

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0023	HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST. NE 2ND FLOOR WASHINGTON, D.C. 20002 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/24/2010
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NAME OF PROVIDER OR SUPPLIER  CAPITOL VIEW HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G WASHINGTON, DC 20007
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted at your agency on May 21, 2010 and May 24, 2010, 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 nine (9) active clinical records based on a census of forth-eight (48) patients, one (1) discharge clinical record, ten (10) personnel files based on a census of fifty-seven (57) employees and three (3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review of administrative records.</p>	H 000	<p><b>R000 Initial Comments</b></p> <p><b>WHO:</b> <i>Capital View Senior Management met on 22 May 2010, to review the DC Licensing Survey Deficiencies, and made the strategic decision to initiate the plan of correction with appropriate resources for developing tracking tools, in-service training, and deployed the appropriate human resources and time line for implementation.</i> The following four steps are taken to address the plan of correction that identifies the root causes of the deficiency develop a <i>Plan of Correction</i> with strategies for systemic <i>Quality Improvement Program</i> that includes:</p> <ol style="list-style-type: none"> <li><b>WHATH1.</b> <i>Corrective actions</i> taken to change deficient practice towards compliance of the standards.</li> <li><b>WHAT #2.</b> <i>Steps taken to identify potential similar deficiencies</i> and corrective actions to be taken.</li> <li><b>HOW:</b> <i>Quality Assurance Program</i> and Measures to ensure systemic changes to avoid deficient practice.</li> <li><b>WHEN:</b> <i>Monitoring Corrective Actions over time</i> to avoid recurrence of deficient practice in future at weekly, monthly and quarterly intervals.</li> </ol>	
H 265	<p><b>3911.2(e) CLINICAL RECORDS</b></p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(e) Physician's orders;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency staff failed to ensure that a physician order's for one(1)of nine (9) patients was in the clinical record. (Patient #7)</p> <p>The finding included:</p> <ol style="list-style-type: none"> <li>On May 21, 2010, at approximately 2:30 p.m., review of Patient #7's record revealed skilled nursing notes dated 04/30/10, 04/31/10 and 05/07/10 in which the documented" wound care was done using asptic technique to toenails bilateral feet using 1/2 inch Iodosorb cream and then wrapped with kerlix".</li> </ol> <p>Further review of the record revealed there was no</p>	H 265	<p><b>H265: 3911.2(e) Clinical Records:</b> Physician orders to be available in clinical Record at all times.</p> <ol style="list-style-type: none"> <li><b>Corrective Actions.</b> The deficiency was reviewed and the Physicians' order was included in the clinical records. The policy of "verbal order", "written order", with appropriate signature was reviewed and protocol put in place to ensure that all charts will have physicians' orders right after admission. A physician Order tracking log was initiated to be reviewed on a weekly basis with weekly chart review to ensure all orders are up-to-date</li> <li><b>Identifying similar deficiencies.</b> The Chart Review Audit Tool and Physician Order tracking log were used to review all potential deficiencies and correct them on a regular basis to reflect compliance with this standard.</li> </ol>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Beki [Signature]* TITLE: **CORPORATE DIRECTOR** (X8) DATE: \_\_\_\_\_

