

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IDEAL NURSING SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 UPSHUR STREET, NW, 2ND FLOOR WASHINGTON, DC 20016</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from February 11, 2015, through February 23, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to four hundred thirty-five (435) patients and employs four hundred ninety-five (495) employees. The findings of the survey were based on observations, record reviews and interviews with patients and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Director of Nursing (DON) Home Care Agency (HCA) Plan of Care (POC)</p>	H 000	<p><del>RECEIVED MAR 20 2015</del></p> <p><i>J. Dugger</i></p> <p>RECEIVED MAR 20 2015</p>	
H 054	<p><b>3903.2(c)(2) GOVERNING BODY</b></p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include all</p>	H 054		

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

*Carol Grant Brandon*

TITLE

*Administrator*

(X6) DATE

*3/19/15*

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H 054	<p>Continued From page 1</p> <p>complaints made or referred to the agency, including the nature of each complaint and the agency's response to the complaints in the agency's annual evaluation for 2014. (Complaint #1, #2, #3, #4, #5, #6, #7, #8 and #9)</p> <p>The finding includes:</p> <p>On February 12, 2015, at approximately 1:30 p.m., a review of the the agency's complaint book revealed the agency had nine (9) complaints referred to the agency for 2014.</p> <p>During an interview with the assistant administrator on February 13, 2015, at approximately 2:00 p.m., the assistant administrator stated, " We don't include the complaints in our board meeting minutes but we will start."</p> <p>On February 23, 2015, at approximately 10:00 a.m., review of the three (3) board meeting minutes dated May 28, 2014, September 19, 2014, and December 17, 2014, failed to evidence any of the nine (9) complaints made to the agency in 2014.</p>	H 054  H 054	<p>Going forward, Agency will ensure that all complaints made or referred to the agency including the nature of each complaint and the agency's response be forwarded to the Governing Body for review and evaluation on a quarterly basis. The Annual Program Evaluation template has been updated to include this heading as an item for inclusion in the report. (See Attachment A)</p> <p>A summary of all complaints will be shared with be shared with the Governing Body as part of the agency' Annual Program Evaluation. Quality Consultant and Assistant Administrator will monitor quarterly and Administrator will monitor annually for compliance.</p>	4/30/15
H 430	<p>3916.1 SKILLED SERVICES GENERALLY</p> <p>Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to send a summary of their review and</p>	H 430		

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H 430	<p>Continued From page 2</p> <p>evaluation of skilled services provided to the physician at least every 62 days for twelve (12) of twenty five (25) patients in the sample. (Patients' #4, #6, #11, #12, #13, #14, #15, #21, #22, #23, #24, #25)</p> <p>The findings include:</p> <p>1. On February 11, 2015, at approximately 11:50 a.m., review of Patient #4's record revealed a POC with the certification period of August 17, 2014 through February 12, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>2. On February 11, 2015, at approximately 1:25 p.m., review of Patient #6's record revealed a POC with the certification period of August 18, 2014 through February 14, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>3. On February 11, 2015, at approximately 1:20 p.m., review of Patient #13's record revealed a POC with the certification period of August 17, 2014 through February 12, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess</p>	<p>H 430</p> <p>H 430</p> <p>H430</p> <p>H 430</p>	<p>1. A 60 day Progress/Summary Note has been developed for evaluation of skilled services provided to each patient at least every 62 days. This summary report will be sent to the patient's physician and documentation kept in the clinical record. All clinical personnel will be inserviced on the new form and requirements. Clinical Director will monitor monthly and Quality Consultant will monitor quarterly as part of the agency's quarterly QA record review. Results will be shared with agency management on a quarterly basis. <b>See Attachment B</b></p> <p>2. Cross reference response to #1</p> <p>3. Cross reference response to #1</p>	<p>4/30/15</p> <p>4/30/15</p> <p>4/30/15</p>

