STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	N 200 - 1000	HCA-0084	B. WING_		03/17/2017	
NAME OF	PROVIDER OR SUPPLIER			r, STATE, ZIP CODE		
CAPITA	L CARE, INC		NSAS AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE	
H 000	March 15, 2017 thro determine compliant Chapter 39 (Home C The Home Care Age services to five (5) p (7) staff. The finding on observations, rec with current patients	survey was conducted from hugh March 17, 2017, to be with Title 22B DCMR, Care Agencies Regulations). Ency provides home care attents and employs seven as of the survey were based ord reviews and interviews and staff. breviations used within the arsing gency	H 000			
	personnel records, w following information: (c) Resume of educations skills checklist, and previdence of attendance in-service training, worth the Statute is not measured to maintain accumulations.	ncy shall maintain accurate hich shall include the tion, training certificates, rior employment, and ce at orientation and orkshops or seminars; et as evidenced by: ew and interview, the HCA curate personnel records, mentation of attendance at of seven (7) employees in	H 147	Employee #7 has now been fully oriented and documented (see exh CCI-HHA has hired a full time Qual Assurance (QA) coordinator who win charge of giving out orientation to employees like the staffing coordinator all employees will be oriented and orientation documented before they assume duties. The DON will oversthis aspect. The QA coordinator will review the personel folder for each employee completeness before the employee assigned, the review will include verifying that each employee has borientated and that the orientation indocumented.	ity iill be cator. the 3/18/20 see	

TITLE

STATE FORM

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	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DAT	(X3) DATE SURVEY COMPLETED	
	Control Military	HCA-0084			03		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, S	TATE, ZIP CODE		7172011	
CAPITA	L CARE, INC	6210 KA	NSAS AVENU	E, NW			
0711112	CHAMADY DTA		GTON, DC 20	011			
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE'TI DATE	
H 147	Continued From pag	ge 1	H 147			1	
	#7's personnel record hired on February 24 record revealed no cattendance of the agbe noted that Emplo agency's staffing cook the door for the survive 2017, at 11:02 a.m. Interview with Emplo 2:57 p.m., revealed to orientated, however, that each time the aghe would orientate he Continued discussion that the DON oriented System (computer prhow to handle any cathlas. At the time of the survive and the survive s	with Employee #7 revealed ther on the Allegheny ogram), time sheets, and alls from patients and or wey, the HCA failed to					
3	orientation for Employ		11.440				
11 140	3907.2(d) PERSONN	CL.	H 148)		
- 1	Each home care ager personnel records, wh following information:	ncy shall maintain accurate in include the					
	(d) Documentation of required;	current CPR certification, if					
f E	ailed to ensure each	et as evidenced by: w and interview, the HCA personnel record included PR certification for one (1)					

Health	Regulation & Licensing	ng Administration			1 01/10	IAPPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0084	B. WING _		03/17/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY	r, State, ZIP code	1 001	1772017
CAPITAI	L CARE, INC	6210 KA	NSAS AVEN	IUE, NW		
(X4) ID PREFIX TAG	 (EACH DEFICIENCY 	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
H 148	Continued From page	ge 2	H 148	H 148		
	The finding includes On March 15, 2017, #6's personnel recor CPR card identifying of certification, howe documented evidence where the certification On March 15, 2017, informed of the surve discussion with the Di the employee was his agency failed to obta information that woul current certification for	at 1:17 p.m., review of HHA of revealed a front copy of a the employee and the dates ever, there was no be indicating from whom or on originated. at 2:30 p.m., the DON was eyor's findings. Continued DON revealed that at the time red (January 8, 2017), the in all the necessary d provide evidence of the HHA #6.		The CPR card has now been copfront and back (Exhibit B) to prove vidence indicating source of trait CCI-HHA is currently interviewing position of HR assistant whose dwill include, amongst others to obsuch copies from the originals proby the applicants. Additionally, a QA Coordinator has hired. The QA Coordinator will veaplicant folder for completeness they are assigned. Such verificatinclude ensuring that each docume correctly copied to capture all necareas. All such documents must be file before the QA coordinator give clearance for the employee to be	ide ning. g for the uties otain esented as been rify each pefore tion will nent is eessary pe on es	3/18/20
f f () T E fi ir p	personnel records, with following information: If) Verification of prevential prevential in the Based on record reviewed to ensure that a included documentation revious employment, imployees included in the finding includes:	ncy shall maintain accurate hich shall include the ious employment; et as evidenced by: ew and interview, the HCA	H 150	H 150 and H151 The verification of previous employment HHA #2 has now been completed, (see Exhibit C). CCI-HHA is currently intervifor the position of HR Assistant whose will include amongst others, to contact previous employers by phone and/or far obtain the verifications and reference continuous entry out these duties been retrained to carry out these duties effectively for all employees. Additionally, a QA Coordinator has bee hired. The QA Coordinator will verify ear applicant folder for completeness before they are assigned. Such verification will include ensuring that the employee reference they are completed,	e ewing duties the x to hecks. ant has	3/18/201

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0084 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6210 KANSAS AVENUE, NW CAPITAL CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 150 Continued From page 3 H 150 personnel records were reviewed. The review revealed HHA #2 was hired on March 1, 2017. Further review of the personnel record revealed the agency's reference check forms documented names of former employers. Additionally, the forms revealed that HHA #2 signed the forms authorizing the release of information from two former employees. At 3:13 p.m., the HCA's DON verified that the agency had not received verification of previous employment for HHA #2. At the time of the survey, there was no documented evidence that the HCA received verification of previous employment for HHA #2. H 151 3907.2(g) PERSONNEL H 151 Each home care agency shall maintain accurate personnel records, which shall include the following information: (g) Documentation of reference checks; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to maintain accurate personnel records. which included documentation of reference checks for one (1) of seven (7) employees included in the sample. (HHA #2) The finding includes: On March 15, 2017, at 12:49 p.m., review of HHA #2's personnel record revealed that the employee was hired on March 1, 2017. Further review of the employee's personnel record revealed two copies of the agency's reference forms that were signed by the employee giving

