ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	Department of Health Department of Health Licensing Administration Health Regulation & Licensing Administration Health Regulation & Lord Facilities Division Health Regulation Care Facilities N.E. 10/	SURVEY
		1		Department of The Administration	
		HCA-0031	B. WING	Health Regulation & License Facilities Division	16/2015
AME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP COREDO North Capitol S 20002	10/2010
INAC S	ERVICES, INC	6856 EAS	TERN AVEN	Department Department Administration & Licensing	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	310N, DC 2	10012	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMP DAT
H 000	INITIAL COMMEN	ΓS	H 000	Corrective actions:	
				LINAC will ensure that the Registered	
	An annual survey w	vas conducted from October		Nurse documents supervision of the	
	14, 2015, through (October 16, 2015, to determine		care given to client by Linac staff	i
	compliance with Tit	le 22B DCMR, Chapter 39	i	monthly per the plan of care.	
1	Cara Acceptance	ies Regulations). The Home		monthly por the plant of ourc.	11/11/1
	bundred top (110)	des home care services to one		LINAC will ensure that the registered	1
- 1	hundred fifty (150)	patients and employs one		nurses conduct monthly visits to assess	
ĺ	Survey were based	employees. The findings of the on observations, interviews		client's current health status as stipulated	
	with natients and st	aff, and record reviews (ten		in the plan of care except when the	
	(10) patient records	and fifteen (15) personnel		patient is unavoidably absent.	
	records).			Systematic changes to be made	
	Please Note: Listed	below are abbreviations used		Stoff so orientation to the invest	1
	in this report.			Staff re-orientation to the importance of	1
	_			complete documentation and compliance	
	Gram (gm)			to Linac's policy on monthly supervisory and assessment visits.	
	Home Health Aide (HHA)		LINAC will change any nurse that	
	Home Care Agency	(HCA)		continues to be non -compliant to patients	
	Intravenous (IV)			plan of care.	14444
- 1	Licensed Practical I Milliliter (ml)				11/11/1
	Personal Care Aide Plan of Care (POC)	(PCA)		Monitoring plan	
	Registered Nurse (F	SN)		The clinical personnel will contact the	
	Total Parenteral Nut			registered nurses to ensure the	
				supervisory visits are completed within	
H 300	3912.2(d) PATIENT	PICHTS 9	11 200	the first 25- days of every month.	
	RESPONSIBILITIES		H 300	Clinical records of patients showing the	
1	TEO ONO BIETTE	,		registered nurse's supervisory visit will be	
in	Each home care ag	ency shall develop policies to		available for review by the surveyors.	
	ensure that each pa	tient who receives home care		Clinical meeting will be held every six	
	services has the foll	owing rights		months to re- educate /re-emphasis on the	
				importance of supervisory visits and	
10	(d) To receive treatn	nent, care and services		documentation.	
(consistent with the a	gency/patient agreement and			11/11/1
١	with the patient's pla	n of care;		Quality Assurance Department.	
	This Statute is set				
Regulat	This Statute is not r	net as evidenced by:	1		

(X6) DATE

MOX111

Health F	Regulation & Licensin	g Administration				
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•	E CONSTRUCTION	(X3) DATE S COMPL	
		HCA-0031	B. WING		10/1	6/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
LINAC S	I INAC SERVICES INC		TERN AVEN TON, DC 20	UE, NE, SUITE 320A 0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
H 300	Continued From partial Based on record refailed to develop an ensure treatment, consistent with the ten (10) patients in and #7) The findings included 1. On October 15, a.m., a review of Parevealed two (2) Por of July 10, 2015, to September 8, 2015, physician orders confor "RN visits month necessary (PRN) for and supervision of assessment,	ge 1 view and interview, the HCA ad implement a policy to care and services were patient's POC for three (3) of the sample. (Patient #4, #5	H 300		ered the ered assess tipulated ne e nce of npliance ervisory t o patients t the within ng the sit will be yors. y six sis on the	11/11/15
	2. On October 15, p.m., a review of Pa revealed two (2) PC	2015, at approximately 1:30 atient # 5's clinical record DCs' with certification periods	8.	Chart audit will be held bi-monthl Quality Assurance Department.	y by the	11/11/15

