

Received 1/25/12

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FORM APPROVED

Health Regulation & Licensing Administration

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
800 North Capitol Street, NE
Washington, D.C. 20002
A. BUILDING _____
B. WING _____

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0016 | (X3) DATE SURVEY COMPLETED 12/14/2011 |
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| NAME OF PROVIDER OR SUPPLIER NURSING ENTERPRISES, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 817 VARNUM STREET, NE WASHINGTON, DC 20017 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| H 000 | INITIAL COMMENTS An annual survey was conducted at your agency from December 12, 2011, through December 14, 2011, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of twelve (12) active clinical records based on a census of five hundred thirteen (513) patients, three (3) discharge clinical records, and fifteen (15) personnel files based on a census of two hundred fifteen (215) employees, and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records. | H 000 | Following the Licensed Survey of December 12, 2011 a full post survey audit was conducted on the following citations and the following Plan of Correction was implemented. | |
| H 149 | 3907.2(e) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (e) Health certification as required by section 3907.6; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of current health certifications for two (2) of fifteen (15) employees in the sample. (Employees #1 and #12). The findings include: A review of personnel files on December 12, 2011 and December 13, 2011, beginning at approximately 9:30 a.m. revealed, no evidence of current health certifications for employees #1, | H 149 | H 149 Post survey review confirmed the findings of the surveyors. Employees # 1&12 were requested to provide this agency with an updated health certificate from their physicians. Employee #12 had provided a health certificate (see attached), but employee #1 had been out sick and will provide this agency with a current certificate on her return to work. The personnel clerk was instructed that employees whose personnel files are not current should be taken off of their case until their files are current. | 1/31/12 |

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

STATE FORM

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KFKJ11

TITLE

President

(X6) DATE

Jan 23, 12

If continuation sheet 1 of 9

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| H 149 | Continued From page 1 and #12. The findings were confirmed with the Clinical Manager and the President/CEO on December 13, 2011 at approximately 4:00 p.m. | H 149 | Going forward all employees whose files are not current should be brought to the attention of the Associate Administrator who will be responsible to ensure that this deficiency does not recur. | | |
| H 152 | 3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on staff interview and record review, the Home Care Agency (HCA) failed to ensure that all staff had documentation of current annual evaluations on file for two (2) of fifteen (15) records reviewed. (Employees #11 and 12) The findings include: Interview with the Clinical Manager and review of the personnel records on December 13, 2011 at approximately 10:25 a.m. revealed the HCA failed to ensure that two of fifteen staff had documentation of current evaluations on file. The findings were confirmed with the Clinical Manager and the President/CEO on December 13, 2011 at 4:00 p.m. | H 152 | H 152 Post survey review concurs with the surveyor's findings. Annual evaluations were completed and placed in the personnel files of staffs 11 and 12. This deficiency occurred because there was a lapse in Human Resource personnel for a period of time. Going forward the agency will track annual evaluations via the computer system software which will eliminate the possibility of missing any employee whose annual evaluation was not completed. The Resource Staff and Associate Administrator shall be responsible to ensure that this deficiency does not recur. | | 1/31/12 |
| H 227 | 3909.2 DISCHARGES TRANSFERS & REFERRALS Each patient shall receive written notice of discharge or referral no less than seven (7) | H 227 | | | |

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| H 227 | <p>Continued From page 2</p> <p>calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of:</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was revealed that the Home Care Agency (HCA) failed to provide seven (7) days written notice of discharge for two (2) of their discharged patient's included in the sample. (Patient #6 and #7)</p> <p>The finding includes:</p> <p>1. On December 12, 2011, a review of Patient #6's record at approximately 12:06 p.m., revealed the patient was discharged on September 14, 2011. Further review of the record revealed a nursing clinical note dated October 12, 2011, that indicated the nurse had discussed discharge plans with the patient, however, at the time of the survey, there was no documented evidence of a seven (7) day written notice of discharge being provided to the patient.</p> <p>At the time of the survey, the HCA failed to ensure Patient #6 received a seven (7) day written notice of discharge.</p> <p>2. On December 12, 2011, a review of Patient #7's record at approximately 12:015 p.m., revealed the patient was discharged on November 18, 2011, however, at the time of the survey, there was no documented evidence of a seven (7) day written notice of discharge being provided to the patient.</p> | | H 227 | <p>H 227</p> <p>Post survey review concurs with the surveyors' findings.</p> <p>This deficiency occurred because the clinical staff were of the opinion that at the end of a certification period, when goals are met the patient is discharged following discharge instructions from the registered nurse.</p> <p>Following the survey, the agency staff was instructed by the surveyor that all clients who are discharged must have written notice at lease seven (7) days prior to discharge.</p> <p>An in-service was conducted on January 18, 2012 with all registered nurses and instructions were given to the registered nurses to give the patients written notice of discharge at lease seven days prior to discharge.</p> <p>To prevent this deficiency from recurring the Associate Administrator shall be responsible to ensure that all registered Nurses issue the notice of Discharge to clients.</p> | 1/18/12 |

