

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER NURSING ENTERPRISES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 WISCONSIN AVE NW WASHINGTON, DC 20016
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(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
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from March 12, 2015 through March 13, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provided home care services to eighty-five (85) patients and employed twenty (20) employees. The findings of the survey were based on observations, record reviews and interviews with patients, staff and caregivers.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Department of Health - DOH Director of Nursing - DON Director of Quality Management- DOQM Chief Executive Officer- CEO Electronic mail - email Health Regulation and Licensing Administration - HRLA Human Resource Director - HRD Intermediate Care Facilities Division - ICFD Home Care Agency - HCA</p>	H 000		
H 350	<p>3914.1 PATIENT PLAN OF CARE</p> <p>Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to developed written POCs for seven (7) of ten (10) reported patients.</p> <p>The findings include:</p>	H 350	<p>The administrator hired another data entry clerk to expedite getting admission reviews entered and the POC developed immediately after the admission is entered. The QA Director will verify that the POC was developed on a daily basis after the admission review and follow-up to ensure that all the POC are ready for review and approval by her on a daily basis and analyzed weekly to assess compliance.. Ongoing monitoring will continue to obtain 100% compliance.</p>	3/31/15

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

Mynthe K. Gomez

TITLE
President/CEO

(X6) DATE
4/3/15

Health Regulation & Licensing Administration

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H 350	Continued From page 1 Review of the medical records for Patient's #3, #4, #5, #7, #8, #9 and #10 on March 12, 2015, between the hours of 12:30 p.m. and 5:30 p.m., revealed that the medical records did not contain documented evidence of a POC for the patient. During a face to face interview with the DOQM and CEO on March 12, 2015, at approximately 4:45 p.m., it was acknowledged that the medical records did not contain a POC for the aforementioned patients. Note: [On March 13, 2015, at 5:49 p.m., the HCA e-mailed the aforementioned patients POCs to the DOH/HRLA/ICFD]	H 350	Monitoring will continue daily thereafter and analyzed weekly . The QA Director will provide weekly reports and to the administrator on the % of compliance ongoing and continue the indepth review until there is 100% compliance. Thereafter development of POC in a timely manner will be monitored and reported quarterly to PAC as part of the PI Program and Clinical Record Review.	4/1/14
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 specifically related to the care of persons with disabilities. 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, HHAs complete at least twelve (12) hours of continuing education or in-service training annually, for two (2) of two (2) HHAs in the sample. (HHA #1 and #2) The finding includes:	H 390	With the closure of the Medicaid Program the agency currently has no HHA's on staff but depends on contract agencies to provide the two aides utilized rarely for skilled services. Per contract the supplier of the aides is responsible for their 12 hours of training. The administrator has requested a copy of the training record for the two aides to be placed in their files. The administrator plans to hire its own aides and will recruit for aides to support the skilled program by May 1, 2015. The administrator will schedule quarterly inservices for the aides once they are hired. Provision of 12 hours of inservice for the HHA's will be monitored by the QA Director and reported as part of the QA report to PAC	4/5/15 5/1/15

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H 390	Continued From page 2 On March 12, 2015, beginning at approximately 1:50 p.m., review of HHA #1's and HHA #2's personnel records revealed that both HHAs had been employed with the agency for over one (1) year. Further review of the personnel records revealed HHA #1 and HHA #2 failed to obtain twelve (12) hours of in-service training within the past year (March 2014 - March 2015). On March 13, 2015, at 2:10 p.m., interview with the HRD confirmed that HHA #1 and HHA #2 had been employed with the agency for over one year. When asked about the twelve hours of continuing education or in-service training annually for the HHAs, the HRD stated that "I will go check for these items". At 3:23 p.m., continued interview with the HRD revealed that both HHA #1 and HHA #2 had not completed their twelve hours of continuing education or in-service training after looking through their personnel records. The HRD did however, state that HHA #1 completed 6 hours and HHA #2 completed 4 hours of in-service training. At the time of the survey, the HCA failed to ensure that the HHAs obtained the minimum number of credit hours of continuing education or in-service training annually, as required by this regulation.	H 390	quarterly. Each aide will have a Record on which to record inservices attended to include training given by the RN and therapist.. The HR Director will provide the Administrator with the status of each HHA's inservice record on a monthly basis. HHA's who fail to attend scheduled inservices will be terminated. The administrator will send a memo to the clinicians reminding them to record instructions they provide the aide as part of the required inservice..	5/1/15 and ongoing. 5/1/15 and ongoing



EDUCATION RECORD/ HOME HEALTH AIDE

My Education Record

Year: 201_

NAME: _____

Completed: Yes No N/A

MANDATORY INSERVICE	STATUS		
Compliance and HIPAA			
System Requirements.			
Body Mechanics			
Culture/ Patient Rights			
Compliance -Fraud and Abuse			
Electrical and Fire Safety			
Bloodborne Pathogens- OSHA			
Infection Control/Hand Hygiene			
Hazardous Materials/MSDS/Waste			
Emergency Preparedness			
Reporting Patient Abuse and Neglect			
Clinical Competencies			

Verified By: _____ Title: _____ Date: _____



**EDUCATION RECORD-SKILLED NURSING
MANDATORY INSERVICES**

My Education Record

Year: 201___

NAME: _____ Title _____ Completed: Yes No N/A

Initial _____ Annual _____

COMPETENCIES	STATUS		
Compliance and HIPAA			
System Competencies			
Body Mechanics			
Advanced Directive			
Compliance Program			
Electrical and Fire Safety			
Bloodborne Pathogens- OSHA			
Infection Control			
Hazardous Materials/MSDS/Waste			
Emergency Preparedness Plan			
Safe Medical Devices Act			
Cultural Diversity			
Clinical Competencies			

Date; _____

Signature of Verifying Clinician



**EDUCATION RECORD-SKILLED NURSING
MANDATORY INSERVICES**

My Education Record

Year: 201__

NAME: _____ Title _____ Completed: Yes No N/A

Initial _____ Annual _____

COMPETENCIES	STATUS		
Compliance and HIPAA			
System Competencies			
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Advanced Directive			
Compliance Program			
Electrical and Fire Safety			
Bloodborne Pathogens- OSHA			
Infection Control			
Hazardous Materials/MSDS/Waste			
Emergency Preparedness Plan			
Safe Medical Devices Act			
Cultural Diversity			
Clinical Competencies			

Signature of Verifying Clinician

Date; _____



EDUCATION RECORD/ HOME HEALTH AIDE

My Education Record

Year: 201_

NAME: _____

Completed: Yes No N/A

MANDATORY INSERVICE	STATUS		
Compliance and HIPAA			
System Requirements.			
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Culture/ Patient Rights			
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Emergency Preparedness			
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Clinical Competencies			

Verified By: _____

Title: _____

Date: _____