

Received 2/20/14

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) 01/10/2014
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NAME OF PROVIDER OR SUPPLIER IMMACULATE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 24TH STREET, NE WASHINGTON, DC 20018
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH)	(X5) COMPLETE DATE
H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from January 9, 2014, through January 10, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to three hundred and fifty-six (356) patients and employs four hundred and fifteen (415) staff to include registered nurses, licensed practical nurses, home health aides, physical therapists, occupational therapists, medical social workers and other administrative staff. The findings of the survey were based on observations, interviews and record reviews.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Immaculate Healthcare Services (IHS) Skilled Nurse (SN) Plan Of Care (POC) Director of Nursing (DON) Assistant Director of Nursing (ADON)</p>	H 000	<p>Immaculate Health Care Services, Inc. (IHCSI) acknowledges the deficiencies cited by the Department of Health Care Finance (Licensure Department) during the annual survey conducted at IHCSI on January 9 through January 10, 2014 and will implement the following:</p> <p>H 096 – An extensive in-service training has been conducted for by the Director of Nursing for all Immaculate clinicians on submitting all patients' Bill of Rights with submission of the start of the care admission package. The Registered Nurse for patient #1 and patient # 4 have been in-serviced and instructed on submitting the Bill of Right documents and complete admission package to the Agency on 1/16/14. Acknowledgement of training will be in their respective files by 1/25/14. Patient #1 and Patient # 4 has a Bill of Right signed upon start of care and the admission package is in the client folder left in the home. A copy of the signed Bill of Right has been placed in Patient #1 and patient # 4 files at the agency. In addition, the agency has hired a clinician who reviews patient files daily. To ensure compliance, the Director of Nursing will be responsible to review 10% of clinical files on a weekly basis. The Administrator will randomly review 10% of clinical files on a monthly basis and this will be conducted on an ongoing basis.</p>	2/23/14
H 096	<p>3905.2(f) POLICIES AND PROCEDURES</p> <p>Written policies and procedures shall be developed for, at a minimum, the following:</p> <p>(f) Patient rights and responsibilities;</p> <p>This Statute is not met as evidenced by: Based on review of the agency policy C-380 titled "Home Care Agency Bill of Rights/Grievance Procedure" and interview, it was determined that the agency failed to follow their policy in two (2) of twenty (20) records reviewed. (Patient #1 and</p>	H 096		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6)

G. Bassay L. Tarawally RN Director of Nursing 01/29/14

Health Regulation & Licensing Administration

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H 096	<p>Continued From page 1</p> <p>#4)</p> <p>The findings include:</p> <p>Review of the agency's written policy C-380 #13 on January 9, 2014, at approximately 4:00 p.m. revealed documentation of receipt of the Home Care Bill of Rights will be maintained in each patient's clinical record.</p> <p>Review of clinical records for Patients' #1 and #4 on January 9, 2014, at approximately 12:30, failed to reveal documented evidence that the patients (#1 and #4) received a copy of their bill of rights.</p> <p>Telephone interview with the DON on January 15, 2014 at approximately 3:00 p.m. revealed that the patients clinical records should contain a copy of the bill of rights following admission to the agency. The DON further stated that on some occasions, the RN admitting the patients may fail to enclose a copy of the Bill of Rights with the admission packet when the admission packet is submitted to the agency.</p>	H 096	<p>H 096- The identified patient # 1 file, and patient # 4 file have been updated accordingly on 1/10/14. Potential patient files of the identified clinician have been reviewed to avoid recurrence and all patients' files are being reviewed and updated accordingly. Completion Date: 2/1/14. See attached updated patient profile on patient #1 and patient #4. The quality assurance nurse will be responsible to review 10% of clinical files daily to ensure compliance.</p>	2/23/14
H 261	<p>3911.2(a) CLINICAL RECORDS</p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(a) Admission data, including name, address, date of application, date of birth, sex, agency case number, next of kin or responsible party, date accepted by the agency to receive services, and source of payment, if applicable;</p> <p>This Statute is not met as evidenced by:</p>	H 261	<p>H 261 - Multidisciplinary in-services was conducted on 1/16/14 with clinicians in compliance with updating admission data, including, address, date of application, date of birth, sex, agency case number, next of kin or responsible party, date accepted by the agency to receive services, and source of payment. Continued....</p>	2/23/14

