

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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	<p>INITIAL COMMENTS</p> <p>On November 22, 2013, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received a telephone complaint that identified patient care concerns at 223/225 56th Place NE Washington, DC. Based on previously acquired information and DOH records, a monitoring visit/investigation was initiated from December 5, 2013, through January 3, 2014, to determine the Home Care Agencies compliance with Title 22, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on observation, interview and review of a sample of five (5) current patient records.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Blood Sugar (BS) Director of Nursing (DON) Home Care Agency (HCA) Home Health Aide (HHA) Medical Doctor (MD) Plan of Care (POC) Personal Care Aide (PCA) Skilled Nursing Services (SNS) Supervisory Nurse (SN) Trained Medication Employee (TME) > (above) < (below)</p>	H 000	<p><i>Received 1/27/14</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
H 070	<p>3904.1 DIRECTOR</p> <p>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</p>	H 070		

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

Agnes Miller

TITLE

Director

(X6) DATE

1/27/14

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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	<p>Continued From page 1</p> <p>trained.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, it was determined that the agency's director failed to ensure that four (4) of four (4) HHAs were adequately and appropriately trained.</p> <p>The findings include:</p> <p>The HCA failed to ensure that qualified personnel were employed to administer medications as evidenced below:</p> <p>1. On December 6, 2013, at approximately 9:15 a.m., an HHA was observed to administer Patient #2's medications which included Bupropion and Abilify. The HHA was observed to punch out medication from their individual bubble package, to place each medication in a cup, and to pour the pills into Patient #2's hand.</p> <p>During a face to face interview with the HHA , on December 6, 2013, at approximately 9:35 a.m., it was acknowledged that the HHA had been administering Patient #2's medication for the past month. The HHA acknowledged that he/she was not trained to administer medications.</p> <p>During a telephone interview with the agency's nurse on December 10, 2013, at approximately 8:30 a.m., it was revealed that Patient #2 was capable of self-administering medications with reminders. The nurse confirmed that the HHA was not licensed, certified, or trained to administer medications to Patient #2.</p> <p>Review of Patient #2's POC, dated September 7, 2013 to March 8, 2014, on December 9, 2013, at</p>	H 070	<p>Aide for patient #2 was trained during orientation and subsequent in-services to only remind client to take medications. See attachment A 1. The visiting nurse was interviewed and she stated that this client takes medications independently with reminders . However, the aide was in-serviced again on 1/16/14 that she can bring the pill box, medication bottles or the bubble package to the patient, but she cannot open the bottles, pill box, bubble package or pour out the medication into a cup or to the client's hands. See attachment A2. All nurses will be in-serviced again to observe clients for self-medication administration and to inform the DON/Administrator if the client is unable to do so and there is no family member available or willing to help. Failure to comply will result to the cancellation of the nurse's contract. The services of an external Quality Assurance consultant has be put in place to ensure that the internal QA quarterly reviews are adequate and the deficient practice does not recur .</p>	<p>1/16/14</p> <p>1/31/14</p> <p>1/23/14</p>
-------	--	-------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
---	---

(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	<p>Continued From page 2</p> <p>approximately 10:10 a.m., revealed that Patient #2 was capable of self administering medications. There was no evidence, however, of an assessment to determine the extent of the patient's self-administration skills.</p> <p>2. On December 6, 2013, at approximately 9:45 a.m., an HHA was observed to remove Patient #3's medications from a pill box, place them in a medication cup, and then pour the pills into Patient #3's hand. Interview with the HHA revealed that she/he was not able to identify the medications, because the medications had been dispensed from the original container by the agency's nurse.</p> <p>Interview with the HHA on December 6, 2013, at approximately 9:50 a.m., revealed that the HHA had been administering Patient #3's medication for the last 4-5 months. There was no evidence that the HHA was certified, trained, or licensed to administer medications.</p> <p>Review of Patient #3's POC on December 9, 2013, at approximately 2:30 p.m., revealed a certification period for November 21, 2013 through May 20, 2014. The POC also revealed that one of Patient #3's functional limitations was taking medication prescribed for self-administration.</p> <p>The HCA failed to ensure that HHAs prepared meals in accordance with dietary orders for Patients #1, #2, #3, and #5 receiving services.</p> <p>Observation on December 6, 2013, at approximately 9:15 a.m. and on December 11, 2013 at 9:30 a.m. revealed that three HHAs were preparing breakfast. The breakfast on both days consisted of fried bologna, white toast with</p>	H 070	<p>Aide for patient #3 was trained during orientation and subsequent in-services not to administer medication on 6/21//2011, 12/21/12 and 9/27/2013. See attachment A3 This aide has been suspended for failure to comply with company policies. All aides will be in-serviced again on medication during the March 2014 in-service. All nurses will be in-serviced again to observe clients for self-medication administration and to inform the DON/Administrator if the client is unable to do so and there is no family member available or willing to help. Failure to comply will result to the cancellation of the nurse's contract. The services of an external Quality Assurance consultant has be put in place to ensure that the internal QA quarterly reviews are adequate and the deficient practice does not recur .</p> <p>The agency indicated on POC that client has functional limitations to take medication prescribed for self-administration and for that reason the agency decided to send a nurse to fill the pill box with the medications as ordered and the aide to remind client. These measures were put in place to overcome the functional limitations of self-administration of medications.</p>	<p>3/31/14</p> <p>1/31/14</p> <p>1/23/14</p>
-------	---	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
---	---