Health Regulation & Licensing Administration

FORM APPROVED

Health F	Regulation & Licensin	g Administration			FORIVIT	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE COMP	
		HCA-0031	B. WING		10/1	6/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADO	DRESS, CITY, S	STATE, ZIP CODE	10/1	0/2013
	ERVICES, INC			UE, NE, SUITE 320A		
LIVACO		WASHING	TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
H 300	2015. These POCs for "RN visits month necessary (PRN) for and supervision of assessment, asses visit" LPN visits (7) days a week for medications and tree Use G-Tube feeding Further review of Parevealed the RN visit 2015, conducted around failed to docume	e, 2015, to November 18, s' contained physician orders ally and two (2) visits as or sixty (60) days for evaluation care, general physical s cardiopulmonary status, q sten (10) hours a day, seven sixty (60) days to "administer eatments per doctors" orders, g and meds administration" Tatient #5's clinical record sited the patient on August 17, assessment of the patient, ent supervision of care	H 300	Corrective actions: LINAC will ensure that the Register Nurse documents supervision of the care given to client by Linac staff monthly per the plan of care. LINAC will ensure that the register nurses conduct monthly visits to a client's current health status as stifted in the plan of care except when the patient is unavoidably absent. Systematic changes to be made staff re-orientation to the important complete documentation and complete documentation and complete documentation.	red ussess ipulated ue	11/11/15
	provided by the LPN documented evidenthe RN visited the p September 2015, to supervision of care. 3. On October 15, 2 p.m., a review of Parevealed a POC with 19, 2015, to Octobe contained physician and two (2) visits as (60) days for evalua general physical ass cardiopulmonary stafour (4) hours a day sixty (60) days to "as living for safety, ass grooming" Further review of Parevealed the RN visi 2015, conducted an but failed to docume	N. Additionally, there was no ice in the clinical record that atient during the month of conduct an assessment or 2015, at approximately 12:30 atient # 7's clinical record h certification period of August or 17, 2015. This POC orders for "RN visits monthly anecessary (PRN) for sixty tion and supervision of care,		to Linac's policy on monthly super and assessment visits. LINAC will change any nurse that continues to be non -compliant to plan of care. Monitoring plan The clinical personnel will contact registered nurses to ensure the supervisory visits are completed to the first 25- days of every month. Clinical records of patients showin registered nurse's supervisory visit available for review by the surveyor Clinical meeting will be held every months to re- educate /re-emphas importance of supervisory visits are documentation. Chart audit will be held bi-monthly Quality Assurance Department.	patients the within ng the it will be ors. six sis on the nd	11/11/15

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG:	(X3) DATE SURVEY
	HCA-0031	B. WING_		
NAME OF PROVIDER OR SUPPLIER	STREET	DDRESS CIT	Y, STATE, ZIP CODE	10/16/2015
LINAC SERVICES, INC	6856 EA	STERN AVE	ENUE, NE, SUITE 320A	
(X4) ID SUMMARY STA	WASHIN	GTON, DC	20012	
FREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D DC
H 300 Continued From page	ge 3	H 300		
conduct an assessn	ce in the clinical record that atient on September 2015, to nent or supervision of care.			
supervisory and nurs condensing it into on	tober 15, 2015, at one, the administrator stated recently revised their sing assessment form by			
H 390 3915.6 HOME HEAL AIDE SERVICE	TH & PERSONAL CARE	H 390	Corrective actions:	
continuing education annually, which shall help maintain or important the continuing shall included the continuing shall include the continuing shall include the continuing shall be continued to obtain at 1 continuing education annually shall be continued to the continuing education and the continuing	include information that will		LINAC will ensure that all Home head Aides receives twelve hours of in-sequence. All Home Health Aides must attend a quarterly in-services trainings organiby Linac Home health Agency. Linac agency will re-orient all the home health aides on the importance of the Yearly twelve hours in-service training requirement pended for the service training training the service training train	the ized me e
falled to ensure that a	et as evidenced by: w and interview, the HCA fter the first year of service, st twelve (12) hours of		requirement needed for compliance Department of health regulation.	12/30/15
continuing education of	or in-service training of eight (8) HHA's in the		Systematic changes to be made LINAC will remove any home health aide from patients care who did not a the in-service training and did not obt	ttend
The findings include:		1	required training elsewhere as at who	ain the en
On October 15, 201 approximately 10:00 a. #6's personnel record.	5, starting at m., review of Employee evealed that the HHA was		uue. Linac will provide make up trainings e quarter	each

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STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION		SUPPLIER/CLIA TON NUMBER:		PLE CONSTRUCTION G:		E SURVEY
				G	CON	PLETED
NAME OF PROVIDER OF THE	HCA-003	1	B. WING _		10/	16/201
NAME OF PROVIDER OR SU				, STATE, ZIP CODE		
LINAC SERVICES, INC		6856 EA WASHII	ASTERN AVE NGTON, DC	NUE, NE, SUITE 320A 20012		
PREFIX (EACH DE	ARY STATEMENT OF DEFICI FICIENCY MUST BE PRECED RY OR LSC IDENTIFYING INI	IENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XE COMPI DAT
H 390 Continued F	om page 4		H 390	Monitoring plan		1
hired at the HCA on October 3, 2013. There was no documented evidence that the HHA had attended twelve (12) hours of in-service training for the year 2014. 2. On October 15, 2015, starting at approximately 10:20 a.m., review of Employee #7's personnel record revealed that the HHA was hired at the HCA on September 9, 2013. There was no documented evidence that the HHA had attended twelve (12) hours of in-service training for the year 2014. 3. On October 15, 2015, starting at approximately 10:45 a.m., review of Employee #8's personnel record revealed that the HHA was hired at the HCA on August 20, 2013. There was no documented evidence that the HHA had attended twelve (12) hours of in-service training for the year 2014.			The personnel department we compliance to this standard. Any home health aide that me quarterly class and its make will be notified immediately a of such training required with days of notification in order to work LINAC will provide document compliance to this regulation Employee file / in-service audit a year.	isses the up class nd evidence in fourteen continue to ts to support	12/30/1	
Administrator	rview with the Adminis 015, at approximately of stated that he/she will give twelve (12) hours t citation.	3:00 p.m., the			4	
H 411 3915.11(f) HOI AIDE SERVICE	ME HEALTH & PERSO	ONAL CARE	H 411			
Home health a following:	de duties may include	the				
(f) Observing, repatient's physic appearance;	ecording, and reporting al condition, behavior,	g the or				

