Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUM DING B. WING	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003

(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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H000	INITIAL COMMENTS An annual survey was conducted at your agency from January 6, 2010, through January 12, 2010, to determine compliance with DC Title 22, DCMR, Chapter 39 (Home Care Agency Regulations). The following deficiencies were based on observations, record reviews and interviews. The sample size were fifteen (15) patients records, five (5) home visits and fifteen (15) employees files. On June 24, 2009, Department of Health/ Health Regulations Licensing Administration (DON/HRLA) recieved a complaint from University Legal Services, Inc., alleging the Home Care Agency terminated Patient #15's home health services without prior written notice. In conjuction with the Annual licensure survey an onsite investigation was also initiated on January 06, 2010, to verify compliance with state regulatory requirements.	H000	Received 2/19/10 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
H 013	3900.7 GENERAL PROVISIONS Each home care agency shall post its license in a conspicuous place within the District of Columbia operating office. This Statute is not met as evidenced by: Based on an observation, it was revealed that the agency failed to post it's license in a conspicuous place in it's operating office. The findings include: An observation on January 6, 2010, at approximately 9:00 a.m., revealed that the	H013		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER DR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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
H013	Continued From page 1 agency's license was not posted in a conspicuous place within the operating office. A face to face interview with the office manager on January 6, 2010, at approximately 9:10 a.m., confirmed findings. However after being made aware of the above listed regulation, the office manager did post the agency's license in a conspicuous location the operating office at approximately 9:20 a.m. on January 6, 2010.	H013	Agency's licensure was placed in an area where it can be viewed by visitors and or other federal and DC government official.	01/06/2010 and ongoing
H053	3903.2(c)(1) 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: (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. 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 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	H053	Annual documentation of feedback (Survey of Clients' satisfaction of 10% or 40 clients whichever is lesser) on care provided to NUS clients has been put in place. 16 patients (10%) of NUS Patients were surveyed and Reponses recorded. **See attachment no. 1** During the board of directors'/annual evaluation report meeting post HRLA survey, documentation of the survey of clients' satisfaction, dissatisfaction, suggestions and/or areas of improvement per clients interviewed was addressed and their feedback were documented. Policies were reviewed and put in place to address their feedback. **See attachment no. 2**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME DF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(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 053: Continued From page 2	H 053	See Response in Page 1	
	evaluation report. The findings include: A record review on January 6, 2010, at approximately 1:30 p.m. revealed a document entiltled "Nursing Unlimited Services, Inc, Board of Director Meeting, 4th Quarter 2009 Minutes" dated October 24, 2009. The document 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. Interview with the Director of Nursing on January 6, 2010, at approximately 2:00 p.m., admitted that the above named document was the agency's recent annual report and that it failed to provide patient feedback as required.			
H054	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. This Statute is not met as evidenced by:	H054		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDE R/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME DF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CDRRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H054	Continued From page 3 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 January 6, 2010 at approximately 1:30 p.m. revealed a document entitled "Nursing Unlimited Services, Inc, Board of Director Meeting, 4th Quarter 2009 Minutes" dated October 24, 2009 which failed to include the evaluation of complaints received, made or referred to the agency, including the nature and the response. During a face to face interview with the Director of Nursing on January 6, 2010 at approximately 2:00 p.m., she admitted the above named document was the agency's most recent annual evaluation report. She acknowledged the that document failed to include the review of all complaints.	H054	Patien(s' complaints and feedback log addressing the complaints, response by NUS, resolution and action taken by NUS agency were made available to the surveyors. Nature of complain, Response by NUS, Resolution or action taken and Agencies/ or who were notified if any were recorded and documented during the evaluation report meeting held post survey. **See attachment 3**	1/16/2010 and ongoing
H055	3902.2(c)(3) 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: (3) A written report of the results of the evaluation shall be prepared and shall include recommendations for modifications of the agency's overall policies or practices, if	H 055		01/16/10 and ongoing

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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
H055	Continued From page 4 appropriate. This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include recommendations for modifications of the agency's overall policies or practices, if appropriate in it's annual evaluation report. The findings include: A record review on January 6, 2010, at approximately 1:30 p.m., revealed a document entitled "Nursing Unlimited Services, Inc, Board of Director Meeting, 4th Quarter 2009 Minutes" dated October 24, 2009, which failed to include recommendations for modifications of the agency's overall policies or practices, if appropriate. During a face to face interview with the Director of Nursing on January 6, 2010, at approximately 2:00 p.m., she admitted the above named document was the agency's most recent annual evaluation and acknowledged the finding.	H055	Recommendation for modification of policies and procedures and overall practices has been addressed at the 2010 annual evaluation report meeting post HRLA survey. NUS held on 2/5/2010 clinical and administrative staff meeting and minutes of the meeting documented in NUS annual evaluation report / Board of Directors meeting. **See attachment no. 4**	
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:	H 070		

