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-0013			12/27/2013		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE		***************************************	
AMERIC	ARE-IN-HOME NURSI		BEMARLE S	TREET, NW, 2ND FLOOR 20016			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D'BE COMPLETE		
H 000	INITIAL COMMENTS An annual survey was conducted at your agency from December 26, 2013, through January 2, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to seventy-five (75) patients and employs twenty-two (22) staff to include registered nurses, licensed practical nurses, home health aides, physical therapists, occupational therapists, and other administrative staff. The findings of the survey were based observations, interviews and record reviews.		H 000	What corrective action (s) will be Accomplished to address the identif deficient practice; Americare's PI Director will re-inse	nvice		
				RN's responsible for writing P.O.C.'s on completeness of orders. This will include SOC/ROC/Recert OASIS. This inservice will emphasize current, accurate wound care orders.		1/30/14	
	Please Note: Listed I in this report. Americare In Home I Skilled Nurse (SN) Plan Of Care (POC) Nursing Visit Notes (I Care Giver (CG)	The state of the s		Health Regulation & Licensing Administrative Bepartment of Health Regulation & Licensing Administrative Bepartment & Licensing Administrative Bepa	m		
	Director of Operation Performance Improve Supplemental Order Left Below Knee Amp Home Care Agency (ement Director (PID) (SO) Dutation (LBKA) HCA)	H 352	What measures will be put into place what systemic changes will you makensure that the deficient practice do not recur;	e to		
1	(E 150)	include the following:		PI Director will inservice all those that write POC to double check the POC after being written to			
fa	ailed to ensure the Portine real to the portion of	et as evidenced by: w and interview, the HCA DC included physician management for one (1) of e sample receiving wound		make sure that if patient has wound care that it is documented on the POC and that it is correct wound care being done before sending POC to physician for signature.	The second secon	1/30/14	
Regulation	on & Licensing Administra		TUDE	TITLE	(X		

Executive Director 1/13/14

X9GD11 If continuation sheet 1 of 5

COGMICTION OF FIGURES	g Administration				
NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
HCA-0013		B. WING		12/27/2013	
NAME OF PROVIDER OR SUPPLIER STREET AD			, STATE, ZIP CODE		
ARE-IN-HOME NURSI	NG CARE 4000 AL	BEMARLE S	STREET, NW, 2ND FLOOR		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	ULD BE COMPLETE	
H 352 Continued From page 1 care. (Patient #3) The finding includes:		H 352	not ensure the deficient practice will not	of roour	
Review of Patient #3 period of December 2014, on December 11:45 a.m., revealed that included a LBKA ight heel. However, evidence of a physici perform wound care	s's POC with a certification 14, 2013, to February 11, 26, 2013 at approximately the patient had diagnoses and a pressure ulcer on the there was no documented an's order's for the SN to to Patient #3's left below		will perform audits on POC's writte to evaluate if corrective actions ha been implemented prior to sending to the physician. Orders will be checked and compared to OASIS Recert, ROC and/or SOC What corrective action (s) will be accom	1/30/14	
skilled nursing service egistered nurse, or be nder the supervision accordance with the his Statute is not me ased on interview are alled to ensure the SI ervices and wound a eccordance with the paree (3) patients in the are. (Patient # 2 and the findings include: The agency's SN fairst Patient #2 receive	es shall be provided by a y a licensed practical nurse of a registered nurse, and e patient's plan of care. et as evidenced by: ad record review, the HCA of provided wound care are measurements in atient's POC for two (2) of e sample receiving wound #3)	H 450	The PI Director or designee will re-inservice the clinical staff on the importance and need to follow MD orders for all wound care, along with appropriate ordered SN frequency. Instruction will be giver about wound measurements on a required weekly basis and the requirement of documentation of the wound measurements. Also if	e n	
	ROVIDER OR SUPPLIER ARE-IN-HOME NURSI SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From page care. (Patient #3) The finding includes Review of Patient #3 Deriod of December 11:45 a.m., revealed that included a LBKA ight heel. However, evidence of a physici perform wound care the amputation would be finding included a LBKA ight heel. However, evidence of a physici perform wound care the supervision accordance with the his Statute is not me assed on interview and illed to ensure the SI ervices and wound care cordance with the prece (3) patients in the are. (Patient #2 and the findings include: The agency's SN fail at Patient #2 received d wound measurement	HCA-0013 ROVIDER OR SUPPLIER ARE-IN-HOME NURSING CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 care. (Patient #3) The finding includes: Review of Patient #3's POC with a certification period of December 14, 2013, to February 11, 2014, on December 26, 2013 at approximately 11:45 a.m., revealed the patient had diagnoses that included a LBKA and a pressure ulcer on the ight heel. However, there was no documented evidence of a physician's order's for the SN to perform wound care to Patient #3's left below the amputation wound and right heel decubitus on the POC. 917.1 SKILLED NURSING SERVICES skilled nursing services shall be provided by a egistered nurse, or by a licensed practical nurse and accordance with the patient's plan of care. his Statute is not met as evidenced by: assed on interview and record review, the HCA illed to ensure the SN provided wound care ervices and wound care measurements in coordance with the patient's POC for two (2) of ree (3) patients in the sample receiving wound are. (Patient #2 and #3) the findings include: The agency's SN failed to provide evidence at Patient #2 received wound care management dwound measurements as ordered on the	A BUILDIN BENTIFICATION NUMBER: WASHINGTON, DC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The finding includes: Review of Patient #3's POC with a certification period of December 14, 2013, to February 11, 2014, on December 26, 2013 at approximately 11:45 a.m., revealed the patient had diagnoses that included a LBKA and a pressure ulcer on the right heel. However, there was no documented evidence of a physician's order's for the SN to perform wound care to Patient #3's left below the amputation wound and right heel decubitus on the POC. 1917.1 SKILLED NURSING SERVICES 184 Asia in the sample received, the HCA illed to ensure the SN provided wound care to Patient's plan of care. 1918 Asia the is not met as evidenced by: a sejistered nurse, or by a licensed practical nurse and accordance with the patient's plan of care. 1918 Asia the is not met as evidenced by: a sejistered nurse and record review, the HCA illed to ensure the SN provided wound care envices and wound care measurements in accordance with the patient's POC for two (2) of ree (3) patients in the sample receiving wound are. (Patient #2 received wound care management downed measurements as ordered on the	TO PEFFICIENCIES OF CORRECTION (X1) PROVIDER RUPPLIER (X2) MULTIPLE CONSTRUCTION A BUILDING: HCA-0013 STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 care. (Patient #3) Continued From page 1 care. (Patient #3) The finding includes: Review of Patient #3's POC with a certification period of December 14, 2013, to February 11, 2014, on December 26, 2013 at approximately 11.45 a.m., revealed the patient had diagnoses hat included a LBKA and a pressure ulcer on the ight heel. However, there was no documented widence of a physician's order's for the SN to write earnputation wound and right heel decubitus in the POC. 917.1 SKILLED NURSING SERVICES killed nursing services shall be provided by a agistered nurse, or by a licensed practical nurse nate the supervision of a registered nurse, and a accordance with the patient's Plan of care. H 450 The PI Director or designe will be checked and compared to OASIS Recert, ROC and/or SOC What corrective action (s) will be accord to address the identified deficient practic to address the identified deficient practic address and interview and record review, the HCA liled to ensure the SN provided wound care except the patient's POC for two (2) of required and wound the patient's POC for two (2) of required provided with the patient's POC for two (2) of required provided with the patient's POC for two (2) of required provided with the patient's POC for two (2) of required prov	ADJUDING: (X3) PROVIDERSUPPLIER (ADJUDING: HCA-0013

