

Health Regulation 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 02/23/2010
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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 survey was conducted at your agency from February 19, 2010, through February 23, 2010, 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 fifteen (15) clinical records based on a census of one hundred-eighty-four (184) patients, fifteen (15) personnel files based on a census of two hundred-ninety (290) employees and five (5) 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.</p>	H 000	<p><i>Received 3/17/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
H 053	<p>3903.2(c)(1) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(1) The evaluation shall include feedback from a representative sample consisting of either ten percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients.</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 include feedback from a representative sample consisting of either ten percent (10%) of the total</p>	H 053		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Chrant-Lordon*

TITLE: *Administrator* (X6) DATE: *3/17/10*

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H 053	Continued From page 1 District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patient's in it's annual evaluation report. The findings include: A record review on February 19, 2010, at approximately 12:40 p.m., revealed a undated document entitled "2008 Program Evaluation" which failed to include feedback from a representative sample consisting of either ten percent (10%) of the total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patient's in it's annual evaluation. During a face to face interview with the Assistant Administrator on February 19, 2010, at approximately 1:00 p.m., she admitted that the above named document was the agency's recent annual report and that it failed to provide patient feedback as required.	H 053	A patient satisfaction survey was sent out on 3/2/10 to 68 discharged patients from 1/2/09 to 12/31/09. To date 15 responses were received. The findings will be discussed at the 3/26/10 governing body meeting. Going forward the administrative assistant will beresponsible for sending out the surveys every quarter to all discharged patients during the previous quarter and keeping a record. The administrator will follow-up and QC will monitor quarterly. Attachment A	3/31/10
H 054	3903.2(c)(2) GOVERNING BODY The governing body shall do the following: (c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following: (2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.	H 054		

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H 054	Continued From page 2 This Statute is not met as evidenced by: Based on a record review and interview, it was determined the agency failed to include the evaluations of reviews of complaints made or referred to the agency, including the nature and the response in it's annual evaluation report. The findings include: A record review on February 19, 2010, at approximately 12:40 p.m., revealed an undated document entitled "2008 Program Evaluation " which failed to include the evaluation of reviews of complaints made or referred to the agency, including the nature and the response. During a face to face interview with the Assistant Administrator on February 19, 2010, at approximately 1:00 p.m., she admitted the above named document was the agency's most recent annual evaluation report. She acknowledged the that the document failed to include the review of compliant.	H 054 H054	 The 2008 program evaluation was amended to reflect a review of the 2008 incident and complaints. The revised 2008 program evaluation will presented during the governing body meeting scheduled for 3/26/10. The program evaluation has a new template which includes a review of any complaints and incidents. The Quality Consultant will complete the 2009 program evaluation. The administrator will follow-up. Attachment B	 3/31/10
H 070	3904.1 DIRECTOR The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained. This Statute is not met as evidenced by: Based on observations, interviews and record reviews, it was determined that the Director failed to manage and direct the agency's operation and	H 070		

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H 159	Continued From page 6 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to comply with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, D.C. Law 12-238, and subsequently amendments thereto, D.C. Official Code 44-551 et seq. for two (2) of eleven (11) unlicensed personnel. (HHA's #10 and 15) The findings include: 1. A record review of HHA #10's record on February 23, 2010, at approximately 12:10 p.m., revealed a criminal background check from District of Columbia only. During a face to face interview with the Assistant Administrator on February at approximately 12:20 p.m., she acknowledged the finding. 2. A record review of HHA's #15's record on February 23, 2010, at approximately 12:50 p.m., revealed a criminal background check from the District of Columbia only. During a face to face interview with the Assistant Administrator on February at approximately 1:15 p.m., she acknowledged the finding.	H 159 H 159 H 159	All employees were advised of this requirement during a staff meeting and in a memo dated March 15, 2010. The HR director will check that all the required states have been investigated during the quarterly review of the personnel files. The initial application for employment was revised to capture 7 years of employment and residency. The employees will be given a letter to take to the agency that do criminal background check, which will specify what states should be included in the background check. Attachment F, G, H Cross reference 1	04/30/10
H 170	3907.11 PERSONNEL Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient.	H 170		