(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	<p>Continued From page 3</p> <p>butter/margarine and jelly.</p> <p>a) On December 6, 2013, Patient #1's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables.</p> <p>Review of Patient #1's current POC on December 9, 2013, at approximately 2:30 p.m. revealed diagnoses of hypertension, elevated cholesterol, and GERD. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension, Rosuvastatin for elevated cholesterol, and Omeprazole for GERD. The patient was also prescribed a low fat, low cholesterol, and low salt diet.</p> <p>The HHA for Patient #1 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet.</p> <p>b) On December 6, 2013, Patient #2's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables.</p> <p>Review of Patient #2's current POC on December 9, 2013, at approximately 2:30 p.m. revealed that she/he was prescribed a low salt diet.</p> <p>The HHA for Patient #1 was questioned about the</p>	H 070	<p>The staffing coordinators give aides upon assignment of duties, client diagnosis, diet and other pertinent information required for proper care. The monthly nurses assigned to visit clients are in-serviced to educate the aides on different types of diets the clients are on, see attachment B1 of nursing training by the agency and attachment B2 of nursing teaching of diet. Additionally the caretaker does the grocery shopping.</p> <p>However, the aides concerned were in-serviced on diet again on 1/16/14. See Attachment B3. The nurse was given a verbal warning for not educating the caretaker on groceries shopping and clients on diet. The nurse was in-serviced again on 1/16/14. See attachment for nurse to enforce dietary compliance.. All aides will be in-serviced on diet again during the March 2014 in-service. All nurses will be in-serviced again to enforce dietary compliance and inform doctors if clients and caretakers are non-compliant with diet .</p>	03/31/14 1/31/14

