

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE NURSING SERVICES OF D		STREET ADDRESS, CITY, STATE, ZIP CODE 6031 KANSAS AVE NW WASHINGTON, DC 20002	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
H 000	INITIAL COMMENTS An annual survey was conducted at your agency from June 20, 2012, through June 21, 2012, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) clinical records based on a census of thirty-seven (37) patients, ten (10) personnel files based on a census of ninety-eight (98) employees and three (3) home visits. The findings of the survey were based on observations in the home, interviews with agency staff and patient interviews as well as a review of patient and administrative records.	H 000	
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (I) Patient instruction, and evaluation of patient instruction; and This Statute is not met as evidenced by: Based on interview and record review, the facility's skilled nursing staff failed to ensure documentation of the evaluation of patient instruction for two (2) of ten (10) patients in the sample. (Patient #6 and #7) The findings include: 1. Review of Patient #6's Plan of Care (POC) on June 20, 2012, at approximately 1:09 p.m., revealed the client/family was to be instructed on counting carbs and program with insulin pump. Review of the Nursing Flow Note dated June 9, 2012, on June 20, 2012, at approximately 1:15	H 459	Nurses were educated on the requirement of patient instruction and evaluation 7/3/12. To limit reoccurrence, patient education and evaluation shall be incorporated into the orientation and annual skills competency evaluation. The Director of Clinical Services and Quality Assurance Team shall review the notes ongoing. July 3, 2012

Health Regulation & Licensing Administration



TITLE *President*

(X6) DATE

7/12/12

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

PRINTED: 06/29/2012
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE NURSING SERVICES OF D		STREET ADDRESS, CITY, STATE, ZIP CODE 6031 KANSAS AVE NW WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 459	Continued From page 1 p.m., revealed "Teaching done with Mom on insulin pump and counting carbs as ordered". "Verbalized understanding". However there was no evidence the health teaching instructions were evaluated by the nursing staff. 2. On June 20, 2012, at approximately 2:25 p.m., review of Patient #7's Nursing Flow Notes dated June 4, 5, 6, 7, 8, 11, 2012 and May 31, 2012, between 1:30 p.m. and 2:45 p.m., revealed patient instruction was provided however, the sections where the instruction was to be evaluated was left blank. There was no evidence the health teaching instructions provided on the aforementioned days was evaluated by the nursing staff. During a face to face Interview with the Director of Nursing (DON) on June 20, 2012, at approximately 3:10 p.m., it was acknowledged the nurses did not document the health teaching instructions evaluated or understood by Patient #6 and #7. The DON stated that all nursing staff would be re-trained on how to document the evaluation of patient instruction on all medical records.	H 459		