

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/21/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE WASHINGTON, DC 20018
---	---

*Received 5/17/17*

(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 March 13, 2017 through March 21, 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 285 patients and employs 628 staff including professional and administrative staff. The findings of the survey were based on a review of administrative records, nineteen (19) incident reports, fifteen (15) active patient records, five (5) discharged patient records, twenty-eight (28) employee records, five (5) home visits and interviews with patients/family and staff.

H 000

H 000 - Immaculate Health Care Services acknowledge receipt of the Statement of Deficiencies citing findings from the annual survey conducted from March 13 - 21, 2017. We are providing the following responses to those findings:

5/30/2017

Please Note, listed below are abbreviations used in the body of this report.

- ADON -- Assistant Director of Nursing
- B/P -- blood pressure
- bpm -- beats per minute
- CPR -- Cardiopulmonary Resuscitation
- DNR -- Do Not Resuscitate
- DON -- Director of Nursing
- F -- Fahrenheit
- HHA -- home health aide
- POC -- Plan of Care
- TIA -- Transient Ischemic Attack

H 054

**3903.2(c)(2) GOVERNING BODY**

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

H 054

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

*ROSEMARIE SESAY* Administrator 5/17/17

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B WING _____	(X3) DATE SURVEY COMPLETED  03/21/2017	
NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 054	<p>Continued From page 1</p> <p>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, the HCA failed to ensure that the governing body reviewed all complaints received and documented the agency's response in the annual governing body's evaluation, for nineteen (19) of nineteen (19) complaints reviewed.</p> <p>The finding includes:</p> <p>On March 15, 2017, beginning at 11:10 a.m., review of the agency's complaint and incident log book revealed there were fifteen (15) complaints and four (4) incidents that occurred since the last survey on February 5, 2016. At 2:14 p.m., the quality assurance personnel staff provided the surveyor with a copy of the Advisory Meeting Notes dated November 21, 2016. The Advisory Meeting Notes revealed that the nineteen complaints were not incorporated into the Advisory Meeting Notes as part of their annual evaluation.</p> <p>Interview with DON on March 15, 2017, at 3:14 p.m., revealed that the governing body reviewed all complaints received this past year. When asked if the complaints were a part of the annual Advisory Meeting Notes dated November 21, 2016, the DON replied by saying, "no". The DON indicated that it was too much information to put into the meeting notes. The DON stated that going forward, she would ensure that all</p>	H 054	<p>H 054 - Immaculate addressed this deficiency by reviewing its "Annual Evaluation" and "Professional Advisory Committee" policy and procedures for compliance with the Governing Body 3903.2 rules. See Attached policies. For this cited deficiency, the Agency's corrective action is to reformat the Incident and Complaint Report to include an "Incident and Complaint Log (see attached template) to summarize the incident /complaint, the investigation and resolution. The log's Incidents/Complaints summaries will become part of the Advisory Meeting notes in addition to the log as an attachment for the meeting agenda.</p> <p>The Agency's systematic response regarding this deficiency is to continue to have the QAI Committee oversee the investigation process through resolution.</p> <p>The Administrator and Director of Nursing will review the the log and ensure that the Incident s and Compliants Log summaries are included in the Professional Advisory Committee quarterly committee report notes and the Board's Annual report notes.</p>	05/30/2017