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6899

H 411 Continued From page 5 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that HHAs documented the patient's physical condition, behavior or appearance on the medical record for one (1) of ten (10) patients in the sample that were receiving HHA services. (Patient #7) The finding includes: On October 15, 2015, at approximately 12:30 p.m., a review of Patient # 7's clinical record revealed a POC with certification period of August 19, 2015, to October 17, 2015. This POC contained physician orders for "RN visits monthly and two (2) visits as necessary (PRN) for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days to "assist client in activities of daily living for safety, assist with daily bath and grooming" H 411 Continued From page 5 H 411 Corrective actions: LINAC will ensure proper and complete Documentation of patient's physical condition/ behavior/ and appearance by the home health aide each day of care. Systematic changes to be made LINAC will re-orient all home health aides on proper and complete documentation Home health aides with incomplete documentation to make corrections immediately. One on one training for home health aides who refuses to follow the teaching regardless of all training given. Monitoring plan Quick review of all home health aides notes on a weekly basis before filling		Health R	regulation & Licensin	a Administration				11/09/2018 APPROVED
INAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) TAG H 411 Continued From page 5 H 411 Continued From page 5 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that HHAs documented the patient's physical condition, behavior or appearance on the medical record for one (1) of ten (10) patients in the sample that were receiving HHA services. (Patient #7) The finding includes: On October 15, 2015, at approximately 12:30 p.m., a review of Patient #7's clinical record revealed a POC with certification period of August 19, 2015, to October 17, 2015. This POC contained physician orders for "RN visits monthly and two (2) visits as necessary (PRN) for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days to "assist client in activities of daily living for safety, assist with daily bath and grooming" Further review of the PCA notes in record #7 failed to reveal that the PCA documented the patient's physical condition, behavior or appearance on the medical record. During a face to face interview with the administrator October 22, 2015, at approximately		STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '			
NAME OF PROVIDER OR SUPPLIER LINAC SERVICES, INC STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012 PREPIX FROM CHARLES AND FORRECTION (EACH DEPTICIENCY MILET BE PROCECOED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 4111 Continued From page 5 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HA failed to ensure that HHAs documented the patient's physical condition, behavior or appearance on the medical record for one (1) of ten (10) patients in the sample that were receiving HHA services. (Patient #7) The finding includes: On October 15, 2015, at approximately 12:30 p.m., a review of Patient # 7's clinical record revealed a POC with certification period of August 19, 2015, to October 17, 2015, This POC contained physician orders for "RN visits monthly and two (2) visits as necessary (PRN) for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit	L			HCA-0031	B. WING		10/1	6/2015
Commentation of patients physical condition, behavior or appearance on the medical reveiled physical sassess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days to revealed a reveiled to reveiled the patient's physical condition, behavior or appearance on the medical record (A) During a face to face interview of the medical record for safety, assist client in activities of daily administrator October 12, 2015, at approximately 2015, and appearance on the medical revealed a POC with certification period of August (30) days for evaluation and supervision of care, general physical acondition, behavior or appearance on the medical revealed a revealed to reveal that the PCA documented the patient's physical condition (behavior) and appearance by the home health aide each day of care. H 411	l	NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) H 411 Continued From page 5 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that HHAs documented the patient's physical condition, behavior or appearance on the medical record for one (1) of ten (10) patients in the sample that were receiving HHA services. (Patient #7) The finding includes: On October 15, 2015, at approximately 12:30 p.m., a review of Patient # 7's clinical record revealed a POC with certification period of August 19, 2015, to October 17, 2015. This POC contained physician orders for "RN visits monthly and two (2) visits as necessary (PRN) for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days to "assist client in activities of daily living for safety, assist with daily bath and grooming" Further review of the PCA notes in record #7 falled to reveal that the PCA documented the patient's physical condition, behavior or appearance on the medical record revealed a POC with certification period of August (80) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days to "assist client in activities of daily living for safety, assist with daily bath and grooming" Further review of the PCA notes in record #7 falled to reveal that the PCA documented the patient's physical condition, behavior or appearance on the medical record revealed a POC with certification period of August 19, 2015, at approximately and the patient's physical condition, behavior or appearance on the medical record revealed a POC with certification period of August 19, 2015, at approximately and the patient's physical condition, behavior or appearance to the medical record revealed a POC with certificat		LINAC SI	ERVICES, INC					
This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that HHAs documented the patient's physical condition, behavior or appearance on the medical record for one (1) of ten (10) patients in the sample that were receiving HHA services. (Patient #7) The finding includes: On October 15, 2015, at approximately 12:30 p.m., a review of Patient #7's clinical record revealed a POC with certification period of August 19, 2015, to October 17, 2015. This POC contained physician orders for "RN visits monthly and two (2) visits as necessary (PRN) for sixty (60) days for evaluation and supervision of care, general physical assessment, assess cardiopulmonary status, q visit" PCA visits four (4) hours a day, seven (7) days a week for sixty (60) days to "assist client in activities of daily living for safety, assist vith daily bath and grooming" Further review of the PCA notes in record #7 failed to reveal that the PCA documented the patient's physical condition, behavior or appearance on the medical record. During a face to face interview with the administrator October 22, 2015, at approximately		PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
surveyor's finding and stated that he/she will conduct an in-service to instruct the aides on			This Statute is not Based on record redetermined that the HHAs documented condition, behavior record for one (1) osample that were re(Patient #7) The finding includes On October 15, 201 p.m., a review of Parevealed a POC wit 19, 2015, to Octobe contained physician and two (2) visits as (60) days for evalua general physical ascardiopulmonary sta (4) hours a day, sev (60) days to "assist living for safety, ass grooming" Further review of the failed to reveal that patient's physical coappearance on the incomplete the contained physical coappearance on the incomplete the coappearance on the coappearance on the incomplete the coappearance on the	met as evidenced by: view and interview, it was HCA failed to ensure that the patient's physical or appearance on the medical f ten (10) patients in the exceiving HHA services. 5, at approximately 12:30 atient # 7's clinical record h certification period of August er 17, 2015. This POC orders for "RN visits monthly ancessary (PRN) for sixty stion and supervision of care, esessment, assess atus, q visit" PCA visits four ven (7) days a week for sixty client in activities of daily ist with daily bath and e PCA notes in record #7 the PCA documented the endition, behavior or medical record. e interview with the er 22, 2015, at approximately histrator confirmed the and stated that he/she will	H 411	LINAC will ensure proper and cord Documentation of patient's physic condition/ behavior/ and appearathome health aide each day of card systematic changes to be made and proper and complete document Home health aides with incompled documentation to make correction immediately. One on one training for home health at continues to document poorly Suspension of any home health a refuses to follow the teaching regall training given. Monitoring plan Quick review of all home health a notes on a weekly basis before fill Chart audit done by quality assured.	e Ith aides ntation te ns alth aides y, nide who ardless of	12/15/15

