

Received 4/8/13
 Department of Health
 Health Regulation & Licensing Administration
 Intermediate Care Facilities Division
 899 North Capitol St., N.E.
 Washington, D.C. 20002

PRINTED: 03/29/2013
 FORM APPROVED

Health Regulation & Licensing Administration			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <div style="text-align: center;">HCA-0023</div>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED <div style="text-align: center;">03/28/2013</div>
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	
(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)
H 000	INITIAL COMMENTS An annual survey was conducted at your agency from March 27, 2013, through March 28, 2013, 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 ten (10) clinical records based on a census of one hundred-fifty-one (151) patients and ten (10) personnel files based on a census of one hundred-ninety-five (195) employees. Observations and interviews were conducted in the patient homes during four (4) home visits and six (6) telephone calls were made to current patients.	H 000	<i>Capitol View HHA has reviewed the Licensure Survey Report dated March 29, 2013 and all records and results of the home visits conducted during the Licensure Survey for March 28 - 29, 2013.</i> Plan of Correction H 363 Licensure: 3914.3(l) Patient Plan of Care <i>Capitol View HHA and its staff are now compliant with the accepted Professional Standards and principles that apply to the Licensure of HHAs 3914.3(l)</i>
H 363	3914.3(l) PATIENT PLAN OF CARE The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations; 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 identification of employees in charge of managing emergency situations for four (4) of ten (10) patients in the sample. (Patients #5, #7, #8, #9) The findings include: On March 27, 2013, between 2:10 p.m. and 3:00 p.m., the agency failed to ensure that plans of care for 4 of 10 patients, identified employees who were in charge of managing emergency situations as evidenced below: 1. Patient #5's POC with certification period of	H 363	1. Compliance with standard: The plan of care shall include the following: (l) Identification of employees in charge of managing emergency situations. a. Corrections: All active patients have documentation that an employee has been identified as being in charge of managing an emergency situation. Policy and Procedure (P&P) for "Cardiopulmonary Resuscitation" (Policy No. 1-006) was reviewed and all clinicians will be in-serviced. "In the event of an arrest, witnessed or not, and in the absence of Advance Directives, 911 (or emergency rescue squad) will be called and BLS initiated and followed per AHA guidelines". Verbal/supplemental orders have been written to clarify the specific

Health Regulation & Licensing Administration

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

STATE FORM

TITLE

(X6) DATE

Administrator

4/5/13

6899

98DO11

If continuation sheet 1 of 4

Health Regulation & Licensing 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 03/28/2013
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		
(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 363	Continued From page 1 February 23, 2013, through August 23, 2013, failed to include identification of employees in charge of managing emergency situation. 2. Patient #7's POC with certification period of January 9, 2013, through July 9, 2013, failed to include identification of employees in charge of managing emergency situation. 3. Patient #8's POC with certification period of November 1, 2012, through April 30, 2013, failed to include identification of employees in charge of managing emergency situation. 4. Patient #9's POC with certification period of November 17, 2012, through May 15, 2013, failed to include identification of employees in charge of managing emergency situation. During an interview with the agency's administrator on March 27, 2013, at approximately 3:55 p.m., it was acknowledged that the identification of employees in charge of managing emergency situations was not on the revised Plan of Care Form for Medicaid Personal Care Aide and Home Health Skilled Services. Further interview revealed the agency would add an addendum via the Physician's Verbal Orders form to all physician's for signature stating the following: "In an emergency situation; All staff will initiate CPR/Call 911 in case of emergency, except when a valid "DNR" (Do Not Resuscitate) order is present.	H 363	person responsible for an emergency. It states," in an emergency situation, all staff will initiate a CPR/Call 911 in case of emergency except when there is a valid "DNR" (Do Not Resuscitate) order is present." b. Identifying similar deficiencies: All active patient records have been reviewed to identify similar problems. Any records lacking documentation of who is responsible for managing an emergency situation now contains a verbal/supplemental order to clarify. This has been sent to the physicians for signature, and states," in an emergency situation, all staff will initiate a CPR/Call 911 in case of emergency except when there is a valid "DNR" (Do Not Resuscitate) order is present." c. Systemic Changes/Quality Assurance Program: The process of correcting the deficiency includes annual in-service training for continued compliance with the standard. An agency wide in-service will be given on April 10 and April 12, 2013 to all clinicians on the elements of performance that address Licensure: 3914.3(l) Patients Plan of Care. The staff will be educated on the P&P "Cardiopulmonary Resuscitation" and will understand it completely. Regular chart audits will be made to monitor compliance.	4/12/13
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evalutaion of patient	H 459		

