STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 000}	INITIAL COMMENTS A follow-up survey was conducted at your agency on April 19, 2010, through April 22, 2010, to determine compliance with Title 22 DCMR, Chapter 39 Home Care Agencies Regulations. The findings of the survey were based on a random sample of nineteen (19) clinical records based on a census of 619 patients, twelve (12) personnel files based on a census of 715 employees and five (5) 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}	Reeeved 5/20/10 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
{H 120}	3906.1(a) CONTRACTOR AGREEMENTS 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: (a) A description of the services to be provided; This Statute Is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to provide a description of services to be provided on it's "Contractual Agreement ". The finding includes: The facility was previously cited during the November 18, 2009 survey, for failing to provide a description of services to be provided on it's "Contractual Agreement."	{H 120}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 120}	Continued From page 1 A record review on April 19, 2010, at approximately 1:54 p.m., revealed a form entitled "Cooperative Agreement." The form indicated that Home Health Aide services were being provided through a third party nursing staffing agency and a one sheet contract was prepared and attached behind the "Plan of Treatment (POT). The form failed to disclose the description of services to be provided for six (6) of six (6) contracts reviewed. During a face to face interview on April 20, 2010, beginning at approximately 4:45 p.m., with the Director, it was acknowledged that the "Contractual Agreement" failed to disclose the description of services to be provided. It should further be noted that the Plan of Correction (POC) dated February 16, 2010, revealed that "one sheet contract was prepared and attached behind the "Plan of Treatment (POT) containing the details of the contract and the clients' name." At the time of the survey, there was no documented evidence that the "one sheet contract was prepared and attached behind the "Plan of Treatment (POT) containing the details of the contract and the clients' name.	{H 120}	To correct the deficiency,language regarding the description of services to be provided has been added to the cooperative agreements identified in the inspection. See attachment 1 page 5. To ensure the deficient practice will not re-occur, all agreements have been revised to include a description of services to be provided. All Contracted Agencies will review the revised agreement with the added language, then re-sign the agreement.Re-signed agreements will be attached behind the plan of treatment containing the contract and the client's name. see attachment 2	05/19/10
{H 124}	3906.1(e) CONTRACTOR AGREEMENTS 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: (e) The procedure for payment for services and	{H 124}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 124}	Continued From page 2	{H 124}		

payment terms for services furnished;

This Statute is not met as evidenced by:
Based on a record review and interview, it was determined that the agency failed to include the procedure for payment for services and payment terms for services furnished in it's "Contractual Agreement."

The findings include:

The facility was previously cited during the November 18, 2009 survey, for failing to include the procedure for payment for services and payment terms for services furnished in it's "Contractual Agreements."

Review of a form entitled "Contractual Agreements" on April 19, 2010, beginning at approximately 12:01 a.m. revealed that Home Health Aide services were being provided through a third party nursing staffing agency. Continued review of the form failed to disclose the procedure for payment for services and payment terms for services furnished for six (6) of six (6) contracts reviewed.

During a face to face Director on April 20, 2010, beginning at approximately 4:45 p.m., it was acknowledged that the procedure for payment for services and payment terms for services furnished was not disclosed in the "Contractual Agreement."

The Plan of Correction (POC) dated February 16 2010, revealed that the "agency pays the contractual agencies following the Medicaid payment schedule and the hourly rate for personal care aide services to contractor

To correct the deficiency, the contractual agreements identified in the inspection will be revised to include the procedure for payment for services and payment terms for services furnished. Contractors will then review and re-sign the agreements. See Attachment 3.
To ensure the deficient practice will not re-occur, language will be added specifying the procedure for payment for services and payment terms for services. Any and all new contracts will include this language.

