Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002

PRINTED: 03/29/2013 FORM APPROVED

		(X1) PROVIDER/SUPPLI	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED			
		HCA-0023		B. WING		03/28	8/2013		
NAME OF P	ROVIDER OR SUPPLIER				, STATE, ZIP CODE				
CAPITOL VIEW HOME HEALTH 1025 THO WASHING				IOMAS JEFFERSON STREET NW, SUITE 180 G NGTON, DC 20007					
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFÉRENCED TO THE APPROPI DEFICIENCY)	JLD BE COMPLETE			
Н 363	from March 27, 20°d determine compliar Chapter 39 (Home The findings of the random sample of on a census of one patients and ten (10°census of one hundemployees. Observed conducted in the pathome visits and six made to current pathome visits and six ma	vas conducted at you as, through March 28 nee with Title 22 DCl Care Agencies Regusurvey were based of the (10) clinical reconducted fifty-one (10) personnel files based of the conducted fifty-one (10) personnel files based on the conducted fifty-one (10) personnel files based on the conducted fifty-one (10) personnel files based on the conducted files file	a, 2013, to MR, ulations). On a rids based 51) seed on a) s were rour (4) were rour (4) were and 3:00 ans of oyees ency	H 000	Capitol View HHA has reviewed the Licent Survey Report dated March 29, 2013 and records and results of the home visits conduring the Licensure Survey for March 28, 1013. Plan of Correction H 363 Licensure: 3914.3(I) Patient Plan of Care Capitol View HHA and its staff are now cowith the accepted Professional Standards principles that apply to the Licensure of H 3914.3(I) 1. Compliance with standard: The plan care shall include the following: (I) Identification of employees in charge managing emergency situations. a. Corrections: All active path have documentation that a employee has been identified being in charge of managing emergency situation. Police Procedure (P&P) for "Cardiopulmonary Resusciti (Policy No. 1-006) was revited and all clinicians will be inserviced. "In the event of a arrest, witnessed or not, and the absence of Advance Directives, 911 (or emergency squad) will be called BLS initiated and followed path AHA guidelines". Verbal/supplemental order been written to clarify the second conditions and conditions are supplemental order been written to clarify the second conditions.	d all inducted 8 – 29, compliant s and dHAs n of ge of ients an fied as ing an cy and tation" iewed an ind in incy d and per rs have	4/12/13		

Health Regulation & Licensing Administration

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

administrator

STATE FORM

98DO11

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			B. WING		03/28/2013				
AME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE				
CAPITOL	_ VIEW HOME HEALT	гн	1025 TH WASHIN	OMAS JEFFE GTON, DC 20	RSON STREET NW, SUITE 1 0007	180 G			
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Н 459	failed to include ide charge of managin 2. Patient #7's PO January 9, 2013, the include identification managing emerger 3. Patient #8's POO November 1, 2012, to include identification managing emerger 4. Patient #9's POO November 17, 2013 to include identification managing emerger During an interview administrator on Managing emerger During an interview administrator on Managing emerger revised Plan of Car Care Aide and Horr Further interview rean addendum via the form to all physiciar following: "In an eminitiate CPR/Call 91 except when a valid order is present. 3917.2(i) SKILLED Duties of the nurse the following: (i) Patient instruction	through August 23, entification of employ g emergency situation. C with certification perrough July 9, 2013, in of employees in charge situation. With certification per through April 30, 20 tion of employees in acy situation. With certification per through May 15, 20 tion of employees in acy situation. With the agency's earch 27, 2013, at p.m., it was acknown of employees in charge situations was not enough the endity of employees in charge situations was not enough the end of employees in charge situations was not enough the end of employees in charge situations was not enough the end of employees in charge situations was not enough the end of employees in charge situations and the end of employees in charge situations are physician's Verbal of employees in charge situations. All in case of emerger in the employees in the end of employees in the end of employees in charge situations. All in case of emerger in the employees in the employees in the employees in charge situation. All in case of emerger in the employees in the employees in charge situation and employees in charge situations was not employees in charge situations was not employees in charge situations was not employees. It was acknown the employees in charge situation was not employees in charge situation. All in case of emerger in the employees in charge situation and employees in charge situation.	ees in in. eriod of failed to harge of riod of 13, failed charge of 13, failed charge of 14, failed charge of 15,		person responsible emergency. It still emergency situated will initiate a CP case of emergen there is a valid." Resuscitate) ordinated by the standard of the	ates," in an tion, all staff R/Call 911 in cy except when DNR" (Do Not er is present." or deficiencies: records have identify similar cords lacking who is anaging an on now contains ental order to been sent to the grature, and ergency will initiate a case of t when there is to Not er is present." if Quality m: The process deficiency -service training upliance with agency wide intention on April 10 to all clinicians of performance sure: 3914.3(I) are. The staff in the P&P Resuscitation" dit completely. Its will be made	4/12/1		
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI			The state of the s	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NO	WOEN,	A. BUILDING:			
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		HCA-0023		B. WING		03/2	28/2013
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1025 THOM			MAS JEFFE STON, DC 20	RSON STREET NW, SUITE 180 (0007	3		
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H 459	This Statute is not Based on interview care agency's (HCA provide evidence the understood, by the health conditions, for patients in the same The finding includes. The agency failed to training had been concerned to the train	met as evidenced by and record review, to all a partier the instructions gipatients as it related or one (1) of the ten cole (Patient #6). The ensure the evaluation of the POC, the patient of the POC, the patient of the POC revealed that the pole of the POC, the patient of the POC revealed that the pole of the POC, the patient of the POC, the patient of the POC, the patient of the POC revealed that the pole of the POC, the patient to do the pati	he home If failed to If failed If faile	H 459	d. Ongoing Monitoring: chart audits will be co 50% of active patient the QA Nurse for com this policy. The chart tracking tool will be u monitor the level of of The results will be rep weekly, monthly and meetings with the DC and Senior Managem Should a clinician not the requirements the Administrator will be immediately and the will be subject to disc action. Patient #5 – A clarifit has been sent to the for signature, and st emergency situation will initiate a CPR/C case of emergency et there is a valid "DNR Resuscitate) order is Patient #7 – A clarifit has been sent to the for signature, and st emergency situation will initiate a CPR/C case of emergency et there is a valid "DNR Resuscitate) order is Patient #8 – A clarifit has been sent to the for signature, and st emergency situation will initiate a CPR/C case of emergency et there is a valid "DNR Resuscitate) order is Patient #8 – A clarifit has been sent to the for signature, and st emergency situation will initiate a CPR/C case of emergency situation	onducted on records by apliance with audit atilized to compliance. Corted at quarterly DN, QI officer ent Team. Comply with DON and notified individual ciplinary cation order physicians ates," in an all staff all 911 in except when at all 911 in except w	4/12/13
1	March 26, 2013, at	approximately 4:00 p	rii., it		Resuscitate) order is	present.	