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/21/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 054	Continued From page 2  complaints were a part of the annual Advisory Meeting Notes review.  At the time of the survey, the annual Advisory Meeting notes lacked documented evidence that all complaints and the resolutions of the complaints had been evaluated by the governing body on an annual basis.	H 054		05/30/2017
H 358	3914.3(g) PATIENT PLAN OF CARE  The plan of care shall include the following:  (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 POCs included: (1) all the patients' pertinent diagnoses, and (2) parameters for blood glucose and vital sign monitoring, as part of the physical assessment for five (5) of twenty (20) patients in the sample. (Patients #1, #2, #4, #7 and #10)  The findings include:  I. The HCA failed to ensure patients' POCs included all pertinent diagnoses, as evidenced by the following:  On March 15, 2017, at 11:00 a.m., review of the Patient #4's clinical record revealed a document entitled "Determination Sheet for DC Medicaid Services" that indicated patient had diagnoses including amputation of the right great toe and TIA. Continued review of the record revealed a POC with a start of care of March 25, 2010, and a	H 358	H 358 - Immaculate addressed this deficiency by reviewing its " Plan Of Care" Policy # C-660. The Plan of Care policy is in compliance with regulation 3914.3 (g).  The Agency's corrective action regarding this deficiency is to retrain the Nurse Manager and all clinicians on including all pertinent patient diagnosis and (2) parameters for blood glucose and monitored vital sign. Retraining was completed on 5/12/17. Training certificates were placed in all clinicians and Nurse Manager personnel files.  Patients #1, #2, #4, #7 and #10 charts have been reviewed and updated. A 486 Form was generated for Patients #1, #2, #4, #7 and #10 and sent to the patients' physicians effective 5/12/17.  QA Nurse and Nurse Manager is continuing to review all patients' Plans of Care to identify other patients that may be affected with this deficiency. Patients' POC found to be affected were updated, and 486 Forms issued and sent to the patients' physicians for review and signature.  The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, for all pertinent patient diagnosis, including blood glucose and monitored vital signs parameters to ensure compliance with professional standards with 100% satisfaction with POC documentation. This will be a continuous POC monitoring process	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/21/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 358	<p>Continued From page 3</p> <p>certification period of July 22, 2016 to May 25, 2017. The POC lacked documented evidence of a right great toe amputation and TIA diagnoses.</p> <p>On March 15, 2017, starting at 2:00 p.m., interview with the ADON revealed that the missing diagnoses were an oversight. The ADON then indicated that she would include the missing diagnoses on the patient's POC.</p> <p>At the time of the survey, the agency failed to ensure all pertinent diagnoses were included on Patient #4's POC.</p> <p>II. The HCA failed to ensure patients' POCs included parameters for blood glucose and vital sign monitoring, as evidenced by the following:</p> <p>A. On March 15, 2017, at 11:00 a.m., review of Patient #4's clinical record revealed a POC with a start of care date of March 25, 2010, and a certification period from July 22, 2016 through May 25, 2017. The POC indicated that Patient #4 had a diagnosis that included Type II Diabetes Mellitus. On the same day, the review of the agency's Endocrine policy, revealed the patient's blood glucose level was to documented in the patient's clinical record. The record, however, lacked documented evidence of the patient's blood glucose level and parameters for blood glucose.</p> <p>B. On March 13, 2017, at 10:30 a.m., review of Patient #1's record revealed a POC with the certification date of January 17, 2017 through December 15, 2017. The POC lacked documented evidence of parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure.</p>	H 358	<p>H 358 - I. The Agency's corrective action regarding this deficiency reported regarding Patient #4's POC was to review the POC. Though the TIA diagnosis and surgery were referenced in the POC summary of care, they were not included in the POC's list of diagnosis. The Agency has retrained the Nurse Manager on including all pertinent patient diagnosis and (2) parameters for blood glucose and monitored vital sign. Retraining was completed on 5/12/17.</p> <p>Patients #4, chart was reviewed and updated. A 486 Form was generated and sent to the patients' physicians effective 5/12/17.</p> <p>QA Nurse and Nurse Manager is continuing to review all patients' Plan of Care's to identify other patients that may be affected with this deficiency. Affected POCs were updated, and 486 Forms issued and sent to the patients' physicians for review and signature.</p> <p>The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, for to ensure compliance with professional standards with 100% satisfaction with POC documentation.. This will be a continuous POC monitoring process.</p> <p>II.A. The Agency has retrained the Nurse Manager on its Endocrine Policy and thorough documentation on the parameters of the patients' blood glucose level. Patient #4, chart was reviewed and updated. A 486 Form was generated and sent to the patients' physicians effective 5/12/17.</p> <p>II.B. The Agency has retrained the Nurse Manager and all clinician on documenting parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure in the patients' POC. Patient #1, chart was reviewed and updated. A 486 Form was generated and sent to the patients' physicians effective 5/12/17.</p>	05/30/2017

