Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING HCA-0014 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW, 2ND FLOOR IDEAL NURSING SERVICES, INC WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY
OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ID PRÉFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual licensure survey was conducted on 09/19/2023, through 09/22/2023, to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 158 patients and employed 230 staff. The findings of the survey were based on the review of administrative records, eight active patient records, three discharged patient records, 12 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of eight patient phone interviews and two home visits. Listed below are abbreviations used throughout this report: HCA - Home Care Agency HHA - Home Health Aide OT - Occupational Therapy POC - Plan of Care PT - Physical Therapy H 364 3914.3(m) PATIENT PLAN OF CARE H 364 Patient #1 was discharged on 9/20/2023 - goals met. The Emergency Plan for Managing Glycemic Reactions is attached. Attachment A The plan of care shall include the following: Effective 12/4/2023 during the review and approval of the Plan of Care (POC), the Director of Nursing/ (m) Emergency protocols; and... designate will determine if the emergency protocols for diagnosis are discussed with the patient/ caregiver during the completion of the This Statute is not met as evidenced by: comprehensive assessment and documented on the POC. If during the review and approval of the Based on record review and interview, it was POC, the diagnosis specific emergency protocols determined that the home care agency (HCA) failed are not noted on the POC, the Director of Nursing/ to include emergency protocols specific to patient designate will return the document to the RN/PT diagnoses in the plan of care (POC) for five of eight within 2 business days with the expectation that the active patients included in the sample (Patients #1. emergency protocols are added to the POC within #3, #4, #5 and #8). 3 business days of the return of the document. Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet

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-0014 B. WING 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW. 2ND FLOOR IDEAL NURSING SERVICES, INC WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 364 Continued From page 1 H 364 Continued From page 1 Effective 1/4/2024 and monthly thereafter, the QA Findings included: RN will complete a random review of 20% of the plans of care monthly to determine if the 1. On 09/19/2023 at 11:50 AM, a review of Patient diagnosis specific emergency protocols are documented. The QA RN will provide the Director #1's plan of care (POC) showed a duration period of of Nursing with a compliance report on the 08/29/2023, through 10/28/2023. The patient's inclusion of diagnosis specific emergency diagnoses included Hypertension, Diabetes, and protocols on a monthly basis. If the Director of Fracture of the left lower leg. The POC showed Nursing/designate notes non-compliance with the physician's orders for Physical Therapy services RN/PT's inclusion of the diagnosis specific one to two times a week for four weeks for emergency protocols, the Director of Nursing will therapeutic exercises, gait and balance training, and meet with the RN/PT to provide additional neuro-muscular retraining, and Occupational education and counseling and resolution of the omission. Therapy service one to two times a week for nine weeks for therapeutic exercises, activities of daily Clinical Director will monitor weekly, QA RN will living (ADL) and use of adaptive equipment. monitor monthly and Quality Consultant will monitor quarterly for compliance. 12/31/2023 A continued review of the Plan of Care showed that the patient was receiving Farxiga 10 milligrams (mgs) tablets daily and Metformin 1000 mgs two times a day for diabetes management. The patient was also receiving Losartan Potassium 100 mgs daily and Amlodipine Besylate 10 mgs daily for blood pressure management. A further review of the POC showed that the clinical staff should report to the physician systolic blood pressure ranges greater than 160 or less than 90 and diastolic blood pressure ranges greater than 90 or less than 60. There was no evidence of emergency protocols related to the potential for glycemic reaction related to the patient's diagnosis of diabetes that may warrant emergency intervention. Patient #3 was discharged on 10/18/2023 - goals H354 met. The Emergency Plan for Managing Glycemic 2. On 09/19/2023 at 1:40 PM, a review of Patient Reactions is attached. Attachment A #3's plan of care (POC) showed a duration period of Effective 12/4/2023 during the review and approval 08/22/2023, through 10/20/2023. The patient's of the Plan of Care (POC), the Director of Nursing/ diagnoses included Hypertension, Diabetes designate will determine if the emergency protocols Mellitus, and Congestive Heart Failure (CHF). The for diagnosis are discussed with the patient/ caregiver during the completion of the POC showed physician's orders for skilled nursing comprehensive assessment and documented on services one to two times a week for six the POC. If during the review and approval of the POC, the diagnosis specific emergency protocols are not noted on the POC, the Director of Nursing/ designate will return the document to the RN/PT