Health Regulation & Licensing Administration STATE FORM

documentation.

Health F	Regulation & Licensin	g Administration			. 01111	ALLICOVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
		HCA-0031	B. WING		10/-	16/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
LINAC S	ERVICES, INC		TERN AVEN	IUE, NE, SUITE 320A 0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BF	(X5) COMPLETE DATE
H 450	Continued From pa	ge 6	H 450			
	Skilled nursing serv registered nurse, or under the supervision accordance with the sased on interview failed to ensure servaccordance with the	JRSING SERVICES ices shall be provided by a by a licensed practical nurse on of a registered nurse, and the patient's plan of care. met as evidenced by: and record review, the HCA vices were provided in a POC for three (3) of ten (10) ble receiving care. (Patients	H 450	Corrective actions: LINAC will ensure that the Register Nurse documents supervision of the care given to client by Linac staff monthly per the plan of care. LINAC will ensure that the register nurses conduct monthly visits to a client's current health status as stift in the plan of care except when the patient is unavoidably absent. Systematic changes to be made.	red essess pulated e	11/11/15
	#4, #5 and #7) The findings included 1. On October 15, 2 a.m., a review of Parevealed two (2) PO of July 10, 2015, to september 8, 2015, POCs' contained phemonthly and two (2) sixty (60) days for exare, general physic cardiopulmonary states seven (7) hours on Interest Tuesday to Friday at Saturday for sixty (60) activities of daily living bath and grooming. Further review of Parevealed the RN visit 2015, conducted an but failed to docume provided by the PCA the patient on September 15, 2015, and 15, 2015, and 15, 2015, and 15, 2015, and 2	2015, at approximately 11:30 tient # 4's clinical record Cs' with certification periods September 9, 2015, and from to November 6, 2015. These ysician orders for "RN visits visits as necessary (PRN) for valuation and supervision of al assessment, assess tus q visit" PCA visits Monday, four (4) hours and eight (8) hours on 0 days to "assist client in ag for safety, assist with daily" tient #4's clinical record ted the patient on August 5, assessment of the patient, nt supervision of care Additionally, the RN visited		Staff re-orientation to the importar complete documentation and com to Linac's policy on monthly super and assessment visits. LINAC will change any nurse that continues to be non -compliant to plan of care. Monitoring plan The clinical personnel will contact registered nurses to ensure the supervisory visits are completed the first 25- days of every month. Clinical records of patients showin registered nurse's supervisory visit available for review by the surveyor Clinical meeting will be held every months to re- educate /re-emphas importance of supervisory visits are documentation. Chart audit will be held bi-monthly Quality Assurance Department.	pliance visory patients the within leg the let will be let six lis on the led	11/11/15

