Rased on interview	and record review,	the home		Corrective Action:	4/17/13		
	care agency (HCA)	failed to document	a	9	The PCA coordinator was			
	response to each patient's complaint, for one of one patient in the investigation. (Patient #8)				counselled and was instr	ucted to		
	one patient in the ii	nvestigation. (Patien	il #0)		document every complaint	, the		
	The finding include	s:			investigation process, t			
	ō		1		findings of the investig			
	On January 20, 20	13, the Health Regu ration received a co	lation and	e en control	document communication w			
	from Patient #8's d	aughter (relayed thr	ough		complainant and the outc	come of		
	another office). She	e alleged that on Jar	nuary 15,		the investigation.			
	2013, the evening	personal care aide (	PCA)	and the second s	QA Measures:			
	failed to report for	duty at 4:00 p.m. and attended before she	d ner		The PCA coordinator shall			
	daughter) arrived a	attended before she at 7:00 p.m. She had	l	B	to the Clinical Supervis			
	complained to the	HCA's staffing coord	dinator		a quarterly basis all co			
	(Staff #34) that she	e had not been notifi	ed that		received, action taken a			
	there would be no reportedly received	aide on duty that eve I a verbal apology th	ening and ie next day.		documented evidence of to			
					complainant.			
	On February 28, 20	013, beginning at 11 8's clinical record fa	:05 a.m.,		ar - T			
	show evidence that	t the daughter's con	nplaint had					
	been documented	in the record. When		*				
	interviewed on Feb	ruary 28, 2013, at 1	2:15 p.m.,	3) *1 *1				
	the HCA associate	administrator (Staff	#39)					
	stated that case m	anagers were to use s forms to documen	t patient	1	į			

_ Health	Regulation & Licensir	ng Administration		,				
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU		F 55 7855	PLE CONSTRUCTION  G:	(X3) DATE SURVEY COMPLETED		
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Н 335	informed that there Instructions sheets record, the associat stated that he would whether the compla documented. During conference, at approacknowledged that twere not documented. Patient #8 and her experience in the state of	ow-up activities. Whe were no Progress No observed in Patient a e administrator (Staff I have his staff deter int had been investig the March 4, 2013 oximately 11:45 a.m. the complaint and folled. evening PCA (Staff # atient's apartment on E20 p.m. Patient #8 no similar events sin ained and she consist f #16 explained that to (Staff #34) had date she was to return an airport oversea	otes / #8's ff #39) rmine gated and Exit ., it was Illow-up  16) were March 4, stated nce her dered the the HCA urn from s on the	H 335				
Н 354	3914.3(c) PATIENT  The plan of care sha  (c) The goals of the sincluding the expecte immediate and long-from the statute is not measured by the service agency failed to plan of Care (POC) in services to be provided outcome, for 3 of the (Patients #4, #9 and in the findings include:	Il include the following services to be provided outcome, based uterm needs of the parties as evidenced by: ew and interview, the ensure that each particulated the goals of ed, including the exput 15 patients in the sat #15)	led, upon the stient;  e home stient's the pected	H 354	Following the survey an inser- was conducted with all skiller staff (see attached agenda) to remind the staff to complete a aspects of the Plan of Care (I to include the Goals of the se provided, included the expecte outcome based upon the immedia and long term needs of the pat Additionally, the skilled staff were instructed to include in plan of care the services to it provided, the amount, frequence duration, dietary requirements medication administration, inc dosage, equipment and supplies	d o all poC) ervices ed ate tient. ff the pe cy and s, cluding	3 /	

