

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0053	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/04/2011
		A. BUILDING B. WING	

NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICE, T/A NORTHEA	STREET ADDRESS, CITY, STATE, ZIP CODE 313 8TH STREET, NE WASHINGTON, DC 20002
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H 000 INITIAL COMMENTS

An annual survey was conducted at your agency from November 3, 2011, through November 4, 2011, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) clinical records based on a census of seventy-eight (78) patients, ten (10) personnel files based on a census of one hundred and fifty one (151) employees and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.

H 000

Received 12/8/11
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

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 Plan of Care (POC) included the goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient for two (2) of ten (10) patients in the sample. (Patient #5 and #6)

The findings include:

Review of Patient #5 and #6's Plan of Care (POC) on November 3, 2011, at approximately 3:00 p.m., revealed that the POC did not include the goals of the services to be provided, including

H 354

The plan of care for patient #5 and #6 has been addendum to reflect the goals of the services to be provided. 11/7/11 and ongoing

The clinical Director and Assistant Director shall review and QA all charts on a monthly basis to ensure that all plan of care are in compliance with the criteria set by Health Regulation and Licensing Administration
See Attachment 1 and 2

Health Regulation & Licensing Administration	<i>[Signature]</i>	TITLE: DON	(X6) DATE 12/8/11
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:			

Health Regulation & Licensing Administration

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NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICE, V A NORTHEA		STREET ADDRESS, CITY, STATE, ZIP CODE 313 8TH STREET, NE WASHINGTON, DC 20002	
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	<p>H 354 Continued From page 1</p> <p>the expected outcome, based upon the immediate and long-term needs of the patient.</p> <p>During a face to face interview with the Assistant Clinical Director and the Administrator on November 3, 2011, at approximately 3:10 p.m., it was acknowledged the goals of the services to be provided, including the expected outcome, based upon the immediate and long-term needs of the patient was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would add an addendum to include the goals of the services to be provided, including the expected outcomes for the patients on the revised POC.</p> <p>H 357 3914.3(f) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services;</p> <p>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 Plan of Care (POC) included provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services for two (2) of ten (10) patients in the sample . (Patient #5 and #6)</p> <p>The findings include:</p> <p>Review of Patient #5 and #6's Plan of Care (POC) on November 03, 2011, at approximately 3:00 p.m., revealed that provisions relating to the</p>	<p>H 354</p> <p>H 357</p>	<p>The plan of care for patients #5 and #6 has been addendum to include provisions relating to the discharge planning and continuation or renewal of services.</p> <p>The clinical Director and Assistant Director shall review and QA all charts on a monthly basis to ensure that all plans of care are in compliance</p>

11/7/11
and
ongoing

Health Regulation & Licensing Administration

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H 357 Continued From page 2
re-evaluation of services, discharge planning, referral of services and continuation or renewal of services was not included on the POC.

During a face to face interview with the Assistant Clinical Director and the Administrator on November 3, 2011, at approximately 3:10 p.m., it was acknowledged the aforementioned provisions was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would add an addendum to include provisions relating to the re-evaluation of services, discharge planning, referral of services and continuation or renewal of services for the patients on the revised POC.

H 357

With the criteria set by Health Regulation and Licensing Administration See Attachment #1 and #2

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 agency's Plan of Care (POC) failed to include prognosis, including rehabilitation potential for two (2) of ten (10) patients in the sample. (Patient #5 and #6)

The findings include:

Review of Patient #5 and #6's Plan of Care (POC) on November 3, 2011, at approximately 3:00 p.m., revealed the POC did not include the prognosis, including rehabilitation potential for the patients.

H 359

The plan of care for patient #5 and #6 has been addendum to reflect their prognosis, including rehabilitation potential.

The Clinical Director and Assistant Director shall review and QA all charts on a monthly bases to ensure that all Plan of care are in compliance with the

Health Regulation Licensing Administration

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H 359 Continued From page 3

During a face to face interview with the Assistant Clinical Director and Administrator on November 3, 2011, at approximately 3:10 p.m., it was acknowledged the prognosis, including rehabilitation potential was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would add an addendum to include the prognosis, including rehabilitation potential for the patients on the revised POC.