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	AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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	H 364	than 90/60 or greate patient management services one to three therapeutic exercise home exercise progreservices one to two therapeutic exercise and use of adaptive. A continued review of the patient was received bedtime, Insulin Aspand Metformin 500 midiabetes managemereceiving Losartan P40 mgs daily, and Midaily for blood pression management. A furth that the clinical staff systolic blood pression less than 90 and diagreater than 90 or leevidence of emerger potential for glycemic	ohysician of blood pressure less or than 150/100 and teach the tof CHF. Physical Therapy is times a week for six weeks for s, gait and balance training, and ram, and Occupational Therapy times a week for nine weeks for s, activities of daily living (ADL) equipment. Of the Plan of Care showed that iving Insulin Glargine 44 units at art 12 units three times a day, ngs two times a day for int. The patient was also rotassium 50 mgs daily. Lasix etoprolol 25 mgs two times ure and congestive heart failure her review of the POC showed should report to the physician ure ranges greater than 160 or stolic blood pressure ranges ss than 60. There was no necy protocols related to the fidiabetes that may warrant	H 364	Continued From page 2 within 2 business days with the expectatic emergency protocols are added to the PC 3 business days of the return of the docur Effective 1/4/2024 and monthly thereafter RN will complete a random review of 20% plans of care monthly to determine if the diagnosis specific emergency protocols a documented. The QA RN will provide the of Nursing with a compliance report on the inclusion of diagnosis specific emergency protocols on a monthly basis. If the Direct Nursing/designate notes non-compliance RN/PT's inclusion of the diagnosis specific emergency protocols, the Director of Nurs meet with the RN/PT to provide additional education and counseling and resolution omission. Clinical Director will monitor weekly, QA monitor monthly and Quality Consultant of monitor quarterly for compliance.	oc within ment. If, the QA of the ore E Director e or of with the cosing will of the of the of the of the of the of the ore of the	12/31/2023	
		#4's plan of care (PC 08/29/2023, through diagnoses included I Congestive Heart Fa physician's orders fo one to two times a w therapeutic exercises	at 2:50 PM, a review of Patient DC) showed a duration period of 10/27/2023. The patient's Hypertension, Diabetes, and illure. The POC showed r Physical Therapy services eek for nine weeks for s, gait, and balance training, retraining, and Occupational	H 364	Patient #4 was transferred to an inpatient on 9/5/2023 - patient did not return to sen Emergency Plan for congestive heart failu hypertension, or managing glycemic reac attached. Attachment A Effective 12/4/2023 during the review and approval of the Plan of Care (POC), the Dof Nursing/designate will determine if the emergency protocols for diagnosis are dis with the patient/ caregiver during the comof the comprehensive assessment and documented on the POC. If during the reapproval of the POC, the diagnosis specifiemergency protocols are not noted on the the Director of Nursing/designate will returned ocument to the RN/PT	vice. The ure, tions, is Director scussed pletion view and fic POC,		

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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-0014 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW, 2ND FLOOR IDEAL NURSING SERVICES, INC. WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) H 364 Continued From page 3 H 364 Continued From page 3 within 2 business days with the expectation that the to two times a week for nine weeks for therapeutic emergency protocols are added to the POC within 3 exercises, activities of daily living (ADL) and use of business days of the return of the document. adaptive equipment. Effective 1/4/2024 and monthly thereafter, the QA RN will complete a random review of 20% of the A continued review of the Plan of Care showed that plans of care monthly to determine if the the patient was receiving Insulin Glargine 20 units in diagnosis specific emergency protocols are documented. The QA RN will provide the Director the morning and 10 units at bedtime, and Insulin of Nursing with a compliance report on the Lispro eight units three times a day for diabetes inclusion of diagnosis specific emergency management. The patient was also receiving Lasix protocols on a monthly basis. If the Director of 20 mgs two times a day for blood pressure Nursing/designate notes non-compliance with the management. A further review of the POC showed RN/PT's inclusion of the diagnosis specific no documented evidence of emergency protocols emergency protocols, the Director of Nursing will related to the patient's congestive heart failure, meet with the RN/PT to provide additional education and counseling and resolution of the hypertension, or the potential for glycemic reaction related to the patient's diagnosis of diabetes that omission. may warrant emergency intervention. Clinical Director will monitor weekly, QA RN will monitor monthly and Quality Consultant will monitor quarterly for compliance. 12/31/2023 4. On 09/19/2023 at 3:30 PM, a review of Patient #5's plan of care (POC) showed a duration period of 08/31/2023, through 10/29/2023. The patient's Patient #5 was discharged on 10/26/2023 - goals diagnoses included Hypertension, Diabetes, and H 364 met. The Emergency Plan for managing Muscle Weakness. The POC showed physician's hypertension and glycemic reactions is attached. orders for Physical Therapy services one to two Attachment A times a week for nine weeks for therapeutic Effective 12/4/2023 during the review and exercises, gait, and balance training, and approval of the Plan of Care (POC), the Director of Nursing/designate will determine if the neuro-muscular retraining, and Occupational emergency protocols for diagnosis are discussed Therapy service one to two times a week for eight with the patient/ caregiver during the completion weeks for therapeutic exercises, activities of daily of the comprehensive assessment and living (ADL) and use of adaptive equipment. documented on the POC. If during the review and approval of the POC, the diagnosis specific A continued review of the Plan of Care showed that emergency protocols are not noted on the POC, the Director of Nursing/designate will return the the patient was receiving Insulin Glargine 70 units at bedtime, and Insulin Lispro 20 units three times a document to the RN/PT within 2 business days with the expectation that the emergency day for diabetes management. The patient was also protocols are added to the POC within 3 receiving Valsartan 160 mgs daily and Hydralazine business days of the return of the document. 25 mgs two times a day for blood pressure Effective 1/4/2024 and monthly thereafter, the management. A further review of the POC showed QA RN will complete a random review of 20% of no documented evidence of emergency protocols the plans of care monthly to determine if the related to the patient's diagnosis specific emergency protocols are documented. The QA RN will provide the

