

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2023
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NAME OF PROVIDER OR SUPPLIER IDEAL NURSING SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW, 2ND FLOOR WASHINGTON, DC 20016
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H 000	<p>INITIAL COMMENTS</p> <p>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.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>HCA - Home Care Agency HHA - Home Health Aide OT - Occupational Therapy POC - Plan of Care PT - Physical Therapy</p>	H 000		
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to patient diagnoses in the plan of care (POC) for five of eight active patients included in the sample (Patients #1, #3, #4, #5 and #8).</p>	H 364	<p>Patient #1 was discharged on 9/20/2023 - goals met. The Emergency Plan for Managing Glycemic Reactions is attached. Attachment A Effective 12/4/2023 during the review and approval of the Plan of Care (POC), the Director of Nursing/designate will determine if the emergency protocols for diagnosis are discussed with the patient/caregiver during the completion of the comprehensive assessment and documented on 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 within 2 business days with the expectation that the emergency protocols are added to the POC within 3 business days of the return of the document.</p>	

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

Christine Lardo

TITLE

Administrator

(X6) DATE

12/3/23

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H 364	Continued From page 2 weeks to notify the physician of blood pressure less than 90/60 or greater than 150/100 and teach the patient management of CHF. Physical Therapy services one to three times a week for six weeks for therapeutic exercises, gait and balance training, and home exercise program, and Occupational Therapy services one to two times a week for nine weeks for therapeutic exercises, activities of daily living (ADL) and use of adaptive equipment. A continued review of the Plan of Care showed that the patient was receiving Insulin Glargine 44 units at bedtime, Insulin Aspart 12 units three times a day, and Metformin 500 mgs two times a day for diabetes management. The patient was also receiving Losartan Potassium 50 mgs daily. Lasix 40 mgs daily, and Metoprolol 25 mgs two times daily for blood pressure and congestive heart failure 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. 3. . On 09/19/2023 at 2:50 PM, a review of Patient #4's plan of care (POC) showed a duration period of 08/29/2023, through 10/27/2023. The patient's diagnoses included Hypertension, Diabetes, and Congestive Heart Failure. The POC showed physician's orders for Physical Therapy services one to two times a week for nine weeks for therapeutic exercises, gait, and balance training, and neuro-muscular retraining, and Occupational Therapy service one	H 364	Continued From page 2 within 2 business days with the expectation that the emergency protocols are added to the POC within 3 business 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 plans of care monthly to determine if the diagnosis specific emergency protocols are documented. The QA RN will provide the Director of Nursing with a compliance report on the inclusion of diagnosis specific emergency protocols on a monthly basis. If the Director of Nursing/designate notes non-compliance with the RN/PT's inclusion of the diagnosis specific emergency protocols, the Director of Nursing will meet with the RN/PT to provide additional education and counseling and resolution of the omission. Clinical Director will monitor weekly, QA RN will monitor monthly and Quality Consultant will monitor quarterly for compliance.	12/31/2023
		H 364	Patient #4 was transferred to an inpatient facility on 9/5/2023 - patient did not return to service. The Emergency Plan for congestive heart failure, hypertension, or managing glycemic reactions, is attached. Attachment A Effective 12/4/2023 during the review and approval of the Plan of Care (POC), the Director of Nursing/designate will determine if the emergency protocols for diagnosis are discussed with the patient/ caregiver during the completion of the comprehensive assessment and documented on 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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H 364	<p>Continued From page 4</p> <p>hypertension or the potential for glycemic reaction related to the patient's diagnosis of diabetes that may warrant emergency intervention.</p> <p>5. On 09/19/2023 at 1:15 PM, a review of Patient #8's plan of care (POC) showed a duration period of 02/01/2023, through 01/31/2024. The patient's diagnoses included Diabetes and Arthropathy. The POC showed physician's orders for Physical Therapy services one to two times a week for nine weeks for therapeutic exercises, gait, and balance training, and neuro-muscular retraining, and Occupational Therapy service one to two times a week for eight weeks for therapeutic exercises, activities of daily living (ADL) and use of adaptive equipment.</p> <p>A continued review of the Plan of Care showed that the patient was receiving Lantus Insulin 27 units at bedtime for diabetes management. 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.</p> <p>At the time of the survey, the home care agency failed to ensure that patient's plan of care included emergency protocols to properly manage diagnoses specific for Patients #1, #3, #4, #5, and #8.</p> <p>During the interview with the Assistant Administrator and Assistant DON on 09/22/2023, at 2:00 PM the deficiency was acknowledged.</p>	H 364	<p>Continued From page 4</p> <p>protocols on a monthly basis. If the Director of Nursing/designate notes non-compliance with the RN/PT's inclusion of the diagnosis specific emergency protocols, the Director of Nursing will meet with the RN/PT to provide additional education and counseling and resolution of the omission.</p> <p>Clinical Director will monitor weekly, QA RN will monitor monthly and Quality Consultant will monitor quarterly for compliance.</p> <p>Patient #8 was discharged on 11/3/2023 - goals met. The Emergency Plan for managing glycemic reactions is attached. Attachment A Effective 12/4/2023 during the review and approval of the Plan of Care (POC), the Director of Nursing/designate will determine if the emergency protocols for diagnosis are discussed with the patient/ caregiver during the completion of the comprehensive assessment and documented on 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 within 2 business days with the expectation that the emergency protocols are added to the POC within 3 business 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 plans of care monthly to determine if the diagnosis specific emergency protocols are documented. The QA RN will provide the Director of Nursing with a compliance report on the inclusion of diagnosis specific emergency protocols on a monthly basis. If the Director of Nursing/designate notes non-compliance with the RN/PT's inclusion of the diagnosis specific emergency protocols, the Director of Nursing will meet with the RN/PT to provide additional education and counseling and resolution of the omission.</p> <p>Clinical Director will monitor weekly, QA RN will monitor monthly and Quality Consultant will monitor quarterly for compliance.</p>	12/31/2023