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING HCA-0013 12/27/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBEMARLE STREET, NW, 2ND FLOOR AMERICARE-IN-HOME NURSING CARE WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 450 Continued From page 2 H 450 What measures will be put ino place or what systemic changes will you make to ensure Review of Patient #2's POC with a certification that the deficient practice does not recur; period of November 9, 2013 to January 7, 2014, on December 26, 2013, at approximately 11:00 a.m., revealed the patient had a principal diagnosis of "pressure ulcer, lower back". Further review revealed a physician order dated November 13, 2013, which stated "clean sacral wound with soap and water, dry apply zinc oxide and cover with dry dressing or hydrocolloidal dressing 2-3 times weekly, SN, C/G." Additionally, The PI Director will instruct all SN team the SN was to "measure wounds for depth, width, members to review their SN notes to length weekly, instruct patient/family in wound confirm that their documentation contains care". weekly wound measurement along with pain and neurologic assessments. Review of Patient #2's NVNs dated and 1/30/14 November 26, 2013, on December 26, 2013. between 11:10 a.m. and 11:30 a.m., revealed no documented evidence that the SN provided wound care services 2 to 3 times weekly as ordered by the POC. Additionally, there was no documented evidence that the SN measured Patient #2's wounds weekly according to the POC. 2. The agency's SN failed to provide evidence that Patient #3 received wound care management, wound measurements and pain/neurological assessments as ordered on the POC. a. Review of Patient #3's POC with a certification period of October 15, 2013, to December 13, 2013, on December 26, 2013 at approximately 11:45 a.m., revealed the patient had diagnoses that included a LBKA wound and a pressure ulcer on the right heel. Review of a SO dated November 26, 2013, on December 26, 2013 at approximately 11:56 a.m., revealed an order for wound care to the right heel decubitus. Further

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING HCA-0013 12/27/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBEMARLE STREET, NW, 2ND FLOOR AMERICARE-IN-HOME NURSING CARE WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY H 450 Continued From page 3 H 450 review revealed that the SN was to clean right How the corrective action (s) will be heel with normal saline, dry, apply dry dressing 2 monitored to ensure the deficient to 3 times weekly. However once Regranex gel practice will not recur, i.e., what quality arrives, clean wound with normal saline, apply assurance program will be implemented. Regranex gel and cover with dry dressing 2 to 3 times weekly. Review of the NVNs dated November 30, 2013, through December 13, 2013, on December 26, 2013, between 12:15 p.m. to 12:25 p.m., revealed no documented evidence that the patient's right The PI Director or designee will be heel decubitus was treated with Regranex gel as responsible for random audits to ordered. ensure that the SN staff is documenting according to policy, b. Additional review of the POC revealed that the targeting weekly measurements SN was to measure Patient #3's LBKA wound for pain and neurological assessments. and right heel decubitus for depth, width and This will be done on an ongoing basis. length weekly. issues found will require additional individual inservices. Review of the AIHN wound care form dated October 15, 2013, on December 26, 2013, at approximately 1:10 p.m., revealed that Patient 1/30/14 #3's LBKA wound and pressure ulcer on the right heel were measured by the SN. Review of the NVN dated December 14, 2013, on December 26, 2013, at approximately 1:05 p.m., revealed Patient #3's wounds were not measured. There was no documented evidence that the patient's wounds were measured as prescribed on November 26, 2013. c. Additionally, the SN was to conduct pain and neurological assessments during every home visit. Review of the NVN dated December 14, 2013, on December 26, 2013, at approximately 1:15 p.m., revealed the SN failed to conduct an assessment of the Patient #3's neurological and pain status according to the POC. During a face to face interview with the DOO and

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If continuation sheet 5 of 5