

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JD NURSING &amp; MANAGEMENT SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6120 KANSAS AVE, NW WASHINGTON, DC 20011</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from February 23, 2016, through February 25, 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 thirteen (13) patients and employs seventeen (17) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, thirteen (13) active patient records, five (5) discharged patient records, fifteen (15) employee records, five (5) home visits and interviews with patients/family and staff.</p> <p>Please note listed below are abbreviations used throughout the body of this report.</p> <p>DON --- Director of Nursing HCA --- Home Care Agency HHA --- Home Health Aide PCA --- Personal Care Aide POC --- Plan of Care</p>	H 000	<p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 <i>Received 3/16/16 (curnd)</i></p>	
H 269	<p><b>3911.2(i) CLINICAL RECORDS</b></p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(i) Documentation of supervision of home care services;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure documentation of supervision of home care services was in the record for one (2) of seven (7) patients receiving PCA services. (Patient #7 and #13)</p>	H 269	<p>The Agency will ensure documentation of supervision of home care services. DON met with RN staff to inform them of the identified deficiencies. RNs will be In-serviced by DON. RNs will submit a list of their patients by 5th of each month to ADON. The list will be reviewed by the 20th of the month for supervision of Home Care Services by the ADON, and Non compliant RN's will be reported to DON by 25th of each month. RN's Non compliant at this time will have Patients on caseload reassigned by DON. At monthly RN staff meeting 20% of Patients charts will be audited for compliance. Quarterly, the DON will randomly select 20% of Patients charts and review for compliance.</p>	3/25/16

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



TITLE

**ADMINISTRATOR**

(X6) DATE

**3/16/16**

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H 269	Continued From page 1  The findings include:  On February 24, 2016, a review of Patient #7 record at approximately 10:20 a.m. revealed a plan of care (POC) with certification period of October 7, 2015, through April 7, 2016. The physician ordered Skilled Nursing visits every month for Personal Care Aide (PCA) supervision. Additional review of the clinical record failed to reveal documented evidence the PCA had been supervised by the skilled nurse from October 7, 2015, to the date of the survey.  During a face to face interview on February 24, 2016, at approximately 2:00 p.m. with the Administrator and the DON, the Administrator stated that due to the financial crisis of the agency many nurses left the agency without submitting their notes.	H 269	Refer to Page #1 H269.	3/25/16	
H 294	3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES  Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:  (c) To be informed orally and in writing of the following:  (2) Whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable;  This Statute is not met as evidenced by: Based on record review and interview, it was	H 294	An Agency Booklet shall be developed by DON which will contain Patient Rights and Responsibilities and all other information required in writing and given orally. These services may be covered by Medicaid, Medicare or any other sources and the extent of uncovered expenses for which the patient may be liable. The Booklet will be given to each Patient on admission by the Admission Nurse. The Patient will sign acknowledging receipt. Signature sheet will be placed in the Patients chart along with any other required consents. RN staff will audit 20% of Patients charts for signature monthly. DON will randomly select 20% of Patients charts quarterly and review for compliance. RN staff was informed of identified deficiencies.	4/11/16	

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H 294	Continued From page 2  determined that the HCA failed to inform the Patient in writing whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable in six (6) of six (6) patients in the sample receiving skilled services. (Patient #1, #2, #3, #4, #5 and #6)  The finding includes:  Review of Patients #1 through #6 clinical records on February 23, 2016, between the hours of 10:00 a.m., to 4:00 p.m., revealed a document in each record titled "Assignment of Benefits/Consent." Review of these documents revealed a section identifying "discipline service, charge per visit, amount insurance pay per visit, amount you pay per visit." This section was left blank.  A face to face meeting with the Administrator and DON on February 24, 2016, at approximately 3:00 p.m., confirmed that the section identifying "discipline service, charge per visit, amount insurance pay per visit, amount you pay per visit" was left blank. Additionally, the DON stated that the admitting RN was supposed to complete this section on admission.	H 294	Refer to page #2 H294.	4/11/16
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;	H 355	Dietary requirements shall be included in the Plan of Care. Nutritional requirements shall specify Physician's order for diet, specific dietary requirements. The section of Nutrition requirements will be completed on all Plans of Care. Staff will be In-Serviced on completion of the Plan of Care by DON. All RNs will review Plan of Care for completeness prior to submission and No blanks.	3/15/16

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H 355	<p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, the home care agency failed to include dietary requirements in the plan of care for six (6) of six (6) Patients receiving skilled care in the sample. (Patients' #1, #2, #3, #4, #5, and #6)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of Patient #1's clinical record revealed a POC with a certification period of January 13, 2016 through March 9, 2016. Further review of this POC revealed a section titled "Nutritional requirements." This section was left blank.</li> <li>2. Review of Patient #2's clinical record revealed a POC with a certification period of January 13, 2016 through March 12, 2016. Further review of this POC revealed a section titled "Nutritional requirements." This section was left blank.</li> <li>3. Review of Patient #3's clinical record revealed a POC with a certification period of January 13, 2016 through March 12, 2016. Further review of this POC revealed a section titled "Nutritional requirements." This section was left blank.</li> <li>4. Review of Patient #4's clinical record revealed a POC with a certification period of January 18, 2016 through March 17, 2016. Further review of this POC revealed a section titled "Nutritional requirements." This section was left blank.</li> <li>5. Review of Patient #5's clinical record revealed a POC with a certification period of January 15, 2016 through March 14, 2016. Further review of this POC revealed a section titled "Nutritional</li> </ol>	H 355	<p>Skilled Care Manager and Case Manager will check for Blanks when entering Data. RN Staff will review 20% of Patient charts monthly and DON will review 20% quarterly for completion. A tool will be developed for audit review and audit findings shall be documented.</p>	3/15/16

