Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0074 08/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE NURSING UNLIMITED SERVICES, INC. WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 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: 8/19/16 H 053 3903.2(c)(1) GOVERNING BODY H 053 Nus has contacted 10 percent of our patient sample (3 patient) post survey and obtained their feedback on their care The governing body shall do the following: experience. Please see attachment 1, (c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to To prevent such deficient practice from determine the extent to which services promote reoccurring NUS will assign the patient care that is appropriate, adequate, secretary/scheduler to call 10% of our effective and efficient. This review and evaluation current patient census monthly to obtain must include the following: their feedback regarding their service experience with care that NUS is (1) The evaluation shall include feedback from a providing. These forms will be put in a representative sample consisting of either ten binder and will be reviewed by the DON on

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Health Regulation & Licensing Administration										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		HCA-0074	B. WING		08/11/2016					
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE						
NURSIN	NG UNLIMITED SERVIC	JES. INC	V YORK AVE STON, DC 2							
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H 053	Continued From pag	ge 1	H 053	a quarterly basis.						
	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.			Director of Nursing will monitor and that these calls were made by revie the binder quarterly. During the review the DON notes that the calls were adone, she will make the call herself follow up to make sure that it is dor	ewing view, if not f or					
	"Board of Directors N 2015, revealed that the evidence that the agriculture satisfactory surveys." On August 10, 2016, the DON indicated the would conduct patient include the surveys in minutes. At the time of this surdocumented evidence.	meeting" dated September 1, there was no documented gency conducted patient at 1:28 p.m., interview with that moving forward the HCA ant satisfaction surveys and in their board meeting								
	3903.2(c)(2) GOVER The governing body s	RNING BODY shall do the following:		NUS called for a Board Meeting on F 8/19/2016. During the meeting the in of Home Health Aide changing their times without informing the office wa among one of the topics. Please see	ncidents own is					

Health Regulation & Licensing Administration STATE FORM

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED. HCA-0074 B. WING 08/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE NURSING UNLIMITED SERVICES. INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 054 | Continued From page 2 H 054 (c) Review and evaluate, on an annual basis, all attachment 2. policies governing the operation of the agency to determine the extent to which services promote To prevent such deficient practice from patient care that is appropriate, adequate. occurring during the post survey meeting effective and efficient. This review and evaluation held on 8/19/2016, both the Clinician and must include the following: HHA were informed to document and bring to the office any incident report in a timely (2) The evaluation shall include a review of all manner. These reports should go to the complaints made or referred to the agency. DON, who will present it during the board including the nature of each complaint and the meeting. agency's response thereto. NUS has it in our policy to discuss incident reports during our Board Meetings. The This Statute is not met as evidenced by: DON will have it on the agenda pre-type of Based on record review and interview, it was any board meeting. 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. The finding includes: 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. 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.

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At the time of this survey, the annual board meeting minutes lacked documented evidence

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home.

EIT911

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0074 08/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE. NE NURSING UNLIMITED SERVICES, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 170 Continued From page 4 H 170 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. 8/19/16 H 271 3911.2(k) CLINICAL RECORDS H 271 Patient # 2 record has been updated post survey to reflect a discharge summary which includes the reason for the Each clinical record shall include the following discontinuation of services and effective information related to the patient: date of discharge. See attachment #---3 (k) Discharge summary, including the reason for To prevent this deficient practice form termination of services and the effective date of affecting any other patient all clinician discharge; received a mandatory post in-services on proper documentation and completion of discharges summary once a patient service This Statute is not met as evidenced by: has been terminated. Discharge summary

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in the sample. (Patient #2)

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

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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.

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social workers. Plan of Care has been

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POC included the goals of the services to be