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/21/2017
NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 358	Continued From page 4  On March 13, 2017, at 10:40 a.m., review of Patient #2's record revealed a POC with the certification date of January 19, 2017 through December 12, 2017. The POC lacked documented evidence of parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure.  On March 17, 2017, at 11:00 a.m., review of Patient #7's record revealed a POC with the certification date of October 21, 2016 through September 20, 2017. The POC lacked documented evidence of parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure.  On March 17, 2017, at 12:30 p.m., review of Patient #10's record revealed a POC with the certification date of January 17, 2017 through December 15, 2017. The POC lacked documented evidence of parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure.  On March 15, 2017, starting at 2:00 p.m., interview with the ADON revealed that going forward the skilled nurses will document the patients' blood glucose or blood glucose parameters for all patients with the diagnosis of diabetes. Additionally, the ADON revealed that she would ensure vital sign parameters are included all patients' POCs going forward.  At the time of the survey, the HCA failed to include parameters for blood glucose levels on the POC.	H 358	H 358 - The Agency has retrained the Nurse Manager and all clinician on documenting parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure in the patients' POC. Patient #2, chart was reviewed and updated. A 486 Form was generated and sent to the patients' physicians effective 5/12/17.  The Agency has retrained the Nurse Manager and all clinician on documenting parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure in the patients' POC. Patient #7, chart was reviewed and updated. A 486 Form was generated and sent to the patients' physicians effective 5/12/17.  This Patient #10 is the same as Patient #1. The Agency has retrained the Nurse Manager and all clinician on documenting parameters for vital sign monitoring including temperature, pulse, respiration and blood pressure in the patients' POC. Patient #10 chart was reviewed and updated. A 486 Form was generated and sent to the patients' physicians effective 5/12/17.  Agency will ensure that they receive from the physician the patients' blood glucose parameters at the start of care and the Nurse Manager includes the parameters in the POC.  QA Nurse and Nurse Manager is continuing to review all patients' Plan of Care's to identify other patients that may be affected with insufficient documentation on patients' blood glucose parameter this deficiency. Patients' POC found to be affected will be updated and have a 486 Form issued and sent to the patients' physicians for review and signature.	05/30/2017
H 363	3914.3(I) PATIENT PLAN OF CARE	H 363		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/21/2017
NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 363	Continued From page 5  The plan of care shall include the following:  (l) Identification of employees in charge of managing emergency situations;  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that POCs included identification of employees in charge of managing emergency situations, for fourteen of twenty patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #12, #13, #14, and #15)  The findings include:  On March 13, 2017, through March 17, 2017, starting at 9:30 a.m., review of the Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15 POCs with certification periods from May 20, 2016 through January 21, 2018, failed to include the employees responsible for managing emergency situations.  On March 13, 2017, a.m., interview with the ADON revealed that she would include employees responsible for emergencies on patients' POC going forward.  At the time of this survey, the HCA failed to include employees responsible for emergencies for the aforementioned patients.	H 363	(H 358 - Continue)The Administrator and DON will each randomly review ten percent of the patients' POCs ,monthly, for applicable patients' blood glucose parameters to ensure compliance with professional standards with 100% satisfaction with POC documentation. This will be a continuous POC monitoring process.  H 363 - (l) The Agency corrective action regarding this deficiency is to change its documentation on the POC to include the name of the employee in addition to the listed positions identified in charged of managing patients' emergency situations.  The Nurse Manager has included the name of the employees in charge of managing Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #12, #13, #14 and #15 emergency situations in the patients' POC. A 486 form has been issued and sent to respective physicians.  QA Nurse and Nurse Manager is updating all remaining patients' POCs with the name of employees in charge of managing patients' emergency situations, issuing 486 forms and sending it to their physicians for signature. This will be completed by 5/30/17.  The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, checking for identified person(s) managing emergency situations to ensure compliance with professional standards with 100% satisfaction for POC documentation. This will be a continuous POC monitoring process.	05/30/2017
H 364	3914.3(m) PATIENT PLAN OF CARE  The plan of care shall include the following:  (m) Emergency protocols; and...	H 364		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/21/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 364	<p>Continued From page 6</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure emergency protocols were specific to patient's health care needs including their CPR or DNR status, for 16 of 20 patients' POCs reviewed. (Patients #3, #4, #5, #6, #8, #9, #11, #12, #13, #14, #15, and #16)</p> <p>The finding includes:</p> <p>On March 13, 2017, through March 17, 2017, starting at 9:30 a.m., review of the Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15 POCs with certification periods from May 20, 2016 through January 21, 2018, failed to include thier CPR and DNR status.</p> <p>On March 13, 2017 through March 17, 2017, starting at 9:00 a.m. review of the aforementioned patients POCs indicated that the HHA was to call the clinical supervisor and physician, as needed for " B/P levels above 180/110 or below 85/55, Pulse above 120 or below 50 bpm, or temperature 100°F orally or 101°F rectally". The HHA was also instructed to "call 911 in case of emergency". The POCs, however, lacked detailed information of what patient specific emergencies warranted a call to 911. Continued review of the POC lacked documented evidence of the patient's CPR or DNR status.</p> <p>Additionally, as indicated in the section "Emergency Protocol" on the aforementioned patients POCs, the HHA time sheets lacked documented evidence they were taking vital signs to include B/Ps, pulse or temperatures.</p> <p>On March 13, 2017, at 2:00 p.m., interview with the ADON revealed that HHAs were only taken</p>	H 364	<p>H 364 - The Agency corrective action regarding this deficiency is to change its documentation on the POC to include the CPR or DNR code status.</p> <p>The Nurse Manager has included the CPR or DNR code status for Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #12, #13, #14 and #15 POC. A 486 Form has been issued and sent to respective physicians.</p> <p>QA Nurse and Nurse Manager is updating all remaining patients' POCs to ensure their applicable DNR or CPR code status is noted, issuing 486 forms and sending it to their physicians for signature. This will be completed by 5/30/17.</p> <p>The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, for citing applicable DNR or CPR Status Code to ensure compliance with professional standards with 100% satisfaction for POC documentation. This will be a continuous POC monitoring process.</p> <p>The Agency has modified its "Emergency Protocol" Policy #C-655 citing vital sign parameter oulliers that triggers emergency crisis situation, and "Home Health Aide Documentation" Policy # C-800 include vital sign monitoring responsibilities.</p> <p>The Agency retrained all clinicians and HHAs on vital signs monitoring and emergency protocol 4/5 - 5/20/17. Training certificates are placed in the staff personnel files.</p> <p>The Supervising Visiting Nurse is the responsible for instructing the HHA on monitoring the patient's vital signs and ensuring the HHA conducts the monitoring as prescribed by the primary care physician to ensure compliance.</p>	05/30/2017

