

PRINTED: 07/20/2012
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER D NURSING AND MANAGEMENT SERVICES, II	STREET ADDRESS, CITY, STATE, ZIP CODE 7026 EASTERN AVENUE NW WASHINGTON, DC 20012
---	---

(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 4701.5 BACKGROUND CHECK REQUIREMENT

R 125

August 03, 2012

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.

This Statute is not met as evidenced by: Based on the interview and record review, the Home Care Agency (HCA) failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check, for one (1) of the ten (10) staff employed. (Staff #7)

The finding includes:

On July 19, 2012, a review of Staff #7's record at approximately 2:00 p.m. revealed an application in which Staff #7 indicated he/she worked in Arlington Virginia from January 2007 through March 2009 and the date of hire for Staff #7 was July 8, 2010. The HCA failed to have document evidence a criminal background check was conducted for the state of Virginia.

During a face to face interview with the staffing coordinator on July 19, 2012 at approximately 2:30 p.m., she indicated the a criminal background check had not been done. (It should be noted the HCA faxed to this surveyor on July 20, 2012 a criminal background for Staff #7 from the state of Virginia which was dated July 20, 2012.)

Effective immediately following the survey on July 19 2012 , staff #7 was asked to submit a criminal background check from the state of Virginia. A criminal background check from the state of Virginia was sent to the personnel dept and a copy faxed to the surveyor on July 20, 2012 All personnel record including background checks of all hired staff to be maintain by personal manger and review monthly for compliance.

Received 8/20/12

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

Health Regulation & Licensing Administration

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

STATE FORM

0600

188611

TITLE

Administrator

(X6) DATE

If continuation sheet 1 of 1

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
---	---	--	---

NAME OF PROVIDER OR SUPPLIER NURSING AND MANAGEMENT SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7828 EASTERN AVENUE NW WASHINGTON, DC 20012
--	---

(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 000 INITIAL COMMENTS

H 000

An annual licensure survey was conducted from July 16, 2012 through July 20, 2012, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of seven (7) active clinical records based on a census of two hundred ninety seven (297) patients, three (3) discharge records, ten (10) personnel files based on a census of three hundred sixty-nine (269) employees and three (3) home visits. The deficiencies cited during this survey period were based on staff and patient's family interviews and review of clinical and administrative records.

H 269 3911.2(i) CLINICAL RECORDS

H 269

Each clinical record shall include the following information related to the patient:

(i) Documentation of supervision of home care services;

This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure documentation of supervision of home care services was in the record for one (1) of seven (7). (Patient #2)

The findings include:

On July 16, 2012, a review of Patient #2's record at approximately 12:20 p.m. revealed a plan of care (POC) with certification period of April 3, 2012, through October 3, 2013. The physician ordered Skilled Nursing visits every month for Personal Care Aide (PCA) supervision. Additional review of the skilled nursing notes

Following the survey on July 16, 12, the agency (HCA) has conducted an In-service training on DOCUMENTATION for all clinicians on July 25 2012 and directed all clinicians effective immediately to document all PCA supervisory visits in every visit and report any changes to client's primary care physicians promptly. The quality Assurance coordinator to monitor compliance quarterly.

Health Regulation & Licensing Administration

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

STATE FORM

6899

T98811

TITLE

(X6) DATE

[Signature]
Admin. Stralser

If continuation sheet 1 of 7

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ID NURSING AND MANAGEMENT SERVICES, IA	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW WASHINGTON, DC 20012
--	---

(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 269 Continued From page 1
 dated April 25, 2012, May 26, 2012 and June 18, 2012 there was no documented evidence the PCA had been supervised by the skilled nurse.

H 269

During a face to face interview on July 16, 2012 at approximately 1:00 p.m. with the chief executive officer (CEO) and clinical supervisor they stated " the skilled nurse did not document the PCA had been supervised on his notes."