the immediate and long term need of the

patient. Please see Attachment 5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		HCA-0074	B. WING _		08/11/2	2016					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE							
NURSING UNLIMITED SERVICES, INC 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 SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETE						
H 354	provided, including (2) of eleven (11) properties (2) of eleven (11) properties (2) of eleven (11) properties (2) of eleven (12) on August 10, 2016 a.m. and 5:00 p.m., Patient's #1 and #2 goals including the documented on the During a face to fact August 10, 2016, at that the HCA staff we document the patient expected outcomes (2) of the time of this standard outcomes (2) of the time of this standard outcomes (2) of the time of this standard outcomes (3) of the time of the time of this standard outcomes (3) of the time of the time of this standard outcomes (3) of the time of the time of this standard outcomes (4) of the time of the time of the time of this standard outcomes (4) of the time of	the expected outcome, for two atients in the sample. 6, between the hours of 11:00 review of the POCs for revealed that the patient's expected outcomes were not patient's POCs. e interview with the DON on 4:00 p.m., it was revealed rould be re-trained on how to not's goals including the on the patient's POCs. urvey, the HCA failed to not's goals including the on the patient's POCs.	H 354	To prevent this deficient practice from recurring all clinicians were in-serving survey on proper documentation and necessity of including the goals of the service to be provided on the patient of care. Office manager will review admission documents submitted to office by the admitting disciplines for completeness of the plan of care the includes stated goals of the services provide and expected outcome both immediate and long term need of the patient. All incomplete finding will be forwarded back to the responsible of the complete and also forwarded to the Director of Nursing for disciplinary and Director of Nursing will QA will 20% patients records monthly for complete of all document and updates. All find be documented for disciplinary action for presentation in the PAC meeting additional interventions to prevent structure of the practice from recurring.	ces post and the he at plan all the r at s to be l e e linician he ction. of all teness ling will an and for						
	(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			Patient #1 and Patient #2 plan of cal been revise post survey to reflect a description of the services to be provincluding: the frequency, amount, and duration. The plan of Care also have revise to reflect the dietary requirem medication administration, including dosage and durable medical equipmedical see Attachment 5	vided, ad e been ents, nent.	19/16					
				To prevent this deficient practice from recurring all clinicians were in-servic survey on proper documentation and	es post						

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0074 08/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE. NE NURSING UNLIMITED SERVICES, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) necessity of including a description of the H 355 Continued From page 8 H 355 services to be provided, including: the provided, for two (2) of 2 patients that had a POC frequency, amount, duration, dietary in the sample. (Patients #1 and #2) requirements, medication administration. including dosage and durable medical The findings include: equipment on the patient plan of care. Office manager will review all admission On August 10, 2016, between the hours of 11:00 documents submitted to the office by the a.m. and 5:00 p.m., review of the POCs for admitting disciplines for completeness of Patient's #1 and #2 revealed that the POC's failed the plan of care. All incomplete finding will to document all pertinent information regarding be forwarded back to the responsible the patient's diet, medication and necessary clinician to complete and also forwarded to medical equipment. the Director of Nursing for disciplinary action. On August 10, 2016, at 4:10 p.m., interview with the DON revealed that the HCA staff would be Director of Nursing will QA will 20% of all re-trained on how to document the patients records monthly for completeness aforementioned patient information on the POCs. of all document and updates. All finding will be documented for disciplinary action and At the time of this survey, the HCA failed to for presentation in the PAC meeting for document all pertinent information regarding the additional interventions to prevent such patient's diet, medication and necessary medical deficient practice from recurring. equipment on the POC. Patient #2 plan of care have been revise H 358 3914.3(g) PATIENT PLAN OF CARE H 358 8/19/16 post survey to reflect the diagnoses. Please see Attachment 5 The plan of care shall include the following: To prevent this deficient practice from (g) Physical assessment, including all pertinent recurring all clinicians were in-services post! diagnoses: survey on proper documentation and the necessity of including all pertinent diagnoses identified by the primary This Statute is not met as evidenced by: physician on the treatment plan of the Based record review and interview, the POC patient. Office manager will review all failed to include all diagnoses for one (1) of two admission documents submitted to the (2) patients that had a POC in the sample. office by the admitting disciplines for (Patient #2) completeness of the plan of care. All incomplete finding will be forwarded back to The finding includes:

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On August 10, 2016, at 11:20 a.m., review of

the responsible clinician to complete and also forwarded to the Director of Nursing

for disciplinary action.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B, WING HCA-0074 08/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE NURSING UNLIMITED SERVICES, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Director of Nursing will QA will 20% of all H 358 | Continued From page 9 H 358 patients records monthly for completeness Patient #2's medical record revealed a POC with of all document and updates. All finding will a certification period of January 19, 2016, through be documented for disciplinary action and January 20, 2016. Further review of the POC for presentation in the PAC meeting for revealed that the patient's diagnoses were not on additional interventions to prevent such the POC. deficient practice from recurring. 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. Patient #1 and patient #2 plan of care have 8/19/16 H 359 3914.3(h) PATIENT PLAN OF CARE H 359 been revise to reflect the patient prognosis. including rehabilitation potential. Please The plan of care shall include the following: see Attachment 5 (h) Prognosis, including rehabilitation potential: To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the This Statute is not met as evidenced by: necessity of including the prognosis. Based on record review and interview, the HCA including rehabilitation potential on the failed to document the prognosis on the POC for treatment plan of the patient. Office two (2) of 2 patient's that had a POC in the manager will review all admission sample. (Patient's #1 and #2) documents submitted to the office by the admitting disciplines for completeness of The findings include: the plan of care. All incomplete finding will be forwarded back to the responsible On August 10, 2016, between the hours of 11:00 clinician to complete and also forwarded to a.m. and 5:00 p.m., review of the POCs for the Director of Nursing for disciplinary Patient's #1 and #2 revealed the POCs failed to action. include provisions for the patients' prognosis. Director of Nursing will QA will 20% of all On August 10, 2016, at 5:30 p.m., interview with patients records monthly for completeness the DON revealed that the HCA staff would be of all document and updates. All finding will re-trained on how to document the be documented for disciplinary action and