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H 265	Continued From page 1  documented evidence of a physician order for the skilled nurse to provide wound care.  During a face to face interview with Director of Nursing on May 21, 2010 at approximately 3:00 p.m., the finding was acknowledged.	H 265	3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given.  4. <i>Monitoring Corrective Actions.</i> The Chart Review Audit Tool and The Physician Order Tracking Log will be used at weekly, monthly and quarterly Quality Improvement Meeting with appropriate documentation, charting and reporting to senior management who will monitor compliance to this standard over time.	
H 355	3914.3(d) PATIENT PLAN OF CARE  The plan of care shall include the following:  (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;  This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included a description of the services to be provided for three (3) of three (3) POC's reviewed. (Patient's, #1, #9, and #10)  The finding included:  On May 21, 2010, record reviews from approximately 11:30 a.m. until 4:30 p.m., of the aforementioned patient's Plan of Care's (POC), revealed that their POC's failed to include description of services that were to be provided by the home health aide (HHA).  During a face to face interview with the Director of Nursing on May 21, 2010, at approximately 5:00 p.m., she acknowledged the above findings.	H 355	H355. 3914.3(d) Patient Plan of Care: SN/HHA  1. <i>Corrective Actions.</i> The deficiency was reviewed and the Plan of Care for HHA was included in the clinical records. The process HHA Plan of Care was reviewed to ensure that it includes <i>description, frequency, amount, expected duration, that focus on ADL (Activities of Daily Living) and report on ABC- Appearance, Behavior and Conditions of the patient</i> with appropriate patient signature was reviewed, and protocol put in place to ensure that all charts will have appropriate Plan of Care with specific orders for Has in the Plan of Treatment (485) right after admission. The Plan of Care will include:  ✓ SN: Every 30 days for PCA supervision and 6 PRN home visits in six (6) months for any medical health related issues. Skilled Assessment and evaluation of systems. Assess vital signs, CP/CV status, pain and pain management, gastro-intestinal, genitor-urinary, musculo-skeletal, integumentary systems. Assess the endocrine, hydration, and nutrition status, home safety and response to treatment on each home visit. Assess clinical status, vital signs and response to medications. Review diet and instruction on medications, assess medication and diet compliance. Instruct and supervise PCA (Personal Care Aide) to assist client with personal care and ADLS. May accept signature from Medical Director of Human Touch as needed.	

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H 363	<p>3914.3(l) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(l) Identification of employees in charge of managing emergency situations;</p> <p>This Statute is not met as evidenced by: Based on a record review, the agency failed to include identification of employees in charge of managing emergency situations for nine of nine patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, and #9)</p> <p>The finding included:</p> <p>On May 21, 2010, record reviews from approximately 11:30 a.m. until 4:30 p.m., of aforementioned patient's Plan of Care's (POC), all failed to include the identification of employees in charge of managing emergency situations.</p> <p>During a face to face interview with the Director of Nursing on May 21, 2010, at approximately 5:00 p.m., she acknowledged the above findings.</p>	H 363	<p>✓ PCA: Five (5) days a week x Eight (8) hours a day x Six (6) months to assist with ADLS- personal care and hygiene: bathing, oral care, toileting, and grooming needs. Provide assistance with meals preparation, do errands and grocery shopping, light housekeeping; make bed, change linen, light laundry. Maintain safety; assist with tasks per HHA practice standard.</p> <p>The HHA Plan of Care Tracking Log was initiated to be reviewed on a regular basis in compliance with this standard. . . All has been given appropriate in-service training.</p> <ol style="list-style-type: none"> <li>2. <i>Identifying similar deficiencies.</i> The HHA Plan of Care Tracking Log was used to review each chart to identify potential deficiencies and correct them on a regular basis in compliance to this standard.</li> <li>3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given to staff.</li> <li>4. <i>Monitoring Corrective Actions.</i> The HHA Plan of Care racking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting the standard over time and reported to senior management who will monitor compliance to this standard over time.</li> </ol> <p>H363- 3914.3(i) Patient Plan of Care: Employee in charge of Emergency Situations for each patient</p> <ol style="list-style-type: none"> <li>1. <i>Corrective Actions.</i> The deficiency was reviewed and the names of the Employee for Emergency Situations far each patient were included in the clinical records. The primary and secondary persons i.e. the case manager, and Staffing Coordinator were identified as the two employees in charge of Emergency Situations for each patient. A protocol that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations for each patient was put in place for all charts.</li> </ol>	
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by: Based on record review, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for nine of nine patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9)</p>	H 364	<p>H363- 3914.3(i) Patient Plan of Care: Employee in charge of Emergency Situations for each patient</p> <ol style="list-style-type: none"> <li>1. <i>Corrective Actions.</i> The deficiency was reviewed and the names of the Employee for Emergency Situations far each patient were included in the clinical records. The primary and secondary persons i.e. the case manager, and Staffing Coordinator were identified as the two employees in charge of Emergency Situations for each patient. A protocol that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations for each patient was put in place for all charts.</li> </ol>	