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H 430	<p>Continued From page 3</p> <p>clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>4. On February 11, 2015, at approximately 1:54 p.m., review of Patient #14's record revealed a POC with the certification period of August 18,2014 through February 13, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>5. On February 11, 2015, at approximately 2:41 p.m., review of Patient #15's record revealed a POC with the certification period of October 2,2014 through March 30, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>6. On February 12, 2015, at approximately 9:12 a.m., review of Patient #11's record revealed a POC with the certification period of September 26, 2014 through March 24, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of</p>	<p>H 430</p> <p>H 430</p> <p>H 430</p> <p>H 430</p>	<p></p> <p>4. Cross reference response to #1 page 3 of 8</p> <p>5. Cross reference response to #1 page 3 of 8</p> <p>6. Cross reference response to #1 page 3 of 8</p>	<p></p> <p>4/30/15</p> <p>4/30/15</p> <p>4/30/15</p>

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H 430	<p>Continued From page 4</p> <p>skilled services was conducted and submitted to the physician.</p> <p>7. On February 12, 2015, at approximately 1:55 p.m., review of Patient #21's record revealed a POC with the certification period of November 3, 2014 through May 1, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>8. On February 18, 2015, at approximately 11:40 a.m., review of Patient #22's record revealed a POC the with certification period of August 22, 2014 through February 17, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>9. On February 18, 2015, at approximately 12:15 p.m., review of Patient #23's record revealed a POC the with certification period of October 27, 2014 through April 24, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>10. On February 18, 2015, at approximately 12:47</p>	<p>H 430</p> <p>H 430</p> <p>H 430</p> <p>H 430</p>	<p>7. Cross reference response to #1 page 3 of 8</p> <p>8. Cross reference response to #1 page 3 of 8</p> <p>9. Cross reference response to #1 page 3 of 8</p>	<p>4/30/15</p> <p>4/30/15</p> <p>4/30/15</p>

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H 430	Continued From page 5  p.m., review of Patient #24's record revealed a POC with the certification period of October 16, 2014 through April 13, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.	H 430		
	11. On February 18, 2015, at approximately 12:52 p.m., review of Patient #25's record revealed a POC with the certification period of December 1, 2014 through May 29, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.	H 430	10. Cross reference response to #1 page 3 of 8  11. Cross reference response to #1 page 3 of 8	4/30/15  4/30/15
	12. On February 18, 2015, at approximately 1:20 p.m., review of Patient #12's record revealed a POC with the certification period of September 13, 2014 through March 11, 2015. The POC indicated that the skilled nurse was to provide services monthly and as needed to assess clinical status [comprehensive assessment], vital signs and response to medications...The record failed to evidence that a review and evaluation of skilled services was conducted and submitted to the physician.	H 430	12. Cross reference response to #1 page 3 of 8	4/30/15
	During an interview with the DON on February 11, 2015, at approximately 2:56 p.m., the DON indicated that they will ensure that the skilled			

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H 430	Continued From page 6  nurses review and evaluate services provided and send a summary every 62 days to the patients physicians.	H 430		
H 453	<p><b>3917.2(c) SKILLED NURSING SERVICES</b></p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for one (1) of twenty-five (25) patients in the sample. (Patient #17)</p> <p>The finding includes:</p> <p>On February 12, 2015, at approximately 10:42 a.m., review of Patient #17's POC with the certification period of January 2, 2015 through March 5, 2015 revealed that the skilled nurse was to visit Patient #17 one time a week for one week, two-three times a week for three weeks, two times a week for two weeks and one time a week for one week] to educate on disease process, medication management, fall/safety precautions, non-weight bearing on left leg and signs and symptoms of cardiac complications. Conduct pulse ox assessment every visit and cardiopulmonary assessment. [It should be noted that Patient #17 was admitted to skill services on January 7, 2015, following a recent fall that resulted in a left hip fracture].</p>	<p>H 453</p> <p>H 453</p>	<p>Individual counseling was done by Clinical Director with RN whose patient record was reviewed. Agency policy regarding following physician's order and following the established nursing plan of care was reinforced. Resource guides, self instructional and teaching guides were made available to assist RN staff in the teaching of medication management, falls/safety precautions and disease process. The in-house record reviewers were re-inserviced on how to review clinical notes. All notes will be reviewed in tandem with patient's plan of care and previous notes. Clinical Director and Quality Coordinator will audit at least 25% of all charts quarterly to ensure compliance. <b>See Attachments C, D, E</b></p>	<p>4/30/15</p>