Health	Regulation & Licensin	ng Administration				TOTALITATIONES
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			PLE CONSTRUCTION  G:	(X3) DATE SURVEY COMPLETED
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H 354	2013, beginning at a did not include the g provided, including t upon the immediate patient.  2. Review of Patient 2013, beginning at 9 did not include the g	at #9's POC on Februal: 15 p.m., revealed the poals of the services when expected outcome and long-term need: #4's POC on Februal: 10 a.m., revealed the poals of the services the expected outcome of Patient #15's POC peginning at 3:45 p.m. of identify the goals of the including the expected outcome in the point (Staff #35) and the tor (Staff #35) on Maily 11:45 a.m., it was no goals of the service expected outcome in the expected outcome in the point in the point in the point in the poals of the service expected outcome in the poals of the service expecte	ne POC to be e, based s of the ary 28, ne POC to be e. to be e. to be the poc to be th	H 354	A review of the plans of car revealed that many staff wer completing all aspects of the of care and were leaving man questions unanswered. The P care was discussed in its en QA Measure Going forward, the QA coording and clinical supervisor shall review all plans of care to exit to completeness and report incomplete POC to the clinical director or Administrator for further action.	e not e plans y lan of tirety. nator l ensure any
H 355	3914.3(d) PATIENT I	PLAN OF CARE	1	H 355	Cross Reference Tag H 354	
	The plan of care shall	I include the following	g:	lj.		
	<ul><li>(d) A description of the including: the frequent duration; dietary requent administration, includes supplies;</li></ul>	ncy, amount, and exp irements; medication	ected	2		
9	This Statute is not me	et as evidenced by:				

Health Regulation & Licensing Administration  CTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		IER/CLIA	CLIA (X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
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H 355	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		H 355						
	frequency, amour home health aide		ation of the						
	October 27, 2012 reviewed on Febr approximately 9:1 services "8 hours POC did not, how	OC for the certification through April 27, 20 tuary 28, 2013, beging the annual sector of a daily x 7 days week wever, provide a description of aide services	nning at HHA ly." The cription of	STATE CONTROL OF THE PARTY OF T					
	November 30, 20	DC for the certification 12 through May 30, ruary 28, 2013, begin	2013, Was	to the state of th					

Health R	egulation & Licensir	ng Administration				TORMAFFROVEL
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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H 355	Continued From page	ge 20		H 355		Đ N
# a 7 S w a a o i ho the girth Po as	hours x 5 days." The provide a description aide services.  5. Patient #9's POC October 7, 2012 to A on February 27, 201 services were ordered a week x 6 months." Provide a description of the certification of the certification of HHA services the frequent of HHA services the frequent of the survey of the certification of the survey of the the frequent of the survey of the certification of the certification of the certification of the certification of the survey of the certification of the certification of the survey of the certification of the	o.m., review of Patier tion period August 1s, 2013 revealed that cy, amount and experices ordered. On Ma the quality assurance 5) looked at the POC ors' findings. [Note: a prance coordinator (see was a new POC the	not ration of period of viewed m. HHA x 7 days did not rvices.  Int #14's 5, 2012 it did not ected arch 4, e cand At 11:32 Staff at was period of 013, nning at ere e POC, duties or e POC ut on of the quality			
Su	rveyors' findings.		i A			

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 03/21/2013 HCA-0016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5101 WISCONSIN AVE NW NURSING ENTERPRISES, INC WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (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 357 H 357 Continued From page 21 Cross Reference Tag H 354 H 357 3914.3(f) PATIENT PLAN OF CARE H 357 The plan of care shall include the following: (f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services; This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services, for 2 of the 15 sampled patients. (Patients #4 and #9) The findings include: 1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed that provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services was not included in the POC. 2. Similarly, on February 27, 2013, beginning at 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013, revealed that provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services was not included. During a face to face interview with the quality assurance coordinator (Staff #35) and the associate administrator (Staff #39) on March 4, 2013, at approximately 11:45 a.m., it was