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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	<p>Continued From page 4</p> <p>patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet.</p> <p>c) On December 6, 2013, Patient #3's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables.</p> <p>Review of Patient #3's current POC on December 9, 2013 at approximately 2:30 p.m., revealed diagnoses of hypertension, acid reflux, and elevated cholesterol. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension, Lovastatin for elevated cholesterol, and Famotidine for acid reflux. The patient was also prescribed a low fat and low salt diet.</p> <p>The HHA for Patient #3 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet.</p> <p>d) On December 6, 2013, Patient #5's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables.</p> <p>Review of Patient #5's current POC on December 9, 2013, at approximately 2:30 p.m. revealed</p>	H 070		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 5 diagnoses of hypertension and elevated cholesterol. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension and Simvastatin for elevated cholesterol. The patient was also prescribed a low fat and low salt diet. The HHA for Patient #5 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet.	H 070		
H 226	3909.3 DISCHARGES TRANSFERS & REFERRALS Each home care agency shall document activities related to discharge planning for each patient in the patient's record. This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the agency failed to comply with the patients discharge plan as reflected in their plan of care for five (5) of five (5) patients in the sample. (Patients #1, #2, #3, #4 and #5) The finding includes: On December 31, 2013, the state surveying agency was made aware that the HCA had issued discharge notices for Patients #1, #2, #3, #4, and #5. On January 2, 2014, at approximately 11:30 a.m., the HCA was contacted and asked to submit copies of the patients' discharge notices. At approximately 1:30 p.m. the HCA faxed the notices. Review of the notices, dated December 16, 2013 provided the	H 226	The aides stated that they were not feeling comfortable in the home because during the investigators' visits, many questions were asked and the responses from the caretaker and the sitter were not factual. The aides believed that these false responses would get them in trouble. In the statement of deficiencies, it is stated that the caretaker said the sitter does not provide care and supervision to the patients after the aides' shifts which is contrary to the agreement made between the caretaker and the agency when these clients were admitted.	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018		
(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 226	Continued From page 6 patients with a 30-day notice of discharge. The notices indicated that the patients' HHAs were refusing to continue their services because they felt uncomfortable working at the patients' residence. On January 3, 2014, the HHA was requested to submit a copy their transfer/discharge policy and any documentation that supported the HHA's reasoning for "feeling uncomfortable at the residence." To date, the HCA has not provided the requested documentation. Review of the current patients' POCs revealed a section entitled "Discharge Plans." The POCs revealed that the patients would be discharged when their skilled care needs and goals were met and the patient/family members were able to provide care.	H 226		
H 260	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 record review and interview, it was determined that the agency failed to maintain accurate clinical records for five (5) of the five (5) patients in the sample. (Patients #1, #2, #3, #4, and #5) The findings include:	H 260		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 260	<p>Continued From page 7</p> <p>On December 9, 2013, at 11:00 a.m., a review of the current POCs for Patients #1, #2, #3, #4, and #5 revealed that there was inaccurate information as evidenced by the following:</p> <p>1. Review of Patient #2's clinical record revealed a POC, signed by the patient's physician, that required the patient and/or care-taker to do the following: " if the patient has a BS > 250, client/family/nurse to administer insulin as ordered, if < 60 give any juice available and call MD." The POC also required that the patient and/or care-taker to be knowledgeable about the patient's dietary regimen, disease process, diabetic regimen and the use of a glucometer.</p> <p>Further review of the record failed to provide evidence that the patient was diabetic. Interview with the DON, via telephone, on December 10, 2013, at approximately 8:30 a.m. confirmed that the patient did not have diabetes. The patient's nurse was also interviewed, face to face, on December 11, 2013, at 10:15 a.m., and acknowledged that the POC was inaccurate, and indicated that she/he informed the agency about the inaccuracies on previous occasions.</p> <p>It should be noted that the surveyors informed the HCA's administrator of the inaccuracies on December 9, 2013; however, there was no evidence that the POC had been corrected, to date.</p> <p>2. Review of Patient #1's, #2, #3's, and #5's clinical records revealed POCs, signed by the patients' physicians, that required the patients and/or care-takers to do the following: " if the patient has a BS > 250, client/family/nurse to administer insulin as ordered, if < 60 give any</p>	H 260	<p>The phrase "if the patient has a BS>250client/family/nurse to administer insulin as ordered and if <60,give any juice available and call MD" in the POC, is a typing mistake have been corrected with verbal orders and sent to doctors for signatures. See attachment D. POCs will be updated at recertification due dates with these changes . The services of an external Quality Assurance consultant has be put in place to ensure that the internal QA quarterly reviews are adequate and the deficient practice does not recur .</p>	2/28/14
-------	---	-------	--	---------

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 260	<p>Continued From page 8</p> <p>juice available and call MD." The POCs also required that the patient and or care-taker to be knowledgeable about the patient's dietary regimen, disease process and diabetic regimen.</p> <p>Further review of the records failed to provide evidence that the patients were diabetic. Interview with the DON, via telephone, on December 10, 2013, at approximately 8:30 a.m. confirmed that the patients did not have diabetes. The patients' nurse was also interviewed, face to face, on December 11, 2013, and acknowledged that the POCs were inaccurate, and indicated that he/she informed the agency about the inaccuracies on previous occasions.</p> <p>It should be noted that the surveyors informed the HCA's administrator of the inaccuracies on December 9, 2013; however, there was no evidence that the POCs had been corrected, to date.</p> <p>Review of Patient #1's POC also revealed an order for eight (8) hours of personal care services per day. Patient #1's timesheets for September, October and November, 2013, however, documented that the HHA provided PCA for seven (7) days a week from 3:00 p.m. to 7:00 p.m. (four (4) hours daily).</p> <p>The patients' POCs and interviews with staff were inconsistent on the presence of diabetes.</p> <p>3. On December 6, 2013 and December 11, 2013, onsite visits were conducted to monitor patient care provided by the HCA. Review of the POCs for Patients #1, #2, #3, #4, and #5 revealed that the patients resided in a "group home that provided 24 hour staffing and</p>	H 260	<p>This was a typing mistake by the Care Plan coordinator. The doctor ordered for 8 hours daily and upon assessment following DHCF guidelines, the client only qualified for 4 hours daily as stated on the "Proposed services and frequency form" attached. A verbal order has been done to correct the deficiency. The care plan coordinator has been instructed to always verify this admission form when putting service hours and not to rely on the prescription form. The services of an external Quality Assurance consultant has be put in place to ensure that the internal QA quarterly reviews are adequate and the deficient practice does not recur.</p>	2/28/14
-------	--	-------	--	---------