05/19/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 124}	Continued From page 3 agencies is $13.50. At the time of the survey, there was no documented evidence that the procedure for payment for services and payment terms for services furnished was disclosed in the "Contractual Agreement."	{H 124}		
{H 128}	3906.2(h)(2) CONTRACTOR AGREEMENTS 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: (h) Assurance that the contractor will comply with (2) Insurance and bonding requirements as set out in section 3901 of these regulations; and This Statute is not met as evidenced by: Based on a record review and interview, it was determined the agency did not include assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of regulation in its "Contractual Agreement". The findings include: A record review on November 3, 2009 at approximately 11:00 a.m. revealed a form entitled "Cooperative Agreement." A record review on November 3, 2009, at approximately 11:00 a.m. revealed a form entitled "Cooperative Agreement". The form indicated that Home Health Aide services were being provided through a third party nursing staffing	{H 128}	To correct the deficiencies, language has been added to all contractual stating that the contractor will comply with insurance requirements as set out in section 3901 of the regulations.(See attachment 1 page 5).Contractors have reviewed and re-signed the revised agreements. In addition, the office manager contacted all contracted home health staffing agencies for a count of the number of home health aides .The total number as of 05/19/2010 is 479.In addition to that, the office manager will conduct a monthly inquiry of all contracted staffing agencies for a count of their home health aides .This procedure will be added to the policy and staff will be in serviced.	05/19/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 128}	Continued From page 4 agency. The form failed to disclose the assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of these regulations for seven (7) of seven (7) contracts reviewed. The Agency was unable to give an accurate account of how many Home Health Aides were being contracted to patients. During a face to face interview on November 3, 2009 at approximately 12: 00 p.m. with the Quality Assurance Coordinator, he acknowledged the findings.	{H 128}		
H 146	3907.2(b) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (b) Current professional license or registration number, if any; 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 a current professional license for one (1) of nine (9)employees in the sample. (Registered Nurse (RN) #26) The finding includes: Review of Registered Nurse (RN) #26's personnel file on April 19, 2010, at approximately 2:05 p.m., revealed no documentation of a current professional license in the personnel record.	H 146	Employee #26 is an LPN with a current licensed on file printed from the internet since 9/3/09. See attached 4.In addition to that Our software (vision) is used to tract employees documents which are about to expire. The HR contacts the employee one month to the expiring date to furnish the office with the said document.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 146	Continued From page 5	H 146		

During a face to face interview with the Human Resources Office Assistant on April 20, 2010, at approximately 4:45 p.m., it was acknowledged RN#26 did not have documentation of current professional license in the personnel record.

There was no documented evidence of current professional license in the personnel record.

{H 147} 3907.2(c) PERSONNEL {H 147}

Each home care agency shall maintain accurate personnel records, which shall include the following information:

(c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars,

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 resumes of education for four (4) of nine (9) employees in the sample (RN's) #27, #28, and 29 and (HHA) #34.

The findings include:

Review of personnel records on April 19, 2010, beginning at approximately 1:56 p.m. revealed no documentation of resumes of education for (Home Health Aide #34 (HHA), and Registered Nurses (RN) #27, #28, and 29) in their personnel records.