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| H 300 | <p>3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the Home Care Agency (HCA) failed to develop an effective policy to ensure each patient to receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care.</p> <p>The finding includes:</p> <p>On December 12, 2011 at approximately 10:05 a.m., review of Patient #1's clinical record revealed a Home Health Certification and Plan of Care (POC) dated October 14, 2011 through December 12, 2011. The POC revealed the patient had a physician's order for skilled nursing (SN) services one (1) to two (2) times a week for six (6) weeks.</p> <p>The POC included a recommendation for the nurse to monitor Patient #1's blood sugar values and notify the medical doctor of values greater than 300 or less than 60. The patient's clinical record revealed skilled nursing notes dated October 25, 2011, October 28, 2011 and November 2, 2011, that failed to provide evidence that Patient #1's blood sugar had been monitored.</p> | | H 300 | <p>H 300</p> <p>Post survey review confirmed the findings of the surveyor.</p> <p>An in-service was conducted on January 18, 2012 and all RN's were informed of the surveyor's findings. Additionally, all RN's were instructed on the importance of adhering to the Plan of Care and on the importance of blood sugar monitoring. The RN involved was counseled on the incident and stated that even though the blood glucose was not entered in the clinical notes it was monitored by the patient and reported to her during her visits.</p> <p>To prevent this deficiency from recurring, all skilled records of patients with a diagnosis of DM shall be monitored by the Clinical Manager for the next quarter, then 25% for the following quarter.</p> <p>The Associate Administrator shall be responsible to ensure that this deficiency does not recur.</p> | 1/18/12 |

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| H 300 | Continued From page 4 At the time of the survey, there was no documented evidence the HCA ensured their policy for Patient #1's rights to receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care. During a face to face interview with the data entry /assistant Case Manager on December 13, 2011, at approximately 10:12 a.m., it was acknowledged the skilled nurse had not monitored the patient's blood sugar in accordance with Patient #1's POC. | H 300 | | |
| H 364 | 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the Plan of Care (POC) included the emergency protocol for one (1) of fifteen(15) patient's in the sample. (Patient #3) The findings include: Review of Patient #3's Plan of Care (POC) on December 12, 2011, at approximately 2:02 p.m., revealed the POC did not include the procedures in the event of an emergency. Interview with one of the data entry employees on December 12, 2011, beginning at approximately 2:07 p.m., revealed the POC was a new form that was recommended to be used by one of the financial agencies. At the time of the survey, the | H 364 | H 364 The Plan of Care that was reviewed by the surveyor was implemented by the Department of Healthcare Finance on all State Plan and waiver clients. This information shall be taken up with DHCF to modify the forms to include a section for emergency interventions. | 1/31/12 |

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| H 364 | Continued From page 5 HCA failed to ensure that the new POC form included an emergency protocol. | H 364 | | |
| 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, it was determined that the Home Care Agency (HCA) failed to ensure the patient's Plan of Care (POC) was approved and signed by a physician within thirty (30) days of the start of care (SOC) for four (4) of fifteen (15) patients in the sample. (Patients #1, #3, #4, #10, and #11) The findings include: 1. On December 12, 2011, a review of Patient #1's record beginning at approximately 10:12 a.m. revealed a POC with certification period of October 14, 2011 through December 12, 2011. At the time of the survey, there was no documented evidence of a physician's signature for Patient #1's POC. 2. On December 12, 2011, a review of Patient #3's record beginning at approximately 2:13 p.m. revealed a POC with certification period of | H 366 | H 366 Post survey review confirmed the surveyor's findings. All POC's were faxed electronically to the respective physicians and were not returned in a timely manner. Following the survey, the agency conducted a 100% review of all POC's that were sent electronically to the physicians to ensure that POC's were signed and placed in the chart. To prevent this deficiency from recurring, the agency has implemented an electronic tracking system that will track all admissions from the date of referral to this agency to the date the POC is received back from the physician. This tracking will be ongoing and the Associate Administrator shall be responsible to ensure that this deficiency does not recur. | 1/31/12 |