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H 355	Continued From page 4  requirements." This section was left blank.  6. Review of Patient #6's clinical record revealed a POC with a certification period of January 20, 2016 through March 20, 2016. Further review of this POC revealed a section titled "Nutritional requirements." This section was left blank.  A face to face meeting with the Administrator and DON on February 24, 2016, at approximately 3:00 p.m., confirmed that the section of the POC identifying "nutritional requirements" was left blank.	H 355	Refer to Page #3 and #4 H355.	3/15/16
H 363	3914.3(I) PATIENT PLAN OF CARE  The plan of care shall include the following:  (I) Identification of employees in charge of managing emergency situations;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to identify personnel in charge of managing emergencies on the Plan of Care (POC) for six (6) of six (6) patients, receiving skilled care, in the sample. (Patients' #1, #2, #3, #4, #5 and #6)  The findings include:  Review of Patients #1, #2, #3, #4, #5 and #6's POCs' beginning on February 23, 2016, between the hours of 10:00 a.m., to 4:00 p.m., revealed that the POCs failed to identify staff in charge of managing emergencies.  Interview with the administrator and DON on	H 363	The DON met with RN staff to inform them of the identified deficiencies. All Staff will be In-Serviced on the Emergency Protocol. The emergency protocol states the person to contact in case of Emergency situation is the Assistant Director of Nursing at 202-722-7776 during business and after hours. The Emergency Protocol instructs Patients what to do in specific Emergency situation. Examples, when to call 911 and what to do for natural disasters. The Emergency protocol will be given to Patients by PCA and Monthly Supervisory Nurse and it will become part of the Agency booklet that will be developed by 4/11/16. The Agency will ensure that the POC includes the Emergency protocol. The Skilled Manager and RN Case Manager will review all POCs before printing to make sure that the Emergency Protocol is included on the POC. The DON will randomly select and review 20% of Patient charts for compliance.	4/11/16

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H 363	Continued From page 5  February 24, 2016, at approximately 3:00 p.m., confirmed the finding of the surveyor.	H 363	Refer to page #5 H363.	4/11/16
H 364	3914.3(m) PATIENT PLAN OF CARE  The plan of care shall include the following:  (m) Emergency protocols; and...  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to identify their emergency protocol on the Plan of Care (POC) for six (6) of six (6) patients, receiving skilled care, in the sample. (Patients' #1, #2, #3, #4, #5 and #6)  The finding includes:  Review of Patients #1, #2, #3, #4, #5 and #6's POCs' beginning on February 23, 2016, between the hours of 10:00 a.m., to 4:00 p.m., revealed that the POCs' failed to identify the HCA's emergency protocol.  Interview with the administrator and DON on February 24, 2016, at approximately 3:00 p.m., confirmed the finding of the surveyor.	H 364	Refer to page #5 H363.	4/11/16
H 390	3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE  After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component	H 390	The DON will meet with PCA Staff and inform them of the identified deficiencies. The DON and Personnel Officer will In-Service PCAs regarding the 12 hours In-Service requirement. This agency will assure that after the first year of Service each Aide shall be required to obtain at least twelve	4/5/16

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H 390	<p>Continued From page 6</p> <p>specifically related to the care of persons with disabilities.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that after the first year of service each HHA obtained at least twelve (12) hours of continuing education or in-service training annually for seven (7) of eight (8) certified HHAs in the sample. (HHA #1, #2, #3, #5, #6, #7, and #8)</p> <p>The findings include:</p> <p>On February 24, 2016, starting at 9:45 a.m., review of the aforementioned HHA employee records revealed the following:</p> <ol style="list-style-type: none"> <li>1. HHA #1 was hired on October 22, 2010; he/she had six (6) hours of training for 2015.</li> <li>2. HHA #2 was hired on October 21, 2010; he/she had six (6) hours of training for 2015.</li> <li>3. HHA #3 was hired on November 8, 2011; he/she had six (6) hours of training for 2015.</li> <li>4. HHA #5 was hired on March 7, 2012; he/she had six (6) hours of training for 2015.</li> <li>5. HHA #6 was hired on March 21, 2013; he/she had six (6) hours of training for 2015.</li> <li>6. HHA #7 was hired on August 5, 2010; he/she had six (6) hours of training for 2015.</li> <li>7. HHA #8 was hired on May 10, 2011; he/she had six (6) hours of training for 2015.</li> </ol>	H 390	(12) hours of continuing education or In-Service training annually. The DON will present 12 hours of In-Service annually. PCAs who do not attend the scheduled In-services will be required to bring verification of receipt of required In-service. End of year, Personnel Officer will review personnel file of each PCA. DON will randomly select 20% of personnel files for compliance. Personnel Officer shall report names of Non-compliant ones to DON. Non Compliant PCAs will be made Inactive until In-Service is obtained.	4/5/16

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H 390	Continued From page 7  During an interview with the DON on February 24, 2016, at 10:45 a.m. he/she indicated that all the training for all employees had ceased for 2015, when the home care agency was required to transfer all Medicaid clients to other agencies. The DON further stated that clients were transferred with their aides.	H 390	Refer to Page #6 and #7 H390.	4/5/16