FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0002	A. BUILDING _____ B. WING _____	06/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING SERVICES OF D	6031 KANSAS AVE NW WASHINGTON, DC 20002

(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 An annual survey was conducted at your agency on June 20, 2011 through June 21, 2011, to determine your compliance with 22 DCMR, Chapter 39 Home Care Agencies Regulations. The findings of the survey were based on a random sample of ten (10) clinical records based on a census of seventy-four (74) patients, ten (10) personnel files based on a census of one hundred (100) employees as well as a review of administrative records and observations and interviews conducted in the patient homes during three (3) home visits.	H 000	Received 7/15/11 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure documentation of training and education given to the patient's caregivers for two (2) of ten (10) patients in the sample. (Patient # #2 and #5) The findings include: 1. Review of Patient #2's nursing notes dated June 7 through June 10, 2011(6:30 am -7:30 am) on June 20, 2011 at approximately 2:10 p.m. revealed the skilled nurse had not specifically documented patient instructions given to Patient #2's caregiver.	H 279	Staff will receive educational updates on the importance of patient education and training. Nursing documentation will be audited/ reviewed by Quality Assurance Staff to ensure that training is being delivered clients/ families/ or designated caregivers. The Director of Nursing will ensure the Quality Assurance Measures of staff education and chart audits by the QA Nurse transpire.	August 15, 2011

alth Regulation & Licensing Administration

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Acting Director of Nursing — (X6) DATE: 7-4-11

ATE FORM 6899 M63N11 If continuation sheet 1 of 3

FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0002	A. BUILDING _____ B. WING _____	06/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING SERVICES OF D	6031 KANSAS AVE NW WASHINGTON, DC 20002

(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 279	Continued From page 1 2. Review of Patient #6's nursing notes dated June 6 through June 10, 2011 and June 12, 2011, on June 20, 2011 at approximately 2:10 p.m. revealed the skilled nurse had not specifically documented training and education given to Patient #5's caregiver. During a telephone interview with the Director of Nursing (DON)/Administrator on June 22, 2011 at approximately 1:50 p.m., it was acknowledged the skilled nurse had not specifically documented training and education to Patient #2 and #6's caregivers.	H 279		
H 360	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Activities permitted or precluded because of functional limitations; This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the plan of care (POC) described the activities permitted or precluded because of functional limitations for one(1) of ten (10) patient's in the sample. (Patient #1) The findings include: Review of Patient #1's Plan of Care (POC) on June 20, 2011 at approximately 1:50 p.m. revealed no documented evidence the POC described the activities permitted or precluded because of functional limitations for the patient. During a face to face interview with the Director of Nursing (DON)/Administrator on June 20, 2011, at approximately 2:15 p.m., it was acknowledged	H 360	Each Plan of Care will be reviewed for completeness including functional limitations. The Plans of Care will be clarified and then updated within the next certification period. The Quality Assurance Nurse will include it in the Plan of Care and the Director of Clinical Services or designee will review the Plan of Care for completeness before it is sent to the client's home. The Quality Assurance Nurse will perform the chart reviews during scheduled audits and the Director of Nursing will ensure the practice is carried out. In addition, charts for all new admissions will be audited within 45 days.	Sept. 15, 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0002	A. BUILDING _____ B. WING _____	06/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING SERVICES OF D	6031 KANSAS AVE NW WASHINGTON, DC 20002

(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 360	Continued From page 2 Patient #1's POC did not describe the activities permitted or precluded because of functional limitations for Patient #1.	H 360		
H 361	3914.3(j) PATIENT PLAN OF CARE The plan of care shall include the following: (j) Psychosocial needs of the patient; This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included the psychosocial needs of the patient for two (2) of ten (10) patients in the sample. (Patient #3 and #5) The findings include: Review of Patient #3 and #5's plan of care (POC) on June 20, 2011 between 2:10 p.m. and 2:30 p.m. revealed no documented evidence the POC included the psychosocial needs of the patient. During a face to face interview with the Director of Nursing (DON)/Administrator on June 20, 2011 at approximately 3:15 p.m., on June 21, 2011, at approximately 3:35 p.m., it was acknowledged Patient #3 and #5's POC did not include the psychosocial needs of the patient.	H 361	Each client's psychosocial needs will be assessed by the admitting registered nurse. Orders addressing client's psychosocial needs will be incorporated into clients Plan of Care. The Quality Assurance Nurse will include it in the Plan of Care and the Director of Clinical Services or designee will review the Plan of Care for completeness before it is sent to the client's home. The Quality Assurance Team will review orders every 60 days for updates and will ensure during the updates that client psychosocial needs are addressed within the orders.	Sept. 15, 2011