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 260	<p>Continued From page 9</p> <p>management plans." The Department of Consumer and Regulatory Affairs' online website license check revealed, however, that the patients' residence was licensed as a rooming house. Interview with the owner on December 6, 2013, at 11:30 a.m. of the rooming house confirmed that the patients' residence was licensed as a rooming house and that the rooming house was not responsible for the patients' care. The owner indicated that all patient care was provided by their HHAs, and also indicated that there were no home care services provided to the residents on a 24-hour basis.</p> <p>Interview with the HCA's administrator on December 9, 2013, revealed that she/he visited the patients' home and was familiar with structure of the home. The administrator, however, indicated that she/he was unaware that the home was a rooming house and did not provide 24-hour staffing. Interviews with the HHAs and nursing staff indicated that they were knowledgeable that the patients were provided insufficient supervision and care. Review of the available HHAs and nursing notes failed to reflect the lack of supervision and care provided to the patients after the daily 8 -10 hour home care services were rendered.</p> <p>Although the HCA's administrator was made aware that the patients' POCs referenced 24-hour staffing and management plan, there was no evidence that the POC had been corrected, to date.</p> <p>4. On December 6, 2013 at 10:30 a.m., the HHA was interviewed to ascertain information on the care of Patients #5 and #1. The HHA revealed that she/he provided personal care services to</p>	H 260	<p>For any patient to receive home care in the community, the Department of Health Care Finance(DHCF) requires that each individual must have a community support system for continuous supervision and care when the agency staff leave and for back-up care in case of any emergency. Upon admission, the agency informed the caretaker of this requirement and she stated that she has a sitter who will provide care to the patients at the end of our shift if she is not available. The doctor did not order for 24 hours of care from the agency and following your survey report, it was clear that our understanding of the arrangement differed from currently gathered facts. It is clear to us now that the owner is not able to provide the necessary oversight to ensure the continuity of 24 hours coverage therefore placing T&N in an untenable position. As a result, we issued discharge notices to the clients informing them of our intension to discharge them from our care.</p>	
-------	---	-------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
---	---

(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 260	<p>Continued From page 10</p> <p>both patients. The HHA routinely arrives at the patients' home at 9:00 a.m. and prepares breakfast for both patients. The HHA stated that PCA for Patient #5 was provided from 9:00 a.m. until 5:00 p.m.; after which, he/she provided personal care services to Patient #1 until 9:00 p.m. The HHA indicated, however, that at times there were no separation of personal services between the two patients.</p> <p>Observations on December 6, 2013 and December 11, 2013 confirmed that the HHA provided services for both patients during the morning hours.</p> <p>Review of the Patients #5's POC, however, revealed that the patient was ordered 8 hours of personal care services. Review of the time sheets for Patient #5 revealed that the HHA documented that services were provided seven (7) days a week from 7:00 a.m. to 3:00 p.m. It should be noted that observation on December 6, 2013 and December 11, 2013, and interviews with both the HHA and the house sitter revealed that HHA did not arrive to the home until 9:00 a.m.</p> <p>Review of Patient #1's POC also revealed an order for eight (8) hours of personal care services. Patient #1's timesheets for September, October and November, 2013, however, documented that the HHA provided personal care services for 7 days a week from 3:00 p.m. to 7:00 p.m. (4 hours daily).</p>	H 260	<p>We were in reliance of the homeowner /sitter to inform us of the aides attendance and refusal to sign timesheets if aides came late or leave early. Also, we have field supervisors who do unannounced visits to clients' homes to enforce attendance. See attachment H.</p>	
H 355	<p>3914.3(d) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p>	H 355		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 355	<p>Continued From page 11</p> <p>(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;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure that POCs included description of services to be provided by each HHA for four (4) of five (5) patients' included in the sample. (Patients #1, #2, #3, and #5)</p> <p>The findings include:</p> <p>On December 9, 2013, beginning at 2:30 p.m. the current POCs for Patients #1, #2, #3, and #5 were reviewed. The POCs failed to document PCA services to be rendered by the HHAs as evidenced below:</p> <p>1. On December 6, 2013, Patient #2 was observed to ambulate and negotiate stairs independently without any assistive devices. The HHA was observed to prepare the patient's breakfast and administer the patient's medications.</p> <p>The HHA was questioned as to what other personal care services were provided to the patient. The HHA stated "I cook and clean the house."</p> <p>On December 6, 2013 Patient #2 was interviewed to ascertain the services that were provided by the HHA. The patient indicated that an HHA was not provided and that "they" did not allow the</p>	H 355	<p>The Previous POCs included the detailed description of services to be provided by each HHA (see attachment E) and after the introduction of the new DHCF POC of February 13, 2012, the section for home health aides orders, the new format was state the amount, frequency and duration. The agency was not aware that the new DHCF POC required the same level of description of HHA orders. However, verbal orders are being done to correct the deficiency and faxed to doctors for signatures. POCs will be updated with these changes at recertification due dates. See attachment D. The services of an external Quality Assurance consultant has been put in place to ensure that the internal QA quarterly reviews are adequate and the deficient practice does not recur .</p>	2/28/14
-------	---	-------	---	---------