During a face to face interview with the Human

The application form for all T&N employees has page 2 for the resume. This second page is the resume section consisting of educational background and employment history. Employees # 34, 27, 28 and 29 had their resumes at the time they were hired. See attachment 5.All employees must fill this section of the application package.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 147}	Continued From page 6 Resources Office Assistant on April 20, 2010, beginning at approximately 4:45 p.m., it was acknowledged HHA #34 and Registered Nurses #27, #28, and #29 did not have documentation of resumes of education in their personnel records. There was no documented evidence of resumes of education in the aforementioned employee's personnel records.	{H 147}		
{H 148}	3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required; 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 CPR certification for one (1) of twelve (12) employees in the sample. (Home Health Aide {HHA} #34. The finding includes: The facility was previously cited during the November 18, 2009 survey, for failing to ensure employees had evidence of documentation of current CPR certification for {3) of twenty five (25) of their personnel. Review of the personnel records on April 19, 2010 revealed no documentation of a current CPR certification in the personnel record for HHA #34.	{H 148}	The CPR was in the employee's file and was issued since Feb, 2009.It was also current. See attachment 6.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(H 148)	Continued From page 7 During a face to face interview with the Human Resources Office Assistant on April 20, 2010 beginning at approximately 12:27 p.m., it was acknowledged HHA #34 did not have documentation of current CPR certification in the personnel record. The Plan of Correction (POC) dated February 16, 2010 revealed that the "quality control personnel would check with the Human Resources (HR) department every three months for compliance." however, at the time of the survey HHA #34's CPR certification had expired on February 17, 2010.	(H 148)		
H 191	3908.1(b) ADMISSIONS Each home care agency shall have written policies on admissions, which shall include, at a minimum, the following: (b) A description of the services provided. This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include a description of the services provided in it's Admission's Policy. The finding includes: A record review on April 20, 2010, at approximately 1:54 p.m. revealed a policy entitled "Admission Criteria and Process." Continued review of the admissions policy revealed the HHC agency did not include in their policy a description of the services that would be provided.	H 191	This policy was in the policy manual and has always been there. See the highlighted area on attachment 7.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 191	Continued From page 8 During a face to face interview with the Director on April 20, 2010, beginning at approximately 4:34 p.m., it was acknowledged that the admissions policy did not include a description of the services that would be provided. At the time of the survey, there was no documented evidence that the agency's admissions policy included a description of the services that would be provided.	H 191	We do not recall these records being reviewed at T&N office. Ms. [redacted] and Ms. [redacted] on a 3 way phone call with the Director gave a verbal report on 4/28/10 that 4 RNs following the reading of 649 notes requested and submitted on 11/30/09 to DHLA; had notes without stated time of visit, some time intervals were short, and there were some overlaps. The 4 RNs were # 17, 18, 28 and 29.	
{H 260}	3911.1 CLINICAL RECORDS 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 interviews and record reviews, it was determined that the agency failed to maintain accurate clinical records for nineteen (19) of (19) patients in the sample. (Patient #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50 and #51) The findings include: 1. Review of the HCA's October, 2009, Skilled Nursing Notes in February 2010 and on April 23, 2010 approximately between 10:00 a.m. to 10:45 a.m., revealed overlapping of skilled services as evidenced by: (a) Registered Nurse (RN) # 27 documented that she provided skilled nursing services to Patient #33 on October 17, 2009, from 10:00 a.m., to 11:00 a.m.	{H 260}	To correct the following deficiencies practices: -Overlapping of skilled nursing services: Nurses have been verbally made aware of the deficient practice and informed that payment for services will be withheld if overlapping is present in nursing notes. -No documented evidence of time in and time out for the visit: Nurses have been made aware of the deficient practice and informed that payment for services will be withheld if time in and time out is missing from nursing notes. -No documented evidence of travel time allotted between visits: In some cases patients are in the same building so any travel time will be very short. In addition, the agency usually attempts to assign nurses within the	05/31/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 260}	Continued From page 9 (b) RN # 27 documented that she provided skilled nursing services to Patient #34 on October 17, 2009, from 10:35 a.m., to 11:00 a.m. (c) RN # 27 documented that she provided skilled nursing services to Patient #35 on October 17, 2009, from 11:05 a.m., to 11:35 a.m. 2. Review of the HCA's October, 2009, Skilled Nursing Notes in February 2010 and on April 23, 2010, approximately between 11:40 a.m. to 12:10 p.m., revealed nursing notes that did not have time in and time out documented as evidenced by: (a) Review of a Nursing Visit Note dated October 1, 2009, revealed RN # 18 documented that she provided skilled nursing services to Patient #36, there was no documented evidence of time in and time out for the visit. (b) Review of a Nursing Visit Note dated October 1, 2009, revealed RN # 18 documented that she provided skilled nursing services to Patient #37, there was no documented evidence of time in and time out for the visit. (c) Review of a Nursing Visit Note dated October 1, 2009, revealed RN # 18 documented that she provided skilled nursing services to Patient #38, there was no documented evidence of time in and time out for the visit. (d) Review of a Nursing Visit Note dated October 1, 2009, revealed RN # 18 documented that she provided skilled nursing services to Patient #39, there was no documented evidence of time in	{H 260}	same region on order to reduce travel time.Lastly,T&N does not reimburse nurses for travel time. Nurses are only paid for hours spent with the client. To ensure the deficient practices will not re-occur, the agency has created a curriculum on how nurses are to document visits accurately and completely(see attached copy of the training).All nurses will be trained by 05/31/2010. On 05/14/2010 offices nurses were trained on how to read and review visiting nurse's notes to ensure no time overlap, missing times, or other missing or questionable documentation. The office nurse will sign that she/he has reviewed the notes for accuracy. inaccurate notes will be returned to the visiting nurse to correct. These policies and procedures will be added to the policy Manuel and communicated to all new hires at orientation.	