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H 170	Continued From page 7 This Statute is not met as evidenced by: Based on an observation and interview it was determined that the Home Care Agency (HCA) failed to ensure that three (3) of the eight (8) employees presented valid agency identification prior to entering the home of a patient. (HHA's # 7,6,5 and 9) The findings include: 1. Observation conducted at Patient #1's home on February 22, 2010, at approximately 9:10 a.m., revealed that the HHA #7 did not present a valid agency ID prior to entering the home. During a face to face interview with HHA #7, on February 22, 2010, at approximately 9:15a.m., HHA #7 indicated that she was not given an ID from the agency. 2. Observation conducted at Patient #3's home on February 22, 2010, at approximately 10:15 a.m., revealed that HHA #6 did not present a valid agency ID prior to entering the home. During a face to face interview with HHA #6, on February 22, 2010, at approximately 10:20 a.m., HHA #6 admitted to having a valid agency ID, however, she did not have in her possession at the time of the interview. 3. Observation conducted at Patient #4's home on February 22, 2010, at approximately 10:30 a.m., revealed that the HHA #5 did not present a valid agency ID prior to entering the home. During a face to face interview with HHA #5, on February, 2010, at approximately 10:50 a.m., HHA #5 indicated that she was not given an ID from the agency. 4. Observation conducted at Patient #5's home on	H 170 HI170 H 170 H 170	1. The agency has a policy regarding IDs which was not being enforced. On 3/15/10 the agency began issuing ID badges to all staff that needs badges. The nurses will check with the client that ID badges are being worn during their monthly visits. Additionally ID badges will be required to pick up checks insuring that staff keeps track of their badges. In the future ID badges will be given out during orientation by the administrative assistant. <i>Attachment H</i> The HR Director will follow up. 2. Cross reference 1 3. Cross reference 1	03/31/10 03/31/10 03/31/10

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H 279	Continued From page 9 Review of Patient # 8's monthly assessment notes dated February 4, 2010, January 5, 2010, December 8, 2009 and November 19, 2009, on February 23, 2010, at approximately 9:40 a.m., revealed no evidence of medication instruction. 2. Review of Patient # 12's POC dated October 6, 2009, through April 06, 2010, on February 23, 2010, at approximately 10:35 a.m., revealed Patient #11 was ordered medications that included Amlodipine 5 mg., Advil 200 mg. two (2) tablets and Women's Vitamins one (1) tablet by mouth, every day. Further review revealed the skilled nurse was to visit monthly and instruct on medications. Review of Patient # 12's monthly assessment notes dated February 22, 2010, February 4, 2010 and November 20, 2009, on February 23, 2010, at approximately 10:40 a.m., revealed no evidence of medication instruction. During a face to face interview with the Director of Nursing (DON) on February 23, 2010, at approximately 2:35 p.m., it was acknowledged the skilled nursing staff did not instruct Patient # 8 and # 12 on medication management. There was no documented evidence of training and education given to the patients on medication management.	H 279 H 279	2. Cross reference 1	04/30/10
H 293	3912.2(c)(1) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:	H 293		

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H 293	Continued From page 10 (c) To be informed orally and in writing of the following: (1) Services to be provided by the agency, including any limits on service availability; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the patient has the right to be informed orally and in writing the services to be provided by the agency, including any limits on services available in it's Patient Rights and Responsibilities Policy. The findings include: Review of the Agency's policy and procedure on February 19, 2010 at approximately 12:00 p.m., failed to disclose a policy or procedure to address that patient's have the right to be informed orally and in writing of the services to be provided by the agency, including any limits on services availability. The Assistant Administrator acknowledged the finding during a face to face interview on February 19, 2010, at approximately 12:50 p.m.	H 293 H293	The Patient's Bill of Rights was revised to state that the above information is available in writing. The current policy states that the information was given orally. All current clients will be given the revised addendum to the Bill of Rights. A copy will be given to the client on the nurse's next home visit and/or by April 30, 2010. However, the agency has currently in use a form titled "PT agreement" which states what services will be provided. The admitting nurse/therapist reviews this form with the patient during the admission process. A copy is maintained in the home and in the client's medical file. This form is checked as part of the Quarterly Record Review by the quality consultant. Attachment K and L	4/30/10
H 294	3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (c) To be informed orally and in writing of the following:	H 294		

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H 294	Continued From page 11 (2) Whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the patient has the right to be informed orally and in writing the services to be provided by the agency, including any limits on services available in it's Patient Rights and Responsibilities Policy. The findings include: Review of the Agency's policy and procedure on February 19, 2010 at approximately 12:00 p.m., failed to disclose a policy or procedure to address that patient's have the right to be informed orally and in writing of the services to be provided by the agency, including any limits on services availability. The Assistant Director acknowledged the finding during a face to face interview on February 19,2010 at approximately 12:50 p.m.	H 294 H 279	The Patient's Bill of Rights was revised to state that the above information is available in writing. The current policy states that the information was given orally. All current patients will be given the revised addendum to the Bill of Rights. A copy will be given to all patients on the next visit and/or by April 30, 2010. However, the agency has, in use currently, a form titled "Patient Agreement" which details what each insurance covers and the client responsibility. The admitting nurse/therapist reviews this form with the patient during the admission process. A copy is maintained in the home and in the client's medical file. This form is checked as part of the Quarterly Record Review by the Quality Consultant. Attachment K and L	4/30/10
H 296	3912.2(c)(4) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (c) To be informed orally and in writing of the following: (4) Prompt notification of acceptance, denial or	H 296		

