STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED	
		HCA-0058		B. WING		1	147/2042	
NAME OF P	ROVIDER OR SUPPLIER	110A-0036	STREET AD	DRESS, CITY	STATE, ZIP CODE	1 01	/17/2013	-
TLC HEA	LTH CARE SERVICE	ES SOUTHEAST,L	1100 H S		SUITE 940			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLE DATE	Ξ7
H 000	INITIAL COMMEN	TS		H 000			1	_
H 459	from January 16, 2 2013, to determine DCMR, Chapter 39 Regulations). The f based on a random records based on a patients, ten (10) po census of eighteen and interviews were homes during three telephone calls wer 3917.2(i) SKILLED Duties of the nurse the following:	was conducted at you on the compliance with Title of (Home Care Agenci findings of the survey of sample of ten (10) of a census of eighty-two ersonnel files based of (18) employees. Obseign conducted in the pase of (3) home visits and or emade to current part NURSING SERVICE shall include, at a minute, and evalutaion of passing the conducted in the conducted in the passing the conducted in t	y 17, e 22 es were elinical o (82) on a servations atient seven (7) tients.	H 459	Department of Health Department of Health Health Regulation & Licensing Administration Health Regulation Health Regulati	BION		
	nstruction; and	n, and evalutaion of p	patient		Response begins on page two.		X4	
f c ii s	Based on interview acility's skilled nurs documentation of the nstruction for three sample (Patient #1,	and the second s	e ure nt		nesponse pegnis on page two.	Marketine of the control of the cont		
1 d o p ir a s	lated November 30, on January 16, 2013 on Janu	#1's plan of care (PC, 2012, to January 28, at approximately 12 atient had diagnoses pressure ulcer on the review revealed that instruct on patient wo	, 2013, 2:00 that heel	The second secon	× 0	- Company of the Comp		
	on & Licensing Administ		13)	h	TITLE	A. Pakingan	(X6) DATE	
TE FORM	IRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTA	ATIVE'S SIGN/	1, /	Director of Oper	rations	7121	

Health Regulation & Licensing Administration

nealth	requiation & Licensi	ng Administration					i	L
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0058		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COM	E SURVEY PLETED /17/2013	
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY	STATE, ZIP CODE			-
TLC HEA	ALTH CARE SERVICE	S SOUTHEAST,L	F .	REET NW	SUITE 940			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
	infection and in the processes. Review of Patient of January 16, 2013, and ated January 9, 20 mental status he is his legs. Skilled Nurse there with patient see that patient keep heels. There was not the evaluation of the Review of Patient of January 16, 2013, and ated December 31 Patient/family/ cared care/disposal of soil documented evident instructions that were 2. Review of Patient dated December 1, January 16, 2013, and arevealed the patient a Stage III sacral processed their disease processed their	signs and symptoms management of their managem	r disease e on 10 p.m., patient elevating help that basible to ff his ence of 0 p.m., ound was no dient OC) 2013, on p.m., ncluded review truct the s and ement of nails teeping r for	H 459	Director of Operations will in-servi regarding policy TX-003, Patient/C Education, including documentation patient/caregiver response to education patient/caregiver response to education of Clinical which will assist in documentation patient/caregiver teaching and resulting Director of Operations/Clinical Manager/Designee will complete rechart audits of 10% of current centant audits of 10% of	aregiver on of cation in-service al Tracks, of ponse. andom sus per and 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,		
		l with lotion and wate is no documented ev						

Health F	Regulation & Licensin	g Administration	-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0058		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			SURVEY LETED			
NAME OF F	ROVIDER OR SUPPLIER	HOA-0000	STREET AD	DRESS CITY	, STATE, ZIP CODE	01	17/2013	_
	ALTH CARE SERVICE	S SOUTHEAST,L	1100 H S1		SUITE 940			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	Ε
H 459	Continued From page	ge 2		H 459			=	
y.	of the evaluation of	the patient instructi	ion.					
The second secon	Review of Patient # January 16, 2013, a dated January 10, 2 continues to instruct pressure point areas moisturized with lotic assessment". There evidence evaluating were taught. 3. Review of Patient dated December 17 2013, on January 16 p.m., revealed the princluded acute veno hypertension and coreview revealed that	the Skilled Visit Note to approximately 2:40 (013, revealed "Nurset staff on keeping press and keeping skin won as skin surface we was no documented the patient instruction (P., 2012, to December 5, 2013, at approximation thad diagnoses us embolism, atrial fringestive heart failure the skilled nurse was no anticoagulant press	on p.m., sing essure off vell ras dry on d ons that OC) 14, ately 2:45 s that ibrillation, e. Further is to					
	January 16, 2013, at dated January 8, 201 edema noted. Instru- extremities above lev	9's Skilled Visit Note approximately 2:50 13, revealed " lower of cted patient to elevativel of heart". There we see of the evaluation	p.m., leg te lower vas no					
Vicinity of the second	January 16, 2013, at dated December 19, Nurse teaching on ar bleeding precautions medical doctor". The evidence of the patie	9's Skilled Visit Note approximately 3:00 2012, revealed "Sknti-coagulation, inclusted and when to notify the was no document instruction.	p.m., illed ding he ted					
1	nursing (DON) on Ja	nuary 16, 2013, at		-				

Health F	Regulation & Licensin	ng Administration				FUF	M APPROVEL
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU HCA-0058	ER/CLIA JMBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	— Сом	SURVEY
NAME OF F	ROVIDER OR SUPPLIER	110A-0038	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	0^	/17/2013
TLC HEA	ALTH CARE SERVICE	S SOUTHEAST,L	1100 H S	TREET NW S	UITE 940		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Н 459	that the skilled nurs evaluation of the he received or understa Further interview re- staff would be re-tra	ge 3 p.m., it was acknowing staff did not docient teaching instruction by Patient #1, #1 wealed that the skille sined on how to docut instruction in the m	ument ctions 6 and #9. ed nursing ument	H 459			
Action of the community							