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/21/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 364	Continued From page 7  patient's vital signs per request of the patient. Continued interview with the ADON revealed that the she would ensure all POCs are patient specific on when the HHAs are to call the supervisor. Additionally, the ADON indicated that she would also ensure that all POCs included the patient's resuscitation status.  At the time of the survey, the agency failed to ensure that the emergency protocol and resuscitation for CPR was patient specific.	H 364		05/30/2017
H 433	3916.2(c) SKILLED SERVICES GENERALLY  Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies shall include, at a minimum, the following:  (c) Coordinating services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the patient's needs; and...  This Statute Is not met as evidenced by: Based on record review and interview, the HCA failed to document coordination of services between other agencies providing care, for one of twenty patient's in the sample. (Patient #4 )  The finding includes:  On March 16, 2017, at 11:45 a.m., review of Patient #4's clinical record revealed a progress note dated January 17, 2017. According to the note, the patient was to receive wound care and case management services from other entities.	H 433	H 433 - In accordance with the the Agency's "Coordination of Patient Care Services" Policy #C-360 The Agency completed care coordination documentation regarding all care activities for Patient #4 including communications with the physician and hospital. (See attachment) However to address this deficiency ,the Agency has retrained all clinicians and the the Nurse Manager on care coordination documentation and record keeping. . In addition, the Agency Is ensuring that the care coordination information Is timely maintained in the patient's file.  The QA Nurse is reviewing daily patients' files to ensure all related care coordination information is present.  The Administrator and DON will each randomly review ten percent of the patients' files, monthly, for compliance on care coordination records to ensure compliance with professional standards with 100% satisfaction with medical records documentation..	



Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/21/2017
NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 433	Continued From page 8  Further review of the record lacked documented evidence that the HCA had been in communication with the entities providing wound care and case management services.  On March 16, 2017, at 2:00 p.m., interview with the ADON revealed that the patient's wound care was provided by a local hospital and the case management services were provided by a case management agency. The ADON then indicated that going forward she would ensure they coordinate services with other entities providing care for patients.  At the time of the survey, the HCA failed coordinate services with other entities providing care for Patient #4.	H 433		05/30/2017
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 record review and interview, the skilled nurse failed to ensure patients' needs were met in accordance with POCs, for three of twenty patients in the sample. (Patients #5, #9 and #10)  The findings include:  1. On March 16, 2017, at 11:30 a.m., review of Patient #5's clinical record revealed a POC with a start of care date of October 19, 2012, and a certification period of December 28, 2016 through	H 453	H 453 - (1) POC for Patient #5 was updated to include the patient's choice for receiving 10 hours versus the 12 hours prescribed. The Nurse Manager is issuing a 486 Form and sending it to the physician for signature.  The Nurse Manager has been retrained on the importance of obtaining physician signatures on issued 486s on changes in hours and frequency of services.  QA Nurse and Nurse Manager is reviewing all patients' POCs with a variance in hours for care not confirmed with physician. For POC affected, a 486 Form is issued and sent to the physician for signature. This will be completed by 5/30/17.  The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, for proper completion of any changes in patients' hours of care to ensure compliance with professional standards with 100% satisfaction for POC documentation. This will be a continuous POC monitoring process.	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/21/2017	
NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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	<p>Continued From page 9</p> <p>December 27, 2017. The POC indicated that HHA services were to increase from 10 to 12 hours a day, seven days a week. Continued review of the record revealed that HHA services were only provided 10 hours a day on the weekends from December 28, 2016 through February 28, 2017.</p> <p>On March 16, 2017, at 3:00 p.m., interview with the ADON revealed that the patient only wanted 10 hours of HHA service on the weekends. The ADON then revealed that she would get an order for the decreased hours of HHA services.</p> <p>2. On March 16, 2017, at 12:01 p.m., review of Patient # 14's clinical record revealed a POC with a start of care date of August 5, 2011 and a certification period of December 8, 2016 through December 7, 2017. The POC indicated that HHA services were six (6) hours a day, seven days a week. Continued review of the record revealed that HHA services were not provided on weekends from December 2016 through February 2017.</p> <p>On March 17, 2017, at 3:02 p.m., interview with the ADON revealed that the patient did not have HHA service on the weekends. The ADON also revealed that she would start requesting a discontinue order for any services patient's refuse going forward.</p> <p>3. On March 17, 2017, at 9:42 a.m., review of Patient # 16's clinical record revealed a POC with a start of care date of May 8, 2015 and a certification period of April 21, 2016 through April 20, 2017. The POC indicated that HHA services were eight (8) hours a day, seven days a week. Continued review of the record revealed that HHA services were not provided on weekends from December 2016 through February 2017.</p>	H 453	<p>H 453 (2) - For Patient #14, the change in weekend care hours of 6 hours to 5 hours were cited in the POC containing the physician signature on January 12, 2017. (See attached POC) Service was provided including the modified weekend hours from December 28, 2016 - February 14th, 2017. (See attached HHA time-sheets) Patient placed service on hold after 2/14/2017.</p> <p>(3) On June 23, 2016, Patient #16 requested that the weekend service be placed on hold. The Nurse Manager will reissue the 486 to obtain the physician signature.</p> <p>The Nurse Manager has been retrained on the importance of obtaining physician signatures on issued 486s on changes in hours and frequency of services.</p> <p>QA Nurse and Nurse Manager is reviewing all patients' POCs with a variance in hours for care not confirmed with physician. For POC affected, a 486 Form is issued and sent to the physician for signature. This will be completed by 5/30/17.</p> <p>The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, for proper completion of any changes in patients' hours of care to ensure compliance with professional standards with 100% satisfaction for POC documentation. This will be a continuous POC monitoring process.</p>	05/30/2017