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H 364	Continued From page 3  The findings include:  On May 21, 2010, record reviews from approximately 11:30 a.m. until 4:30 p.m. of aforementioned patients Plan of Cares (POC), all failed to include emergency protocols.  During a face to face interview with the Director of Nursing on May 21, 2010, at approximately 5:00 p.m., she acknowledged the above findings.	H 364	2. <i>Identifying similar deficiencies.</i> The Employee in Charge of Emergency Checklist tracking log was used for each chart to identify potential deficiencies and correct them on a regular basis in accordance with this standard.  3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future.  4. <i>Monitoring Corrective Actions.</i> The Employee in charge of Emergency situation Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meeting with appropriate documentation, charting and reporting to senior management who will monitor compliance to this standard over time.	
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE  Home health aide duties may include the following:  (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;  This Statute is not met as evidenced by: Based on a record review and interview, the agency failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for three (3) of three (3) patients in the sample. (Patients #1, #9, and #10)  The finding included:  On May 21, 2010, a record review from approximately 11:30 a.m. until 4:30 p.m., of the aforementioned patient records revealed, the home health aides had not recorded and reported the patients physical condition, behavior, or appearance to the agency.	H 411	H364. 3914.3(m) Patient Plan of Care- Emergency Protocols  1. <i>Corrective Actions.</i> The deficiency was reviewed and the <i>Emergency Protocols</i> as identified in the Joint Commission Policy and Procedure was reviewed and adopted for each patient and were included in the clinical records. The primary and secondary persons i.e. the Director of Nursing and Staffing Coordinator were identified as the two employees in charge of Emergency Protocol for each patient. A protocol that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations for each patient was put in place for all charts. The Emergency protocol is included in the Plan of Treatment (485) such that ".....All staff will initiate CPR/call 911 in case of Emergency, except when a valid "DNR" (Do Not Resuscitate) is present....."  2. <i>Identifying similar deficiencies.</i> The implementation of the Emergency Protocol and its inclusion in the Plan of Treatment (485) and the Employee in Charge of Emergency Checklist tracking log was used for each chart to identify potential deficiencies and correct them on a regular basis to reflect compliance with this standard.  3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol of weekly, monthly and quarterly review was put in place to avoid such deficiencies in future.	

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H 411	Continued From page 4  During a face to face interview with the Director of Nursing on May 21, 2010, at approximately 5:00 p.m., the findings were acknowledged.	H 411	4. <i>Monitoring Corrective Actions.</i> The implementation of the Emergency Protocol is being reviewed at regular basis with the Employees in charge of Emergency situation Tracking Tool at weekly, monthly and quarterly meetings with appropriate documentation, charting and reporting to senior management who will monitor compliance to this standard over time.	
H 450	3917.1 SKILLED NURSING SERVICES  Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care.  This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure Skilled nursing services were provided in accordance with the patient's plan of care (POC) for two (2) of nine (9) patients in the sample. (Patients #6, and #7)  The finding included:  1. Review of Patient #6's plan of care (POC) dated 3/30/10, through 5/28/10, on 5/21/10, at approximately 3:00 p.m., ordered skilled nursing visits 1 to 3 times a week for 9 weeks.  Further review of the record revealed the following:  a. For week #2 (04/06/10 - 04/12/10), skilled nurse provided services to the patient five (5) times.  b. For week #3 (04/13/10 - 04/19/10), skilled nurse provided services to the patient five (5) times.  c. For week #4 (04/20/10 - 04/26/10), skilled nurse	H 450	H 411- 3915.11(f) HHA/PCA Services: Observe, Record and Report  1. <i>Corrective Actions.</i> The deficiency was reviewed and the HHA/PCA Services: the tasks-ORR ( <i>Observe, Record and Report</i> ) on ABC ( <i>Appearance, Behavior and physical condition</i> ) was included in the clinical records. The process observation, record and reporting with appropriate signature was reviewed and protocol put in place to ensure that all charts will have appropriate HHA/PCA documentation right after each patient visit. A <i>HHA/PCA Record Tracking Checklist</i> was initiated to be reviewed on a regular basis.  2. <i>Identifying similar deficiencies.</i> The HHA/PCA Recording and Reporting on ABC (Patient's appearance, behavior and physical condition) tracking log was used for each chart to identify potential deficiencies and correct them on a regular basis.  3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standards of ORR and ABC with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service was given to all HHA/PCAs on this standard.  4. <i>Monitoring Corrective Actions.</i> The HHA/PCA Services Recording and Reporting Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meeting with appropriate documentation, charting and reporting of the standard over time.  H450- 3917.1 Skilled RN Services According to the Patient's Plan of Care  1. <i>Corrective Actions.</i> The deficiency was reviewed and the Plan of Care for Skilled Services was included in the clinical records and process is put in place to implement it strictly ( <i>RN visits 1 to 3 times a week for 9 weeks</i> ). The	

