

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2017
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NAME OF PROVIDER OR SUPPLIER IDEAL NURSING SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW, 2ND FLOOR WASHINGTON, DC 20016
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H 000 INITIAL COMMENTS H 000

An annual survey was conducted from March 7, 2017, through March 8, 2017, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The home care agency provides home care services for three hundred thirty-five (335) patients and employs six hundred twenty-four (624) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, twenty-three (23) active patient records, two (2) discharged patient records, twenty-five (25) employee records, eight (8) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.

The following are abbreviations used within the body of this report:

- ADLs- Activities of Daily Living
- DME - Durable Medical Equipment
- DON - Director of Nursing
- HCA - Home Care Agency
- HHA - Home Health Aide
- PCA - Personal Care Aide
- POC - Plan of Care
- RN - Registered Nurse
- SN - Skilled Nurse
- SOC - Start of Care

*Received
4/21/17*

H 054 3903.2(c)(2) GOVERNING BODY H 054

The governing body shall do the following:

(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

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charles Wood

TITLE (X8) DATE

Administrator 4/21/17

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H 054 Continued From page 1
must include the following:

(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.

This Statute is not met as evidenced by:
Based on record review and interview, the HCA failed to provide evidence that the governing body reviewed all complaints received and documented the agency's response for six (6) of eight (8) complaints during the governing body's annual evaluation of the agency for 2016.

The finding includes:

On March 7, 2017, beginning at 10:18 a.m., a review of the agency's complaints revealed that the agency had eight (8) complaints referred to the agency since the previous survey, (January 5, 2016). At 12:24 p.m., review of the HCA's board of directors meeting minutes held on May 11, 2016 and December 21, 2016, revealed complaint resolutions were included in their discussion for two (2) of the eight (8) complaints referred.

On March 8, 2017, at 2:30 p.m., interview with the agency's assistant administrator revealed that the governing body reviews all the complaints received, but they were not aware that all the complaints should be included in their minutes. The assistant administrator indicated that in the future, she would ensure that the governing body would document all complaints evaluated and include them in their annual board meeting minutes.

H 054

H054

Going forward, Agency will ensure that all complaints made or referred to the agency including the nature of each complaint and Agency's response be forwarded to the Governing Body for review and evaluation on a quarterly basis. A summary of all complaints will be shared with the Governing Body as part of the Agency's Annual Program Evaluation. Quality Consultant and Assistant Administrator will monitor quarterly and Administrator will monitor annually for compliance.

4/30/17

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H 054 Continued From page 2
At the time of the survey, the annual board meeting minutes lacked documented evidence that all complaints and the resolutions of the complaints had been evaluated by the governing body on an annual basis.

H 126 3906.1(g) 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:

(g) The duration of the agreement, including provisions for renewal, if applicable; and...

This Statute is not met as evidenced by:
Based on interview and record review, the HCA failed to include the duration of the agreement, including provisions for renewal if applicable in its contractor agreement for five (5) of six (6) contractor agreements in the sample. (Contractors #1, #2, #3, #4, and #12)

The findings include:

On March 7, 2017, at 9:45 am., during the entrance conference with the HCA's assistant administrator, it was revealed that the agency provided nursing, physical therapy, occupational therapy and speech therapy services. On the same day, beginning at 1:38 p.m., review of the HCA's personnel files revealed that Contractors #1, #2, #3, #4, and #12 had signed contractor agreements. Review of each of the aforementioned contractor agreements failed to

H126 100% of all Contractor Agreements have been reviewed and updated. All Contractor Agreements now have duration of agreement and provision for renewal. All new contractors as of 3/10/2017 will sign the updated Addendum as part of the Employment Application Package. Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly for compliance. **Attachment A**

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document the duration of the agreements and/or specify provisions for renewals.

Interview with the assistant administrator on March 7, 2017, at 3:09 p.m., revealed that there should be an addendum included in the personnel files for each contract agreement. Although the addendum was included with each of the contractor agreements, it failed to provide evidence of the term/renewal of Contractors #1, #2, #3, #4, and #12 agreements. When the assistant administrator was asked why the terms of the agreement/renewal had been excluded from the contracts, she indicated that the addendums were revised back in May 2013, but some of the contractors signed the initial contracts before before that time. The administrator verified that the addendums for Contractors #1, #2, #3, #4, and #12 must have been overlooked.

H 126
H126

100% of all Contractor Agreements have been reviewed and updated. All Contractor Agreements now have duration of agreement and provision for renewal. All new contractors as of 3/10/2017 will sign the updated Addendum as part of the Employment Application Package. Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly for compliance. **Attachment A**

4/30/17

H 160 3907.4 PERSONNEL

Each home care agency shall maintain its personnel records for all personnel serving patients within the District of Columbia in its operating office within the District of Columbia, or shall produce these records for inspection within twenty-four (24) hours, or within a shorter reasonable time if specified, upon the request of the Department of Health.