Health	Regulation & Licensin	ng Administration			FORM APPROVEL	
STATEMENT OF DEFICIENCIES (X1) PF IDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0084	B WING_		03/17/2017	
NAME O	F PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	03/1//2017	
CAPITA	AL CARE, INC	6210 KA	NSAS AVEN	IUE, NW		
			GTON, DC	20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DRE COMPLETE	
H 151	Continued From pag	je 4	H 151			
	however, there was that the reference for	nduct reference checks, no documented evidence, rms were completed.			1	
	personnel record and failed to provide doc	A's DON reviewed HHA #2's diverified that the agency umented evidence of HHA #2 since her date of 7.				
H 155	3907.2(k) PERSONN	IEL	H 155	H 155		
	personnel records, w following information: (k) A position descrip This Statute is not m Based on a record relation to the Care Agency (k) position description in	et as evidenced by: view and interview, the HCA) failed to maintain a the personnel records of mployees included in the		Employee #7 now has a signed position description (See Exhibit D). The position description will now be included the application package to make sure that it is signed and submitted with other application documentation. CCI-HHA is currently interviewing for HR Assi whose duties will include amongst others, to ensure each completed application has all the required documentation to include position description. In the mean time the acting HR assistant has been retrained to do this. Additionally, a QA Coordinator has been hired. The QA Coordinator will verify each aplicant folder for completeness before they are assigned. Such verification will	stant, : : : : : : : : : : : : : : : : : : :	
4	The finding includes:	1)	- The second	include ensuring that each personel folder has signed position description.	s a	
	personnel records rev position description in record. At 2:23 p.m., r revealed that the agen would establish job de	zational chart. The policy use positions, which is position (staffing	***************************************			

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED HCA-0084 B. WING 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6210 KANSAS AVENUE, NW CAPITAL CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 155 Continued From page 5 H 155 At the time of the survey, there was no documented evidence of a position description for Employee #7 in her personnel record. H 162 3907.6 PERSONNEL H 162 H 162 At the time of initial employment of each employee, the home care agency shall verify that HHA #5 has now submitted a new the employee, within the six months immediately healt clearance form (See Exhibit E). preceding the date of hire, has been screened for CCI-HHA is currently interviewing and is free of communicable disease. for the position of HR Assistant whose duties will include amongst others, to check the health certificate form for each applicant to make sure it meets the stated requirements. 3/18/2017 This Statute is not met as evidenced by: In the mean time, the acting HR assistant has Based on record review and interview, the HCA been retrained to carry out these duties effectively for all employees. failed to verify a newly hired employee, within six Additionally, a QA Coordinator has been (6) months prior to hire, had been screened and hired. The QA Coordinator will verify each was free of communicable disease for one (1) of aplicant folder for completeness before seven (7) employees included in the sample. they are assigned. Such verification will include ensuring that the employee health (HHA #5) certificate meets the stated requirement and only then will the applicant will be cleared for The finding includes: assignment. On March 15, 2017, at 1:00 p.m., review of Employee #5's personnel record revealed Employee #5 was a HHA that was hired on January 28, 2017. Further review of the record revealed a health certificate dated June 23, 2016, with a negative PPD test result dated June 21, 2016. At 1:12 p.m., on the same day, the HCA's DON was informed of the surveyor's finding and verified that it had been seven months prior to Employee HHA #5's date of hire instead of six months. At the time of the survey, the HCA failed to verify

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-A BUILDING: COMPLETED B WING HCA-0084 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6210 KANSAS AVENUE, NW CAPITAL CARE, INC. WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) H 162 Continued From page 6 H 162 that HHA #5 had been screened and free of communicable diseases within 6 months prior to H 358 H 358, 3914.3(g) PATIENT PLAN OF CARE H 358 The plan of care shall include the following: The POC has been corrected (See Exhibit F). The nurse will review the diagnoses on (g) Physical assessment, including all pertinent the Physician Order Form with the diagnoses; beneficiary, the nurse will also review the medications to make sure they match 3/18/2017 with the diagnosis and any dicrepancies This Statute is not met as evidenced by: addressed with the Primary Care Based on record review and interview, the HCA Physician. A QA Coordinator (who holds a BSN failed to ensure the POCs included all pertinent and experience as a homecare QA) has diagnoses, for one (1) of five (5) active patients in been hired (See exhibit G). All admission the sample. (Patient #1) documentation for each benficiary will be reviewed by her to ensure that all the The findings include: diagnosis have been captured. To monitor this, the DON will review the POC On March 15, 2017, at 11:23 a.m., review of in alleghany to (make sure it captures all relevant diagnosis) before it is printed Patient #1's medication profile document and faxed to the Physician. revealed that the patient was prescribed two anti-hypertensive drugs and one medication to lower cholesterol. On the same day, review of Patient 1's POC, with a certification period of January 27, 2017 to January 26, 2018, failed to evidence hypertension or hyperlipidemia as part of the patient's diagnoses. On March 15, 2017, at 12:15 p.m., interview with the DON confirmed that the diagnoses had been omitted from the patient's POC. He stated that all diagnoses would be included on the POC going forward. At the time of this survey the HCA failed to include all of the patient's diagnoses on the POC.