H 300 3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES

H 300

Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:

(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;

This Statute is not met as evidenced by:
 Based on record review and interview, the Home Care Agency (HCA) failed to have an effective policy to ensure treatment, care and services were consistent with the patient's plan of care (POC) for two (3) of seven (7) patient's in the sample. (Patient #5 and #6)

The finding include:

1. On July 19, 2012, review of Patient #5's record, at approximately 10:15 a.m. , revealed a POC with certification period January 26, 2012 through July 26, 2012. The physician (MD) ordered the following: skilled nurse services one (1) time a month for six months plus two (2) visits as needed for personal care aide supervision times

Effective immediately following the survey on July 19, 2012, a new skill nurse (RN) was assigned to patient #5 to assess and evaluate patient, coordinate and integrate all phases of patient care. Assess vital signs and report to the primary care physician of patient # 5 when there are changes or vital signs not within the parameter. Quality Assurance coordinator to monitor compliance monthly.

[Handwritten Signature]
 Administrator

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER D NURSING AND MANAGEMENT SERVICES, II	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW WASHINGTON, DC 20012
---	---

(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 300	<p>Continued From page 2</p> <p>(6) six months, for personal care aide supervision (PCA). report to to physician , temperature >101.0 or <95.0, respiration >24 or <16, BP > 175/90 or < 90/60 and pulse >100 or <60, assess and evaluate patient and coordinate and integrate all phases of patient care, assess vital signs...</p> <p>Additionally, the skilled nurse documented the following in reference to Patient #5 on January 19, 2012 B/P was 177/88, on April 18, 2012 B/P was 188/102 and on May 11, 2012 B/P was 180/86 however there was no documented evidence the MD had been made aware of the elevated B/P's as ordered.</p> <p>During a face to face interview with the CEO , staffing coordinator and the clinical supervisor on July 19, 2012, at approximately 11:45 a.m., they indicated there was no documented evidence the MD had been made aware of the elevated B/P's.</p> <p>2. On July 19, 2012, review of Patient #6's record, at approximately 11:06 a.m. revealed a POC with certification period February 6, 2012 through August 8, 2012. The physician ordered personal care aide service seven (7) days a week for eight (8) hours a day times six (6) months...</p> <p>Review of the the PCA time sheets from February 6, 2012 through July 13, 2012 revealed PCA services were provided five (5) days a week and not seven (7) days a week as ordered by the physician in he aforementioned POC.</p> <p>During a face to face interview with the the quality assurance coordinator and clinical supervisor on July 19, 2012 at approximately 12:25 p.m., they indicated the PCA provided service five (5) days a week.</p>	H 300	<p>HCA has directed the clinical supervisor to ensure that any changes on the plan of care (POC) must be written or verbally communicated to the physician of patient # 6 and other patients and that it is signed within 30 days. Quality Assurance coordinator to monitor compliance to all patients quarterly.</p>	
-------	--	-------	---	--

[Signature] Administrator

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER D NURSING AND MANAGEMENT SERVICES, II	STREET ADDRESS, CITY, STATE, ZIP CODE 7828 EASTERN AVENUE NW WASHINGTON, DC 20012
--	---

(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 366 Continued From page 3

H 366

H 366 3914.4 PATIENT PLAN OF CARE

H 366

Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.

This Statute is not met as evidenced by:
Based on record review and interview, the Home Care Agency (HCA) failed to ensure the patient's Plan of Care (POC) was approved and signed by a physician with-in thirty (30) days of the start of care for three (3) of seven (7) patients in the sample. (Patient # 3 , #5 and #6)

The findings include:

1. On July 16, 2012, a review of Patient #3's record at approximately 1:00 p.m. revealed a POC with a certification period of April 7, 2012 through October 7, 2012. The physician signed the POC on July 8, 2012.

As Above

2. On July 19, 2012, review of Patient #5's record, at approximately 10:15 a.m. , revealed a POC with certification period January 26, 2012 through July 26, 2012 . The physician signed POC on May 11, 2012 and not with in thirty days of the start of care which was January 26, 2012.

