

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2016
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002	
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H 000	INITIAL COMMENTS An annual survey was conducted from August 10, 2016 through August 11, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to twelve (12) patients and employs twenty-two (22) staff. The findings of the survey were based on a review of administrative records, ten (10) active patient records, one (1) discharged patient record, ten (10) employee records, nineteen (19) complaints, four (4) home visits, eight (8) patient telephone interviews and interviews with patients/family and staff. The following are abbreviations used within the body of this report: APS - Adult Protective Services DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide ID - Identification IV - Intravenous POC - Plan of Care SN - Skilled Nurse	H 000	<i>Received 9/7/16 cm</i>
H 053	3903.2(c)(1) 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 must include the following: (1) The evaluation shall include feedback from a representative sample consisting of either ten	H 053	Nus has contacted 10 percent of our patient sample (3 patient) post survey and obtained their feedback on their care experience. Please see attachment 1. To prevent such deficient practice from reoccurring NUS will assign the secretary/scheduler to call 10% of our current patient census monthly to obtain their feedback regarding their service experience with care that NUS is providing. These forms will be put in a binder and will be reviewed by the DON on 8/19/16

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

Arundhan abutai KW

TITLE

Clinical Director

(X6) DATE

9/7/16

STATE FORM

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EIT911

If continuation sheet 1 of 15

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H 053	Continued From page 1 percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to include feedback from a representative sample consisting of either ten percent (10%) of the District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients in its annual review and evaluation. The finding includes: On August 10, 2016, at 11:58 a.m., review the "Board of Directors Meeting" dated September 1, 2015, revealed that there was no documented evidence that the agency conducted patient satisfactory surveys. On August 10, 2016, at 1:28 p.m., interview with the DON indicated that moving forward the HCA would conduct patient satisfaction surveys and include the surveys in their board meeting minutes. At the time of this survey, there was no documented evidence that the agency had conducted patient satisfaction surveys for the year 2015.	H 053	a quarterly basis. Director of Nursing will monitor and assure that these calls were made by reviewing the binder quarterly. During the review, if the DON notes that the calls were not done, she will make the call herself or follow up to make sure that it is done.	
H 054	3903.2(c)(2) GOVERNING BODY The governing body shall do the following:	H 054	NUS called for a Board Meeting on Friday 8/19/2016. During the meeting the incidents of Home Health Aide changing their own times without informing the office was among one of the topics. Please see	8/19/16

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H 054	<p>Continued From page 2</p> <p>(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 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, it was determined that the HCA failed to include all complaints made or referred to the agency, including the nature of each complaint and the agency's response to the complaints in the agency's annual evaluation for 2015.</p> <p>The finding includes:</p> <p>On August 10, 2016, beginning at 12:05 p.m., a review of the agency's complaints and incident reports revealed the agency had nineteen (19) complaints referred to the agency since the previous survey. Continued review of the facility records revealed no evidence that the complaints and incidents had been evaluated by the governing body on at least an annual basis.</p> <p>On August 10, 2016, at approximately 1:45 p.m., interview with the DON indicated that going forward the agency would include all of their complaints and the resolution of the complaints in their board meeting minutes.</p> <p>At the time of this survey, the annual board meeting minutes lacked documented evidence</p>	H 054	<p>attachment 2.</p> <p>To prevent such deficient practice from occurring during the post survey meeting held on 8/19/2016, both the Clinician and HHA were informed to document and bring to the office any incident report in a timely manner. These reports should go to the DON, who will present it during the board meeting.</p> <p>NUS has it in our policy to discuss incident reports during our Board Meetings. The DON will have it on the agenda pre-type of any board meeting.</p>	