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H 453	<p>Continued From page 7</p> <p>Further review of the record revealed only two "Follow-up Notes" dated January 7, 2015 and January 14, 2015 that failed to evidence that a pulse ox assessment had been conducted. Additionally, the follow-up notes failed to evidence any teaching had been provided.</p> <p>During an interview with the assistant administrator on February 18, 2015, at approximately 3:00 p.m., revealed that Patient #17 had been discharged from skilled services because left hip surgical wound was healed.</p>	H 453		
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**IDEAL NURSING SERVICES, INC.  
LICENSURE SURVEY  
Deficiency Response Attachments**

Attachment A - Annual Program Evaluation Template

Attachment B – 60 Day Progress/Summary Note

Attachment C – Policy: Client Teaching Evaluation

Attachment D – Teaching Guide – Fall Prevention

Attachment E – Teaching Guide – Hip Replacement Surgery



## **PROGRAM EVALUATION TEMplete**

**Recruitment and Retention**

**Regulatory/Quality**

**Risk**

**Complaints**

**Financial**

**Referral**

**GOALS**



# 60 Day Progress/Summary Note

Patient: \_\_\_\_\_

Current Cert Period: \_\_\_\_\_

Conf. Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Recert:  Yes  No

Patient Condition:  Declined  Unstable  Unchanged  Improved  Stable

Unusual Home/Social Environment: \_\_\_\_\_

Homebound Status: \_\_\_\_\_

Summary/Progress toward Goals/Continued Need.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nutritional Needs: \_\_\_\_\_

Advance Directives/DNR's  Yes  No  Not Interested

New Diagnoses/Problems: \_\_\_\_\_

New Goals: \_\_\_\_\_

New/Changed/Discontinued Medications: \_\_\_\_\_

Future Visit Frequency Recommended

SN \_\_\_\_\_  CNA \_\_\_\_\_  ST \_\_\_\_\_

MSW \_\_\_\_\_  PT \_\_\_\_\_  OT \_\_\_\_\_

Skilled needs:

\_\_\_\_\_  
\_\_\_\_\_

Disciplines Present:

Skilled Nurse  Therapy \_\_\_\_\_

MSW  HHA

Other(s):

Additional Comments: \_\_\_\_\_

Primary Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Summary sent to Physician:  Date: \_\_\_\_\_

**Topic: Client Teaching Evaluation**

**Purpose: To identify documentation requirements for evaluating client/caregiver teaching.**

1. Perform assessments as required
2. Provide teaching according to the disease entity or physical orders (POC)
3. For Oasis C initiate teaching as part of the interventions based on level of risk (i.e. fall, safety, medication, skin, nutrition, depression)
4. Identify any barriers to teaching.
5. If yes, describe the type of barrier:
  - cognitive limitation,
  - language,
  - physical pain/discomfort,
  - cultural/religious,
  - motivation,
  - emotional
6. Describe the response to teaching:
  - Performs independently,
  - states essential concepts,
  - states performs with verbal cues,
  - offered and refused teaching,
  - performs with physical resistance,
  - no evidence of learning.
7. Describe the plan for follow-up teaching:
  - teaching complete,
  - reinforce through discharge and
  - reinforce teaching.
8. Return demonstration are required for hands on teaching. i.e wound care, glucometer use.

## **FALL PREVENTION**

### **CAREGIVER/CLIENT INFORMATION**

The American Academy of Orthopaedic Surgeons offers the following home safety checklist to fall-proof your home:

- Get rid of clutter. Don't pile up items on the floor, stairway or pathways between rooms.
- Keep appliance, lamp and telephone cords out of areas where you walk. Don't put them under rugs.
- Use a rubber mat or put adhesive texture strips on the bottom of the tub or shower. Install grab bars on the walls for additional support. Place a slip-resistant rug on tile floor to safely get in and out of the bathtub.
- Adhere non-slip treads to bare-wood steps, and remove small area rugs at the top and bottom of stairs.
- Good lighting is essential. Install glow-in-the-dark light switches at both the top and bottom of stairways, and place a night-light along the route between the bedroom and bathroom.
- Keep a flashlight and new batteries by the bed in case of a power outage.
- Clean up spills immediately in the kitchen. Use a step stool or low stepladder -- not chairs or boxes -- to reach items in upper cabinets.
- Use non-skid wax on the kitchen floor.
- Wear proper footwear around the home and outside. Never walk around in stocking feet. Consider sneakers and shoes with laces. Avoid higher heels or platform shoes.