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H 304	Continued From page 13 treatment, care or service, and to be informed of the consequences of refusal in it's Patient Rights and Responsibilities Policy. The findings include: Review of the Agency's policy and procedure on February 19, 2010, at approximately 12:00 p.m., failed to disclose a policy or procedure to address that patient's have the right to refuse all or part of any treatment, care, or services, and to be informed of consequences of refusal. The Assistant Administrator acknowledged the finding during a face to face interview on February 19, 2010, at approximately 12:50 p.m.	H 304 H304	The patient's Bill of Rights was revised to reflect this information. All current clients will be given the revised addendum to the Bill of Rights. A copy will be given to the client's on the nurse next home visit and/or by April 30, 2010.	4/30/10
H 316	3912.6 PATIENT RIGHTS & RESPONSIBILITIES The home care agency shall take appropriate steps to ensure that all information is conveyed, pursuant to these rules, to any patient who cannot read or who otherwise needs accommodations in an alternative language or communication method. The home care agency shall document in the patient's records the steps taken to ensure that the patient has been provided with all required information. This Statute is not met as evidenced by: Based on a record review and interviews , it was determined that the agency failed to include in it patient Right's an Responsibilities Policy that the agency will take appropriate steps to ensure that all information is conveyed, pursuant to these rules, to any patient who cannot read or who otherwise needs accommodations in alternative language or communication method. The agency will document in the patient's records the steps	H 316		

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H 316	Continued From page 14 taken to ensure that the patient has been provided with all required information. The findings include: A record review on February 19, 2010, at approximately 12:00 p.m., revealed the agency's Patients Rights and Responsibilities which failed to include the agency will take appropriate steps to ensure that all information is conveyed, pursuant to these rules, to any patient who cannot read or who otherwise needs accommodations in alternative language or communication method. The agency will document in the patient's records the steps taken to ensure that the patient has been provided with all required information. The Assistant Director acknowledged the finding during a face to face interview on February 19, 2010, at approximately 12:50 p.m.	H 316 H316	The agency had an interpreter policy which states that a list will be kept of all staff who speak a second language and who agree to be an interpreter. It was revised to reflect that the agency will also use family members of the client, with written permission from the client, for patient assessment questions and teaching. Every effort will be made to provide teaching information in the language of the patient. The nurse/ therapist will be required to indicate in the medical record when an interpreter was used. The Quality Consultant for will review the record for appropriate documentation when it is know that there is a non-English speaking client receiving services. Staff meeting to discuss this requirement will be held on 3/17/10. Attachment M	4/30/10
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (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 interview and record review, the facility failed to ensure the plan of care (POC) described the specific Home Health Aide (HHA) services to be provided for twelve (12) of fifteen (15) patients (Patient # 1, #3, # 4, # 5, #6, # 8, # 10, #11, # 12,	H 355		

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H 355	Continued From page 15 # 13, # 14 and #15) in the sample. The findings include: Review of Patient # 1, #3, # 4, # 5, #6, # 8, # 10, #11, # 12, # 13, # 14 and #15's Home Health Certification and Plan of Care (POC) on February 19 and February 23 , 2010, approximately between 9:50 a.m. to 1:45 p.m., revealed only the frequency of the Home Health Aide (HHA) services to be provided and not a description of the specific HHA services to be provided. During a face to face interview with the Director of Nursing (DON) on February 19 and February 23, 2010, at approximately 2:00 p.m., it was acknowledged the POC did not describe the specific HHA services to be provided for # 1, #3, # 4, # 5, #6, # 8, # 10, #11, # 12, # 13, # 14 and #15's . There was no documented evidence the POC included a specific description of the HHA services to be provided.	H 355 H355	The POC will include a list of the activities (bath, hygiene/grooming, procedures, activities, nutrition, housekeeping) to be performed by aides, effective immediately, for all new admissions and upon recertification of any existing plans of care. The Clinical Director will review each POC before it is sent for physician signature. The Quality Consultant will review all POCs during the quarterly record review for this new element. <i>Attachment</i>	4/30/10
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 fifteen (15) patients in the sample. (Patient #5 and #8) The findings include:	H 359		