Health R	egulation & Licensin	g Administration				(X3) DATE	SURVEY
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H 357	Continued From pa	ge 22		H 357			
	were not included in associate administr	the aforementioned in the two POCs. The ator further indicated urses who had prepa	he would				
H 358	58 3914.3(g) PATIENT PLAN OF CARE		U ingressed in control of the contro	H 358	Cross reference Tag H354		
	The plan of care shall include the following:						
	(g) Physical assessment, including all pertinent diagnoses;		ertinent				
	Based on record re care agency failed to Plan of Care (POC)	met as evidenced by view and interview, to to ensure that each p included a physical of the 15 sampled pa	ne home patient's				
	The finding include	s:					
	On February 27, 2013, at approximately 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013 revealed no evidence of a physical assessment.						
	approximately 11:4 coordinator (Staff # administrator (Staff POC and confirmed	on March 4, 2013, at 5 a.m., the quality as (35) and the associate (#39) examined Pation that although the prices, the POC did rassessment.	surance e ent #9's atient was				
H 359	3914.3(h) PATIEN	Γ PLAN OF CARE		Н 359			

Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 03/21/2013 B. WING HCA-0016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5101 WISCONSIN AVE NW NURSING ENTERPRISES, INC WASHINGTON, DC 20016 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 359 H 359 Continued From page 23 The plan of care shall include the following: (h) Prognosis, including rehabilitation potential; This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) indicated their prognosis, including rehabilitation potential, for 4 of the 15 sampled patients. (Patients #4, #9, #11 and #15) The findings include: 1. On February 27, 2013, at 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013, revealed the POC did not indicate the prognosis, including rehabilitation potential for the patient. 2. On February 27, 2013, beginning at 4:37 p.m., review of Patient #11's POC for the certification period September 12, 2012 through March 13, 2013, revealed the POC did not include her prognosis and rehabilitation potential. 3. On February 28, 2013, beginning at approximately 4:45 p.m., review of Patient #15's POC for the certification period of September 26, 2012 through March 26, 2013, revealed the POC did not include her prognosis and rehabilitation potential. 4. On February 28, 2013, beginning at approximately 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed the POC did not include her prognosis and rehabilitation potential.

Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: \_ AND PLAN OF CORRECTION 03/21/2013 B. WING HCA-0016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5101 WISCONSIN AVE NW WASHINGTON, DC 20016 NURSING ENTERPRISES, INC PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG H 359 H 359 Continued From page 24 When interviewed on March 4, 2013, at approximately 11:55 a.m., the associate administrator (Staff #39) and the quality assurance coordinator (Staff #35) confirmed the findings. The associate administrator then stated that he would instruct the registered nurses to further complete the POCs. Cross Reference Tag H 354 H 360 H 360 3914.3(i) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Activities permitted or precluded because of functional limitations: This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to ensure that each patient's Plan of Care (POC) included the activities permitted or precluded because of functional limitations, for 1 of the 15 sampled patients. (Patients #4 and #9) The findings include: 1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed it did not include the activities permitted or precluded because of functional limitations. 2. Similarly, on February 20, 2013, at 4:20 p.m., review of Patient #9's POC for the certification period of October 7, 2012 to April 7, 2013, revealed it did not include the activities permitted or precluded because of functional limitations. When interviewed on March 4, 2013, at

Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 03/21/2013 HCA-0016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5101 WISCONSIN AVE NW NURSING ENTERPRISES, INC WASHINGTON, DC 20016 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 360 H 360 Continued From page 25 approximately 11:57 a.m., the quality assurance coordinator (Staff #35) and the associate administrator (Staff #39) confirmed the surveyors' findings. The associate administrator stated he would instruct the registered nurses to complete the POCs. Cross Reference Tag H 354 H 361 H 361 3914.3(j) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Psychosocial needs of the patient; This Statute is not met as evidenced by: Based on interview and record review, the home care agency failed to ensure that each Plan of Care (POC) included the psychosocial needs of the patient, for 2 of the 15 sampled patients. (Patients #4 and #9) The findings include: 1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 through April 27, 2013, revealed that provisions relating to the psychosocial needs of the patient were not indicated on the POC. 2. Similarly on February 27, 2013, beginning at 4:15 p.m., review of Patient #9's POC for the certification period of October 7, 2012 through April 7, 2013, revealed that provisions relating to the psychosocial needs of the patient were not indicated on the POC. When interviewed on March 4, 2013, at approximately 11:57 a.m., the quality assurance coordinator (Staff #35) and the associate