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| H 366 | <p>Continued From page 6</p> <p>October 12, 2011 through April 12, 2012.</p> <p>At the time of the survey, there was no documented evidence of a physician's signature for Patient #3's POC.</p> <p>3. On December 13, 2011, a review of Patient #4's record beginning at approximately 1:24 p.m. revealed a POC with certification period of September 3, 2011 through March 3, 2012.</p> <p>At the time of the survey, there was no documented evidence of a physician's signature for Patient #4's POC.</p> <p>3. On December , 2011, a review of Patient #10's record beginning at approximately 2:06 p.m. revealed a POC with certification period of November 3, 2011 through January 12, 2012.</p> <p>At the time of the survey, there was no documented evidence of a physician's signature for Patient #10's POC.</p> <p>4. On December 14, 2011, a review of Patient #11's record beginning at approximately 2:46 p.m. revealed a POC with certification period of July 13, 2011 through January 13, 2012.</p> <p>At the time of the survey, there was no documented evidence of a physician's signature for Patient #11's POC.</p> | | H 366 | | |
| H 390 | <p>3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will</p> | | H 390 | | |

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| H 390 | Continued From page 7 help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure each aide obtained at least twelve (12) hours of continuing education or in-service training annually for two (2) out of fifteen (15) Home Health Aides (employee's, #11, and #12) The finding includes: On December 13, 2011, a review of employee's #11 and #12's personnel records, beginning at approximately 10:25 a.m., revealed no evidence that employees #11 and #12, had obtained their annually required twelve (12) hours of continuing education or in-services training. On December 14, 2011, interview with the Clinical Manager verified the aforementioned findings. | H 390 | Post survey review confirms the finding of the surveyors. Employees #11 and 12 did not have all 12 hours of inservice as is required. The personnel clerk was instructed to remove any aide from their clients if their personnel files were not current. A letter will be sent to the employees' union representative informing them of the employees deficient personnel record and a limited time of three weeks shall be given to the employee to bring their personnel record up-to-date. This agency offers free quarterly inservice to its Aides and if aides miss any inservice they are required to attend inservice at one of the approved HHA schools in the district and bring evidence of their inservice to the agency. Going forward the personnel clerk shall report any deficient personnel file to the Associate Administrator who shall be responsible to ensure that this deficiency does not recur. | | 1/31/12 |
| H 453 | 3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care; This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC) for one (1) of | H 453 | | | |

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| H 453 | <p>Continued From page 8</p> <p>fifteen (15) patients in the sample receiving skilled nursing services. (Patient #1)</p> <p>The finding includes:</p> <p>On December 12, 2011 at approximately 10:05 a.m., review of Patient #1's clinical record revealed a Home Health Certification and Plan of Care (POC) dated October 14, 2011 through December 12, 2011. The POC revealed the patient had a physician's order for skilled nursing (SN) services one (1) to two (2) times a week for six (6) weeks.</p> <p>The POC included a recommendation for the nurse to monitor Patient #1's blood sugar values and notify the medical doctor of values greater than 300 or less than 60. The patient's clinical record revealed skilled nursing clinical notes dated October 25, 2011, October 28, 2011 and November 2, 2011, that failed to provide evidence that Patient #1's blood sugar was monitored.</p> <p>At the time of the survey, there was no documented evidence that Patient #1's blood sugar was monitored or any evidence of skilled nursing services provided for six weeks in accordance with her POC.</p> <p>During a face to face interview with the data entry /assistant Case Manager on December 13, 2011, at approximately 10:12 a.m., it was acknowledged the skilled nurse had not monitored the patient's blood sugar in accordance with Patient #1's POC.</p> | | H 453 | <p>H 453</p> <p>Cross Reference Tag H 300</p> | |