Health Regulation & Licensing Administration

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TE SURVEY MPLETED
		HCA-0031	B. WING		/16/2015
IAME OF	PROVIDER OR SUPPLIER	R STREET AD	DRESS CITY	STATE, ZIP CODE	10/2015
INACS	ERVICES, INC			NUE, NE, SUITE 320A	
		WASHING	STON, DC 2	20012	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLI DATE
H 450	Continued From p	age 7	H 450		
	failed to conduct a 2. On October 15	an assessment of the patient.		Corrective actions: LINAC will ensure that the Registered Nurse documents supervision of the care given to client by Linac staff monthly per the plan of care.	
	p.m., a review of F revealed two (2) P of July 22, 2015, to from September 2 2015. These POC for "RN visits mon- necessary (PRN) is	Patient # 5's clinical record COCs' with certification periods o September 19, 2015, and 0, 2015, to November 18, Cs' contained physician orders thly and two (2) visits as for sixty (60) days for evaluation		LINAC will ensure that the registered nurses conduct monthly visits to assess client's current health status as stipulated in the plan of care except when the patient is unavoidably absent.	11/11/19
	assessment, asse visit" LPN visits (7) days a week for medications and truse G-Tube feedir Further review of Frevealed the RN vizonts, conducted a but failed to documprovided by the LP documented evide the RN visited the	care, general physical ses cardiopulmonary status question (10) hours a day, seven ar sixty (60) days to "administer reatments per doctor's order. In any and meds administration" Patient #5's clinical record sited the patient on August 17, and assessment of the patient, and seems and the clinical record that patient during the month of a conduct an assessment of a conduct and a conduct an assessment of a conduct and a conduct a		Systematic changes to be made Staff re-orientation to the importance of complete documentation and compliance to Linac's policy on monthly supervisory and assessment visits. LINAC will change any nurse that continues to be non -compliant to patients plan of care. Monitoring plan The clinical personnel will contact the registered nurses to ensure the	
	supervision of care 3. On October 15, p.m., a review of P revealed a POC wi 19, 2015, to Octobe contained physicial and two (2) visits a (60) days for evaluation of the cardiopulmonary stored the cardiopulmonar	2015, at approximately 12:30 atient #7's clinical record th certification period of August er 17, 2015. This POC n orders for "RN visits monthly s necessary (PRN) for sixty ation and supervision of care, seessment, assess atus q visit" PCA visits four ven (7) days a week for sixty client in activities of daily		supervisory visits are completed within the first 25- days of every month. Clinical records of patients showing the registered nurse's supervisory visit will be available for review by the surveyors. Clinical meeting will be held every six months to re- educate /re-emphasis on the importance of supervisory visits and documentation. Chart audit will be held bi-monthly by the Quality Assurance Department.	

1 1/109/2015

PRINTED: 11/09/2015

STATEME	Regulation & Licens ENT OF DEFICIENCIES	(X4) PROMPER			FORM APPROV	
AND PLAI	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION (X:	3) DATE SURVEY COMPLETED	
		HCA-0031	B. WING _			
IAME OF	PROVIDER OR SUPPLIER	STREFT 4	DDRESS CIT	/, STATE, ZIP CODE	10/16/2015	
INAC S	SERVICES, INC			ENUE, NE, SUITE 320A		
	TERVIOLS, INC	WASHIN	GTON, DC	20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) E COMPLET TE DATE	
H 450	Continued From pa	ige 8	H 450			
	grooming"				9	
	6				E .	
	Further review of P	atient #7's clinical record	i		Ę.	
	2015 conducted ar	sited the patient on August 20,	Î		47	
() () () ()	but railed to docume	assessment of the patient, ent supervision of care	1 1			
	provided by the PC	A. Additionally there was no				
- 1	documented eviden	ce in the clinical record that	Ĭ.			
1	conduct an assess	atient on September 2015, to nent or supervision of care.	í R	1		
1			į.	1		
	During a face to face	e interview with the	}		181	
1	administrator Octob	er 22, 2015(post survey), at			8	
10	that the agency had	o.m., the administrator stated recently revised their			€.	
	supervisory and nurs	sing assessment form by		-:		
	condensing it into or	e document. The			ŝ	
	administrator confirm surveyors.	ned the finding of the			3	
H 45 3 (3917.2(c) SKILLED I	NURSING SERVICES	H 453		3.	
: [t	Outies of the nurse s he following:	hall include, at a minimum,		Corrective actions LINAC will ensure all staff follows the doctors order as contained	12/01/15	
- (c) Ensuring that pati accordance with the	ent needs are met in plan of care;		in the plan of care. Linac will ensure that all staff are knowledgeable/ are able to implement Linac agency emergency protocols.	all	
n w	urse falled to ensure ere met in accordan	et as evidenced by: ew and interview, the skilled that the patient's needs ce with their POC for one s in the sample. (Patient #1)		One on one clinical meeting held with skilled nurse taken care of patient #1.		
TI	he findings include:	į			*	
1a Pa	a. On October 15, 20 atient #1's record rev	015, at 10:38 a.m., review of			¥7	