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H 054	Continued From page 3 that all complaints and the resolutions of the complaints and incidents had been evaluated by the governing body on an annual basis.	H 054		
H 170	3907.11 PERSONNEL Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient. This Statute is not met as evidenced by: Based on observation and interview, the HCA staff failed to receive and/or maintain a valid agency ID badge prior to entering the home of each patient, for two (2) of 2 HHA's observed and interviewed during home visits. (HHAs #2 and #7) The findings include: 1. On August 11, 2016, at 12:35 p.m., during a home visit with Patient #11, it was revealed that HHA #2 failed to present his/her ID card prior to entering Patient #11's home. Interview with HHA #2 on the same day at 12:50 p.m., revealed that they had been issued an ID by the agency however, he/she left the ID card at home. On August 10, 2016, at 4:30 p.m., interview with the DON revealed that the HCA staff would be re-trained on the importance of how to present his/her ID card prior to entering Patient #11's home.	H 170	NUS have it as a policy to give every employee picture ID. NUS has called the two identified employees and reissued them employee photo ID post survey. To prevent such deficient practice from occurring, NUS Office manager will make random calls to Aides and patients to find out if their aids have their employee ID on a weekly basis. This weekly called will be track on a log sheet. During the post survey in services this issue was also re-enforce that it was mandatory to wear employee badges at all time Employee identified not having their employee ID, will be giving a written warning on first occurrence. If occurrence continues progressive measurement will be applied leading to suspension and possible termination. Employees will be monitored by phone and by calling the patients. It will be mandatory to wear your badge as they pick up their pay check every two week. Payroll clerk will document any employee that doesn't have their badges in a log and will place it in a blinder. DON will review the binder and disciplinary action will be implied to the employee.	8/16/16

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H 170	Continued From page 4 At the time of survey, the agency failed to ensure that each HHA presented a valid agency ID badge prior to entering the home of each patient. 2. On August 11, 2016, at 2: 15 p.m., during a home visit with Patient #3, it was revealed that HHA #7 failed to present their ID badge prior to entering Patient #3's home. Interview with HHA #7 on the same day at 2:20 p.m., revealed that they had been hired by the agency on August 9, 2016 and had not been issued an ID badge. On August 10, 2016, at 4:35 p.m., interview with the DON revealed that the HHA #7 would be issued an ID badge prior to him/her entering the home of Patient #3 on their next scheduled visit. At the time of survey, the agency failed to ensure that each HHA presented a valid agency ID badge prior to entering the home of each patient.	H 170		
H 271	3911.2(k) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (k) Discharge summary, including the reason for termination of services and the effective date of discharge; This Statute is not met as evidenced by: Based on record review and staff interview, the HCA failed to have a discharge summary in the clinical record for one (1) of 1 discharged patient in the sample. (Patient #2)	H 271	Patient # 2 record has been updated post survey to reflect a discharge summary which includes the reason for the discontinuation of services and effective date of discharge. See attachment #---3 To prevent this deficient practice from affecting any other patient all clinician received a mandatory post in-services on proper documentation and completion of discharges summary once a patient service has been terminated. Discharge summary should include the reason and effective date of discharge. All discharge summary should be completed in a timely manner and faxed to the primary physician.	8/19/16

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H 271	Continued From page 5 The finding includes: On August 10, 2016, at 2:06 p.m., review of Patient #2's clinical record revealed a POC with a certification period of January 19, 2016 through January 20, 2016. Further review revealed that the physician orders included SN services times two (2) for the administration of HP Acthan Gel IV (Repository Corticotrophin injection). However, there was no documented evidence of a discharge summary in the clinical record that identified the reason for the termination of services. On August 10, 2016, at 2:15 p.m., interview with the DON confirmed that Patient #2 received SN services from January 19, 2016 through January 20, 2016, for the administration of the aforementioned medication. Further interview revealed that the agency had not written a discharge summary for Patient #2. At the time of this survey, the HCA failed to have a discharge summary in Patient #2's clinical record that included the reason for discharge and the discharge date.	H 271	Director of Nursing will QA 20% of new admission and discharges monthly. All finding will be documented and forwarded to the clinician in question for amendments.	
H 350	3914.1 PATIENT PLAN OF CARE 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. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to develop written	H 350	Nus was made aware during the survey period that we are not covered under the umbrella of NSA (Nursing Staffing Agency), therefore we were mandated to have a plan of care for patient that we are serving under Adult Protective Services. Post survey, we called all of the patients under APS and collected as much information as we can and created a plan of care driven by Adult Protective Services intake form and written orders by the APS social workers. Plan of Care has been	8/19/16