05/31/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 260}	Continued From page 10 and time out for the visit. (e) Review of a Nursing Visit Note dated October 1, 2009, revealed RN # 18 documented that she provided skilled nursing services to Patient #40, there was no documented evidence of time in and time out for the visit. (f) Review of a Nursing Visit Note dated October 1, 2009, revealed RN # 18 documented that she provided skilled nursing services to Patient #41, there was no documented evidence of time in and time out for the visit. 3. Review of the HCA's October, 2009, Nursing Visit Notes in February 2010 and on April 23, 2010, approximately between 1:00 p.m. to 2:15 p.m., revealed skilled services were provided without evidence of time allotted for travel as evidenced by: Review of a Nursing Visit Notes dated October 22, 2009, revealed RN # 28 documented that she provided skilled nursing services to Patient #42, #43, #44, #45, #46, #47, #48, #49, #50 and #51, between the hours of 8:00 a.m. to 8:15 p.m., there was no documented evidence of travel time allotted between visits. During a telephone interview post survey with the Director on April 28, 2010, at approximately 4:15 p.m., it was revealed the HCA would interview each skilled nurse regarding the accuracy of the aforementioned nursing notes. Further interview revealed all of the skilled nurses had been instructed to document on the nursing notes accurately and completely. There was no documented evidence the HCA's nurse maintained all clinical records accurately.	{H 260}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 332}	3913.2(b) COMPLAINT PROCESS A written summary of the complaint process shall be disseminated as follows: (b) Given to all patients receiving service from a home care agency on the effective date of these rules. This Statute is not met as evidenced by: Based on interview and record verification the Home Care Agency (HCA) failed to ensure a written summary of the complaint process was given to all patients receiving service from a home care agency on the effective date of these rules for twenty-five (25) of twenty-five (25) patients in the sample. The finding includes: Review of the Compliant/Grievance Process Policy NO.1-010.1 on November 05, 2009, at approximately 11:56 a.m., revealed the HCA did not ensure a written summary of the complaint process was given to all patients receiving service from the home care agency on the effective date of these rules. During a face to face interview with the Director on November 05, 2009, at approximately 1:36 p.m., it was acknowledged the HCA did not ensure a written summary of the complaint process was given to all patients receiving service from the home care agency on the effective date of these rules. There was no documented evidence the HCA ensured a written summary of the complaint	{H 332}	A sample of the complaint process form was shown to the surveyor on 04/19/2010.See attachment 8. To correct the deficiency, all current clients will be provided a written summary of the complaint process. Clients will sign that they understand and have received the summary. One copy will be left for the client and another copy will be placed in the client's records. To ensure the deficient practice will not re-occur, this procedure will be added to the current policy manual and upon admission new clients will receive a summary of the complaint process. Clients will sign that they understand and have received the summary. One copy will be left with the client and one copy will be placed in the client's records. Current nurses have been informed of this and any new hires will be informed at orientation.	05/31/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(H 332)	Continued From page 12 process was given to all patients receiving service from the home care agency on the effective date of these rules.	(H 332)		
(H 411)	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for one (1) of five (5) patient home visits.(Patient #26). The finding includes: The facility was previously cited during the November 18, 2009 survey, for failing to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance. A home visit was conducted on April 22, 2010, at approximately 8:15 a.m. with Patient #26. Interview with HHA #38 on the aforementioned date at approximately 8:25 a.m. revealed that he was not required to write any notes. At the time of the survey, interview with the HHA revealed that he had not been trained to	(H 411)	To correct the deficiency,HHA #38 was in-serviced on how to record complete and accurate notes. Including properly documenting" the patient is stable and has no complaints" in the comments section if there is no change in the patient's condition. To ensure the deficient practice will not re-occur, the requirement to observe, record,and report the patient's physical condition,behavior,or appearance will be placed in policy. the agency has also prepared a memo that will be provided to all contracted staffing agencies and their HHAs on how to record complete and accurate notes even if the patient is stable and exhibits no change in condition. By June 2010 all HHAs will be in-serviced on how to record complete and accurate notes.	05/14/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 16TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 411}	Continued From page 13 document and report the patient's physical condition, behavior, or appearance to the agency. Based on a record review and interview, it was determined that the agency failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for eleven (11) of nineteen (19) patients in the sample. (Patient #2, Patient #4, Patient #5, Patient #6, Patient #10, Patient #11, Patient #26, Patient #27, Patient #28, Patient #30 and Patient #31). The findings include: Review of Patient #2, Patient #4, Patient #5, Patient #6, Patient #10, Patient #11, Patient #26, Patient #27, Patient #28, Patient #30 and Patient #31's medical record on April 19, 2010, approximately between 10:40 a.m.- 4:30 p.m., revealed the home health aide had not recorded and reported the patient's physical condition, behavior, or appearance to the agency. During a face to face interview with the Director on April 19, 2010, at approximately 4:55 p.m., it was acknowledged the home health aide had not recorded and reported on Patient #2, Patient #4, Patient #5, Patient #6, Patient #10, Patient #11,	{H 411}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