This Statute is not met as evidenced by:
Based on interview and record review, the HCA failed to maintain a personnel record for one (1) of twelve (12) contracts included in the sample. (Contractor #10)

H 160
H160

Contractor #10 personnel file has been located. It was erroneously filed with PCA personnel files and due to the volume of files could not be found at the time of the survey. Assistant Administrator has done 100% check for all Contract staff personnel files to ensure that all the files are maintained and filed correctly. Personnel Director will monitor monthly and Quality Consultant will monitor quarterly for compliance.

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H 160	<p>Continued From page 4</p> <p>The finding includes:</p> <p>On March 7, 2017, at 9:45 am., during the entrance conference with the HCA's assistant administrator, it was revealed that one of the skilled services the agency provides was speech therapy. The surveyor requested Contractor #10 to be included as part of the sample. It should be noted that the surveyor was informed that the HCA was unable to locate Contractor #10's file. On March 8, 2017, at 9:30 a.m., the assistant administrator was asked if they were able to locate Contractor #10's file. The administrator informed the surveyor that the HCA still was not able to locate the file.</p> <p>At the time of the survey, the HCA failed to maintain Contractor #10's personnel file and provide for review.</p>	H 160 H160	<p>Contractor #10 personnel file has been located. It was erroneously filed with PCA personnel files and due to the volume of files could not be found at the time of the survey. Assistant Administrator has done 100% check for all Contract staff personnel files to ensure that all the files are maintained and filed correctly. Personnel Director will monitor monthly and Quality Consultant will monitor quarterly for compliance.</p>	4/30/17
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H 163	<p>3907.7 PERSONNEL</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each employee was screened for communicable diseases annually, for one (1) of twenty-five (25) employees in the sample. (HHA HHA #9)</p> <p>The finding includes:</p>	H 163 H163	<p>Employee #9 personnel file now has documented evidence of annual screen for communicable diseases. Agency has systems in place for weekly personnel file review based on computer generated report of expired documents. Agency policy regarding weekly personnel document checks was reinforced with personnel department staff at post survey meeting held on March 16, 2017. Personnel Director will monitor weekly, Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly for compliance</p>	4/30/17
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H 163 Continued From page 5

On March 8, 2017, at 10:38 a.m., review of Employee #9's personnel record revealed a PPD was administered on September 15, 2015. There was no documented evidence that she was certified free of any communicable disease since the aforementioned date.

H 163

On March 8, 2017, at 2:05 p.m., interview with the staffing coordinator/personnel revealed that she was aware that the employee's last PPD was done in 2015, and further revealed that she had notified HHA #9 this week. Additionally, the interview revealed employees are also provided with a written notification that is included with the employee's paycheck.

At the time of the survey, the HCA failed to ensure HHA #9 was certified free of any communicable disease since 2015.

H 358 3914.3(g) PATIENT PLAN OF CARE

H 358

The plan of care shall include the following:

H358

(g) Physical assessment, including all pertinent diagnoses;

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the POCs included all pertinent diagnoses, for three (3) of eighteen (18) active patients in the sample. (Patients #3, #4, and #5)

The findings include:

A. On March 7, 2017, at 11:07 a.m., review of Patient #3's medication profile document revealed that the patient was prescribed two

Meeting was held by Clinical Director on 3/27/17 with the professional staff to review and reinforce agency policy regarding development of the plan of care. It was reinforced that all pertinent diagnosis must be included on the plan of care. Clinicians were reminded that there needs to be a review of medications found in the home in treatment any disease (including but not limited to hypertension,, diabetes, seizures, etc.) and diagnosis code must be listed on the plan of care with ICD-10 codes.

100% review of all existing plans of care for completeness and addendums will be done if needed.