Health Regulation & Licensing Administration STATE FORM

FORM APPROVED

	Regulation & Licensin					
STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HCA-0031	B. WING		4014	2/22/-
NAME OF	DDO: (10 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				10/1	6/2015
INAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LINAC S	ERVICES, INC			IUE, NE, SUITE 320A		
	1		TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPOLICIENCY)	DRE	(X5) COMPLETE DATE
H 453	Continued From pa	ge 9	H 453	- The state of the		
П 453	certification of period through November's skilled nursing serviday, seven (7) days revealed that there that skilled nursing soctober 4 - October During an interview a.m., the administramay not be filed yet would be contacted services given on the 1b. On October 15, Patient #1's record recrtification of period through November's skilled nursing serviday, seven (7) days documented an emergarents and PCP for than 120 beats per reheart rate was documented and the parents and PCP for than 120 beats per reheart rate was documented and period than 120 beats per reheart rate was documented and pe	d of September 6, 2015 4, 2015, and an order for ices twelve (12) hours per per week. Further review was no documented evidence services were provided 7, 2015. on October 15, 2015 at 10:55 for stated that the visit notes and that Patient #1's nurse to obtain information about a eaforementioned dates. 2015, at 10:38 a.m., review of revealed a POC with a dof September 6, 2015 4, 2015, and an order for ces twelve (12) hours per per week. The POC argency protocol to notify patient's heart rate greater minute (bpm). Patient #1's mented as greater than 120 grades: - 122 bpm; - 124 bpm; - 124 bpm; - 124 bpm; - 124 bpm;	H 453	Corrective actions LINAC will ensure all staff follows the doctors order as contained in the plan of care. Linac will ensure that all staff are knowledgeable/ are able to imple Linac agency emergency protocol One on one clinical meeting held with skilled nurse taken care of patient. Systematic changes to be made LINAC to reinforce staff compliant weekly submission notes per our schedule. LINAC will conduct a clinical meet to address emergency protocols, to implementation and documentation Disciplinary actions will be taken on non-compliant staff. The nurse supervisor to continue reinforcing normal vital signs range emergency protocols during month. Linac will have clinical meetings exmonths.	s. with #1. ee to ing here n. n any	12/01/15
	September 12, 2015	- 122 bpm;		Monitoring plan		
	September 13, 2015	- 124 bpm;		Monitoring plan		12/01/15
	September 14, 2015			Bondom rovious of eliminatural		
	September 16, 2015 September 19, 2015 September 20, 2015 September 21, 2015 September 22, 2015	- 124 bpm; - 128 bpm; - 122 bpm; - 124 bpm;		Random review of clinical notes do weekly by the nurse administrator. Client chart audit every 60days by Assurance staff.		
1	September 23, 2015	- 122 hnm				

September 23, 2015 - 122 bpm; September 28, 2015 - 126 bpm; Health Regulation & Licensing Administration

Health Regulation &	ICIES (X1) F	ROVIDER/SUPPLIER/CLIA	/Y2\ MI II T	IDI E CONOTONIO	FORM APPRO
AND PLAN OF CORRECTION	ON (DENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG:	(X3) DATE SURVEY COMPLETED
		HCA-0031	B. WING _		7212-1212-1230-0-13 Max
AME OF PROVIDER OR S	UPPLIER	STREET A	DORESS CITY	, STATE, ZIP CODE	10/16/2015
INAC SERVICES, INC	•	6856 FA	STERN AVE	NUE, NE, SUITE 320A	
		WASHIN	GTON, DC	20012	
(X4) ID SUMM PREFIX (EACH DE	MARY STATEMENT	OF DECICIENDES	!D		
The state of the s	ORT OR LSC IDEN	BE PRECEDED BY FULL TIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	11 5 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10
H 453 Continued F	rom page 10		H 453		
September 2	29, 2015 - 124	. hnm·			
September	30. 2015 - 128	hnm: and			
October 3, 2	015 - 122 bpn	n.			
	·				
evidence the	the ekilled	was no documented			
#1's parents	or PCP regard	urse notified Patient ding the elevated heart		1	
rate.	or regard	any the elevated heart		1	
5					
During an inte	erview on Oct	ober 15, 2015 at 10:55			
a.m., the aun	IIIIISTRATOR ACK	nowlodged that the			
orthica Harse	e plan of care.	the emergency			
p. a.a.a.	e plair of care.				
H 456 3917.2(f) SKII	LLED NURSII	NG SERVICES	H 456		
the following:	nuise shall lift	clude, at a minimum,			
(f) Supervision					361
health and per	rsonal care air	elivered by home des and household		Corrective actions	1
support staff, a	as appropriate	ies and nousehold		LINAC will ensure that the Registe	arad
ENTO MIS		'1		Nurse documents supervision of t	he
T (1 a)				care given to client by I inac staff	1
This Statute is	s not met as e	videnced by:		monthly visit per the plan of care a	are on file
pased ou teco	ore weive) Di	intervious the harry	1		444444
services being	delivered by	ent the supervision of	1	LINAC will ensure that the register	red
services being personal care a	aide (DCA) or	home health aide		nurses conduct monthly visits to a	ssess
(i i i/J), IOI LWO	(2) Of the fen	(10) sampled		client's current health status as sti in the plan of care except when the	pulated
patients. (Patie	nts #4 and #7)		patient is unavoidably absent.	-
The findings inc	clude:	a			l.
	15, 2015, at a	pprovimetal: 44.55			
1. On October		pproximately 11:30	1		
1. On October a.m., a review o	л ганелгж до	Clinical record			
revealed two (2)) POCs' with o	Clinical record			
revealed two (2) of July 10, 2015) POCs' with o	clinical record pertification periods or 9, 2015, and from other 6, 2015. These			