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Director of Nursing with a compliance report on the inclusion of diagnosis specific emergency

PRINTED: 11/27/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X1) (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING HCA-0014 09/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW, 2ND FLOOR IDEAL NURSING SERVICES, INC WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 364 Continued From page 4 H 364 Continued From page 4 protocols on a monthly basis. If the Director of hypertension or the potential for glycemic reaction Nursing/designate notes non-compliance with the related to the patient's diagnosis of diabetes that RN/PT's inclusion of the diagnosis specific may warrant emergency intervention. emergency protocols, the Director of Nursing will meet with the RN/PT to provide additional education and counseling and resolution of the 5. On 09/19/2023 at 1:15 PM, a review of Patient omission. #8's plan of care (POC) showed a duration period of 02/01/2023, through 01/31/2024. The patient's Clinical Director will monitor weekly, QA RN will diagnoses included Diabetes and Arthropathy. The monitor monthly and Quality Consultant will monitor quarterly for compliance. 12/31/2023 POC showed physician's orders for Physical Therapy services one to two times a week for nine Patient #8 was discharged on 11/3/2023 - goals H 364 weeks for therapeutic exercises, gait, and balance met. The Emergency Plan for managing glycemic training, and neuro-muscular retraining, and reactions is attached. Attachment A Occupational Therapy service one to two times a Effective 12/4/2023 during the review and week for eight weeks for therapeutic exercises, approval of the Plan of Care (POC), the Director activities of daily living (ADL) and use of adaptive of Nursing/designate will determine if the emergency protocols for diagnosis are discussed equipment. with the patient/ caregiver during the completion of the comprehensive assessment and A continued review of the Plan of Care showed that documented on the POC. If during the review the patient was receiving Lantus Insulin 27 units at and approval of the POC, the diagnosis specific bedtime for diabetes management. There was no emergency protocols are not noted on the POC, evidence of emergency protocols related to the the Director of Nursing/designate will return the potential for glycemic reaction related to the document to the RN/PT within 2 business days patient's diagnosis of diabetes that may warrant with the expectation that the emergency protocols are added to the POC within 3 business emergency intervention. days of the return of the document. Effective 1/4/2024 and monthly thereafter, the QA RN will complete a random review of 20% of the At the time of the survey, the home care agency plans of care monthly to determine if the failed to ensure that patient's plan of care included diagnosis specific emergency protocols are emergency protocols to properly manage diagnoses documented. The QA RN will provide the specific for Patients #1, #3, #4, #5, and #8. Director of Nursing with a compliance report on the inclusion of diagnosis specific emergency protocols on a monthly basis. If the Director of During the interview with the Assistant Administrator Nursing/designate notes non-compliance with and Assistant DON on 09/22/2023, at 2:00 PM the the RN/PT's inclusion of the diagnosis specific

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deficiency was acknowledged.

12/31/2023

emergency protocols, the Director of Nursing will meet with the RN/PT to provide additional education and counseling and resolution of the

Clinical Director will monitor weekly, QA RN will monitor monthly and Quality Consultant will

monitor quarterly for compliance.

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