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 03/28/2013 B. WING_ HCA-0023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Patient #9 - A clarification order H 459 H 459 Continued From page 3 has been sent to the physicians for signature, and states," in an was acknowledged that the skilled nursing staff emergency situation, all staff did not document evaluation of the health will initiate a CPR/Call 911 in teaching instructions received or specifically case of emergency except when understood by Patient #6. Further interview there is a valid "DNR" (Do Not revealed that the skilled nursing staff would be Resuscitate) order is present." re-trained on how to document evaluation of H 459 patient instruction in the medical records. Licensure: 3917.2(i) Skilled Nursing Services Capitol View HHA and its staff are now compliant with the accepted Professional Standards and principles that apply to the Licensure of HHAs 3917.2(i) Compliance with standard: Duties of the 4/12/13 nurse shall include, at a minimum the following: (i) Patient instruction, and evaluation of patient instruction. Corrections: All active patients have documentation of the patient and/or caregivers level of understanding for instructions provided. Policy and Procedure (P&P) for "Patient Education Process" (Policy No. 2-044) was reviewed and all clinicians will be in-serviced. "Documentation of patient and family/caregiver education will consist of: Describing what was taught to the patient (if using preprinted materials, document the name of the handout); Describing the patient's response to the teaching, including the level of understanding and the ability to repeat or demonstrate what was taught.....". An addendum has been placed in the patient's chart to clarify the level of understanding to the instructions provided.

Health Regulation & Licensi STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ICIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
Î		HCA-0023		B. WING		03/	28/2013
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, ST	TATE, ZIP CODE		*
	VIEW HOME HEALT	H	1025 TH WASHIN	IOMAS JEFFER IGTON, DC 20	RSON STREET NW, SUITE 180 G 007		
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H 459				H 459	b. Identifying similar defice All active patient record been reviewed to identify problems. Any records I documentation of patient caregivers understanding instructions has been not an addendum has been the patient's chart to class. c. Systemic Changes/Quality Assurance Program: The of correcting the deficient includes annual in-service for continued compliance the standard. An agence service will be given on A and April 12, 2013 to all on the elements of perform that address Licensure: 3 Skilled Nursing Services. Will be educated on the Full of the Education Process will understand it comples Regular chart audits will to monitor compliance. d. Ongoing Monitoring: Bischart audits will be conducted to the QA Nurse for compliant the QA Nurse for compliant this policy. The chart audit tracking tool will be utilized monitor the level of compliance the level of	s have fy similar lacking int and/or g of oted and placed in orify. ity e process incy ite training e with y wide in- April 10 clinicians ormance sp17.2(i) The staff o & P ess" and etely. be made weekly ucted on ords by ince with it ed to clinince. ed at rterly Ql officer Team.	4/12/13
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AND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPPLI IDENTIFICATION NO	ER/CLIA JMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 03/28/2013		
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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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