Of course, even the most careful people are still susceptible to trips and falls. With that in mind, there are "correct" ways to fall to minimize potential injury. Below are some recommended techniques to follow if you cannot prevent a slip or fall:

- If possible, try to fall on your side or buttocks. Roll over naturally, turning your head in the direction of the roll.
- Keep your wrists, elbows and knees bent. Do not try to break the fall with your hands or elbows.
- Take several deep breaths after falling. If you feel you have suffered an injury, do not try to get up. Call 911 or a family member for help.
- If you feel you are not injured and are able to get up, crawl to a strong and stable piece of furniture, like a chair, that you can use as a support to help pull yourself up. Put both hands on the seat.
- Slowly begin to raise yourself up. Bend whichever knee is stronger, keeping the other knee on the floor. Finally, slowly twist and sit in the chair.



## Topic: Client Teaching for Hip Replacement Surgery

You had a hip replacement surgery. This means your natural hip was replaced with an artificial joint (prosthesis). You will be recovering at home. You must take care of your new hip. Do this by moving and sitting the way you were taught in the hospital. Also, be sure to see your doctor for follow-up visits, and return to activity slowly. Because a hip replacement is major surgery, it will be a few months before you can move comfortably.

### Home care

- Take your pain medication exactly as directed.
- Don't drive until your doctor says it's okay. And never drive while taking opioid pain medication.
- Wear the support stockings you were given in the hospital. Wear them for 24 hours a day for 3 week(s).
- To relieve discomfort at night, get up and move around.
- Tell all your healthcare providers—including your dentist—about your artificial joint before any procedure. You will likely need to take antibiotics before dental work and other medical procedures to reduce the risk of infection.
- Arrange to have your staples removed per your doctor's instructions. The staples were used to close the skin incision.

### Incision care

- Check your incision daily for redness, swelling, tenderness, or drainage.
- Avoid infection by washing your hands often. If an infection occurs, it will need to be treated immediately. **Call your doctor right away** if you think you may have an infection. Symptoms include a fever or an incision that leaks white, green, or yellow fluid.
- Avoid soaking your incision in water (no hot tubs, bathtubs, swimming pools) until your doctor says it's okay.
- Follow discharge/doctor's instructions regarding when to begin showering. Then shower as needed. Carefully wash your incision with soap and water. Gently pat it dry. Don't rub the incision, or apply creams or lotions to it. And to avoid falling when showering, sit on a shower stool.

### Sitting and sleeping

- Don't sit for more than 30-45 minutes at a time.
- Use chairs with arms, and sit with your knees slightly lower than your hips. Don't sit on low or sagging chairs or couches.
- Don't lean forward while sitting.
- Don't cross your legs.
- Keep your feet flat on the floor. Don't turn your foot or leg inward. This stresses your hip joint.
- Use an elevated toilet seat for 6 weeks after surgery.
- Ask your healthcare provider if it's okay to sleep on your stomach or on the side that has the new hip. Use pillows between your legs when sleeping on your back or on your side.
- Sit on a firm cushion when you ride in a car and avoid sitting too low. Try not to bend your hip too much when getting in and out of the car.

### **Moving safely**

- Don't bend at the hip when you bend over. Don't bend at the waist to put on socks and shoes. And avoid picking up items from the floor.
- Use a cane, crutches, a walker, or handrails until your balance, flexibility, and strength improve. And remember to ask for help from others when you need it.
- Free up your hands so that you can use them to keep balance. Use a fanny pack, apron, or pockets to carry things.
- Follow your doctor's orders regarding how much weight to put on the affected leg.
- Walk often and do prescribed exercises as instructed.
- Arrange your household to keep the items you need within reach.
- Remove electrical cords, throw rugs, and anything else that may cause you to fall.
- Use nonslip bath mats, grab bars, an elevated toilet seat, and a shower chair in your bathroom.

### **Follow-up**

Make a follow-up appointment as directed by your doctor.

### **When to seek medical attention**

**Call 911 right away** if you have any of the following:

- Chest pain
- Shortness of breath

Otherwise, call your doctor immediately if you have any of the following:

- Increased hip pain
- Pain or swelling in your calf or leg
- Fever above 100.4°F or shaking chills
- Excessive swelling, increased drainage or redness around the incision
- Swelling, tenderness, or cramps in your leg