{H 411} Continued From page 14

Patient #26. Patient #27. Patient #28. Patient #30 and Patient #31's physical condition. behavior or appearance to the agency.

There was no documented evidence the home health aide recorded and reported the patient's physical condition. behavior. or appearance to the agency

{H 453} 3917.2(c) SKILLED NURSING SERVICES

Duties of the nurse shall include. at a minimum. the following:

(c) Ensuring that patient needs are met in accordance with the plan of care:

This Statute is not met as evidenced by.
Based on interview and record review. the Home Care Agency's (HCAs)nurse failed to ensure that patient needs are met in accordance with the plan of care (POC) for seven (7) of (19) patients in the sample. (Patient #2. Patient # 4. Patient #6. Patient #10. Patient #11. Patient #31. and Patient #32)

The findings include:

1. Review of Patient # 2's Home Health Certification and POC dated March 24. 2010. to May 22. 2010. on April 19, 2010. at approximately 11:10 a.m.. revealed Patient #2 had diagnoses that included bilateral leg stasis ulcers. Further review revealed the skilled nurse was to visit the patient three (3) to five (5) times weekly for nine (9) weeks.

Review of Patient # 2's Skilled Nursing Notes dated March 24, 25 and 29. 2010, on April 19.

{H 411}

To correct the deficiencies:
-Nurse failed to ensure that patient needs are meet in accordance with the (POC).
Office nurses were in-serviced to ensure that the visit frequency for skilled clients are respected by visitlng nurses and notes are submitted every two weeks. Visiting nurses will be trained to respect visit frequency as stated in the POC.RN#28 was in-serviced to measure her client's wounds every 7 days and report any abnormal findings to the MD and office nurse. Failure to do so will result in reassigning the client to a different nurse. The office nurse reading skilled client notes was instructed to follow up on the issue on 05/14/10 :Regarding the review of patient #4's skilled nursing visit notes the nurse documented correctly the use of hydrogel(as directed by MD) on 3/9/10 : 5 days after the order was given.

{H 453}

The missing nursing notes were submitted to the office nurse. The nurse was in-serviced on when and where to provide documentation9to the office nurse every two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

{H 453} Continued From page 15

2010, at approximately 11:40 a.m., revealed no other skilled nursing notes after March 29, 2010 in the medical record.

During a face to face interview with the Director on April 19, 2010, at approximately 2:30 p.m. it was acknowledged Patient #2 did not have skilled nursing notes after March 29, 2010, in the medical record to verify skilled nursing services were provided in accordance with the POC. Further interview revealed nursing staff was to provide documentation every two weeks.

There was no documented evidence the HCA's nurse provided skilled nursing services in accordance with the POC.

2.(a) Review of Patient # 4's POC dated December 13, 2009, to June 12, 2010, on April 19, 2010 at approximately 12:25 p.m., the RN (Registered Nurse) was to check the patient's medication every visit and report discontinued or new medication and changes in dose or frequency to the office nurse/MD.