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H 261	<p>Continued From page 2</p> <p>Based on record review and interview, it was determined that the agency failed to have accurate information regarding the patients' address and telephone numbers in the clinical records for two (2) of twenty (20) patients. (Patient #4 and #13)</p> <p>The findings include:</p> <p>On January 9, 2014, Patients' #4 and #13 clinical records were reviewed at approximately 11:00 a.m. and 1:00 p.m. respectively. A decision was made to conduct home visits to these patients on January 10, 2014, after the agency staff had obtained permission from the patients.</p> <p>On January 10, 2014, the surveyors arrived at Patient residence at 9:30 a.m. as scheduled and got no answer from within the residence after knocking on the door for approximately 20 minutes. On January 13, 2014, at approximately 10:30 a.m. a telephone interview was attempted with Patient #13 telephone number listed on the "Patient Profile", the document given to the surveyors that contained the patient's demographic information." The surveyor attempting the telephone interview was told by the individual answering the telephone that it was the wrong number.</p> <p>On January 16, 2014 at 9:15 a.m. the DON confirmed that the address and telephone number listed on the "Patient Profile" for the Patient #13 was incorrect.</p> <p>On January 10, 2014, at approximately 11:00 a.m. the surveyors arrived at Patient #4's address listed on the "Patient Profile" to conduct a home visit. As the surveyors arrived at the address of Patient #4 the surveyors received a telephone call</p>	H 261	<p>H261- The completed educational signed training forms will be documented on each clinicians file by 1/25/14.</p> <p>In order to be compliant, the agency has generated a "Beneficiary Update Form" attached to each nursing visit for an update on the client's demographic information. Please see attached form. This will go into effect on 2/1/14. In addition, on 1/20/14 an in-service was initiated for all agency staffs to update the agency with client's change of address and demographics.</p> <p>All agency staff has been in-serviced on updating client's information in a timely manner. It was anticipated that there might be a potential problem for other patients. In order to prevent this, the respective patient files of the deficient clinician has been reviewed and updated effective 1/16/14 and an ongoing review will be done by the newly hired office clinician on a daily basis for all patients files. Continued....</p>	2/23/14
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H 261 Continued From page 3
from the DON stating that the address listed on the "Patient Profile" was incorrect. The correct address was given to the surveyors after which a home visit was conducted to Patient #4 at approximately 11:30 a.m.

H 261

H261- In addition, to ensure this practice does not recur, the Director of Nursing will review 10% of patient files on a weekly basis. The Administrator will review 10% of patients' files on a monthly basis. Patient# 4 and patient # 14 files have been updated with current date and address on 1/10/14. Completion Date: 2/1/14.

2/23/14

H 360I 3914.30) PATIENT PLAN OF CARE
The plan of care shall include the following:
(i) Activities permitted or precluded because of functional limitations;

H 360

H360 - Immaculate Health Care Services (IHCS) has reviewed its policy (580) on Plan of Treatment and has conducted an extensive educational in-service on all of its clinicians generating and reviewing treatment plans. The in-service is currently ongoing and will be completed on 1/16/14. The certificates for this in-service will be documented in each clinician's personal file by 2/15/14. The clinical staff generating the treatment plans has been in-serviced on 1/16/14. To ensure compliance with the stipulated regulation 3914.3(i), the office Nurse Manager is currently reviewing all clinical files to ensure that all functional limitations are indicated on the treatment plan including all required pertinent information and this process will be ongoing. In addition, to prevent recurrence of this deficiency, the agency's Director of Nursing will randomly review 10% of the files on a weekly basis. Continued....

2/23/14

This Statute is not met as evidenced by:
Based on record review and interview, the home care agency failed to ensure that each plan of care (POC) included activities permitted and the patient's functional limitations for one (1) of the twenty (20) patients in the sample. (Patient #1)

The finding includes:
On January 9, 2014, beginning at approximately 10:50 a.m., review of Patient #1's POC with a certification period of August 22, 2013, through February 20, 2014, revealed that the POC did not include the patient's permitted activities and functional limitations.