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H 361	Continued From pa	ige 26		H 361			
	did not include the ineeds. The associa	#39) confirmed that 2 patients' psychoso ate administrator stat egistered nurses to c	cial ed he				
H 362	H 362 3914.3(k) PATIENT PLAN OF CARE		H 362	Cross Reference Tag H 354			
	*	all include the follow				# 	
	(k) Safety measures required to protect the patient from injury;						
	Based on record re care agency failed Plan of Care (POC) measures required	met as evidenced by view and interview, to ensure that each poly reflected the safety to protect the patients sampled patients.	he home patient's t from				
	The findings include	e:					
	1. On February 28, 2013, beginning at 9:10 a.m., review of Patient #4's POC for the certification period of October 27, 2012 to April 27, 2013, revealed it did not include the safety measures required to protect the patient from injury.		ication 2013, asures				
	4:15 p.m., review o certification period 2013, revealed it to	ruary 27, 2013, beging f Patient #9's POC foof October 7, 2012 to did not include the to protect the patient	or the April 7, safety				
	(Staff 35) and the a	uality assurance coo ssociate administrate	or (Staff				

Health R	equlation & Licensin	ng Administration				(X3) DATE	SURVEY
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H 362	Continued From pa	age 27		H 362			
	a.m., confirmed that reflect needed safe administrator state	at the 2 patients' POC ety measures. The as d he would contact the o complete the POC:	isociate ne				A TOTAL OF THE PARTY OF THE PAR
H 364	3914.3(m) PATIEN			H 364	Cross Reference Tag H 354		
1		nall include the follow	ring:	Annual of the state of the stat			
	(m) Emergency pro	otocols; and		a primarable ( ) ( ) i de care			ļ
	Based on record re care agency failed Plan of Care (POC	met as evidenced by eview and interview, to to ensure that each p included emergency he 15 sampled patie #15)	the home patient's	And the state of t			
	The findings include	le:					×
	review of Patient #	, 2013, beginning at 4 11's POC for the cer er 12, 2012 through a t it did not include an bl.	tification April 13,	- Friedram Tonna (Alderdamania) inter-			
	approximately 1:50 POC for the certific 2012 through Marc	, 2013, beginning at 0 p.m., review of Patic cation period of Septe ch 26, 2013, revealed emergency protocol.	ember 26, I that it too				
	10:00 a.m., the clir was provided emp were without evide No additional infor review. During the	beginning at approximical nurse manager loyee names whose ence of emergency promation was provided Exit conference, at 15 p.m., the associate	(Staff #37) records rotocols. for	, management of the state of th			

Health R	egulation & Licensin	ng Administration				WAY DATE CURVEY	
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H 364	Continued From pa	age 28		H 364			
	instruct staff to incl all POCs. Review of HRLA on March 5, protocols for Patier This is a repeat det	ficiency. See deficien	ecols on eived by nergency				
H 366	This is a repeat deficiency. See deficiency report dated December 14, 2011.  H 366 3914.4 PATIENT PLAN OF CARE  Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.  This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's Plan of Care (POC) was approved and signed by a physician within thirty days of the start of care, for 10 of the 15 sampled patients. (Patients #2, #3, #5, #6 #9, #10, #11, #13, #14 and #15)		he start of care for e ractice ated or one order and it	Н 366	It is extremely difficult to obtain signed Plans of Care from physicians in a timely manner.  Corrective Action:  NEI had hired a full time employee to deliver and receive POC's from the physicians' offices. This process was unsuccessful. NEI started soliciting the assistance of the home health aides and the		
				patient's families to ge POC's signed and even th action was partially suc NEI has assigned staffs and re-fax POC's to the office for signature with success.  Finally, NEI will start	t the is 4/30/13 cessful. to call physician h some sending		
	approximately 10:4 POC for the certific 2012 through April	, 2013, beginning at 5 a.m., review of Pati ation period of Octob 10, 2013, revealed th er 31, 2012, more tha	er 10, at it was		discharge notifications clients whose POC's are signed by the physicians QA Measures: NEI has two full time e assigned to monitor all	not mployees	