Review of Patient # 4's Nursing Visit Notes dated January 13, 2010, March 9, 2010 and April 8, 2010, on April 19, 2010, at approximately 12:40 p.m., revealed the section entitled "Medications (new or changed since last visit since last visit)" was left blank.

(b) Review of Patient # 6's POC dated November 20, 2009, to May 19, 2010, on April 19, 2010 at approximately 1:25 p.m., the RN was to check the patient's medication every visit and report discontinued or new medication and changes in dose or frequency to the office nurse/MD.

{H 453} weeks).Visiting nurses were also in-serviced to indicate "none" in the medication audit section if there was no change to the medication instead of leaving that comment field blank. Office nurses were in-serviced to ensure compliance. Failure to provide accurate and complete notes will result in rejection of the notes. 05/31/10

-Nurses failed to instruct patient on emergency protocols and they have been posted on client's refrigerator.

To ensure the deficient practices will not re-occur, the agency QA specialist will review and follow-up every quarter with the office nurse on compliance to following the POC, documenting services and instruction on emergency protocols. In addition, a memo will be prepared and distributed outlining the areas where nurses need to remain more diligent in providing care and documenting.Lastly,nurses will be in-serviced to document on emergency protocol, instructions in their notes. Office nurses were in-serviced to ensure effectiveness. 05/14/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 453}	Continued From page 16 Review of Patient # 6's Nursing Visit Notes dated January 5, 30, 2010, and February 8, 2010, on April 19, 2010, at approximately 1:40 p.m., revealed the section entitled "Medications (new or changed since last visit since last visit)" was left blank. During a face to face interview with the Director on April 20, 2010, at approximately 4:30 p.m., it was acknowledged Patient # 4 and Patient # 6's Nursing Visit Note sections entitled "Medications (new or changed since last visit since last visit)" was left blank. There was no documented evidence the HCA's nurse checked the patient's medication every visit in accordance with the POC. 3. Review of Patient # 4's POC dated February 4, 2010, to May 1, 2010, on April 19, 2010, at approximately 11:30 a.m., revealed Patient #4 had diagnoses that included a right ankle ulcer and the skilled nurse was to cleanse the wound with 9% NSS (Normal Saline), pat dry, apply Aquacel AC cream daily/pm and cover with dressing until healed. Review of the Physician Verbal/Written Orders dated March 4, 2010, revealed Aquacel AC cream was discontinued and changed to Hydrogel. Review of Patient # 4's Skilled Nursing Visit Notes dated March 9, 2010, at approximately 11:40 a.m., revealed "wound cleaned with normal saline, hydrogel applied covered with gauze,wrapped in kerlex and ace bandages". During a face to face interview with the Director on April 20, 2010, at approximately 2:40 p.m., it was acknowledged Patient #4's skilled nursing visit note dated March 9, 2010, revealed "wound	{H 453}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 453}	Continued From page 17 cleaned with normal saline, hydrogel applied covered with gauze,wrapped in kerlex and ace bandages" and was not performed in accordance with the POC. There was no documented evidence the HCA's nurse ensured the patient's wound care was performed in accordance with the POC. 4. Review of Patient # 32's POC dated February 28, 2010, to April 28, 2010, on April 20, 2010 at approximately 2:30 p.m., revealed Patient #32 had diagnoses that included bilateral stasis ulcers . Further review revealed the skilled nurse was to cleanse the wound with 9%NSS (Normal Saline) and apply Hydrogel and cover with a dressing. Review of Patient # 32's Skilled Nursing Visit Notes dated March 17, 24 and 31, 2010, April 2, 3, 5, 7, 2010 at approximately 3:00 p.m., revealed the section entitttled "wound care provided" did not specify how the wound was cleaned or the type of dressing used on the wound . During a face to face interview with the Director on April 20, 2010, at approximately 3:40 p.m., it was acknowledged Patient #32's revealed the section entitled "wound care provided" did not specify how the wound was cleaned or the type of dressing used on the wound . There was no documented evidence the HCA's nurse ensured the patient's wound care was performed in accordance with the POC. 5. Review of Patient # 31's POC dated March 29, 2010, to June 27, 2010, on April 20, 2010 at approximately 4:10 p.m., revealed Patient #31	{H 453}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 453}	Continued From page 18 had diagnoses that included an open wound to the right foot. Further review revealed the RN was to measure the wound weekly and document any findings in nurse's notes and inform the Office nurse and MD if necessary. Review of Patient # 31's medical record on April 20, 2010, at approximately 4:15 p.m., revealed no documented evidence the wound on the right foot was measured. During a face to face interview with the Director on April 20, 2010, at approximately 5:15 p.m., it was acknowledged Patient #31's medical record did not have documented evidence the wound on the right foot was measured according to the POC. There was no documented evidence the HCA's nurse ensured the patient's wound was measured and described in accordance with the POC. 6. (a) Review of Patient # 10's POC dated February 20, 2010, to August 19, 2010, on April 20, 2010, at approximately 2:20 p.m., revealed the patient was to be instructed on emergency protocols. Review of Patient # 10's Nursing Visit Notes on April 20, 2010, at approximately 2:25 p.m., revealed the patient was not instructed on emergency protocols. (b) Review of Patient # 11's POC dated February 23, 2010, to August 22, 2010, on April 20, 2010, at approximately 4:15 p.m., revealed the patient was to be instructed on emergency protocols.	{H 453}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 453}	Continued From page 19 Review of Patient # 11's Nursing Visit Notes on April 20, 2010, at approximately 2:37 p.m., revealed the patient was not instructed on emergency protocols. During a face to face interview with the Director on April 20, 2010, at approximately 4:15 p.m., it was acknowledged Patient # 10 and Patient # 11's Nursing Visit Notes did not reveal instructions on the emergency protocols. Further interview revealed all of the skilled nurses had been advised to instruct patients on emergency protocols according to the POC. There was no documented evidence the HCA's nurse ensured the patient was instructed on emergency protocols in accordance with the POC.	{H 453}		
{H 459}	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the facility's skilled nursing staff failed to ensure documentation of patient instruction, and evaluation of patient instruction for six (6) of nineteen (19) patients in the sample. (Patient #4, Patient #27, Patient # 28, Patient #29, Patient #30 and Patient #32)	{H 459}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 459}	Continued From page 20	(H 459)		