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H 350	Continued From page 6 POCs for nine (9) of eleven (11) patients in the sample. (Patients #3, #4, #5, #6, #7, #8, #9, #10 and #11) The findings include: Review of the medical records for Patients #3, #4, #5, #6, #7, #8, #9, #10 and #11, on August 10, 2016, between the hours of 12:30 p.m. and 5:30 p.m., revealed that the medical records failed to provide documented evidence of POCs for the patients. During an interview with the DON on August 10, 2016, at approximately 5:40 p.m., it was revealed that APS had informed the HCA that they did not have to develop POCs for the aforementioned patients. Further interview with the DON revealed that the HCA would develop POCs for the aforementioned patients according to the regulations. At the time of this survey, the HCA failed to develop written POCs for all the patients that were receiving services from the agency.	H 350	generated for patient #3, #4, #5, #6, #7, #8, #9 and #10. Please see Attachment 4. Some of these plans of care do not have medication list completed because of the element of intake forms received from APS as an admission package. Numerous efforts to reach the next of kin in order to have access to the patient medication list was not successful. To prevent this deficient practice from reoccurring, post survey NUS has applied for a Nursing Staffing Agency (NSA) license to enable us to admit straight from APS and service this population in the District of Columbia. The application has been submitted to HRLA awaiting approval. Meanwhile, until NUS obtain our NSA license we will continue to service the population that needs this care from APS but will not accept any new patient from APS without a completed intake form from NUS which has all pertinent information including MD name, medications, diagnosis and next of kin information. This will help in creating a complete Plan of Care. Director of Nursing will monitor on weekly basis of any new admission with APS and make sure that the intake is completed on NUS intake form. See attachment 4b	
H 354	3914.3(c) PATIENT PLAN OF CARE The plan of care shall include the following: (c) The goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure the POC included the goals of the services to be	H 354	H 354 Patient # 1 and Patient #2 plan of care have been revise post survey to reflect the goals of the services to be provided, including the expected outcome based on the immediate and long term need of the patient. Please see Attachment 5	8/19/16

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H 354	Continued From page 7 provided, including the expected outcome, for two (2) of eleven (11) patients in the sample. (Patients #1 and #2) The findings include: On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of the POCs for Patient's #1 and #2 revealed that the patient's goals including the expected outcomes were not documented on the patient's POCs. During a face to face interview with the DON on August 10, 2016, at 4:00 p.m., it was revealed that the HCA staff would be re-trained on how to document the patient's goals including the expected outcomes on the patient's POCs. At the time of this survey, the HCA failed to document the patient's goals including the expected outcomes on the patient's POCs.	H 354	To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the necessity of including the goals of the service to be provided on the patient plan of care. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care that includes stated goals of the services to be provide and expected outcome both immediate and long term need of the patient. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action. Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.	
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: Based on record review and interview, the HCA failed to ensure each POC included the dietary requirements, medication administration as well as dosage and durable medical equipment to be	H 355	H 355 Patient #1 and Patient #2 plan of care have been revise post survey to reflect a description of the services to be provided, including: the frequency, amount, and duration. The plan of Care also have been revise to reflect the dietary requirements, medication administration, including dosage and durable medical equipment. Please see Attachment 5 To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the	8/19/16

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H 355	Continued From page 8 provided, for two (2) of 2 patients that had a POC in the sample. (Patients #1 and #2) The findings include: On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of the POCs for Patient's #1 and #2 revealed that the POC's failed to document all pertinent information regarding the patient's diet, medication and necessary medical equipment. On August 10, 2016, at 4:10 p.m., interview with the DON revealed that the HCA staff would be re-trained on how to document the aforementioned patient information on the POCs. At the time of this survey, the HCA failed to document all pertinent information regarding the patient's diet, medication and necessary medical equipment on the POC.	H 355	necessity of including a description of the services to be provided, including: the frequency, amount, duration, dietary requirements, medication administration, including dosage and durable medical equipment on the patient plan of care. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action. Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.	
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 record review and interview, the POC failed to include all diagnoses for one (1) of two (2) patients that had a POC in the sample. (Patient #2) The finding includes: On August 10, 2016, at 11:20 a.m., review of	H 358	Patient #2 plan of care have been revise post survey to reflect the diagnoses. Please see Attachment 5 To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the necessity of including all pertinent diagnoses identified by the primary physician on the treatment plan of the patient. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action.	8/19/16