Health R	Regulation & Licensing OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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H 366	Patient #3's record certification period March 8, 2013. Corto show evidence thand signed the pati.  3. On February 27, approximately 11:3 clinical record reveaurrent period in the previous POC certi. January 23, 2013. (a.m., the quality as: #35) stated that a Figure 15 certification period 7, 2013. The new Fawaiting the physicithe period started.	m page 29  7 27, 2013, at 2:44 p.m., review of cord revealed a POC with a riod of September 8, 2012 through . Continued review however, failed nee that a physician had approved a patient's POC.  7 27, 2013, beginning at 11:30 a.m., review of Patient #5's revealed there was no POC for the in the patient's record. The certification period had ended 13. On March 4, 2013, at 11:25 by assurance coordinator (Staff at a POC had been prepared for the riod January 7, 2013 through July ew POC, however, was still hysician's signature, 7 weeks after		H 366	to ensure that they are so by the physicians in a timanner. Any client whose is not signed by the physwill be discharged follow adequate notice allowed by State Regulations.	mely POC sician ving
	4. On February 27, 2013, at 11:00 a.m., review of Patient #6's record revealed a POC with a certification period dated September 22, 2012 through March 22, 2013. Continued review however, failed to show evidence that a physician had approved and signed the POC.					
5. On February 27, 2013, at 11:00 a.m., review of Patient #9's record revealed a POC with a certification period dated October 7, 2012 through April 7, 2013. Continued review however, failed to show evidence that a physician had approved and signed it.						
	Patient #10's record certification period through May 1, 201	, 2013, at 3:40 p.m., rd revealed a POC w dated November 1, 2 3. Continued review, ence that a physician	ith a 2012 , however,			

Health F	Regulation & Licensin	ng Administration					= 0.101.614	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	Continued From parand signed the POO  7. On February 28, review of Patient #1 period of September 2013, revealed that 2013, 5 months after 8. On March 1, 201 Patient #13's record certification period of through March 18, 201 however, failed to sapproved and signer 9. On February 28, approximately 3:50 POC for the certification period of through February 1st that a physician had On March 4, 2013, assurance coordinations as a physician's signature 10. On February 28 approximately 4:45 POC for the certification 2012 through March was signed on January Potent #15's clin previous POC for the 26, 2012 through Sewas signed on January Sewas S	ige 30 C.  , 2013, beginning at 4 It's POC for the certicer 12, 2012 through Note that a signed on Fetter the period started.  3, at 10:40 a.m., a red revealed a POC wide at the POC wide at the POC.  2013, beginning at p.m., review of Patie at the POC.  2013, revealed no direviewed and appropriate 11:31 a.m., the quitter (Staff #35) confirmation period of the pocition period of September 26, 2013, revealed and was awaiting the p.m., review of Patie at the p.m., review of Patie and was awaiting the p.m., review of Patie at p.m., review of Patie at the p.m., revi	4:37 p.m., fication farch 13, oruary 12, eview of tha 2012, ew, physician of the week of t	H 366	DEFICIENCY			
	was signed on January 9, 2013 (3 months after the period had ended). On March 4, 2013, at 11:36 a.m., the quality assurance coordinator (Staff #35) reviewed the POCs and confirmed the surveyors' findings.							