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 355	<p>Continued From page 12</p> <p>patient to cook. When the patient was asked if she/he managed money, the patient stated "no, they take all my money."</p> <p>A review of the prescription for Medicaid services, dated March 4, 2013, however, revealed an order for personal care services that included bathing, medication management, meal preparation, housekeeping, money management, and telephone and toilet use.</p> <p>A review of the HHA's timesheets for September 2013 through November 2013 failed to reflect that the HHA provided any money management or training/assistance with telephone and toilet use. Continued review of the HHA's timesheets indicated that the HHA cleared rugs and provided a safe area daily for 50 - 60 minutes. However, on December 6, 2013 and December 11, 2013 the patient 's bedroom carpet was observed covered with incontinent pads. The patient stated that the floor was covered to protect the carpet from footprints.</p> <p>It also should be noted that the HHA timesheets revealed that the patient received range of motion (ROM) exercise 10-30 minutes a day; however, there was no prescription for ROM exercise. Although the timesheets documented that the patient's HHA provided many daily housekeeping tasks such as dusting for 10-35 minutes, cleaning bedroom for 20-40 minutes, sweeping and vacuuming for 19-30 minutes, preparing meals for 45 minutes - 2 hours, cleaning dishes for 15-35 minutes, and laundering clothes for 45 minutes- 2 hours, 3-4 times a week; the cooking and housekeeping were observed to be a shared responsibility between 3 HHAs.</p> <p>2. During the monitoring visit on December 6, 2013, Patient #1's HHA was interviewed and revealed that she/her provided the patient assistance with bathing, toileting, and cooking</p>	H 355	<p>The presence of incontinent pads on the floor after our shift further justifies the inconsistency and lack of continuity of care which justifies the reason why we have decided to discharge our responsibilities to provide care</p> <p>The different aides care for the different client rooms and other personalized care, but jointly clean the common areas such as hallways, kitchens and living rooms.</p> <p>The different aides care for the different client rooms and other personalized care, but jointly clean the common areas such as hallways, kitchens and living rooms.</p>	
-------	---	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 355	<p>Continued From page 13</p> <p>from 5:00 p.m. until 9:00 p.m., and that Patient #1 was able to self-medicate and was independent in using public transportation. Review of the patient's current POC on December 10, 2013, revealed that the patient was to receive an HHA for eight (8) hours daily, seven (7) days a week, for six (6) months. The POC, however, failed to include the specific personal care services that were ordered for the patient. The Medicaid POC, dated September 13, 2013, and signed by the administrator/registered nurse, revealed that the patient required assistance only with self-administering medications.</p> <p>The HHA's timesheets from September 2013 to November 2013 revealed that the HHA was providing daily personal care services such as bathing (30-50 minutes), dressing (23-30 minutes), oral hygiene (6-12 minutes), shaving (28-35 minutes), and toileting (20-30 minutes), assistance with eating (15-20 minutes), and hair and skin grooming (8-25 minutes). The timesheets also revealed that the HHA provided housekeeping task such as cooking, cleaning and laundering.</p> <p>Although the HHA stated that the patient was assisted with food and clothes shopping, the timesheets did not reflect that this task had been implemented.</p> <p>3. During the monitoring visit on December 6, 2013, At 9:15 a.m. Patient #3's HHA, was observed to serve Patient #3 breakfast while in bed. Shortly after the patient finished breakfast, the HHA was observed to prepare and administer the patient's medications. The HHA was asked what other personal care service was rendered to the patient. The HHA stated that the patient was assisted with bathing,</p>	H 355	<div data-bbox="901 1270 1445 1522" style="border: 1px solid black; padding: 5px;"> <p>The aide did not document on assistance with food because this client does not require assistance in this area as well as clothes shopping because the caretaker is doing all the shopping for the client.</p> </div>	
-------	--	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 355	<p>Continued From page 14</p> <p>dressing, laundering and shopping.</p> <p>Review of the patient's current POC on December 10, 2013, revealed that the patient was to receive HHA services for twelve (12) hours a day, seven (7) days a week. The POC, however, failed to include the specific personal care services that were ordered for the patient.</p> <p>4. On December 6, 2013, at approximately 9:15 a.m., Patient #5's HHA was observed preparing the patient's breakfast. The HHA plated the breakfast which consisted of 4 slices of buttered toast with jelly and one (1) sliced of fried bologna. After plating the meal, at approximately 9:30 a.m., the HHA left the plate on the counter, and stated that the patient was sleeping and would be served between 10:30 a.m. and 11:00 a.m. At 10:36 a.m., the surveyor accompanied the HHA to the patient's bedroom that was located in the attic (4th floor). The surveyor did not enter the bedroom because the patient was still asleep. The HHA was interviewed to ascertain what services, other than cooking, was provided to the patient. The HHA stated that the patient needed assistance with bathing, incontinent care, and medication reminders.</p> <p>Review of the patient's current POC revealed a certification period of September 13, 2013 through March 12, 2014. The POC ordered personal care services for eight (8) hours a day, seven (7) days a week. The POC, however, failed to document the specific personal care services to be provided by the HHA. A review of the prescription for Medicaid services, dated March 4, 2013, however, revealed an order for personal care services that included bathing, medication management, meal preparation, shopping, and laundering.</p> <p>The HHA's timesheets from September 2013 to</p>	H 355		
-------	--	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 355	<p>Continued From page 15</p> <p>November 2013 revealed that the HHA was providing daily personal care services such as bathing (37-51 minutes), dressing (9-30 minutes), oral hygiene (6-12 minutes), shaving (25-33 minutes), and toileting (25-31 minutes), assistance with eating (15-20 minutes), and hair and skin grooming (8-21 minutes). The timesheets also revealed that the HHA provided housekeeping tasks such as cooking, cleaning, and laundering.</p> <p>Although the HHA stated that the patient was assisted with food and clothes shopping, the timesheets did not reflect that this task had been implemented.</p>	H 355		
H 400	<p>3915.10(g) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care aide duties may include the following:</p> <p>(g) Meal preparation in accordance with dietary guidelines, and assistance with eating;</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the HHAs failed to ensure that patients were served meals in accordance with their dietary orders for four (4) of five (5) patients prescribed specialized diets. (Patients #1, #2, #3, and #5).</p> <p>The findings include:</p> <p>The HCA failed to ensure that HHAs prepared meals in accordance with dietary guidelines for Patients #1, #2, #3, and #5 receiving services.</p>	H 400		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 400	<p>Continued From page 16</p> <p>Observation on December 6, 2013, at approximately 9:15 a.m. and on December 11, 2013, at 9:30 a.m., revealed that three HHAs were preparing breakfast. The breakfast on both days consisted of fried bologna, and white toast with butter/margarine and jelly.</p> <p>a) On December 6, 2013, Patient #1's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables.</p> <p>Review of Patient #1's current POC on December 9, 2013 at approximately 2:30 p.m. revealed diagnoses of hypertension, elevated cholesterol, and GERD. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension; Rosuvastatin for elevated cholesterol, and Omeprazole for GERD. The patient was also prescribed a low fat, low cholesterol and low salt diet.</p> <p>The HHA for Patient #1 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied no when asked if she/he had been instructed on the patient's diet.</p> <p>b) On December 6, 2013, Patient #2's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be served for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that</p>	H 400	<p>The staffing coordinators give aides upon assignment of duties, client diagnosis, diet and other pertinent information required for proper care. The monthly nurses assigned to visit clients are in-serviced to educate the aides on different types of diets the clients are on, see attachment B1 of nursing training by the agency and attachment B2 of nursing teaching of diet. Additionally the caretaker does the grocery shopping.</p> <p>However, the aides concerned were in-serviced on diet again on 1/16/14. See Attachment B3. The nurse was given a verbal warning for not educating the caretaker on groceries shopping and clients on diet. The nurse was in-serviced again on 1/16/14. See attachment for nurse to enforce dietary compliance.. All aides will be in-serviced on diet again during the March 2014 in-service. All nurses will be in-serviced again to enforce dietary compliance and inform doctors if clients and caretakers are non-compliant with diet .</p>	<p>3/31/14</p> <p>1/31/14</p>
-------	--	-------	---	-------------------------------