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H 358	Continued From page 9 Patient #2's medical record revealed a POC with a certification period of January 19, 2016, through January 20, 2016. Further review of the POC revealed that the patient's diagnoses were not on the POC. On August 10, 2016, at 2:45 p.m., interview with the DON revealed that the HCA staff would be re-trained on how to document the aforementioned patient information on the POC. At the time of this survey the HCA failed to include the patient's diagnoses on the POC.	H 358	Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.	
H 359	3914.3(h) PATIENT PLAN OF CARE The plan of care shall include the following: (h) Prognosis, including rehabilitation potential; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to document the prognosis on the POC for two (2) of 2 patient's that had a POC in the sample. (Patient's #1 and #2) The findings include: On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of the POCs for Patient's #1 and #2 revealed the POCs failed to include provisions for the patients' prognosis. On August 10, 2016, at 5:30 p.m., interview with the DON revealed that the HCA staff would be re-trained on how to document the aforementioned patient's prognosis on the POC.	H 359	Patient #1 and patient #2 plan of care have been revise to reflect the patient prognosis, including rehabilitation potential. Please see Attachment 5 To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the necessity of including the prognosis, including rehabilitation potential on the treatment plan of the patient. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action. Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for	8/19/16

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H 359	Continued From page 10 At the time of this survey the HCA failed to include the provisions for the patients' prognosis on the POC.	H 359	additional interventions to prevent such deficient practice from recurring.	
H 360	3914.3(i) PATIENT PLAN OF CARE The plan of care shall include the following: (i) Activities permitted or precluded because of functional limitations; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each POC included activities permitted and the patient's functional limitations for two (2) of 2 patients that had a POC in the sample. (Patient #1 and #2) The findings includes: 1. On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of the POCs for Patient's #1 and #2 revealed that the POCs failed to include the activities permitted. On August 10, 2016, at 5:30 p.m., interview with the DON revealed that the HCA staff would be re-trained on how to include the activities permitted by the patient on the POC. At the time of this survey the HCA failed to include the activities permitted by the patients on the POC. 2. On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of the POC for Patient #2 revealed that the POC failed to include	H 360	Patient #1 and patient #2 plan of care have been revise to reflect the patient activities permitted and functional limitations. Please see Attachment 5 To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the necessity of including the patient activities permitted and functional limitation on the patient plan of care. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action. Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.	8/19/16

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2016
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
(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 360	Continued From page 11 the patient's functional limitations. On August 10, 2016, at 5:30 p.m., interview with the DON revealed that the HCA staff would be re-trained on how to include the patient's functional limitations on the POC. At the time of this survey the HCA failed to include the patient's functional limitations on the POC.	H 360		
H 361	3914.3(j) PATIENT PLAN OF CARE The plan of care shall include the following: (j) Psychosocial needs of the patient; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to document the psychosocial needs on the POC for two (2) of 2 patient's that had a POC in the sample. (Patient's #1 and #2) The findings include: On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of the POCs for Patient's #1 and #2 revealed that the POCs failed to include the the psychosocial needs on the POC. On August 10, 2016, at 5:30 p.m., interview with the DON revealed that the HCA staff would be re-trained on how to include the psychosocial needs for the patients on the POC. At the time of this survey the HCA failed to include the psychosocial needs for the patients	H 361	Patient #1 and patient #2 plan of care have been revise to reflect the patient psychosocial needs. Please see Attachment 5 To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the necessity of including the patient psychosocial needs on the patient plan of care. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action. Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.	8/19/16