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 03/21/2013 HCA-0016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5101 WISCONSIN AVE NW NURSING ENTERPRISES, INC WASHINGTON, DC 20016 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 DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 366 H 366 Continued From page 31 On February 27, 2013, at approximately 11:00 a.m., the agency's associate administrator (Staff #39) stated that he was aware of ongoing delays in obtaining the physicians' reviews and signatures on patients' POCs. He acknowledged the same concern during the Exit conference on March 4, 2013, at approximately 12:10 p.m. This is a repeat deficiency. See deficiency report dated December 14, 2011. Post survey investigation H 453 H 453 3917.2(c) SKILLED NURSING SERVICES revealed that nursing visits Duties of the nurse shall include, at a minimum, were conducted monthly for the the following: months of October 2012 to April 2013 and were scanned into the (c) Ensuring that patient needs are met in computer into the client's accordance with the plan of care; electronic medical record. Since NEI is attempting to go This Statute is not met as evidenced by: fully electronic with their Based on interview and record review, the home medical records, many records care agency (HCA) failed to ensure that each are scanned into the computer patient's needs were met in accordance with their plan of care (POC), for one of one patient in the (See attached nurses notes). investigation. (Patient #8) Case Management notes are submitted electronically via The finding includes: Case-Net to the Department of Healthcare Finance. [Cross-refer to H335 / 3913(5)] On January 20, 2013, the Health Regulation and Licensing Going forward, NEI will ensure Administration received a complaint from Patient that all clinical notes are #8's daughter. She alleged that on January 15, submitted to the surveyors 2013, the evening personal care aide (PCA) during the survey to prevent failed to report for duty at 4:00 p.m. and her such deficiency. mother was left unattended before she (the daughter) arrived at 7:00 p.m. Nursing documentation of the alleged incident was not done On February 28, 2013, beginning at 11:05 a.m., because the complaint was review of Patient #8's clinical record revealed a

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				11.450	received by the PCA coo	rdinator		
H 453	Continued From page 32			H 453	who had communicated wi			
	POC for the certific	cation period of Septe	ember 3,		complainant (Cross Refe	erence		
	2012 through Marc	h 3, 2013, that reflect	ted PCA		H 335) and assumed that	the		
	2012 through March 3, 2013, that reflected PCA services "16 hrs x 7 days a week." There were no skilled nursing notes and no case management reports in Patient #8's record more recent than September 11, 2012. When interviewed on February 28, 2013, at 12:15 p.m., the HCA associate administrator stated that Patient #8's record should include Progress Notes / Instructions forms, on which the nurse and/or case manager would document any complaints and follow-up activities. When informed that there were no Progress Notes / Instructions sheets observed in Patient #8's record, the associate administrator stated that he would investigate. He also stated that he would instruct his staff to bring documentation of any further nurse visits and/or case management activities since September 11, 2012. No additional documentation, however, was presented for review before the survey ended.			issue was resolved.				
	approximately 11:4 that the daughter h Patient #8 had bee evening shift (4:00 associate administ daughter's call was evening for the HC come for the remal acknowledged that investigation to det follow-up.  Patient #8 and her interviewed in Patie 2013, beginning at confirmed that Patient #8 and the patient #8 and the confirmed that Patient #8 an	4, 2013 Exit conferents a.m., it was acknowed complained and the without PCA service p.m 12:00 a.m.). The received too late in A to find a substitute inder of the shift. He there was no evider there was no evider there was no exident #8's apartment of 4:20 p.m. They botter in the week went without wening shift (4:00 p.m.	wledged that ces for one The nat the the PCA to also nce of an ole and/or #16) were n March 4, h PCA					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SURVEY	
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H 453	(Staff #34) mistaken	the HCA staffing coolly thought she would b's home. She attribute	report ted it to	H 453			
P. C. St. D. Service and Addition of the Confession of the Confess	Duties of the nurse shall include, at a minimum, the following:  (f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate;		imum,	H 456	Post survey review reversed following: Client #1: Post survey interview with RN seeing client #1 reversed the client was receiving by the registered nurse	th the	
	This Statute is not me Based on record revie care agency failed to d services being deliver personal care aide (PC (HHA), for 4 of the 15 #1, #2, #7 and #11)	w and interview, the document the superved by each patient's CA) or home health a	ision of		skilled care episode (se attached nurses notes). Going forward all electr notes shall be made avait to the surveyors during to prevent such citation	onic lable a survey	
1	The findings include:		Af the expension of the con-				
p 2 d to	On February 28, 2012 Patient #1's plan of care eriod of November 20 013 revealed an order ays a week for 8 hours of show evidence that the upervised during the agertification period.	e (POC) with a certifity 2012 through May 2 for PCA services for S. Continued review for PCA services were the	ication 20, r 7				
re ap	Patient #2's POC for ctober 10, 2012 through viewed on February 2 oproximately 10:45 a.n HA services. Continue	gh April 10, 2013, wa 7, 2013, beginning at n. The POC included	s t	1   a	Visits were conducted for periods mentioned in the cound were scanned into the See attached visits).	itation	