Health Regulation Administration

STATEMENT DF DEFICIENCIES AND PLAN DF CDRRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIDN NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A RUN DING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PRDVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATDRY OR LSC IDENTIFYING INFDRMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H070	Continued From page 5 Based on interviews, observations and record reviews, it was determined that the Director failed to manage and direct the agency's operation and failed to ensure that two (2) of twenty-five (25) staff members were adequately and appropriately trained. (Home Health Aide (HHA) #6 and #9), The findings include: 1. During an observation on January 11, 2010, at approximately 11:00 a.m., HHA#6 demonstrated how she administers tube feeding and medication to patient #8. Observations revealed she failed to check patient's residual, assess bowel sounds and elevate patient's head. Interview with HHA #6 on January 11, 2010, at approximately 11:15 a.m., revealed that she also gives patient #8 her medications while she is on duty however, stated she does not know why the medications are being given to the patient. Further interview with HHA #6 revealed that she works Monday through Friday from 7:00 a.m. until 3:00 p.m. A record review on January 8, 2010 at approximately 11:15 a.m. revealed thatHHA#6 was a certified Home Health Aide. There was no documented evidence that HHA#6 had been ■ adequately and appropriately trained to administer tube feeding or medications. 2. During a face to face interview with patient #9 on January 11, 2010 at approximately 12:30 p.m. revealed that HHA #9 administers medication.	H070	Agency 's director of Nursing or the Clinical Director services as a liason between the governing body and staff. She establishes, advices or suggests to Home Health aides, PCAs, the required training as per regulations; and/or recommend where such training could received for NUS staff. She conducts random checks on patients and caregivers to determine compliance to NUS polices and procedures. She monitors HHA POC to assure that they do not handle skilled matters such as administration of medication or any other skilled sevices requiring trained professional outside of their scope of POC. Futhermore, NUS director of Nursing or the Clinical Director scrutinizes, interviews and orients only qualified and certificated applicants prior to employment at NUS. During orientation rules and regulations and teaching of POC/job description are fully and exhaustively explained to each candidate including the do's and don'ts of HHA/PCA; especially medication administration or giving of any type of skilled care by HHA/PCA. **See attachment 4**	01/16/2010 and ongoing

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 070	Continued From page 6 A interview was also conducted with HHA #9 on January 11, 2010 at approximately 12:45 p.m. which revealed that she administered medication to patient #9. A record review on January 8, 2010, at approximately 11:30a.m. revealed that HHA #9 was a certified Home Health Aide. There was no documented evidence that HHA #9 was qualified, certified or licensed to administer tube feeding or medications.	H070	An in-service was held at NUS' office with both licensed and unlicensed personnel present the topic for this in-service was the HHA plan of care which does not include the provision of any skilled services such as Insulin Administration and any other medication administration, wound care and or GT feeding that requires the expertise of a licensed personnel. All unlicensed personnel were instructed to notify the Director of clinical services of any such requests so that the Director of clinical services can obtain a verbal order from the patient's Primary Physician for this service for the RN/LPN to follow.	
H 120	3906.1(a) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (a) A description of the services to be provided; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to provide a description of services to be provided on it's "Contractual Agreement". The finding includes: A record review on January 6, 2010, at approximately 1:30 p.m. revealed a form entitled "Cooperative Agreement" and a second entitled "Contract for Home Health Care Services Agreement". The document entitled "Cooperative Agreement" failed to indicated that Home Health Aide services were being provided through a third party. However both forms failed to disclose the	H 120	The director of Nursing provided to the surveyors the contractual agreement at hand which clearly indicated that NUS has a contract agreement with a third party that supplies HHA/PCA services only. **See attachment 5 (a) and (b)** Post survey meeting was held with NUS contractors on 1/17/2010. It was henceforth agreed that contractors' contractual agreement for NUS Agency included in writing a description of all HHA/PCA services to be provided to NUS clients in its contract agreement. **See attachment 6 (a) and (b)** In addendum to the contractual agreement, the staffing Agency shall be supplied with patient's profile which includes the patient's address, telephone number, Diagnosis, Diet and Primary Physician name and information and the HHA plan of care. **See attachment 7 (a) & (b)**	1/06/06 and ongoing 1/17/06 and ongoing