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/21/2017
NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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	<p>Continued From page 10</p> <p>On March 17, 2017, at 3:32 p.m., interview with the ADON revealed that the patient did not have HHA service on the weekends. The ADON also revealed that she would start requesting a discontinue order for any services patient's refuse going forward.</p> <p>4. On March 17, 2017, at 12:30 p.m., review of Patient #9's clinical record revealed a POC with a start of care date of March 24, 2016, and a certification period of May 20, 2016 through April 25, 2017. The POC indicated that HHA services were to be provided 14 hours a day, seven days a week. Continued review of the record revealed that HHA services were only provided five (5) hours a day on the weekends from May 20, 2016 through March 12, 2017.</p> <p>On March 17, 2017, at 3:00 p.m., interview with the ADON revealed that the patient only wanted 5 hours of HHA service on the weekends. The ADON then revealed that she would get an order for the decreased hours of HHA services.</p> <p>5. On March 17, 2017, at 1:30 p.m., review of Patient #10's clinical record revealed a POC with a start of care date of June 24, 2016, and a certification period of June 24, 2016 through June 20, 2017. The POC indicated that HHA were to be provided eight (8) hours a day, seven (7) days a week. Continued review of the record revealed that HHA services were not provided on weekends after August 13, 2016 through February 2, 2017, the day the patient was discharged.</p> <p>On March 17, 2017, at 3:30 p.m., interview with the ADON revealed that the patient did not have HHA service on the weekends. The ADON also</p>	H 453	<p>H 453 - (4) On September 24, 2015, Patient #9 requested that the weekend hours of service be changed to 5 hours. The Nurse Manager will reissue the 486 to obtain the physician signature.</p> <p>The Nurse Manager has been retrained on the importance of obtaining physician signatures on issued 486s on changes in hours and frequency of services.</p> <p>QA Nurse and Nurse Manager is reviewing all patients' POCs with a variance in hours for care not confirmed with physician. For POC affected, a 486 Form is issued and sent to the physician for signature. This will be completed by 5/30/17.</p> <p>The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, for proper completion of any changes in patients' hours of care to ensure compliance with professional standards with 100% satisfaction for POC documentation. This will be a continuous POC monitoring process.</p> <p>(5) Since Patient #10 has been discharged, however, on August 18, 2016 the patient requested the cessation of weekend hours. The Agency is awaiting the 486 Form with the physician signature.</p> <p>The Nurse Manager has been retrained on the importance of obtaining physician signatures on issued 486s on changes in hours and frequency of services.</p> <p>QA Nurse and Nurse Manager is reviewing all patients' POCs with a variance in hours for care not confirmed with physician. For POC affected, a 486 Form is issued and sent to the physician for signature. This will be completed by 5/30/17.</p>	05/30/2017

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/21/2017
NAME OF PROVIDER OR SUPPLIER  IMMACULATE HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE 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 11  revealed that she would start requesting a discontinue order for any services patient's refuse going forward.  At the time of the survey, the skilled nurse failed to ensure the aforementioned patients' needs were met in accordance to their POCs.	H 453	H 453 - The Administrator and DON will each randomly review ten percent of the patients' POCs, monthly, for proper completion of any changes in patients' hours of care to ensure compliance with professional standards with 100% satisfaction for POC documentation. This will be a continuous POC monitoring process.	05/30/2017