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aforementioned patient's prognosis on the POC.

EIT911

for presentation in the PAC meeting for

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0074 08/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE, NE NURSING UNLIMITED SERVICES, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) additional interventions to prevent such H 359 Continued From page 10 H 359 deficient practice from recurring. At the time of this survey the HCA failed to include the provisions for the patients' prognosis on the POC. H 360 3914.3(i) PATIENT PLAN OF CARE H 360 Patient #1 and patient #2 plan of care have 8/19/16 been revise to reflect the patient activities The plan of care shall include the following: permitted and functional limitations. Please see Attachment 5 (i) Activities permitted or precluded because of functional limitations: To prevent this deficient practice from recurring all clinicians were in-services post survey on proper documentation and the This Statute is not met as evidenced by: necessity of including the patient activities Based on record review and interview, the HCA permitted and functional limitation on the failed to ensure that each POC included activities patient plan of care. Office manager will permitted and the patient's functional limitations review all admission documents submitted for two (2) of 2 patients that had a POC in the to the office by the admitting disciplines for sample. (Patient #1 and #2) completeness of the plan of care. All incomplete finding will be forwarded back to The findings includes: the responsible clinician to complete and also forwarded to the Director of Nursing 1. On August 10, 2016, between the hours of for disciplinary action. 11:00 a.m. and 5:00 p.m., review of the POCs for Patient's #1 and #2 revealed that the POCs failed Director of Nursing will QA will 20% of all to include the activities permitted. patients records monthly for completeness of all document and updates. All finding will On August 10, 2016, at 5:30 p.m., interview with be documented for disciplinary action and the DON revealed that the HCA staff would be for presentation in the PAC meeting for re-trained on how to include the activities additional interventions to prevent such permitted by the patient on the POC. deficient practice from recurring. At the time of this survey the HCA failed to include the activities permitted by the patients on the POC.

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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

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0074 08/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEW YORK AVENUE. NE NURSING UNLIMITED SERVICES, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 360 | Continued From page 11 H 360 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 361 3914.3(j) PATIENT PLAN OF CARE H 361 Patient #1 and patient #2 plan of care have 8/19/16 been revise to reflect the patient The plan of care shall include the following: psychosocial needs. Please see Attachment 5 (j) Psychosocial needs of the patient: To prevent this deficient practice from recurring all clinicians were in-services post This Statute is not met as evidenced by: survey on proper documentation and the Based on record review and interview, the HCA necessity of including the patient failed to document the psychosocial needs on the psychosocial needs on the patient plan of POC for two (2) of 2 patient's that had a POC in care. Office manager will review all the sample. (Patient's #1 and #2) admission documents submitted to the office by the admitting disciplines for The findings include: completeness of the plan of care. All incomplete finding will be forwarded back to On August 10, 2016, between the hours of 11:00 the responsible clinician to complete and a.m. and 5:00 p.m., review of the POCs for also forwarded to the Director of Nursing Patient's #1 and #2 revealed that the POCs failed for disciplinary action. to include the the psychosocial needs on the POC. Director of Nursing will QA will 20% of all patients records monthly for completeness On August 10, 2016, at 5:30 p.m., interview with of all document and updates. All finding will the DON revealed that the HCA staff would be be documented for disciplinary action and re-trained on how to include the psychosocial for presentation in the PAC meeting for needs for the patients on the POC. additional interventions to prevent such deficient practice from recurring. At the time of this survey the HCA failed to

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include the psychosocial needs for the patients

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emergency and to notify the designated

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The plan of care shall include the following:

This Statute is not met as evidenced by:

(m) Emergency protocols; and....

post survey to reflect emergency protocols

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

including dialing 911 in case of an

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EIT911