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(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 120	Continued From page 7 description of the services to be provided. On January 6, 2010, at approximately 2:00 p.m. the Director of Nursing acknowledged the finding.	H 120		
H 121	3906.1(b) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (b) The location where services are to be provided; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the location where services are to be provide in it's "Contractual Agreement". The findings include: A record review on January 6, 2010, at approximately 1:30 p.m. revealed a form entitled "Cooperative Agreement" and a second entitled "Contract for Home Health Care Services Agreement". The document entitled "Cooperative Agreement" failed to indicated that Home Health Aide services were being provided through a third party. Both documents however failed to disclose the location in which the services were to be provided for two (2) of two (2) contracts reviewed. On January 6, 2010, at approximately 2: 00 p.m., the Director of Nursing acknowledged the findings.	H121	During this meeting on 1/17/2010, it was also agreed that NUS contractors will include in their addendum to contractors' contractual agreement the address location where services are to be provided to NUS clients to include, but not limited to all wards within the District of Columbia. NUS provides services to all the wards within the District of Columbia and shall employ the services of the staffing Agencies with whom it has a signed contractual agreement to provide services to NUS client. NUS uses the contractors to provide services for the Agency's clients on an as needed basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0006	A. BUILDING _____ B. WING _____	01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 148	3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of current CPR certification for four (4) of twenty- five (25) employees in the sample. (Home Health Aide (HHA)#6,HHA#13, HHA #16 and Occupational Therapist # 23) The findings include: 1. A record review on January 8, 2010, at approximately 11:00 a.m. revealed that was no documented evidence of a current CPR certification in HHA #6 personnel file. Further review of the record revealed a CPR card with the expiration date of August 2009. 2. Review of HHA #13's personnel file on January 8, 2010, at approximately 11:32 a.m., revealed no documentation of current CPR certification in the personnel record. 3. Review of HHA #16's personnel file on January 8, 2010 at approximately 11:52 a.m., revealed no documentation of current CPR certification in the personnel record. 4. Review of Occupational Therapist #23's	H 148	The electronic log of all NUS employees personnel file tracking has been place and will be monitored and reviewed q monthly and on as needed basis by the Office Manager. NUS will continue to monitor more vigorously to decrease these types of incidences using the spreadsheet that was previously created to track all licensed and unlicensed personnel expiration of documents to enhance compliance to rules and regulations by state. All employees shall be notified a month in advance of expiration of documentation and any employee not willing to abide by this policy shall not be allowed to continue to work until the document is updated. No new employee shall be allowed to work without the complete required document.	01/07/2010 and ongoing

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION a. BUILDING ____ b. WING ____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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
H148	Continued From page 9 personnel file on January 8, 2010, at approximately 10:00 a.m., revealed no documentation of current CPR certification in the personnel record. On January 8, 2010, at 12:58 p.m., the office manager was interviewed to ascertain if staff had been trained in CPR. The office manager acknowledged that the above staff had not been provided with any CPR training.	H148		
H 150	3907.2(f) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (f) Verification of previous employment; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of verification of previous employment for one (1)of twenty-five (25) employees in the sample. (RN #8) The findings include: A record review on January 8, 2010, at approximately 11:30 a.m. revealed that there was no documented evidence of verfication of previous employment in RN#8 personnel file. Interview with the office manager on January 8, 2010, at approximately 11:45 a.m., acknowledged the finding.	H 150	All verification of previous employment is done either by telephone and or mail. The Agency staff conducting the verification of employment shall print the name of the individual giving the verification and the date the verification was obtained. The Agency staff shall also sign and date the verification in the appropriate section. Prospective employee shall not be assigned any cases until the application process is complete. **See attachment 8**	01/08/2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 152	Continued From page 10	H 152	All post probationary period and annual evaluation for the PCAS/HHAS shall be done by the Director of Nursing based on reports from the supervising RN with a copy placed in the employee's folder. All annual evaluations shall be done and documented five days before the employee's annual anniversary with this Agency. Evaluations for the licensed personnel shall be based on documentation, timeliness, adherence to the rules and regulation as set by DOH, MAA and HRLA and knowledge of his/her respective discipline. **See attachment 9**	01/10/2010 and ongoing
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain accurate personnel records, which included documentation of a completed annual evaluation for three (3) of twenty-five (25) employees in the sample. (Home Health Aide (HHA) #6, #11, and RN#8). The findings include: 1. A record review on January 8, 2010, from 11:00 a.m. revealed that there was no documented evidence of a current annual evaluation in HHA #6 personnel file. Further review of the record revealed that HHA #6 was hired on September 27,2007. 2. A record review on January 8, 2010, at approximately 11:30 a.m., revealed that there was no documented evidence of a current annual evaluation in RN#8 personnel file. Further review of the record revealed that RN#8 was hired on February 10, 2006. 3. A record review on January 8, 2010 at approximately 12:00 noon revealed that ther was no documented evidence of a current annual evaluation in	H 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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
H152	Continued From page 11 HHA#11 personnel record. Further review of the record revealed that HHA #11 was hired on June 30, 2008. Interview with the office manager on January 8, 2010, at approximately 12:15 p.m., acknowledged that the above staff did not have a current annual evaluation in their personnel files.	H152		
H157	3907.2(m) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (m) Documentation of acceptance or declination of the Hepatitis Vaccine; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain . accurate personnel records, which included documentation of acceptance **Dr** declination of the Hepatitis Vaccine for one **(1)** of twenty- five (25) employees in the sample. (Home Health Aide (HHA) #7). The findings include: A record review on January 8, 2010, at approximately 11:30 a.m., revealed that there was no documented evidence of documentation of acceptance or declination of the Hepatitis Vaccine in HHA #7 personnel file. Interview with the office manager on January 8, 2010, at approximately 11:45 a.m., she acknowledged the finding.	H157	Agency shall ensure that all new hires are provided with the documentation to either accept or decline the Hepatitis Vaccine. **See attachment 10**	01/07/2010 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(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
H163	3907.7 PERSONNEL Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free Df communicable disease. This Statute is not met as evidenced by: Based on a record review and interview, it was determined that agency failed to ensure that one (1) of twenty-five (25) employees were screened for communicable disease annually. (HHA #6) The findings include: A record review on January 8, 2010, at approximately 11:00 a.m. revealed that there was nD documented evidence of an annual communicable disease screening for HHA #6. Interview with office manager on January 8, 2010, at approximately 11:15a.m. acknowledged the finding.	H 163	All employees shall be provided with the annual health certificate and PPD form to be completed by his/her primary physician after examination and a signed and completed document to be brought to the Agency and a copy of documentation shall be included in the employee's office folder. All employee folders shall be reviewed monthly and PRN by the Office manager or designation staff to prevent further incidence of expiration of documentation.	01/07/2010 and ongoing
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. ■ 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 two (2) of the five (5)	H 170	All Agency personnel and contracted aides shall be provided with NUS'S identification to be worn while in the patient's home or at work.	01/14/2010 and ongoing