Health F	Regulation & Licensin	ng Administration		_	FORINI /	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			COMP	
		HCA-0031	B. WING		10/1	6/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS. CITY, §	STATE, ZIP CODE		0,20,0
_				UE, NE, SUITE 320A		
LINAC 5	ERVICES, INC		TON, DC 20			
(X4) ID		TEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE DATE
		30 1021111 11110 1111 011111111111111111	IAG	DEFICIENCY)	KIAIE	UATE
H 456	Continued From pa	ine 11	H 456			
	·		П 4 50			
	POCs' contained pr	hysician orders for "RN visits				
	monthly and two (2)) visits as necessary (PRN) for				
	care general physic	evaluation and supervision of cal assessment, assess		Systematic changes to be made)	
		atus, q visit" PCA visits		Staff re-orientation to the importan	saa af	
		Monday, four (4) hours		Staff re-orientation to the importar complete documentation and com	nliance	
	Tuesday to Friday a	and eight (8) hours on		to Linac's policy on monthly super	visory	
	Saturday for sixty (6	60 days to "assist client in		and assessment visits.	1100.	
		ing for safety, assist with daily		LINAC will change any nurse that		
	bath and grooming.	"		continues to be non -compliant to	patients	
	Further review of D	atient #4's clinical record		plan of care.		11/11/15
i		sited the patient on August 5,		B 14 1 1		
	2015. conducted an	assessment of the patient,		Monitoring plan		
	but failed to docume	ent supervision of care		The clinical personnel will contact	tho	
	provided by the PC/	Α		registered nurses to ensure the	lile	
				supervisory visits are completed v	within	
	2 On Ontober 45 (0045 -1 - 1 - 1 - 10 00		the first 25- days of every month.		
		2015, at approximately 12:30		Clinical records of patients showin		
	revealed a POC with	atient #7's clinical record th certification period of August		registered nurse's supervisory visi		
	19. 2015. to Octobe	er 17, 2015, with physician		available for review by the surveyo		
	orders for "RN visits	s monthly and two (2) visits as		Clinical meeting will be held every		
	necessary (PRN) fo	or sixty (60) days for evaluation		months to re- educate /re-emphas		
	and supervision of o	care, general physical		importance of supervisory visits ar documentation.	1a	
	assessment, assess	s cardiopulmonary status, q	a = 1	Chart audit will be held bi-monthly	hy the	11/11/15
		four (4) hours a day, seven (7)		Quality Assurance Department.	by the	11/11/15
	days a week for sixt	ty (60) days to "assist client in			j	
	bath and grooming	ng for safety, assist with daily			1	
	bath and grooming	1				
	Further review of Pa	atient #7's clinical record		**,		
	revealed the RN visi	ited the patient on August 20, 📗				
	2015, conducted an	assessment of the patient,				
	but failed to docume	ent supervision of care				
	provided by the PCA	A. Additionally, there was no				
		ce in the clinical record that of the PCA service for the				
	month of September					
	mentar or ocptember	, 2010.				

Health Regulation & Licensing Administration STATE FORM

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g Administration			
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			OATE SURVEY
HCA-0031	B. WING _		10/40/004=
STREET AD	DRESS CITY		0/16/2015
6856 EAS	TERN AVE	NUE, NE, SUITE 320A	
EMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
e 12	H 456		
e interview with the			e U
y services are provided, they accordance with the patient's inistered by a registered ctical nurse who shall have in intravenous therapy. et as evidenced by: ew and interview, the agency of services were provided in tient's plan of care; and of solutions were istered nurse with training in of one (1) patient. (Patient of one (1) patient. (Patient 2015. The POC killed nurse was to only x 20 hrs, D12%, Wednesday and Friday. 115, at 11:30 a.m., review ealed that Patient #8 was all with Levocarnitine 118. IV daily over 20 hours	H 490	Linac will also ensure that the guardians are properly taught of any adjustment pricto giving it. Systematic Change LINAC's will be re-oriented on the need for double checking the pump setting agrees to the plan of care. Linac will be write out all updated settings on the pump. Employee's #1, certification will be on file Monitoring	0r 12/30/15
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0031 STREET AD 6856 EAS	(X2) MULTI A. BUILDIN B. WING STREET ADDRESS, CITY 6856 EASTERN AVE WASHINGTON, DC EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) JE 12 A. Interview with the BY 22, 2015, at approximately interview with the particle finding JUS THERAPY SERVICES A. Interview with the patient's inistered by a registered ctical nurse who shall have A. In intravenous therapy. A. BUILDIN A. BUIL	(X3) PROVIDER/SUPPLER/CLIA A BUILDING: HCA-0031 STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012 EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG COTRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY) WE services are provided, they incordance with the patient's inistered by a registered citical nurse who shall have in intravenous therapy. All the affected staff certifications are Documented Linac ensure receiving details of Parenteral rate and the adjustment of the made by the home infusion company. All the affected staff certifications are Documented Linac ensure receiving details of Parenteral rate and the adjustment of the made by the home infusion company. Linac will also ensure that the guardians are properly taught of any adjustment pric to giving it. Systematic Change LINAC's will be re-oriented on the need for double checking the pump setting agrees to the plan of care. Linac will be write out all updated settings on the pump. Employee's #1, certification will be on file Monitoring LINAC's quality assurance committee will perform employee's audit three times a year.