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H 359	Continued From page 16 Review of Patient #5 and #8's Home Health Certification and Plan of Care (POC) on February 19 and February 23, 2010, approximately 9:35 a.m., to 11:00 a.m., revealed the POC did not include the prognosis, including rehabilitation potential for the patient. During a face to face interview with the Director of Nursing (DON) on February 23, 2010, at approximately 1:15 p.m., it was acknowledged Patient # #5 and #8's POC did not include the prognosis. There was no documented evidence the POC included the prognosis, including rehabilitation potential for the patients.	H 359 H359	 A staff meeting was held with the nursing staff to discuss the need to include this information on the POCs. The Clinical Director will review each POC before it is sent for physician's signature. The Quality Consultant will review all POCs during the quarterly record review.	 4/30/10
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 a record review and interview it was determined the agency failed to include identification of employees in charge of managing emergency situations for fifteen (15) of fifteen (15) patients in the sample. (Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15) The findings include: Review of Patient # 1, # 2, #3, # 4, # 5, #6, #7, # 8, #9, # 10, #11, # 12, # 13, # 14 and #15's plan of care (POC) on February 19 and February 23,	H 363 H363	 This information will be included on the POC. A staff meeting was held with the nursing staff to discuss the need to include this information on the POCs. The Clinical Director will review each POC before it is sent for physician's signature. The Quality Consultant will review all POCs for this information during the quarterly record review. Attachment N	 4/30/10

Health Regulation 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 02/23/2010
NAME OF PROVIDER OR SUPPLIER IDEAL NURSING SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW, 2ND FLOOR WASHINGTON, DC 20016		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 411	Continued From page 19 revealed the home health aides had not recorded and reported the patient's physical condition, behavior, or appearance to the agency. During a face to face interview with the Director of Nursing (DON) on February 23, 2010, at approximately 2:30 p.m., it was acknowledged the home health aides had not recorded and reported Patient # 1, #3, # 4, # 5, #6, # 8, # 10, #11, # 12, # 13, # 14 and #15's physical condition, behavior, or appearance to the agency. There was no documented evidence the home health aides recorded and reported the patient's physical condition, behavior, or appearance to the agency.	H 411		
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the facility's skilled nursing staff failed to ensure documentation of patient instruction, and evaluation of patient instruction for three (3) of fifteen (15) patients in the sample. (Patient #4, #5 and #11) The findings include: 1. Review of Patient # 4's Plan of Care (POC) dated December 23, 2009, through February 20, 2010, on February 19, 2010, at approximately	H 459		
		H459	1. The survey findings were discussed in a staff meeting with the licensed staff on March 10, 2010. Additionally the Clinical Director did one on one sessions with the Nursing staff to discuss documentation concerns. Documentation is also discussed in orientation of new licensed hirees. Evaluation of treatment regimen, patient teaching and evaluation and progress towards goals is part of the quarterly record reviews and will be ongoing. Attachment H	3/31/10

Health Regulation 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 02/23/2010
NAME OF PROVIDER OR SUPPLIER IDEAL NURSING SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 820 UPSHUR STREET, NW, 2ND FLOOR WASHINGTON, DC 20016		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 459	Continued From page 20 9:15 a.m., revealed the skilled nurse was to instruct the client and caregiver on disease process and disease management. Review of Patient # 4's monthly assessment notes dated February 5, 9, 12, and 1, 2010, on February 19, 2010, at approximately 9:20 a.m., revealed instructions given to aide to use safety for transfers and cane use, body fluids, keep dressing clean and dry and to balance activity and rest. "Aide voiced understanding of information given". During a face to face interview with the Director of Nursing (DON) on February 23, 2010, at approximately 2:35 p.m., it was acknowledged the skilled nursing staff did not evaluate the specific instructions given to Patient #4. There was no documented evidence of the evaluation of the specific instructions given to the patient. 2. Review of Patient # 5's POC dated September 17, 2009, through March 17, 2010, on February 19, 2010, at approximately 11:25 a.m., revealed the skilled nurse was to visit monthly and instruct on medications. Review of Patient # 5's monthly assessment notes dated January 4, 2010, on February 19, 2010, at approximately 10:35 a.m., revealed the patient was prescribed Diovan HCT 160-12.5 mg. one (1) tablet daily for hypertension. Further review revealed " instructed client [on] the importance of new medication for blood pressure and the importance taking blood pressure before taking medication for hypertension".	H 459		
		H 459	2. Cross reference 1	04/30/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2010
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 459	Continued From page 22 given to the patient.	H 459			