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H 450	Continued From page 5 provided services to the the patient five (5) times.  d. For week #6 (05/04/10-05/10/10), skilled nurse provided services to the patient five (5)times.  e. For week #7 (05/11/10-05/17/10), skilled nurse provided to the patient six (6)times.  There was no documented evidence that the skilled nurse provided services in according to the aforementioned Plan of Care.  During a face to face interview with the Director of Nursing on May 21, 2010 at approximately 5:00 p.m., the above finding was acknowledged.  2. Review of Patient #7's plan of care (POC) dated 04/08/10, through 06/06/10, on 5/19/10, at approximately 4:30 p.m., ordered skill nursing services 1 to 3 times a week for 6-9 weeks.  Further review of the record revealed the there was no documented evidence that the nurse provided services for the week #1(04/08/10-04/14/10).  During a face to face interview with the Director of Nursing on May 21, 2010 at approximately 5:05 p.m., the above finding was acknowledged.	H 450	<p><i>Compliance Assurance</i> process included the documentation of the Plan of Care and plan to implement it in such a way that the POC is followed by monitoring the number of weekly visits to reflect the patient' changing condition. Frequencies need to have appropriate revision of the plan of care if needed and approved by the attending physician to reflect patient clinical needs. The staffing coordinator and Director of Nursing will monitor frequency of visits to reflect the clinical needs and Patient's Plan of Care.</p> <p>2. <i>Identifying similar deficiencies.</i> The Patient Plan of Care tracking log was used for each chart to identify potential deficiencies and correct them on a regular basis.</p> <p>3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future.</p> <p>4. <i>Monitoring Corrective Actions.</i> The Patient Plan of Care Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting the standard over time.</p> <p>H458. 3917.2 (h) Skilled Nursing Services; Reporting changing patient condition to the Attending Physician</p>	
H 458	3917.2(h) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (h) Reporting changes in the patient's condition to the patient's physician;	H 458	<p>1. <i>Corrective Actions.</i> The deficiency was reviewed and the names of the Employee for Emergency Situations for each patient were included in the clinical records. The primary and secondary persons i.e. the case manager and Staffing Coordinator were identified as the two employees in charge of Emergency Situations for each patient. Each clinician is responsible for contacting the physician for changes in the client's condition. A protocol that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations for each patient was put in place for all charts.</p>	

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H 458	<p>Continued From page 6</p> <p>This Statute is not met as evidenced by: Based on record review, the agency's skilled nurse failed to report changes in the patient's condition to the patient's physician for one of one patients. (Patient #3)</p> <p>The finding includes:</p> <p>On May 21, 2010, at approximately 1:00 p.m., record review revealed skilled nursing notes dated 05/12/10, in which the nurse documented the patient blood pressure was 160/110 and the skilled nurse dated 05/17/10, the patient's blood pressure was 143/100.</p> <p>Further review of the record revealed there was no documented evidence that the skilled nurse informed the physician of the change in the patient's conditions.</p> <p>During a face to face interview with the Director of Nursing on May 21, 2010 at approximately 2:00 p.m., the finding was acknowledged.</p>	H 458	<ol style="list-style-type: none"> <li>2. <i>Identifying similar deficiencies.</i> The Employee in Charge of Emergency Checklist tracking log was used for each chart to identify potential deficiencies and correct them on a regular basis.</li> <li>3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future.</li> <li>4. <i>Monitoring Corrective Actions.</i> The Employee in charge of Emergency situation Tracking Tool will be used at weekly, monthly and quarterly review meetings and reported to senior management for monitoring over time.</li> </ol>	

