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-0014	A. BUILDING. _____ B. WING _____	01/31/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDEAL NURSING SERVICES, INC	820 UPSHUR STREET, NW, 2ND FLOOR WASHINGTON, DC 20016

(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 from January 30, 2014, through January 31, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The home care agency provides home care services to two hundred and fifty (250) patients and employs three hundred and seventy-eight (378) employees and other administrative staff. The findings of the survey were based on a review of sixteen (16) current patient records, two (2) discharged patient records, fifteen (15) personnel records, four (4) home visits, seven (7) telephone interviews with current patients and interviews with staff. Please Note: Listed below are abbreviations used in this report. Assistant Administrator (AA) Home Care Agency (HCA) Home Health Aides (HHA) Human Resources Director (HRD) Licensed Practical Nurses (LPN) Occupational Therapist (OT) Physical Therapist (PT) Registered Nurse (RN) Social Workers (SW) Purified Protein Derivative (PPD)	H 000	Received 2/13/14 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
H 163	3907.7 PERSONNEL Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease. This Statute is not met as evidenced by: Based on record review of personnel records and	H 163		

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H 163	Continued From page 1 interview, the HCA failed to ensure each employee was screened for communicable diseases annually, (according to the guidelines issued by the Federal Centers for Disease Control), and certified free of communicable diseases for three (3) of the fifteen employees in the sample. (HHA #5, HHA #9, and RN #12) The findings include: 1. Review of the HCA personnel records on January 30, 2014, beginning at approximately 11:45 a.m., revealed that HHA #5 had a health certificate dated February 5, 2013, and a PPD dated February 10, 2012. The PPD reading conducted on February 12, 2012, revealed that it was negative; however, there was no documented evidence that HHA #5 had been certified free of any communicable disease since February 12, 2012. Interview with the HRD on the same day verified the finding at approximately 3:33 p.m. 2. Review of the HCA personnel records on January 30, 2014, beginning at approximately 11:45 a.m., revealed that HHA #9 had a health certificate dated October 11, 2012, and a PPD dated October 9, 2012. The PPD reading conducted on October 9, 2012, revealed that the reading was negative; however, there was no documented evidence that HHA #9 had been certified free of any communicable disease since that date (October 9, 2012). Interview with the HRD on the same day verified the finding at approximately 3:20 p.m. 3. Review of the HCA personnel records on January 30, 2014, beginning at approximately	H 163	• Both Home Health Aides [HHA #5 and HHA #9 and RN contractor was contacted and a copy of a current TB questionnaire or chest x-ray had been placed in personnel files of staff #5, #9 and RN. • A review of agency policy regarding the need for annual TB testing and annual completion of the medical TB questionnaire for staff who have chest x-rays done was reinforced with Personnel Director in meeting with Administrator 2/3/14. • A 100% review of all personnel files will be done by the Personnel Director to determine who needs to complete the questionnaire by 3/31/14. • The medical questionnaire requirement was added to the quarterly personnel audit tool which will be completed by the quality consultant on 25 % of personnel files quarterly. Findings will be shared with the administrator and governing body and be incorporated into the agency's quality assurance program. See Attachment A	3/31/14

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H 163	Continued From page 2 11:45 a.m., revealed that RN #12 had a health certificate dated September 23, 2013. Interview with the AA on January 30, 2014, at 12:30 p.m. was conducted to ascertain information regarding if the RN had been certified free of any communicable disease. Further interview with the AA revealed that the RN was given a questionnaire form to be signed and completed by his/her physician, that would verify that the employee was certified free of any communicable disease. Interview with the HRD on January 30, 2014, at 3:30 p.m. revealed that she/he had faxed the aforementioned form to RN #12's physician for a signature. At the time of the survey, there was no documented evidence that RN#12 had been certified free of any communicable disease.	H 163		