STATEMENT OF DEFICIENCIES ANO PLAN OF CDRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) OATE SURVEY CDMPLETED
	HCA-0006		01/12/2010
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET AODRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIOER'S PLAN OF CORRECTION (EACH CDRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPRDPRIATE DEFICIENCY)	(X5) CDMPLETE DATE
H170	Continued From page 13 contract Home Health Aides (HHA's) presented valid agency identification prior to entering the home of a patient. (HHA # 4 and # 5,) The finding includes: Observations during home visits of Patient # 4 and # 7, on January 11, 2010, approximately between 9:30 a.m.- 3:45 p.m., revealed that the contract HHA's (#4 and #5) did not have valid identification from the agency. a. During a face to face interview with HHA #4, on January 11, 2010, it was acknowledged the HCA had never issued her any form of identification. b. During an observation at the home of Patient #7, it was revealed that HHA #5 did not have a form of identification from the agency. During a face to face interview on January 11, 2010 with HHA #5, it was acknowledged the HCA had never issued her any form of identification. Interview with the Clinical Director later that day acknowledged the HCA had never issued the contract HHA's any form of identification.	H 170		
H221	3909.2(a) DISCHARGES TRANSFERS & REFERRALS Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of: (a) A medical or social emergency;	H221	An amendment has been made to the transfer discharge and referral to include the 7 day written notice if the discharge transfer is secondary to a medical and or sDcial emergency.	01/10/2010 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003	

