

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 _____	Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	(X3) DATE SURVEY COMPLETED 02/05/2016
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NAME OF PROVIDER OR SUPPLIER IMMACULATE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREE, NE WASHINGTON, DC 20018	<i>Received 2/2/16 CW</i>
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H 000	INITIAL COMMENTS An annual survey was conducted from February 1, 2016, through February 5, 2016, 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 two hundred fifty (250) patients and employs five hundred twenty-three (523) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, fifteen (15) active patient records, five (5) discharged patient records, fifteen (15) employee records, five (5) home visits and interviews with patients/family and staff. Telephone interviews were also conducted with eleven (11) additional active patients. Please note listed below are abbreviations used throughout the body of this report. DON --- Director of Nursing HCA --- Home Care Agency HHA --- home health aide PCA --- Personal Care Aide POC --- plan of care	H 000	H000 -Immaculate Health Care Services, Inc (IHCS) acknowledges the deficiencies cited during the survey conducted on February 1st through February 5 th 2016 and will implement the following to prevent cited deficiencies from occurring and also following the guidelines of the District of Columbia HHA rules and regulations.	2/18/16
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected Duration; dietary requirements; medication administration, including dosage; equipment; and Supplies; This Statute is not met as evidenced by:	H355	H355 -The agency has reinforced its policy on completing a Plan of Care and conducted an educational in-service for all IHCSI clinicians. The In-Service addressed all aspects of developing a plan of care; including: description of the services to be provided, the frequency, expected duration, dietary requirements, medication administration, including dosage amounts, and equipment and supplies. Emphasis was placed during the training for the nurse manager and clinicians to ensure that duration of the services is always indicated in the plan of care. The training was conducted by the director of nursing and the quality assurance nurse. See attached in-service sign in sheets. The acknowledgement of the training is placed on each clinician's personnel file. The Quality assurance team reviewed the seven (7) affected clients' files (patient #18, #19, #23, #24, #25, # 26, and # 29 and established some corrective measures implemented to prevent such occurrence: 1) The staff nurse will review clinical records on a daily basis, 2) The Director of Nursing (DON) will randomly review 10% of patient records on a weekly basis, and 3) The Administrator will randomly review 10% of clinical records on a monthly basis to comply with this condition of participation, and this will be an ongoing process.	2/18/16 2/15/16

Continued on page 2

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ROSE MARIE SEGAY	TITLE Administrator	(X6) DATE 2/2/16
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NAME OF PROVIDER OR SUPPLIER IMMACULATE HEALTH CARE SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE WASHINGTON, DC 20018		
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H 355	<p>Continued From page 1</p> <p>Based on a record review and interview, the HCA failed to include the expected duration of services on the POCs for seven (7) of fifteen (15) patients receiving PCA services in the sample. (Patients' #18, #19, #23, #24, #25, #26 and #29)</p> <p>The findings include:</p> <p>During the Licensure survey beginning February 1, 2016 through February 5, 2016, fifteen (15) Active patients' clinical records were reviewed. Further review of the POCs of Patients #18, #19, #23, #24, #25, #26 and #29 failed to identify the duration of the skilled nursing and/or PCA to services to be provided.</p> <p>During interview with the DON and administrator on February 4, 2016, at approximately 3:00 p.m., it was acknowledged that the POCs failed to identify the duration of services to be provided. Additionally, the DON stated that the agency will ensure that all POCs (hand written and typed) shall include the expected duration of services to be provided.</p>	H 355	<p>H 355 Continued from pg. 1 Immaculate Health Care Agency has reviewed its policy on treatment plan and has conducted an extensive training with all Immaculate clinicians on plan of care, to include duration of skilled nursing services and PCA services. All immaculate clinicians were re-educated on the importance of treatment plans. All plan of care generated for patients must include the specific procedures and modalities to be used and the amount, frequency and duration of the therapy ordered as specified in the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39).</p> <p>The plan of care education in-service will be an ongoing process to educate all Immaculate clinicians on the generation and proper completion of a plan of care/ treatment plan.</p> <p>For those client who were found to have been affected with the POC without the expected duration of services to be provided such as patient #18, #19, #23, #24, #25, #26, and #29, their POC have been updated and a notification was sent to their PCP to inform them of this standard of participation.</p>	<p>2/18/16</p> <p>Ongoing</p> <p>2/16/16</p>
H 366	<p>3914.4 PATIENT PLAN CARE</p> <p>Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</p>		<p>The quality assurance nurse and the staff nurse are currently reviewing all patient clinical records, to ensure that all patient clinical records treatment plans are specific to include duration of skilled nursing services and duration of PCA services. Review of all patients' records will be completed by February 28th 2016.</p>	<p>2/28/16</p>

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H 366	Continued From page 2 This Statute is not met as evidenced by: based on record review and interview, the HCA failed to ensure that one (1) of one (1) patient receiving skilled care, had the POC signed by the physician within thirty (30) days of the start of Care. (Patient #25) The finding includes: On February 4, 2016, at approximately 1:45 p. m., review of Patient #25's clinical record revealed a POC with a start of care (SOC) date of December 5, 2015, for eight (8) weeks. Further review of the record revealed that the physical therapist visited the patient two (2) times a week from December 8, 2015 through January 21, 2016. There was no evidence that the POC was signed by the physician Within thirty (30) days after the SOC. During an interview with the agency DON and administrator on February 4, 2016, starting at approximately 3:00 p.m., the DON acknowledged that the POC was not signed by the physician within thirty (30) days after the SOC.	H 366	H366- Continued from pg. 2 The agency has re-enforced its policy on physician orders and the importance of Plan of Care orders, focusing on timely physician signatures within 30days of Start of Care. An educational training has been completed by the Director of Nursing for all clinicians to adhere to this condition of participation. All clinicians were In-serviced on the requirements for Compliance with the prompt notification of any change with the Plan of Care. Training completed on 2/18/2016 and acknowledgement of training documents placed in employee's files. See attached training sign-in sheet. The Quality Assurance Nurse will be responsible for reviewing clients' clinical files on a daily basis to maintain compliance with Physician timely signatures of POC. Patient #25 clinical records have been reviewed and corrective measures implemented see attached signed Plan of Care. All clinical files are currently reviewed by the Quality Assurance Nurse for compliance with timely physician's signatures. Corrective measures have been implemented for impacted clients' files. The Quality Assurance Nurse is reviewing all clinical files to ensure compliance with the physician orders which will be completed by 2/28/16, and will be an ongoing process henceforth. In addition, the Quality Assurance Nurse will be responsible for monitoring clients' physician's orders daily. The DON and Administrator will randomly review 10% of files to ensure compliance on a weekly and monthly basis, respectively. The agency has created a tracking sheet for POCs for weekly reviews for signed POC. See attached form for your review, this will re- enforced compliance. The identified client #25 clinical record was reviewed and updated by 2/05/2016. The POC was signed by the physician on 2/20/16.	2/18/16 Ongoing 2/28/16 Ongoing 2/20/16