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2016
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
(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 361	Continued From page 12 on the POC.	H 361		
H 362	3914.3(k) PATIENT PLAN OF CARE The plan of care shall include the following: (k) Safety measures required to protect the patient from injury; This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure the POC included the safety measures required to protect the patient from injury for two (2) of 2 patients that had a POC in the sample. (Patient #1 and #2) The findings include: On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of the POCs for Patient's #1 and #2 revealed that the POCs failed to include the safety measures required to protect the patient from injury on the POC. On August 10, 2016, at 5:30 p.m., interview with the DON revealed that the HCA staff would be re-trained on how to include the safety measures required to protect the patient from injury on the POC. At the time of this survey, the HCA failed to include the safety measures required to protect the patient from injury on the POC.	H 362	Patient #1 and patient #2 plan of care have been revise to reflect safety measure required to protect the patient from injury. Please see Attachment 5 To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the necessity of including safety measure required to protect the patient from injury. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action. Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.	8/19/16
H 363	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following:	H 363	Patient #1 and #2 record has been revised post survey to reflect identification of the personnel in charge of emergencies to include dialing 911 in case of an emergency and to notify the designated	8/19/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2016
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
(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 13 (I) 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 the POC included identification of employees in charge of managing emergency situations for two (2) of 2 patients that had a POC in the sample. (Patient #1 and #2). The findings include: On August 10, 2016, between the hours of 11:00 a.m. and 5:00 p.m., review of Patient #1 and #2's POCs revealed that the POCs failed to include the employees responsible for managing emergency situations. On August 10, 2016, interview with the DON at 5:16 p.m., revealed that the agency in the future would include the identification of the employees who would be responsible for managing emergency situations on the POCs. At the time of this survey, there was no documented evidence that the aforementioned patients POCs included the identification of the employees who would be responsible for managing emergency situations.	H 363	supervising RN of all emergencies, RN will notify and follow up with the Physician, emergency contact person, a family member and or other community resources for assistance. Please see Attachment 5 To prevent this deficient practice form affecting all other patients, clinicians were in-services post survey on proper documentation and the necessity of including identification of employees in charge of managing emergency situations. Office Manager will review all admission documents submitted to the office by the admitting discipline for persons involved in the emergent situations and or support person in the event that there is a health emergency and other preventive protocols. All person/phone numbers identified in the admission package will be transposed to the plan of care and HHA/patients/caregivers will be instructed on the emergency protocol. Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.	
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:	H 364	Patient #1 and #2 record has been revised post survey to reflect emergency protocols including dialing 911 in case of an emergency and to notify the designated supervising RN of all emergencies, RN will notify and follow up with the Physician, emergency contact person, a family member and or other community resources for assistance. Please see Attachment 5	8/19/16

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NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002		
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H 364	<p>Continued From page 14</p> <p>Based on record review and interview, it was determined that the HCA failed to ensure that the POC included an emergency protocol based on the patient's individualized health care needs for two (2) of 2 patients that had a POC in the sample. (Patients #1 and #2)</p> <p>The findings include:</p> <p>On August 10, 2016, between the hours of 11:00 a.m., to 5:00 p.m., review of Patient #1 and #2's POCs revealed that the POCs failed to identify the HCA's emergency protocol.</p> <p>On August 10, 2016, at 4:15 p.m., interview with the DON revealed that the agency would re-train the staff on how to include an emergency protocol on the POCs.</p> <p>At the time of this survey, there was no documented evidence that the aforementioned patients POCs included an emergency protocol.</p>	H 364	<p>To prevent this deficient practice from affecting all other patients, clinicians were in-services post survey on proper documentation and the necessity of including emergency protocols. Office manager will review all admission documents submitted to the office by the admitting disciplines for completeness of the plan of care. All incomplete finding will be forwarded back to the responsible clinician to complete and also forwarded to the Director of Nursing for disciplinary action.</p> <p>Director of Nursing will QA will 20% of all patients records monthly for completeness of all document and updates. All finding will be documented for disciplinary action and for presentation in the PAC meeting for additional interventions to prevent such deficient practice from recurring.</p>	