(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
H221	Continued From page 14 This Statute is **not** met as evidenced by: Based on interview and record verification, the Home Care Agency (HCA) failed to ensure each patient received a written notice of discharge no less than seven (7) calendar days prior to the action for one (1) of (1) included in the complaint. (Patient #15) The finding includes: Review of Patient #15's Home Health Certification and Plan of Care (POC) dated December 09, 2009, to June 06, 2010, on January 6, 2010, at approximately 10:30 a.m., revealed Patient #15 had diagnoses that included polymyositis, which required the services of a Personal Care Aide (PCA) eight (8) hours a day for seven (7) days a week. The PCA was to assist with ADL's (activities of daily living) and personal care. Further review revealed the Registered Nurse (RN) was to supervise the PCA monthly for twenty-four weeks. Review of Monthly Non- Skilled RN (Registered Nurse) Supervisory Notes dated June 26, 2008, October 15, 2009, November 17, 2009, December 29, 2009, January 14, 2009, on January 6, 2010, at approximately 11:10 a.m., revealed the RN supervised the PCA on the aforementioned dates according to the POC. Review of General Notes dated June 12, 2008, August 13, 2008 and September 20, 2008, on January 6, 2010, at approximately 10:45 a.m., revealed the Registered Nurse (RN) voiced difficulty in coordinating supervisory visit with Patient #15 and the PCA who is Patient #15's family member. On December 22, 2008, Master Social Worker (#15) reported that Patient #15	H221	Patient #15 and her aide who is a family member had been informed verbally on several occasions starting in June 2008 that client has to be available for Monthly supervisory visits and to notify NUS if unable to keep appointment with the supervising nurse. Patient and aide had verbalized understanding of instructions but this problem continued every month with the excuse that client is in so much pain has to see PMD- Dr. Bunning practically daily but during conversation with client's physician's nurse to confirm appointments, the clinical director was informed that client only visits MD once a month and that her pain is well controlled with prescribed medication. The client was informed that if she requires assistance with personal care and grooming due to her diagnosis of Polymyositis , this can be done while at home and cannot be done on the streets. Client had said she needed to go out with her aide daily to run various errands. The aide was re-instructed at this time to call in and out while in client's home and when she's going on errands with the client this was not done, client was offered less hours to allow for personal care and to have a family member assist with running the various errands that she needs assistance with so that she's not on the streets all day, client was also offered another aide but client declined both offers she said she still wants her family member to continue to be her aide and does not want her hours decreased. A social worker was also assigned to assist client with whatever community resources she might need but the social worker was not able to reach client nor aide to keep appointments, the social worker attempted to reach client by driving to client's home but was not able to see client. All of the above steps were taken as a measure to prevent Medicaid fraud since NUS could not confirm the whereabouts of aide and client. Verbal discharge and a list of other HCAS was also given but client insisted on continuing on as a patient of NUS and refused to go to another agency. NUS has a written document for 30 day discharge notice with reasons for discharge with a right to appeal which includes numbers for the Ombudsman, University Legal Aid, HRLA, DHCF and CMS numbers. **See attachment 11**	01/10/2010 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 CRDSS-REFERENCED TO THE APPRDPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H221	Continued From page 15 could not be located after several attempts "either by phone or drive by". Further review revealed that on January 15, 2009, the Clinical Director informed the contract home care agency to stop providing PCA services to Patient #15. Review of a Verizon Business e-mail dated January 27, 2009, on January 6, 2010 at approximately 11:15 a.m., revealed "on January 14, 2009, client [Patient#15] was discharged from Nursing Unlimited Services due to the inability for nurses to make supervisory visits without attempting several times a month." Interview with the Director of Nursing (DON) on January 06, 2010, at approximately 1:50 p.m. it was acknowledged PCA services were discontinued for Patient #15 on January 14, 2009. Further interview revealed that on January 15, 2009, Patient #15 was given a two week verbal notice to find another agency to accommodate her needs. There was no documented evidence the HCA ensured the patient #15 received a written notice of discharge no less than seven (7) calendar days prior to the action, which substantiate the complaint.	H221		
H260	3911.1 CLINICAL RECORDS Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices. This ELEMENT is not met as evidenced by: Based on a record review and interview, it was	H260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER DR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(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 DF CORRECTIDN (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	<X5) COMPLETE DATE
H 260	Continued From page 16 determined that the agency failed to maintain accurate clinical records for one (1) of twenty (25) patients. (Patient #10) The findings include: A record review of patient #10's record on January7, 2010. at approximately 11:00 a.m. revealed a skilled nursing visit note dated November 30, 2009, indicated that the patient was educated on medication compliance. The skilled nursing visit noted dated August 26, 2009, indicated that the nurse educated the patient on disease process, safety and medication management. Patient verbalized understanding. However during a face to face interview with patient #10 on January 11, 2010, at approximately 9:30 a.m. the patient denied any of the above aforemention teaching being provided by the nurse.	H260	NUS shall provide written documentation of instruction of areas of health/disease process and management of symptoms given by RN and teaching on medication A/SE. This documentation shall be signed by both the patient/HHA and RN and shall be dated as the teaching continues. Upon completion of teaching this document shall be brought to the office as part of the patient's records and a copy of this documentation shall be made available in the patient's in home folder. **See attachment 12.**	01/17/2010 and ongoing
H262	3911.2(b) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (b) Source of referral, including date of discharge if from a hospital or extended care facility; This Statute is not met as evidenced by: Based on record review and a interview, the facility's clinical record failed to include the source of referral for five (5) of fifteen (15) patients in the sample. (Patient #3, #5,#6, #8 and 9).	H262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 262	Continued From page 17 The findings include: A record review of patient #3, #5,# 6, #8 and #9 records on January 7, 2010, from 2:00 p.m. to 3:00 p.m. revealed that there was no documented evidence of a referral source. During a face to face interview with the Director of Nursing on January 7, 2010, at approximately 3:00 p.m., she acknowledged the findings.	H262	All source of referral shall be documented on the referral form. All patient intake staffs were provided with an in-service on adequate completion of a referral form. All completed referral forms shall be reviewed by the Clinical director upon completion of the form. **See attachment 13.**	01/17/2010 and ongoing
H279	3911.2(8) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure documentation of training and education given to the patient and the patient's caregivers for two (2) of fifteen (15) patients in the sample. (Patient #12 and #13) The findings include: Review of Patient #12 and #13's Home Health Certification and Plan of Cares (POC's) on January 8, 2010, approximately between 9:30 a.m.-10:30 a.m., revealed the patients were to be instructed on their medication regiment (dosage, actions, side effects and purpose) as evidenced below: a. Review of Patient #12's Monthly Non- Skilled	H279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H279	Continued From page 18 RN (Registered Nurse) Supervisory Notes dated October 14, 2009, November 11, 2009 and December 9, 2009, revealed no documented evidence of training and education given to patient and the patient's caregiver on the medication regiment according to the POC. b. Review of Patient #13's, Monthly Non- Skilled RN Supervisory Notes dated November 09, 2009 and December 15, 2009, revealed no documented evidence of training and education given to patient and the patient's caregiver on the medication regiment according to the POC. c. A record review on January 7, 2010 at approximately 2:40 p.m. of patient #9 record revealed that there was no documented evidence of a training provided to the patient caregiver (Home Health Aide) as evident from nursing notes dated November 28, 2009, December 10, 2009 and December 24, 2009. Interview with Director of Nursing (DON) on January 8, 2010, at approximately 11:00 a.m., it was acknowledged the RN did not document the training and education given to Patient#12, #13 and #9 and their caregivers on their medication regiments.	H279	An in-service was held at the Agency to provide RNS and LPNS on documentation. Nurses were instructed to be specific on areas of teaching with the patient, caregiver and aides present and follow through. Sample note was provided for the nurses present at this meeting. Clinical Notes to be randomly reviewed by the Clinical Director for accuracy and clinical adherence to POC/485. Any nursing note not written to standard of nursing practices shall not be paid until corrected by the visiting nurse. All new aides shall be instructed on the patient's Diagnosis and diet as approved by the patient's PMD. **See attachment 14.**	02/05/2010 and ongoing
H306	3912.2Q) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (j) To be assured confidential handling of clinical records as provided by law;	H 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY. STATE. ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 TD THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE OATE
H 306	Continued From page 19 This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include that the patient has the right to be assured confidential handling of clinical records as provided by law in if s Patient Rights and Responsibilities Policy. The findings include: Review of the Agency's policy and procedure on January 6, 2010, at approximately 2:30 p.m. failed to disclose a policy or procedure to address that patient's have the right to be assured of confidential handling of clinical records as provided by law. The Director of Nursing acknowledged the finding during a face to face interview on January 6, 2010, at approximately 3:30 p.m.	H306	Policy and procedures on patient's rights and responsibilities has been amended to include the right to be assured of confidential handling of clinical records as provided by the HIPAA law. **See attachment 15**	01/06/2010 and ongoing
H 307	3912.2(k) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (k) To be educated about and trained in matters related to the services to be provided; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include that the patient has the right to be educated about and trained in matters related to the services to be provided in it's Patient's Rights and	H 307	Patient's right and Responsibilities has been amended to include that patients have the right to be trained and be educated in matters related to the services to be provided. **See attachment 15.**	01/21/2010 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 307	Continued From page 20 Responsibilities Policy. The findings include: Review of the Agency's policy and procedure on January 6, 2010, at approximately 2:30 p.m. failed to disclose a policy or procedure to address that patient's have the right to be educated about and trained in matters related to the services to be provided. The Director of Nursing acknowledged the finding during a face to face interview on January 6, 2010, at approximately 3:30 p.m.	H 307		
H 309	3912.2(m) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (m) To have access to his or her own clinical records. This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the patient has the right to have access to his or her own clinical records in it's Patients's Rights and Responsibilities Policy. The findings include: Review of the Agency's policy and procedure on January 6, 2010, at approximately 2:30 p.m. failed to disclose a policy or procedure to address that patient's have the right to have access to his or her own clinical records.	H 309	The patient's rights and responsibilities policy has been amended to include that patient has the right to his/her own clinical records. **See attachment 15.**	01/21/2010 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 309	Continued From page 21 The finding was acknowledged by the Director of Nursing on January 6, 2010, at approximately 3:30 p.m.	H 309		
H 310.	3912.3 PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall inform all patients that they have the right to make complaints and/or to provide feedback concerning the services rendered by the agency to the Department of Health, in confidence and without fear of reprisal from the agency or any agency personnel, in writing or orally, including an in person conference if desired. This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include that the agency will inform all patients that they have the right to make complaints and /or to provide feedback concerning the services rendered by the agency to the Department of Health. The findings include: Review of the Agency's policy and procedure on January 6, 2010, at approximately 1:30 p.m.. failed to disclose a policy or procedure to address that patient's have the right to make complaints and/or to provide feedback concerning the services rendered by the agency to the Department of Health. The Director of Nursing acknowledged the findings during a face to face interview on January 6, 2010, at approximately 3:30 p.m.	H 310	A complaint and grievance policy has been amended to include that patients have the right to make complaints and or to provide feedback concerning the services rendered and or received from the agency to the department of health, in confidence without fear of reprisal from the agency or any agency personnel, in writing and or orally, including an in person conference if desired. **See attachment 16**	01/21/2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTIDN A. BUILDING _____ B. WING ____ _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CDDE
NURSING UNLIMITED SERVICES, INC	1328 GSTREET.SE WASHINGTON, DC 20003