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 400	<p>Continued From page 17</p> <p>the patient will be served vegetables.</p> <p>Review of Patient #2's current POC on December 9, 2013 at approximately 2:30 p.m. revealed that she/he was prescribed a low salt diet.</p> <p>The HHA for Patient #2 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if she/he had been instructed on the patient's diet.</p> <p>c. On December 6, 2013, Patient #3's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fried rice and soup were planned to be serve for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables.</p> <p>Review of Patient #3's current POC on December 9, 2013 at approximately 2:30 p.m. revealed diagnoses of hypertension, acid reflux and elevated cholesterol. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension, and Lovastatin for elevated cholesterol, and Famotidine for acid reflux. The patient was also prescribed a low fat and low salt diet.</p> <p>The HHA for Patient #3 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet.</p> <p>d. On December 6, 2013, Patient #5's HHA was questioned about the menu for lunch and dinner. The HHA indicated that there was no set menu, but fired rice and soup were planned to be serve</p>	H 400		
-------	--	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 400	<p>Continued From page 18</p> <p>for lunch, and spaghetti was planned for dinner. When further questioned about the serving of fresh vegetables and fruit, the HHA stated that the patient will be served vegetables.</p> <p>Review of Patient #5's current POC on December 9, 2013 at approximately 2:30 p.m. revealed diagnoses of hypertension and elevated cholesterol. To address these diagnoses, the patient was prescribed HTCZ/Lisinopril and Amlodipine Besylate for hypertension; Simvastatin for elevated cholesterol. The patient was also prescribed a low fat and low salt diet.</p> <p>The HHA for Patient #5 was questioned about the patient's diet. The HHA was unaware of any diet restrictions, and replied "no" when asked if he/she had been instructed on the patient's diet.</p>	H 400		
{H 453}	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA's nurse failed to ensure that the HHAs implemented personal care services as recommended by the HCA's nurse and as ordered by the patient's physician for four (4) of five (5) patients' included in the sample. (Patients #1, #2, #3, and #5)</p> <p>The findings include:</p>	{H 453}		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
---	---

