PRINTED: 01/05/2017 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:** A. BUILDING: COMPLETED R B WING HCA-0074 12/23/2016 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (H 000) INITIAL COMMENTS {H 000} H 000 A follow-up survey was conducted on December The following are abbreviations used 22, 2016 and December 23, 2016, to determine within the body of this report: compliance with Title 22 B DCMR, Chapter 39 NUS - Nursing Unlimited Services (Home Care Agencies Regulations). The Home Care Agency provides home care services for two (2) patients and employs six (6) staff. The findings of the survey were based on a review of administrative records, two (2) active patient records, five (5) discharged patient records, four (4) new employee records, no complaints, 2 home visits, 4 telephone interviews, and interviews with patients/family and staff. The following are abbreviations used within the body of this report: DON- Director of Nursing HCA -Home Care Agency PCP - Primary Care Physician POC - Plan of Care SN - Skilled Nurse SOC - Start of care {H 358} 3914.3(g) PATIENT PLAN OF CARE Post survey, Nursing Unlimited Services {H 358} (NUS) faxed a verbal order request to the Doctors of patient #4 and patient #6 to give The plan of care shall include the following: us parameters of blood glucose and blood pressure monitoring. These requests were (g) Physical assessment, including all pertinent faxed immediately after an exit interview on diagnoses; 12/22/2016. NUS followed up with a phone call. With no reply, NUS refaxed the request as a reminder to both doctors. On the This Statute is not met as evidenced by: 01/05/2017 by 2pm another reminder with Based on record review and interview, the HCA several calls were made. That same evening failed to ensure the POCs (1) included we received the State of Deficiency. An parameters for blood glucose levels and (2) Emergency demand was put on the Doctors' included parameters for blood pressure offices and the same fax was resent the

two (2) of 2 patients in the sample. (Patients #4 fealth Regulation & Licensing Administration

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

monitoring as part of the physical assessment for

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same day. Patient # 4's Doctor faxed the

parameters to NUS on 01/06/2017 and

(X8) DATE

01/06/17

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If continuation sheet 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED		
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{H 358}	Continued From page	ge 1	{H 358}	Continued from page 1			
	and #6)			patient #6's Doctor fax the parameter			
	The findings include:			NUS on 01/09/2017.		01/09/17	
	The HCA failed to included parameters evidenced by the following th	ensure patients' POCs s for blood glucose levels, as llowing:					
	review of Patient #4' POC with a SOC da a certification period through January 19, that Patient #4 had a Type II Diabetes Me physician's orders re visit once every two to assess the patient However, there was	, 2016, starting at 12:30 p.m., is medical record revealed a te of November 21, 2016 and I from November 21, 2016 2017. The POC indicated a diagnoses that included allitus. The attending evealed that the SN was to (2) weeks for nine (9) weeks it's endocrine system. The no documented evidence and parameters for blood		1. A verbal order request to the Doctor patient #4 to give NUS parameters of glucose monitoring. Patient # 4's Doc faxed the parameters to NUS on 01/0 All professionals were made aware of blood glucose parameters for patient 01/09/2017. NUS will ensure that any new patient order or face to face includes paramethe patient is diabetic, before beginning services.	blood tor 6/2017. the #4 on referral ters, if	01/06/17	
	interview with the Prothat she would reque parameters for blood as part of the physical At the time of the sur	I glucose levels on the POC all assessment for Patient #4.		The Director of Nursing will review ear patient admitting order to note if the partial diabetic and in need of such parameter Going forward all patients clinical recombe monitored for adherence to this. Director of Nursing will monitor 100%	atient is ers. ords will		
	parameters for blood	I glucose levels on the POC.		clinical records for a goal of 100% compliance monthly.			
	Patient #6's POC rev December 15, 2016 a from December 15, 2 2017. The POC indic diagnoses that includ According to the POC	2016, at 1:15 p.m., review of vealed a SOC date of and a certification period 2016 through December 12, eated that Patient #6 had led Type II Diabetes Mellitus. C, the SN was to perform a f the endocrine system once		2. A verbal order request to the Docto patient #6 to give NUS parameters of glucose monitoring. Patient # 6's Doct faxed the parameters to NUS on 01/09 All professionals were made aware of blood glucose parameters for patient # 01/09/2017.	blood or 92017. the	01/09/17	

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	{H 358}	Continued From pa	ge 2	{H 358}	Continued from page 2		
		on December 22, 2 interview with the Property of the physical At the time of the suparameters for bloods. II. The HCA failed to included parameters monitoring, as evident and the property of the physical parameters for bloods.	2016, at 1:25 p.m., during an resident/DON, it was indicated est the PCP to order d glucose levels on the POC cal assessment for Patient #6. Invey the HCA failed to include d glucose levels on the POC. In ensure patients' POCs is for blood pressure enced by the following:		NUS will ensure that any new patient order or face to face includes paramet the patient is diabetic, before beginning services. The Director of Nursing will review each patient admitting order to note if the patient admitting order to note if the patient admitting order to note if the patients and in need of such parameter Going forward all patients clinical recorder monitored for adherence to this. Director of Nursing will monitor 100% or clinical records for a goal of 100% compliance monthly.	ters, if ng ch new atient is ers. ords will	
		review of Patient #4' had diagnoses that i hypertension. The at revealed that the SN weeks for 9 weeks to pressure. However, evidence that the PC blood pressure monitor on December 22, 20 interview with the Presentence with the Presentence of the piperson of the piperson with the presentence with the piperson of the piperson with the surprise with the	016, at 12:50 p.m., during an esident/DON, it was indicated		1. A verbal order request to the Doctor patient #4 to give NUS parameters of b pressure monitoring. Patient # 4's Doct faxed the parameters to NUS on 01/06/All professionals were made aware of the blood pressure parameters for patient # 01/09/2017. NUS will ensure that any new patient recorder or face to face includes parameter the patient is hypertensive, before beging services. The Director of Nursing will review each patient admitting order to note if the patient parameters. Going forward all patients clinical records will be monitored for adherence to this. Director of Nursing will monitor 100% of	blood tor 1/2017. the 1/4 on eferral ers, if nning	01/06/17

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STATEMENT OF DEFICIENCIES (X1) P		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		diagnoses that incluto the POC, the SN patient's blood press. However, there was that the POC include pressure monitoring. On December 22, 26 interview with the Protection that she would reque parameters for blood POC as part of the patient #6. At the time of the sur	dicated that Patient #6 had ded hypertension. According was to monitor and record the sure reading every visit. no documented evidence ed parameters for blood. 016, at 1:55 p.m., during an esident/DON, it was indicated	{H 358}	Continued from page 3 clinical records for a goal of 100% compliance monthly. 2. A verbal order request to the Doctor patient #4 to give NUS parameters of the pressure monitoring. Patient #6's Doctor faxed the parameters to NUS on 01/6 All professionals were made aware of the blood pressure parameters for patient at 01/09/2017. NUS will ensure that any new patient recorder or face to face includes parameter the patient is hypertensive, before beging services. The Director of Nursing will review each patient admitting order to note if the path hypertensive and in need of such parameters. Going forward all patients clinical records will be monitored for adherence to this. Director of Nursing will monitor 100% of clinical records for a goal of 100% compliance monthly.	olood tor 09/17 . the #4 on eferral ers, if inning th new tient is	01/09/17	

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