The findings include:

1. Review of Patient # 4's Home Health Certification and POC dated February 4, 2010, to May 1, 2010, on April 19, 2010, at approximately 11:30 a.m., revealed Patient #4 had diagnoses that included a nght ankle ulcer and the RN was to cleanse the wound with 9% NSS (Normal Saline).

Review of Patient # 4's Skilled Nursing Visit Note dated March 15, 2010, at approximately 12:20 p.m., revealed "they were instructed to wash wound with clean water and normal saline, then apply hydrogel as per MD's order. They demonstrated understanding

During a face to face interview with the Director on April 20, 2010, at approximately 3:30 p.m., it was acknowledged Patient #4's skilled nursing note revealed the instruction to wash the wound with clean water was incorrect and not in accordance with the POC.

There was no documented evidence the patient was given the correct instructions on cleaning the wound in accordance with the POC.

2. (a) Review of Patient # 27's POC dated February 27, 2010, to August 26, 2010, on April 20, 2010 at approximately 2:00 p.m., revealed the Skilled Nurse (SN) was to visit every month for assessment of all systems.

Review of Patient # 27's Nursing Visit Note dated April 7, 2010, on April 20, 2010, at approximately 2:15 p.m., revealed "instructed to take meds as ordered;not to alter doses and to avoid OTC (over the counter) meds unless authorized by

To correct the deficiency, nurse was instructed to immediately provide instruction to patients and document the conversations in their nursing notes. In addition, the order to was the wound for patient #4 came from [redacted] Hospital Wound Center (See attachment 9).

To ensure the deficient practices will not re-occur, all visiting nurses will be in-serviced to be specific with their evaluation of teaching and with their documentation. Office nurses were in-serviced to ensure compliance

05/31/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004		R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

(H 459) Continued From page 21

(H 459)

physician. Instructed on pain management. Patient verbalized understanding"

(b) Review of Patient # 28's POC dated December 10, 2009, to August 9, 2010, on April 20, 2010 at approximately 2:34 p.m., revealed the Registered Nurse (RN) was to instruct Patient #28 on safety measures.