Health Regulation & Licensing Administration							
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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H 456	record revealed supervisory visits were not documented monthly. [Nurses had documented supervisory visits on May 14, 2012, June 27, 2012, September 1, 2012, October 24, 2012,		H 456	Going forward agency staf ensure that all electroni shall be available for th surveyors during a survey	c data		
	December 10, 2012 and March 1, 2013.]  3. On February 28, 2013, at 1:15 p.m., review of Patient #7's POC for the certification period of November 30, 2012 through May 30, 2013, revealed an order for PCA services 5 days a week for 6 hours. Continued review of the clinical record failed to show evidence that the PCA services were supervised during the aforementioned certification period.			The nurse failed to docume a missed visit for December All other visits were scanned and stored electronically (See attached notes).	per 2012.		
	4. On February 28, 2013, beginning at 4:37 p.m., review of Patient #11's POC for the certification period of September 12, 2012 through March 13, 2013, revealed that she received HHA services 8 hours a day, 7 days a week. Continued review of the record failed to show evidence of monthly nurse supervision. A nurse documented visits on September 20, 2012, December 20, 2012 and on January 3, 2013  Interview with the associate administrator (Staff #39) on February 27, 2013, at approximately 4:00 p.m., revealed the agency was in the process of scanning all documents. He instructed his team to print reports of supervisory visits from their			Following the survey, the supervising client #11 was interviewed by the Associated Administrator regarding missed visits. It was for the nurse failed to document the missed visits for Octand November 2012. All of were done and scanned in Computer (see attached document)	as iate the und that ment tober ther to the		
	computer records. In the days that followed, hard copies of the nurses' original supervision sheets were presented for review regarding the 15 sampled patients.  At the time of survey, there was no documented evidence that patients' PCA and HHA services were being supervised by a nurse at least monthly.						

Health Regulation & Licensing Administration		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	ER/CLIA IMBER:			СОМ	PLETED
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H 458	Continued From pa	age 35		H 458			
		NURSING SERVIC	ES	H 458	Cross Reference	tag H 250	
11 400							
	Duties of the nurse the following:	shall include, at a m	inimum,				
	(h) Reporting chan	ges in the patient's c	ondition to				
	the patient's physic	cian;					
	This Statute is not	met as evidenced beview and interview,	y: a skilled				
	nurse failed to reno	ort changes in a patie tient's physician, for	ent's				
	The finding include			P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	p.m., review of the Patient #3's clinica (Staff #25) wrote the	013, at approximatel "Nursing intervention I record revealed that he following on Nove stated she had a fall, ays, aide came and ga."	n' notes in at an RN mber 1, , was on				
	7, 2013, at 11:05 a had not gone to the immediately as inconstelled in the immediately as inconstelled in the immediately as inconstelled in the partial record. When the immediately inconstelled in the patient had note, however, was clinical record. When it is not to the immediately inconstelled in the patient had note, however, was clinical record.	rviewed by telephone a.m. She stated that is e primary care physicicated on her "intervist #25 clarified that head as a recommence quest additional PCA ention. Staff #25 said sician to increase Pathe patient falling on digone to see the does not observed in the pen asked about the yent to her PCP, Star	the patient cian (PCP) rention her note dation to hours for d she wrote tient #3's weekends octor. Here patient's date on	į			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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H 458	Continued From pa	ge 36		H 458			
	stated that she was unsure of the date. [Note: Additional PCA hours were reflected on the next nursing note, dated December 3, 2012.]					i .	
	At the time of the survey, however, Patient #3's record did not provide sufficient documentation to verify that the nurse had reported the patient's falls to the PCP timely.					*	1
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