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R 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: DC006 An annual survey was conducted at your agency on May 21, 2010 and May 24, 2010, 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 nine (9) active clinical records based on a census of forth-eight (48) patients, one (1) discharge clinical record, ten (10) personnel files based on a census of fifty-seven (57) employees and three(3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review administrative records.</p>	R 000		
R 125	<p><b>4701.5 BACKGROUND CHECK REQUIREMENT</b></p> <p>The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Surveyor: DC006 Based on the record review and interview, the home care agency (HCA) failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check for one of ten personnel records reviewed. (Employee #2)</p> <p>The finding includes:  On May 21, 2010, at approximately 11:15 a.m., review of Employee #2's personnel record</p>	R 125	<p>R 125 4701.5 Global Seven (7) Year Criminal Background Check</p> <ol style="list-style-type: none"> <li>1. <b>Corrective Actions.</b> The deficiency was reviewed and <i>A Global 7 Year Background Check List that includes criminal history of prospective employee or contract worker for the previous seven (7) years in all jurisdictions where the prospective employee/contractor has lived or worked</i> was included in the personnel files. All clinicians and personnel are instructed to have Global Background Check completed for any state they have lived in the past seven (7) years. An account with Global Investigative Services- a digital (web based) services located at 1109 Spring Street, Ste 411, Silver Spring, MD (301.589.0088), 1.800.589.6595) is initiated; Global 7 Year Background Checklist is used to check the background for all personnel at the time of hire. All current deficiencies corrected to reflect compliance with this standard.</li> <li>2. <b>Identifying similar deficiencies.</b> The Global 7 Year Background Checklist tracking log and regular review of this standard is initiated as part of the regular Personnel Requirements Due Checklist that will be used for each personnel file to identify potential deficiencies and correct them on a regular basis.</li> <li>3. <b>Quality Assurance Program.</b> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol put in place to avoid such deficiencies in future.</li> <li>4. <b>Monitoring Corrective Actions.</b> The Glohal 7 Year Background Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting of this standard over time at weekly, monthly and quarterly intervals.</li> </ol>	

Health Regulation Administration

TITLE

(X6) DATE

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

STATE FORM

6699

VBU211

If continuation sheet 1 of 2



Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/24/2010
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NAME OF PROVIDER OR SUPPLIER  CAPITOL VIEW HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G WASHINGTON, DC 20007
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000	INITIAL COMMENTS  Surveyor: DC006 An annual survey was conducted at your agency on May 21, 2010 and May 24, 2010, 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 nine (9) active clinical records based on a census of forth-eight (48) patients, one (1) discharge clinical record, ten (10) personnel files based on a census of fifty-seven (57) employees and three(3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review administrative records.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT  The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.  This Statute is not met as evidenced by: Surveyor: DC006 Based on the record review and interview, the home care agency (HCA) failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check for one of ten personnel records reviewed. (Employee #2)  The finding includes:  On May 21, 2010, at approximately 11:15 a.m., review of Employee #2's personnel record	R 125	R 125 4701.5 Global Seven (7) Year Criminal Background Check  1. <i>Corrective Actions.</i> The deficiency was reviewed and <i>A Global 7 Year Background Check List that includes criminal history of prospective employee or contract worker for the previous seven (7) years in all jurisdictions where the prospective employee/contractor has lived or worked</i> was included in the personnel files. All clinicians and personnel are instructed to have Global Background Check completed for any state they have lived in the past seven (7) years. An account with Global Investigative Services- a digital (web based) services located at 1109 Spring Street, Ste 411, Silver Spring, MD (301.589.0088), 1.800.589.6595) is initiated; Global 7 Year Background Checklist is used to check the background for all personnel at the time of hire. All current deficiencies corrected to reflect compliance with this standard.  2. <i>Identifying similar deficiencies.</i> The Global 7 Year Background Checklist tracking log and regular review of this standard is initiated as part of the regular Personnel Requirements Due Checklist that will be used for each personnel file to identify potential deficiencies and correct them on a regular basis.  3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol put in place to avoid such deficiencies in future.  4. <i>Monitoring Corrective Actions.</i> The Global 7 Year Background Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with appropriate documentation, charting and reporting of this standard over time at weekly, monthly and quarterly intervals.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/24/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAPITOL VIEW HOME HEALTH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 THOMAS JEFFERSON STREET NW, SUITE 180 G WASHINGTON, DC 20007</b>		
(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	
R 125	Continued From page 1  revealed that she lived/worked in Dallas, Texas from 2005 through 2008, and currently resides in Virginia and works in the District of Columbia. Further review of the personnel records failed to provide evidence of a criminal background checks that disclosed a seven year listing of all jurisdictions where Employee #2 had worked or resided at the time of the survey.  Interview with Employee #2 on May 24, 2010, at 9:40 a.m., confirmed that she lived/worked in Dallas, Texas within the past seven years, and currently resides in Virginia and works in the District of Columbia.	R 125			