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PRINTED: 11/09/2011 Health Regulation & Licensing Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HCA-0031 B. WING NAME OF PROVIDER OR SUPPLIER 10/16/2015 STREET ADDRESS, CITY, STATE, ZIP CODE LINAC SERVICES, INC 6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG PREFIX (X5)COMPLETE TAG DATE DEFICIENCY) H 490 Continued From page 13 6 H 490 Corrective actions Linac will ensure that all the nurses Review of the nursing flow sheets during the administering intravenous treatments aforementioned certification period revealed that certification are on file before they RN #1 and RN #3 administered 1700 ml of TPN 12/30/15 assume duty. as well as 30 ml of lipids Sunday through Saturday. There was no documentation that All the affected staff certifications are Levocarnitine 118 mg was added to each bag of Documented TPN. Linac will ensure receiving details of Parenteral nutrition rate and adjustments During an interview on October 15, 2015 at 12:58 made by the doctor promptly. p.m., the administrator acknowledged that the nurses administered 1700 ml. The administrator also stated that the specifics of Patient #8's TPN Systematic Change and lipid order were unknown because this is a LINAC's staff will be re-oriented on the new patient. Need to double check the pump settings, For correctness. 2. On October 15, 2015, at 2:00 p.m., review of 12/30/15 RN #1's personnel file revealed a hire date of Linac document all updated February 13, 2015. At the time of the survey, settings on the pump. Employee's #1, certification will be on file there was no documented evidence the RN #1 had previous training in IV therapy. Monitorina During an interview on October 15, 2015, at 2:32 LINAC's quality assurance committee will p.m., the administrator acknowledged that there perform employee's audit three times was no IV training document for RN #1, however, stated that all of the agency's nurses will be Chart audit every 6odays by quality trained on IV therapy in November of 2015. Assurance department. H 492 3920.2(b) INTRAVENOUS THERAPY SERVICES H 492 The intravenous therapy service plan shall include, at a minimum, the following: (b) Type, dosage, frequency, duration, and mode of administration of medication; This Statute is not met as evidenced by: Based on record review and interview, the HCA Health Regulation & Licensing Administration STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	ing Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		ORM APPRO	
	TOTAL NOW HOW BER	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
444	HCA-0031				
NAME OF PROVIDER OR SUPPLIER STREET ADDRE			/, STATE, ZIP CODE	10/16/2015	
INAC SERVICES, INC	6856 EA:	STERN AVE	NUE, NE. SUITE 320A		
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCES	GTON, DC	20012		
TAG REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLE DATE	
H 492 Continued From pa	ge 14	LI 400	DEFICIENCY)		
failed to include the	flow rate in which the my	4 H 492	Corrective Action		
medication was to h	10 administered on the U.		Linac will ensure that all plan of care for		
receiving IV therany	(1) of one (1) patient services. (Patient #8)		" ducing the is updated to include the	12/30/15	
117			woode of		
The finding includes			administration and all the medications administered.		
On October 15, 201	5, at 11:15 a.m., review of		Linac will ensure that the doctors order		
The state of the s	record revealed - Doo		includes details of TPN and lipid rates a duration.	nd	
through November 1	OI Santambar 44 acts		adiation,	DM155	
documented that the	Skilled nurse weeks		Linac will create a TPN/lipid form containing all the necessary details to be		
administer IPN 160	10 m(v 20 hrs. D400/		authorized by the doctor before continue	1	
of each infusion.	ailed to indicate the flow rate		are started on any TPN/lipid patient .		
Review of the nursing	flow sheets during the		Systematic changes to be made		
arorementioned certif	ication poriod reversi		LINAC WIII maintain an on going		
1 and 1 43 and	ministered the TDM - 1 0 1 -		FIN/Lipids record for any change made	12/30/15	
ml per hour for 20 hou	urs (1684 mi daily).	- 1	by the doctor.	12/30/15	
During an interview or	October 15, 2015 at 12:58	1	Staff to verify with the doctor of any	1	
Print the autilities rate	T 2CKnowlodge and the state		discrepancy noted on the doctors order.		
"MISCS AUTHINISTERED T	684 ml daily		Staff must notify the nursing administrator also for proper documentation and update		
The second secon	IL AS OFGOTON by the).	
abcource of Laffelli #8	strator also stated that the	1	Montoring		
unknown because this	is a new patient	1	The registered nurse supervisor		
	j		Will double check blimp settings and		
	1		doctors order during the monthly visits.	12/30/15	
	R		chart audit by Quality Assurance team bi-monthly.		
			enterocated as		
	2				
	W				
	į	1			