(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 453}	Continued From page 19 1. [Cross Reference H 400] Observations and interviews revealed that the HCA's nurse failed to ensure that meals were prepared in accordance with dietary orders for Patients #1, #2, #3, and #5 that received specialized diets. Observation during two monitoring visits conducted on December 6, 2013, at 9:15 a.m. and December 11, 2013, at 9:30 a.m. revealed that Patients #1, #2, #3 and #5 were served fried bologna, and toast with more than a tablespoon of butter/margarine for breakfast. Interview with the HCA's nurse on December 11, 2013, revealed that the nurse was aware that the HHAs were preparing meals that did not comply with their diet order. The nurse recalled during a previous nursing visit, that the HHA was preparing fried chicken and adding salt to the patient's food. The nurse stated that the HHA was instructed on the patient's diet order and advised to avoid salt and to limit the consumption of fried foods. 2. [Cross Reference H260] On December 11, 2013, beginning at 9:15 a.m., an onsite visit was conducted to monitor patient care provided by the HCA. Review of the POCs for Patients #1, #2, #3, #4, and #5 revealed that the patients resided in a "group home that provided 24 hour staffing and management plans." The Department of Consumer and Regulatory Affairs online website license check revealed, however, that the patients' residence was licensed as a rooming house. Interview with the owner on December 1, 2013, at 11:30 a.m. of the rooming house confirmed that the patients' residence was licensed as a rooming house and that the rooming house was not responsible for the	{H 453}	The nurse identified the deficiency concerns, educated the aides and documented in her notes of 11/5/13 and 12/6/13 but failed to educate the caretaker who buys the food for the clients. The nurse was in-serviced on 1/9/2014 to always educate family members/caretakers and clients alongside HHAs for any treatment orders concerns that she identifies and inform the doctor of the client's/family refusal to adhere to doctor orders. All nurses will be in-serviced again to enforce dietary compliance and inform doctors if clients and caretakers are non-compliant with diet, medication and all safety issues.	1/31/14
---------	---	---------	---	---------

