

*May 31/2011*  
 Department of Health  
 Health Regulation & Licensing Administration  
 Intermediate Care Facilities Division  
 800 North Capitol St., N.E.  
 Washington, D.C. 20002

PRINTED: 05/17/2011  
 FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>IMMACULATE HEALTH CARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEW YORK AVENUE, NE, SUITE 228 WASHINGTON, DC 20002</b>	
(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)
H 000	<b>INITIAL COMMENTS</b>  An annual survey was conducted at your agency from April 27, 2011, through April 28, 2011, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of twenty (20) clinical records based on a census of two hundred eighty-nine (289) patients, twenty (20) personnel files based on a census of three hundred eighty-one (381) employees and three (3) home visits. The findings of the survey were based on observations in the homes, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	H 000	Immaculate Health Care Services, INC (IHCS) do acknowledge and accept these deficiencies. IHCS has reviewed its documentation policy and the Director of Nursing and Administrator are undergoing an educational re-training process on procedures for observing, reporting, and documenting for IHCS Home Health Aides (HHA). The training is to ensure that, all HHA will be able to document patient's/client's physical condition, behavior or appearance at the back page of the activity sheet. To ensure compliance with these Regulatory guidelines, the staff nurse will review all activity sheets submitted in the office and the Director of Nursing will randomly review 10 % of all HHA activity sheet to ensure compliance with reporting client condition via documenting client's physical and behavioral condition. The training of HHA will be completed by June 30th, 2011 and will be ongoing for all new HHA hired thereafter. Complete Date: June 30th, 2011
H 411	<b>3915.11(f) HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b>  Home health aide duties may include the following:  (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;  This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to ensure home health aides (HHA) recorded, and reported on the patient's physical condition, behavior or appearance for eight (8) of nine (9) patients receiving HHA services in the sample. (Patient #1, #2, #5, #6, #7, #10, #16 and #19)  The findings include:  Review of Patient #1, #2, #5, #6, #7, #10, #16 and #19's medical records on April 27, 2011,	H 411	

Health Regulation Administration

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

TITLE (X6) DATE  
*Gary K. Abouayy Director of Nursing* **5/26/11**  
 If continuation sheet 1 of 3

STATE FORM

6800

MYGV11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>IMMACULATE HEALTH CARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEW YORK AVENUE, NE, SUITE 228 WASHINGTON, DC 20002</b>		
(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 1  between 11:50 a.m. to 3:30 p.m., revealed no evidence the home health aides (HHA) had 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) and Administrator on April 27, 2011, at approximately 4:00 p.m., it was revealed the HHA's had not been trained to document and report on Patient #1, #2, #5, #6, #7, #10, #16 and #19's physical condition, behavior and appearance on a daily basis at the time of the survey.	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 evaluation 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 twenty (20) patients in the sample. (Patient # 9, #14 and #20)  The finding includes:  1. Review of Patient # 9 and #14's Nursing Clinical Notes on April 27, 2011 between 12:10 p.m. to 2:35 p.m. revealed no evidence the skilled nurse documented instructions given to Patient # 9 and #14.	H 459	The identified client's # 9 & #14 files have been reviewed and corrective measures implemented. The identified nurse have also been re-trained on how to document patient's instructions in the medical record, and evaluation of clinical instructions. To ensure compliance with this condition of participation, all clinicians have been retrained on patient's instructions and evaluation. Effective June 10th, 2011, documentation of retraining will be filed in all clinician's personal files. The Administrator and Director of Nursing will review about 10 % of patient's file on bi-weekly basis to ensure compliance with patient's instructions and evaluation.  Complete Date: June 30th, 2011	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>IMMACULATE HEALTH CARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEW YORK AVENUE, NE, SUITE 228 WASHINGTON, DC 20002</b>		
(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	<p>Continued From page 2</p> <p>During a face to face interview with the Director of Nursing (DON) and Administrator on April 27, 2011, at approximately 2:50 p.m., it was acknowledged there was no documented evidence the skilled nurse documented instructions given to Patient # 9 and #14. Further interview revealed the skilled nurses would be re-trained on how to document patient instructions in the medical record.</p> <p>2. Review of Patient #20's Nursing Clinical Notes on April 27, 2011 at approximately 3:45 p.m. revealed the skilled nurse documented patient instruction, however there was no documented evidence the skilled nurse specifically evaluated the instructions given to Patient # 20.</p> <p>During a face to face interview with the Administrator on April 27, 2011, at approximately 4:10 p.m., it was acknowledged there was no evidence that the skilled nurse specifically evaluated the instructions given to Patient # 20. Further interview revealed the skilled nurses would be re-trained by the DON on how to document patient instructions in the medical record.</p>	H 459	<p>A review of patient # 20 file completed by the Director of Nursing and corrective measures implemented. The identified nurse have been counseled and re-trained on how to document patient's instruction and evaluation on patient's medical record. The completed training in-service document has been filed in the employee file. to ensure compliance, the Administrator and Director of Nursing will review about 10 % of patient's file randomly on a bi-weekly basis, and will be on an on-going review basis. Complete date: June 30th, 2011</p>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>IMMACULATE HEALTH CARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEW YORK AVENUE, NE, SUITE 228 WASHINGTON, DC 20002</b>		
(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
R 125	<p><b>4701.5 BACKGROUND CHECK REQUIREMENT</b></p> <p>The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Based on the review of personnel records, the agency failed to ensure criminal background checks for all jurisdictions in which employees had worked or resided within the seven (7) years prior to the check, for four (4) of the twenty (20) employees included in the sample. (Employee's #1, #7, #18 and #20)</p> <p>The findings includes:</p> <ol style="list-style-type: none"> <li>1. Review of personnel records on April 27, 2011, beginning at approximately 12:21 p.m., revealed that Employee #1 was hired on November 1, 2010. Continued review of the employee's personnel record revealed she worked in Rockville, Md. from April 2004 until December 2010.</li> </ol> <p>At the time of the survey, a background check had not been obtained for this employee (7) years prior for all jurisdictions within which the employee worked.</p> <ol style="list-style-type: none"> <li>2. Review of personnel records on April 27, 2011, at approximately 2:59 p.m., revealed that Employee #7 was hired on November 17, 2008. Continued review of the employee's personnel record revealed she resided in Greenbelt, Md.</li> </ol> <p>At the time of the survey, a background check</p>	R 125	<p>Background check requirements: The agency has conducted an in-service training for the Human Resources Manager, to include criminal background checks for all jurisdictions in which the employees have worked or resided within the last seven (7) years. The training documentation for the Human Resources Manager have been filed in her personnel file.</p> <p>All identified employees such as employee #1, #7, #18, and #20 files have been reviewed and corrective measures implemented effective May 20th, 2011. IHCS has reviewed it's criminal background policy and has reinforced that any prospective employee and current employees must undergo a criminal background check for the past seven (7) years in all jurisdictions in which they have worked or resided.</p> <p>To ensure compliance with this condition of participation, the Human Resources Manager shall review about 10 % of all employees files bi-weekly. The Director of Nursing shall review about 10 % of all employees files on a bi-weekly basis. The Administrator shall also review about 10 % of all employees file randomly on a bi-weekly basis.</p> <p>These actions are to ensure compliance with state and federal regulations. Complete Date: June 30th, 2011</p>	

Health Regulation Administration

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

*George K. Abouge*  
M.Y.G.V.11

TITLE

*Director of Nursing 5/26/11*

(X6) DATE