During a face to face interview with the DON and ADON on January 9, 2014 at approximately 4:30 p.m., it was indicated that the agency provide training to the clinical staff on how to accurately assess and document Patient #1's permitted activities and functional limitations on the POC.

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H 474	Continued From page 4	H 474		
H 474	<p>3918.2(c) PSYCHIATRIC NURSING SERVICES</p> <p>Psychiatric nursing services shall be provided by a registered nurse with:</p> <p>(d) American Nurses' Association certification in psychiatric or community health nursing.</p> <p>This Statute is not met as evidenced by: Based on review of five (5) RN personnel files and interview with the DON and ADON it was determined that the agency failed to provide care to their patients' with psychiatric diagnoses with nurses trained in psychiatric care.</p> <p>The findings include:</p> <p>On January 9, 2014, twenty (20) clinical records (Patients #'s 1-20) were reviewed during the survey. Five (#7, #8, #9, #10, #11) of twenty (20) clinical records were discharged patients' clinical records. Eight (8) of the remaining fifteen (15) patients clinical records contained the following psychiatric diagnoses:</p> <p>Patient #1 had a diagnosis of depressive disorder Patient #2 had a diagnosis of bipolar disorder Patient #4 had a diagnosis of depressive disorder and schizophrenia Patient #5 had a diagnosis of bipolar disorder Patient #6 had a diagnosis of bipolar disorder Patient #13 had a diagnosis of bipolar and depressive disorders Patient #17 had a diagnosis of depressive disorder Patient #20 had a diagnosis of depressive disorder</p> <p>On January 9, 2014 at approximately 3:00 p.m.</p>	H 474	<p>H360-. The Administrator will randomly review 10% of patients' files on a monthly basis. Quality assurance will review 10% of patients' files on a weekly basis. The agency has revisited its policy (580) on plan of care. Monitoring of patients' files will be on an ongoing basis. Patient #1 file has been updated accordingly on 1/20/14 with a newly generated Plan of Care. Completion date 1/25/14.</p> <p>H 474- Corrective measures have been implemented and IHCS is currently having an ongoing in-service for all clinicians and Home Health Aides on Psychiatric Nursing Services which includes dealing with patients with depressive disorder, bipolar disorder, schizophrenia and manic disorder. Acknowledgement of training will be placed in their respective files by 2/15/14. In the interim, a Registered nurse has been hired on 1/20/14, who has a certification in psychiatric and community health nursing. The newly hired registered nurse has initiated nursing visits effective 1/24/14, and will be the visiting nurse for all psychiatric patients until the agency's current nurses submits their certification with the American Nurses' Association in psychiatric and community health nursing. To prevent recurrence of this practice, the agency staff will only assign clinicians with psychiatric certification and all agency employees with direct patient care. Continued....</p>	1/23/14

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IMMACULATE HEALTH CARE SERVICES

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H 474

Continued From page 5
review of the personnel files of five (5) **RNs'** (RN #'s 1-5) providing care to the above mentioned patients failed to provide evidence of any training in psychiatric nursing care.

Face to face interview with the DON and ADON on January 9, 2014, at approximately 5:00 p.m., confirmed that nurses had not been trained in Psychiatric nursing.

H 474

474 - The Director of Nursing will ensure that all clinicians and staff assigned to a patient with a psychiatric disorder, be knowledgeable and have current certification before the assignment is distributed.
To ensure that this practice does not recur, a monitoring mechanism has been put in place that the Director of nursing will randomly review 10% of employee personal file and patient file respectively on a weekly basis. The administrator will randomly review 10% of personal and patients' files, respectively on a monthly basis. Quality assurance will review patient and personal files randomly on a weekly basis. The Human resources Manager and the office nurse manager have been trained and acknowledgement of training has been filed in her respective files. In addition, the human resource manager will work hand in hand with the office nurse manager to review and monitor patient and respective personal file on a daily basis to ensure compliance and prevent recurrence. Completion date: 2/30/14

2/23/14