(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 ACTIDN SHDULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
H 312	Continued From page 22	H312	The patient's Rights and responsibilities policy has been amended to include a statement that it is the patient's responsibility to provide accurate information when requested. **See attachment 15**	01/21/2010
H 312	3912.4(b) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop a statement of patient responsibilities regarding the following: (b) Providing accurate information when requested; This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to include the patient has the responsibility to providing accurate information when requested in it's Patient Rights and Responsibilities Policy. The findings include: Review of the Agency's policy and procedures on January 6, 2010, at approximately 2:30 p.m., failed to disclose a policy or procedure to address that patient's have the responsibility to provide accurate information when requested. The Director acknowledged the finding during a face to face interview on January 6, 2010, at approximately 3:30 p.m.	H312		
H316	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	H316		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PRDVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CDDE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 DF CDRRECTION (EACH CORRECTIVE ACTION SHDULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 316	Continued From page 23 provided with all required information. This Statute is not met as evidenced by: Based on record review and interviews, it was determined that the agency failed to include in its patient Right's and 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 taken to ensure that the patient has been provided with all required information. The findings include: A record review on January 6, 2010. at approximately 2:30 p.m., revealed the agency's Patients Rights and Responsibilities policy failed to include 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 and document accordingly. The Director of Nursing acknowledged the finding during a face to face interview on January 6, 2010, at approximately 3:30 p.m. 3913.2(a) COMPLAINT PROCESS	H316	NUS has amended its policy on the patient's Right's and Responsibilities that the agency to include that NUS will take appropriate steps to ensure that all information is conveyed, as required by regulations to any of its patient who cannot read or who otherwise needs accommodations in alternative language or communication method. Furthermore, NUS will document in the patient's records the steps taken to ensure that the patient has been provided with all required information.	1/16/2010 and on going
H331	A written summary of the complaint process shall be disseminated as follows: (a) Given to the patient or his or her representative upon acceptance or denial of	H331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA , IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(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
H331	Continued From page 24 services; and... This Statute is not met as evidenced by: Based on interview and record verification, the Home Care Agency (HCA) failed to ensure a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services for (15) fifteen of twenty-five (25) patients in the sample. The finding includes: Review of the Patients Concerns/ Grievances Policy and Procedure 1.08 revealed the HCA did not ensure a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services. During a face to face interview with the Director of Nursing on January 6,2010, at approximately 11:00 a,m, it was acknowledged that the HCA did not ensure a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services. There was no documented evidence the HCA ensured a written summary of the complaint process was given to the patient or his or her representative upon acceptance or denial of services.	H331	A grievance and complaint policy form has been instituted as part of the admission process to be explained during the admission process to the client and representative. **See attachment 16**	01/21/2010 and on going
H334	3913.4 COMPLAINT PROCESS A complaint may be presented orally or in writing. This Statute is not met as evidenced by:	H334	Complaint process shall be presented on the day of admission orally or in writino.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: .	(X2) MULTIPLE CONSTRUCTION A. Building B. WING	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC

STREET ADDRESS. CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003

(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
H334	Continued From page 25 Based on record review and interview, the Home Care Agency (HCA) failed to include that a compliant may be presented orally or in writing in it's Compliant Policy. The finding includes: A record review on January 6, 2010 at approximately 11:00 a.m. of the agency's policy and procedures revealed a policy entiltled "Patients Concerns/ Grievances Policy and Procedure 1.08" on January 6, 2010, at approximately 11:00 a.m. which failed to include that a compliant may be presented orally or in writing. Interview with the Director of Nursing on January 6, 2010, at approximately 11:30 a.m., acknowledged the finding.	H 334	The complaint policy has been amended to include that a complain(can be made either verbally or in writing in the complaints and grievance Policy.	02/02/2010 and ongoing
H 336	3913.6 COMPLAINT PROCESS If the patient indicates that he or she is not satisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. The response shall include the telephone number and address of all District government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline maintained by the Department of Health. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to establish a written policy to ensure that if patient indicates that he or she is not satisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial	H 336	The complaint policy has been amended to include the numbers of all District government agencies with which a complaint can be made in the event that the patien(is not satisfied with the response given by this agency.	02/02/1010 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 336	Continued From page 26 response. The response shall include the telephone number and address of all District government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline maintained by the Department of Health. The finding includes: Interview with the Director of Nursing on January 6, 2010, at approximately 11:30 a.m., acknowledged the HCA had not established a written policy to ensure compliance with the aforementioned regulation.	H 336	The complaint policy has been amended to include the telephone number of the Home Health Hotline maintained by the Department of Health as well as the telephone number and address of all District government agencies with which a complaint can be filed in the event that the patient is not satisfied with responses given by this agency. **See attachment 16**	
	3914.3(d) PATIENT PLAN OF CARE			
H 355	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 record review and interview, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included a description of the services to be provided for nine (9) of fifteen (15) POC's reviewed. (Patient #5, #6, #7, #8,#9,#10, #11, # 12, #13) The findings include: A record review on January 7, 2010, of the aformention patient's between the times 11:00 am and 2:00 p.m., revealed that their POC's	H 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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
H355	Continued From page 27 failed to a include description of services that were to be provide by the personal care aide (PCA). Interview on January 12, 2010, at approximately 11:00 a.m., with the Clinical Director, acknowledged the finding.	H355	The amended POC and POCS hereafter shall include duties to be performed by the HHA/PCA. POC shall be reviewed Q monthly by the Clinical Director for accuracy. **See attachment 7B and 14**	01/17/2010 and ongoing
H390	3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities. This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency failed to ensure each aide obtained at least twelve (12) hours of continuing education or in-service training annually for eight (8) out of eight (8) Home Health Aides (HHA's). (HHA #2, #4, #5, #6,#7 #9,#11 and #12). The findings include: During face to face interviews with the Director of Nursing (DON) and the Office Manager on January 8, 2010, at approximately 1:25 p.m., it was acknowledged HHA #2, #4, #5,#6, #7, #9, #11 and #12, did not have at least twelve (12) hours of continuing education or in-service training annually in their personnel records.	H390	HHAS/PCAS have been provided with a list of agencies that provide the required in-service hours. All employee folder will be reviewed Q quarterly by the Office manager and or designated staff for compliance with the required 12hrs CEUS. Employees without the required 12 CEU hours shall not be allowed to return to work until compliance is met. **See attachment 17**	01/17/2010 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-D006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(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 399 Continued From page 28	H 399		
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Personal care 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 record reviews and interview, the Home Care Agency (HCA) failed to ensure the Personal care aide (PCA) duties included observing, recording, and reporting the patient's physical condition, behavior, or appearance for nine(9)of fifteen(15)patients in the sample.(Patients #4, #6, #7, #8, #9, #10, #11, #12 and #13) The findings include: During a face to face interview on January 7, 2009 at approximately 12 noon with the Director of Nursing, she acknowledged the finding. She also indicated that the PCA only document on their time sheets.	H 399	An in-service was given by the Clinical Director on documentation of daily progress on the back of the HHA/PCA time sheets to include patient's physical condition, behavior and or appearance. **See attachment 18.**	01/20/1010 and ongoing
H453	3917.2(c) SKILLED NURSING SERVICES 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 interview and record review, the Home Care Agency's (HCAs)nurse failed to ensure that	H453		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING	<X3) DATE SURVEY CDMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER DR SUPPLIER
NURSING UNLIMITED SERVICES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
1328 G STREET, SE WASHINGTON, DC 20003