Health Regulation & Licensing 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 03/28/2013
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		
(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 459	<p>Continued From page 2 instruction; and</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the home care agency's (HCA) skilled nursing staff failed to provide evidence that the instructions given were understood, by the patients as it related to their health conditions, for one (1) of the ten (10) patients in the sample (Patient #6).</p> <p>The finding includes:</p> <p>The agency failed to ensure the evaluation of the training had been completed as prescribed.</p> <p>Review of Patient #6's record on March 27, 2013, at approximately 1:30 p.m. revealed a POC with a certification period from February 6, 2013, to April 6, 2013. According to the POC, the patient had diagnoses that included Diabetes Mellitus Type II. Further review of the POC revealed that the registered nurse (RN) was to instruct the patient on their disease process, medication, diet and lifestyle changes. Continued review of Patient #6's record on March 27, 2013, at approximately 1:55 p.m., revealed a Nursing Intervention document dated March 18, 2013. The document indicated that Employee #6 (RN) taught the patient that by lowering their high blood pressure it could prevent strokes, heart attacks and kidney problems, and instructed the patient to drink more water and to exercise; but failed to document Patient #6's/caregiver's level of understanding with the aforementioned health teaching.</p> <p>During a face to face interview with the administrator and director of nursing (DON) on March 26, 2013, at approximately 4:00 p.m., it</p>	H 459	<p>d. Ongoing Monitoring: Bi-weekly chart audits will be conducted on 50% of active patient records by the QA Nurse for compliance with this policy. The chart audit tracking tool will be utilized to monitor the level of compliance. The results will be reported at weekly, monthly and quarterly meetings with the DON, QI officer and Senior Management Team. Should a clinician not comply with the requirements the DON and Administrator will be notified immediately and the individual will be subject to disciplinary action.</p> <p>Patient #5 – A clarification order has been sent to the physicians for signature, and states, "in an emergency situation, all staff will initiate a CPR/Call 911 in case of emergency except when there is a valid "DNR" (Do Not Resuscitate) order is present."</p> <p>Patient #7 – A clarification order has been sent to the physicians for signature, and states, "in an emergency situation, all staff will initiate a CPR/Call 911 in case of emergency except when there is a valid "DNR" (Do Not Resuscitate) order is present."</p> <p>Patient #8 – A clarification order has been sent to the physicians for signature, and states, "in an emergency situation, all staff will initiate a CPR/Call 911 in case of emergency except when there is a valid "DNR" (Do Not Resuscitate) order is present."</p>	4/12/13

Health Regulation & Licensing 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 03/28/2013
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		
(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 459	Continued From page 3 was acknowledged that the skilled nursing staff did not document evaluation of the health teaching instructions received or specifically understood by Patient #6. Further interview revealed that the skilled nursing staff would be re-trained on how to document evaluation of patient instruction in the medical records.	H 459	<p>Patient #9 – A clarification order has been sent to the physicians for signature, and states, "in an emergency situation, all staff will initiate a CPR/Call 911 in case of emergency except when there is a valid "DNR" (Do Not Resuscitate) order is present."</p> <p>H 459 <i>Licensure: 3917.2(i) Skilled Nursing Services</i> <i>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)</i></p> <p>2. Compliance with standard: Duties of the nurse shall include, at a minimum the following: (i) Patient instruction, and evaluation of patient instruction.</p> <p>a. 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.</p>	4/12/13	

Health Regulation & Licensing 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 03/28/2013
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		
(X4) ID PREFIX TAG H 459	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG H 459	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE 4/12/13
			<p>b. Identifying similar deficiencies: All active patient records have been reviewed to identify similar problems. Any records lacking documentation of patient and/or caregivers understanding of instructions has been noted and an addendum has been placed in the patient's chart to clarify.</p> <p>c. Systemic Changes/Quality Assurance Program: The process of correcting the deficiency includes annual in-service training for continued compliance with the standard. An agency wide in-service will be given on April 10 and April 12, 2013 to all clinicians on the elements of performance that address <i>Licensure: 3917.2(i) Skilled Nursing Services</i>. The staff will be educated on the P&P "Patient Education Process" and will understand it completely. Regular chart audits will be made to monitor compliance.</p> <p>d. Ongoing Monitoring: Bi-weekly chart audits will be conducted on 50% of active patient records by the QA Nurse for compliance with this policy. The chart audit tracking tool will be utilized to monitor the level of compliance. The results will be reported at weekly, monthly and quarterly meetings with the DON, QI officer and Senior Management Team. Should a clinician not comply with the requirements the DON and Administrator will be notified immediately and the individual will be subject to disciplinary action.</p>	

Health Regulation & Licensing 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 03/28/2013
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		
(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 459		H 459	Patient #6 – An addendum note to clarify the level of understanding of the patient and/or caregiver has been placed in the patient's record.	4/12/13	