As Above

[Handwritten Signature]
Administrator

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER JD NURSING AND MANAGEMENT SERVICES, II	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW WASHINGTON, DC 20012
---	---

(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 366 Continued From page 4

H 366

3. On July 19, 2012, review of Patient #6's record, at approximately 11:05 a.m., revealed a POC with certification period April 25, 2012 through October 25, 2012. The physician signed POC on August 10, 2012 and not within thirty days of the start of care which was April 25, 2012.

As Above

During a face to face interview with the quality assurance coordinator and the clinical coordinator on July 19, 2012, at approximately 12:25 p.m., they indicated the HCA staff was having difficulty with getting some physicians to sign the POC within thirty days of the start of care.

H 453 3917.2(c) SKILLED NURSING SERVICES

H 453

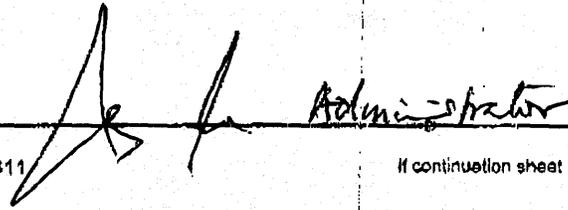
Duties of the nurse shall include, at a minimum, the following:

(c) Ensuring that patient needs are met in accordance with the plan of care;

This Statute is not met as evidenced by: Based on record review and interview, it was revealed the Home Care Agency (HCA) failed to ensure the patient needs were met in accordance with the plan of care (POC) for one (1) of seven (7) patients in the sample. (Patient #5)

The finding includes:

On July 19, 2012, review of Patient #5's record, at approximately 10:15 a.m., revealed a POC with certification period January 26, 2012, through July 26, 2012. The physician ordered the skilled nurse services one (1) time a month for six plus two (2) visits as needed for personal care aide



PRINTED: 07/25/2012
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER JD NURSING AND MANAGEMENT SERVICES, II	STREET ADDRESS, CITY, STATE, ZIP CODE 7828 EASTERN AVENUE NW WASHINGTON, DC 20012
--	---

(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 453 Continued From page 5

supervision times (6) six months, for personal care aide supervision (PCA), report to physician (MD) temperature >101.0 or <95.0, respiration >24 or <16, BP > 175/90 or < 90/60 and pulse >100 or <60, assess and evaluate patient and coordinate and integrate all phases of patient care, assess vital signs...

Also reviewed was a skilled nursing note dated March 16, 2012, which revealed there was no documented evidence the nurse assessed patient's vital signs as ordered by the MD.

During a face to face interview with the CEO, quality assurance coordinator and clinical supervisor on July 19, 2012, at approximately 11:45 a.m., they indicated the vital signs were not documented on the March 16, 2012 skilled nursing note.

H 453

Effective immediately following the July 19, 2012 survey, Hca conducted an in-facility in-service on July 25, 2012 on (DOCUMENTATION) with all the clinicians in attendance. All skilled nurses are required to assess all patients' vital signs every visit and report any changes to patient's primary care physician. Quality assurance coordinator to monitor every month for compliance.

H 458 3917.2(h) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the following:

(h) Reporting changes in the patient's condition to the patient's physician;

This Statute is not met as evidenced by:
Based on record review and interview, the Home Care Agency (HCA) skilled nurse failed to document evidence of reported changes in the patient's condition to the patient's primary care physician for one (1) of seven (7) patient's in the sample. (Patient #5)

The findings include:

H 458

As Above

As the Administrator

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER JD NURSING AND MANAGMENT SERVICES, IP	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW WASHINGTON, DC 20012
---	---

(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 458 Continued From page 6

H 458

On June 19, 2012, a review of Patient #5's record revealed a skilled nursing note dated April 18, 2012. The skilled nurse documented "client also complains of right sides weakness, B/P elevated 188/102 client denies headache or dizziness. Instructed client to call 911 if have they a headache or dizziness if aide is not present. client verbalized understanding." There was no documented evidence the skilled nurse informed the physician of the complant of right sided weakness.

During a face to face interview with the CEO, clinical supervisor and the quality assurance coordinator on July 19, 2012, at approximately 11:45 a.m., they indicated they would speak to the skilled nurse in reference to the finding.

[Handwritten Signature]
Administrator