(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
H453	Continued From page 29 patient needs are met in accordance with the plan of care (POC) for one (1) of fifteen (15) patients in the sample. (Patient # 5) The finding includes: Review of Patient # 5's Home Health Certification and Plan of Care (POC) dated November 16, 2009, to January 14, 2010, on January 7, 2010 at approximately 10:48 a.m., revealed Patient #5 had diagnoses that included a Diabetes Mellitus and neuropathy. Further review revealed the Registered Nurse (RN) was to perform an accucheck every visit and record readings and fax results to the medical doctor every week. Review of Patient # 5's Skilled Nursing Notes dated December 18, 2009, and December 24, 2009, on January 7, 2010, at approximately 11:15 a.m., revealed the accucheck readings were nDt documented. Iinterview with the Director of Nursing (DON) on January 7, 2010, at approximately 11:45 a.m., acknowledged Patient #5's accucheck readings was not documented according to the POC.	H453	To insure proper and accurate documentation, a separate form with Accu- check reading recording was developed to be used by the licensed nurse and to be brought into the office at the end of the week to be faxed to the patient's PMD for review any further order by MD. **See attachment 19**	01/10/2010 and ongoing
H459	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	H459		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0006	(X2) MULTIPLE CONSTRUCTION A RUN DING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER NURSING UNLIMITED SERVICES, INC	STREET ADDRESS. CITY, STATE, ZIP CODE 1328 G STREET, SE WASHINGTON, DC 20003		

(X4)ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFDRMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H459	Continued From page 30 facility's skilled nursing staff failed to ensure documentation of patient instruction, and evaluation of patient instruction for one (1) of fifteen (15) patients in the sample. (Patient # 3) The findings include: 1. Review of Patient # 3's Home Health Certification and Plan of Care (POC) dated December 21, 2009 through February 18, 2010, on January 7, 2010, at approximately 10:00 a.m., revealed the Registered Nurse (RN) was to instruct Patient #3 on the signs and symptoms of bleeding and **Coumadin** toxicity. Review of skilled nursing notes dated December 29, 2009, on January 7, 2010, at approximately 10:15 a.m., revealed " instructed the client to be careful with the incision site to avoid irritation and bleeding. Client verbalized understanding ". During a face to face interview with the Director of Nursing (DON) on January 7, 2010, at approximately 1:06 p.m., it was acknowledged the skilled nursing staff did not specifically instruct the patient on the the signs and symptoms of bleeding related to **Coumadin** toxicity. 2. Review of Patient # 3's POC on January 7, 2010 at approximately 10:00 a.m., revealed the RN was to instruct Patient #3 on a low sodium/no green leafy vegetable diet. Review of skilled nursing notes dated December 24, 2009, on January 7, 2010, at approximately 10:16 a.m., revealed " instructed client to ensure he follows the no salt, no sugar, no high cholesterol diet as ordered to promote recovery.	H459	An in-service was held for all registered nurses and licensed practical nurses regarding following the care plan as outlined in the POC to teach and instruct the patient and the caregivers on diet, disease process, medication action, side effects, signs and symptoms of side effects and toxicity as per patient's medical needs.	2/5/2010 and ongoing

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATIDN NUMBER:	(X2) MULTIPLE CDNSTRUCTIDN A- BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HCA-0006		01/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSING UNLIMITED SERVICES, INC	1328 G STREET, SE WASHINGTON, DC 20003

(X4) ID PREFIX TAG	SUMMARY STATEMENT DF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY DR 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
H459	Continued From page 31 Client verbalized understanding". During a face to face interview with the DON on January 7, 2010, at approximately 1:08 p.m., it was acknowledged the skilled nursing staff did not specifically instruct the patient on the low sodium/no green leafy vegetable diet.	H459		