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H 358	Continued From page 6	H 358	<i>Continued from page 6 of 9</i>	
	anti-epileptic drugs. At 11:10 a.m., review of Patient 3's POC, with a certification period of September 26, 2016 to March 24, 2017, failed to evidence seizures as one of the patient's diagnoses.	H358	The in-house record reviewers were re-inserviced on the review of plans of care to include reconciliation of medications with diagnosis.	
	B. On March 7, 2017, at 11:42 a.m., review of Patient #4's medication profile document revealed that the patient was prescribed two anti-hypertensive drugs. At 11:47 a.m., review of Patient 4's POC, with a certification period of September 29, 2016 to March 27, 2017, failed to evidence hypertension as one of the patient's diagnoses.	H358	Clinical Director will monitor weekly, Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly for compliance. Attachments B & C	4/30/17
	C. On March 7, 2017, at 12:30 p.m., review of Patient #5's POC, with a certification period of December 29, 2016 to June 26, 2017, listed a glucometer, alcohol pads and diabetic supplies as part of the patient's DME. Further review of the POC failed to evidence diabetes as one of the patient's diagnoses.		Meeting was held by Clinical Director on 3/27/17 with the professional staff to review and reinforce agency policy regarding development of the plan of care. It was reinforced that all pertinent diagnosis must be included on the plan of care. Clinicians were reminded that there needs to be a review of medications found in the home in treatment any disease (including but not limited to hypertension,, diabetes, seizures, etc.) and diagnosis code must be listed on the plan of care with ICD-10 codes.	
	On March 7, 2017, at 12:45 p.m., interview with the DON confirmed that the diagnoses had been omitted from the aforementioned patients' POCs. She stated that all diagnoses should be included on the POC.		100% review of all existing plans of care for completeness and addendums will be done if needed. The in-house record reviewers were re-inserviced on the review of plans of care to include reconciliation of medications with diagnosis.	
	On March 8, 2017, at 3:15 p.m., interview with the assistant administrator revealed that the agency's system had been updated and some patient diagnoses were deleted. She further stated that the POCs would be reviewed to ensure all diagnoses were included on the POC.		Clinical Director will monitor weekly, Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly for compliance. Attachments B & C	4/30/17
	At the time of this survey, the HCA failed to include all of the patient's diagnoses on the POC.			

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PRINTED: 03/28/2017
FORM APPROVED

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H 453	Continued From page 7	H 453		
H 453	3917.2(c) SKILLED NURSING SERVICES	H 453		
	Duties of the nurse shall include, at a minimum, the following:	H453		
	(c) Ensuring that patient needs are met in accordance with the plan of care;			
	This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the patient's needs were met in accordance with their POC for three (3) of eighteen (18) active patients in the sample. (Patient #5, #6, and #16)			
	The finding includes:			
	A. On March 7, 2017, at 12:30 p.m., review of Patient #5's POC, with a certification period of December 29, 2016 to June 26, 2017, revealed DME including a glucometer, alcohol pads, and diabetic supplies. According to the POC, the SN was to perform a monthly skilled assessment of each system. Interview with the agency's DON revealed that Patient #5 was diabetic.			
	On March 7, 2017, starting at 12:38 p.m., review of SN visit notes, dated December 27, 2016 and January 23, 2017, revealed that the nurse failed to provide documented evidence that a blood glucose was performed on Patient #5.			
	B. On March 7, 2017, at 1:35 p.m., review of Patient #6's POC with a certification period from September 17, 2016 through March 15, 2017. The POC indicated that Patient #6 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a monthly skilled assessment of each system.			
			Individual counseling was done by Clinical Director with RNs whose patient record was reviewed. Agency policy regarding following Physician's order and following nursing plan of care was reinforced. In addition RNs were reminded that they need to capture all pertinent information during the skilled nursing assessment visit and document in the clinical record. 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 to ensure that a complete skilled assessment of all systems as ordered by the physician is in the clinical records.	
			Clinical Director will monitor weekly, Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly for compliance.	4/30/17

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H 453 - Continued From page 8

On March 7, 2017, starting at 1:47 p.m., review of SN visit notes, dated October 31, 2016, November 21, 2016, December 29, 2016, January 26, 2017, and February 23, 2017, revealed that the nurse failed to provide documented evidence that a blood glucose was performed on Patient #6.

C. On March 8, 2017, at 1:15 p.m., review of Patient #16's POC with a certification period from October 18, 2016 through April 15, 2017. The POC indicated that Patient #16 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a monthly skilled assessment of each system.

On March 8, 2017, starting at 1:21 p.m., review of SN visit notes, dated October 27, 2016, November 29, 2016, December 26, 2016, and January 25, 2017, revealed that the nurse failed to provide documented evidence that a blood glucose was performed on Patient #16.

On March 7, 2017, at 12:45 p.m., interview with the agency's DON revealed that the agency will continue to ensure that the nurses capture all pertinent information during the skilled assessment visit.

At the time of this survey the HCA's SNs failed to perform a complete skilled assessment of all systems, as ordered by the physician.

H 453
H453

Individual counseling was done by Clinical Director with RNs whose patient record was reviewed. Agency policy regarding following Physician's order and following nursing plan of care was reinforced. In addition, RNs were reminded that they need to capture all pertinent information during the skilled nursing assessment visit and document in the clinical record. 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 to ensure that a complete skilled assessment of all systems as ordered by the physician is documented in the clinical records.

Clinical Director will monitor weekly, Assistant Administrator will monitor monthly and Quality Consultant will monitor quarterly for compliance.

4/30/17