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 453}	<p>Continued From page 20</p> <p>patients' care. The owner indicated that all patient care was provided by their HHAs, and also indicated that there were no home care services provided to the residents on a 24-hour basis.</p> <p>On December 11, 2013, the HCA's nurse joined the surveyors during the onsite monitoring visit. The nurse was unaware that the home was a rooming house, but was aware, however, that the patients were not receiving 24-hour home management. The nurse was asked if the patients could reside in the home without supervision, or without aide care. The nurse replied "no." There was no evidence that the nurse reported the lack of sufficient supervision after the HHAs left the home.</p> <p>Additionally, the current POCs for Patients #1, #2, #3, #4, and #5 revealed that the owner of the rooming house was a family member and/or the responsible party. The POC indicated that the rooming house owner was available to assist with the patient's 24-hour home management and activities of daily living, when the HHAs were not available.</p> <p>There was no evidence in the patients' records, to include available nursing notes, that the rooming house owner was instructed in the care of the patients or advised of any concerns with the patients.</p> <p>Interview with the rooming house owner on December 6, 2013, revealed that all care was provided by home care aides. The rooming house owner further explained that owning a rooming house instead of a group home, provided her with freedom and placed all of the responsibility for personal care services on the</p>	{H 453}	<p>We were providing home health care services to the five (5) residents in the rooming house with the understanding that the owner of the home was providing the beneficiaries care and oversight for the hours not covered in their plan of care (POC). It is clear to us that the owner is not able to provide the necessary oversight to ensure the continuity of 24 hours coverage following the survey report. As a result, we issued discharge notices to the clients informing them of our intension to discharge them from our care.</p>	
---------	--	---------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
---	---

(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 453}	<p>Continued From page 21</p> <p>HHAs.</p> <p>Note: This is a repeat deficiency from the October 4, 2013, annual survey.</p> <hr/> <p>Based on record review and interview, the home care agency's (HCA's) nurse failed to ensure that patient needs were met in accordance with the plan of care (POC), for two (2) of twenty-five (25) patients in the sample. (Patient #14 and #15)</p> <p>The findings include:</p> <ol style="list-style-type: none"> On October 1, 2013, at approximately 11:25 a.m., review of Patient #14's plan of care (POC) for the certification period of July 30, 2013 to September 27, 2013, revealed that the registered nurse (RN) was ordered to measure the patient's wound weekly and document drainage, color, consistency, and the size of the wound. The nursing notes failed to include wound measurements for the week of August 26 th and the week of September 16 th 2013. <p>Additionally, interview with the skilled nurse coordinator (SNC) on October 1, 2013, at approximately 3:00 p.m., revealed that the RN attempted to visit the patient on August 27 th and September 17 th of 2013, to measure and assess the wound; however, the patient was not available at the time of the visits. Further interview with the SNC, revealed that the practice of the agency was that the RN does not make any additional visits to measure and assess the wounds, if the weekly scheduled RN visit is missed.</p> <ol style="list-style-type: none"> On October 2, 2013, at approximately 10:00 	{H 453}	<p>This deficiency was corrected and has not recur since the date of completion.</p>	10/30/13
---------	--	---------	--	----------

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/03/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER T & N RELIABLE NURSING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 18TH STREET WASHINGTON, DC 20018
--	---

(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 453}	<p>Continued From page 22</p> <p>a.m., review of Patient #15's POC, for the certification period of August 14, 2013 to September 27, 2013, the skilled nurse (SN) was ordered to visit one (1) to two (2) times per week for medication teaching.</p> <p>The record failed to evidence the SN provided medication teaching on the following dates: August 22, 2013, August 25, 2013, August 28, 2013, September 5, 2013, September 10, 2013, September 11, 2013, September 17, 2013 and September 20, 2013.</p> <p>During an interview with the agency's licensed practical nurse (LPN) on October 2, 2013, at approximately 10:49 a.m., the LPN, who has worked with the patient for approximately 2 weeks stated, "I have not started teaching medications yet but I will".</p> <p>Interview with the SNC on October 2, 2013, at approximately 10:00 a.m., revealed that the reason for not providing medication teaching was due to a additional orders received that ordered skill nurse visit to increase to twice a week for trach inner cannula care, cleaning and teaching until patient can demonstrate competency with good trach care. The SNC was informed that the order for medication teaching was still to be followed.</p>	{H 453}	<p>This deficiency was corrected and has not recur since the date of completion.</p>	10/30/13