Review of Patient # 28's Nursing Visit Note dated April 8, 2010, on April 20, 2010, at approximately 2:45 p.m., revealed "client was educated about Lasix, this medication will increase your frequency to urinate. Client was educated to have clutter free environment to prevent falls. Client verbalized understanding"

(c) Review of Patient # 29's POC dated February 23, 2010, to April 23, 2010, on April 20, 2010, at approximately 12:30 p.m., revealed Patient #29 had diagnoses that included dysphagia. Further review revealed the client was to be educated on G-tube (gastric tube) feeding, G-tube site care and aspiration precautions.

Review of Patient # 29's Nursing Visit Note dated March 24, 2010, on April 20, 2010, at approximately 12:40 p.m., revealed " patient was taught G-tube feeding and nurse actually demonstrated by feeding patient via G-tube. Patient was instructed not to consume more or less of the daily feeding. In case of unrest call 911. Patient demonstrated understanding"

(d) Review of Patient # 30's POC dated April 16, 2009, to June 16, 2010, on April 20, 2010, at approximately 2:50 p.m., revealed the Registered Nurse (RN) was to instruct Patient #30 on her 1800 calorie American Diabetic Association (ADA) diet.

To ensure the deficient practices will not re-occur,all visiting nurses will be in-serviced to be specific with their evaluation of teaching and with their documentation. Office nurses were in-serviced to ensure compliance — 05/31/10

To ensure the deficient practices will not re-occur,all visiting nurses will be in-serviced to be specific with their evaluation of teaching and with their documentation. Office nurses were in-serviced to ensure compliance — 05/31/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 459}	Continued From page 22	{H 459}		

Review of Patient # 30's Nursing Visit Notes dated April 8, 10 and 12, 2010, on April 20 , 2010, at approximately 2:55 p.m., revealed "patient and aide were lectured on obesity. Patient was instructed to avoid eating fatty and sugary foods. Patient was also instructed to use cane or walker to ambulate freely. They demonstrated understanding".

During a face to face interview with the Director on April 20, 2010, at approximately 3:00 p.m., it was acknowledged Patient #27, #28, #29 and #30's nursing visit notes did specify which patient instructions were being evaluated.

There was no documented evidence of the specific patient instructions evaluated.

To ensure the deficient practices will not re-occur,all visiting nurses will be in-serviced to be specific with their evaluation of teaching and with their documentation. Office nurses were in-serviced to ensure compliance — 05/31/10

4. Review of Patient # 32's Home Health Certification and POC dated February 28, 2010 to April 28, 2010, on April 20, 2010, at approximately 2:30 p.m., revealed Patient #32 had diagnoses that included bilateral stasis ulcers. Further review revealed the client was to be educated on the importance of turning and repositioning every two hours to prevent skin breakdown.

Review of Patient # 32's Skilled Nursing Visit Notes dated March 3, 10, 17, 22, 24 and 31, 2010, April 2, 3, 5, 6 and 7, 2010, on April 20, 2010, at approximately 3:20 p.m., revealed no instructions on the importance of turning and repositioning every two hours to prevent skin breakdown.

To ensure the deficient practices will not re-occur,all visiting nurses will be in-serviced to be specific with their evaluation of teaching and with their documentation. Office nurses were in-serviced to ensure compliance — 05/31/10

During a face to face interview with the Director on April 20, 2010, at approximately 4:30 p.m., it was acknowledged Patient #32's skilled nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0004	A. BUILDING _____ B. WING _____	R 04/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T & N RELIABLE NURSING CARE	3500 18TH STREET WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(H 459)	Continued From page 23	(H 459)		

notes revealed no instructions on the importance of turning and repositioning every two hours to prevent skin breakdown.

There was no documented evidence of the any specific patient instructions given on the importance of turning and repositioning every two hours to prevent skin breakdown.

To ensure the deficient practices will not re-occur,all visiting nurses will be in-serviced to be specific with their evaluation of teaching and with their documentation. Office nurses were in-serviced to ensure compliance — 05/31/10