H 359

Criteria set by Health Regulation and Licensing Administration.

See Attachment #1 and #2

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 agency's Plan of Care (POC) failed to include the psychosocial needs of the patient for two (2) of ten (10) patients in the sample. (Patient #5 and #6)

The findings include:

Review of Patient #5 and #6's Plan of Care (POC) on November 3, 2011, at approximately 3:00 p.m., revealed that provisions relating to the psychosocial needs of the patient was not on the POC.

During a face to face interview with the Assistant Clinical Director and Administrator on November 3, 2011, at approximately 3:10 p.m., it was acknowledged the psychosocial needs of the patient was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home

H 361

The plan of care for patient # 5 and # 6 has been amended to include the psychosocial needs of the patients.

The clinical Director and Assistant Director shall review and QA all charts on a monthly basis to ensure that all plan of care are in compliance with the

<p>-1 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0053</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED 11104/2011</p>	
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<p>H361 H 362 3914.3(k) PATIENT PLAN OF CARE</p>	<p>Continued From page 4</p> <p>Health Skilled Services. Further interview revealed the agency would add an addendum to include the psychosocial needs of the patients on the revised POC.</p> <p>The plan of care shall include the following:</p> <p>(k) Safety measures required to protect the patient from injury;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency's Plan of Care (POC) failed to include prognosis, including rehabilitation potential for two (2) of ten (10) patients in the sample. (Patient #5 and #6)</p> <p>The findings include:</p> <p>Review of Patient #5 and #6's Plan of Care (POC) on November 3, 2011, at approximately 3:00 p.m., revealed the POC did not include the prognosis, including rehabilitation potential for the patients.</p> <p>During a face to face interview with the Assistant Clinical Director and Administrator on November 3, 2011, at approximately 3:10 p.m., it was acknowledged the prognosis, including rehabilitation potential was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would add an addendum to include the prognosis, including rehabilitation potential for the patients on the revised POC.</p>	<p>H 361 H 362</p>	<p><i>Criteria set by Health Regulation and Licensing Administration See Attachment #1 + 2</i></p> <p><i>The plan of care for Patient #5 and #6 has been amended to reflect safety measures required to protect the patient from injury.</i></p> <p><i>The Clinical Director and Assistant Director shall review and QA all charts plan of care to ensure that they are in compliance with the criteria set by Health Regulation and Licensing Administration See Attachment #1 and 2</i></p>	<p><i>11/17/11 - ongoing</i></p>

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H 363	Continued From page 5	H 363		
H 363	3914.3(I) PATIENT PLAN OF CARE The plan of care shall include the following: (I) Identification of employees in charge of managing emergency situations; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the Plan of Care (POC) included identification of employees in charge of managing emergency situations for two (2) of ten (10) patients in the sample. (Patient #5 and #6) The findings include: Review of Patient #5 and #6's Plan of Care (POC) on November 3, 2011, at approximately 3:00 p.m., revealed the POC did not include the identification of employees in charge of managing emergency situations. During a face to face interview with the Assistant Clinical Director and Administrator on November 3, 2011, at approximately 3:10 p.m., it was acknowledged the identification of employees in charge of managing emergency situations was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would add an addendum to include the identification of employees in charge of managing emergency situations on the revised POC.	H 363	See Tag H361	11/7/11 ongoing
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following:	H 364	The plan of care for Patient # 5 and # 6	11/7/11 ongoing

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H 364	Continued From page 6 (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure the Plan of Care (POC) included the emergency protocol for two (2) of ten (10) patient's in the sample. (Patient #5 and #6) The findings include: Review of Patient #5 and #6's Plan of Care (POC) on November 3, 2011, at approximately 3:02 p.m., revealed the POC did not include the emergency protocols. During a face to face interview with the Assistant Clinical Director and Administrator on November 3, 2011, at approximately 3:10 p.m., it was acknowledged the emergency protocol was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would add an addendum to include the emergency protocol on the revised POC.	H 364	has been addendum to include the emergency protocols. The clinical Director and Assistant Director shall review and QA all charts on a monthly bases to ensure that all plans of care are in compliance with the criteria set by Health Regulation and Licensing Administration See Attachment #1 and #2	