

Health Regulation & Licensing Administration

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| 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 06/15/2011 |
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| NAME OF PROVIDER OR SUPPLIER JD NURSING AND MANAGEMENT SERVICES, II | STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW WASHINGTON, DC 20012 |
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| (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 |
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H 000: INITIAL COMMENTS

An annual survey was conducted at your agency on June 14, 2011 through June 15, 2011, to determine your compliance with 22 DCMR, Chapter 39 Home Care Agencies Regulations. The findings of the survey were based on a random sample of fifteen (15) clinical records based on a census of one hundred eighty-four (184) patients, fifteen (15) personnel files based on a census of two hundred (200) employees as well as a review of administrative records and observations and interviews conducted in the patient homes during three (3) home visits.

H 000

Received 7/6/11
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
600 North Capitol St, N.E.
Washington, D.C. 20002

H 153: 3907.2(i) PERSONNEL

Each home care agency shall maintain accurate personnel records, which shall include the following information:

(i) Documentation of any required criminal background check;

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 required criminal background checks for one (1) of (15) employees in the sample. (Home Health Aide (HHA #2))

The finding includes:

Review of HHA #2's personnel file on June 14, 2011, at approximately 4:00 p.m., revealed the criminal background checks did not reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. HHA #2 had lived in the state of

H 153

On June 22nd, 2011, HHA #2 whose criminal background checks showed only DC without Maryland was brought and faxed to your office per the surveyor's request. Enclosed is a copy of the background (Maryland) for the same HHA #2 for your necessary action.

June 22nd 2011

Effective immediately following the annual survey conducted on June 14th, 2011, through June 15, 2011, HCA has directed the personnel department to maintain accurate personnel records that include Criminal Background check of all employees which will reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. The Human Resources Specialist will monitor to ensure that the deficiencies will not recur every 3 months.

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| Health Regulation & Licensing Administration  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Director of Nursing | (X6) DATE 7/2/2011 |
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| NAME OF PROVIDER OR SUPPLIER JD NURSING AND MANAGMENT SERVICES, IP | | STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE NW WASHINGTON, DC 20012 | |
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| H 153 | Continued From page 1 Maryland and the background check did not cover that jurisdiction. During a face to face interview with the Quality Assurance Supervisor on June 14, 2011, at approximately 4:10 p.m., it was acknowledged HHA #2 did not have criminal background checks to reflect all jurisdictions within which the employee had worked or resided within the seven (7) years prior to the checks. | H 153 | |
| H 459 | 3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the facility's skilled nursing staff failed to ensure documentation of patient instruction for eight (8) of fifteen (15) patients in the sample. (Patient # 3, #6, #8, #9, #10, #11, #12, and #15) The finding includes: Review of Patient # 3, #6, #8, #9, #10, #11, #12, and #15's Skilled Visit Notes on June 14, 2011 between 11:30 a.m. to 2:50 p.m. revealed the skilled nurse had not specifically documented patient instructions given to Patient # 3, #6, #8, #9, #10, #11, #12, and #15. During a face to face interview with the Director of Nursing (DON) and Administrator on June 14, 2011, at approximately 4:35 p.m., it was | H 459 | Effective immediately following the annual survey conducted on June 14 th , 2011 through June 15, 2011, HCA has directed the Director of Nursing (DON) to ensure that patient's teachings or instructions are validated and return of demonstration from the patient is recorded per teaching. All teachings must be documented and recorded and patients' responses must also be recorded and filed on the patients' chart. All clinicians were directed to always teach the patient on every visit and evaluate patients' understandings before existing the patients' home/house. In-Service training for all clinicians on "Teaching and Documentation for all patients" to be conducted within 3 months of the annual survey. Above corrective measures to be monitored to ensure the deficiencies will not recur by the Director of Nursing (DON) every 3 Months. June 29 th 2011 |

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| H 459 | Continued From page 2 acknowledged there was no documented evidence the skilled nurse specifically documented patient instructions given to Patient # 3, #6, #8, #9, #10, #11, #12, and #15. Further interview revealed the skilled nurses would be re-trained by the DON on how to specifically document instructions given to the patients in their medical records. | H 459 | | |
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