

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ <i>Received 11/9/17 am</i> B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2017
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NAME OF PROVIDER OR SUPPLIER CAPITAL CITY NURSES HEALTH CARE SERVI	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 MASS AVENUE #330 WASHINGTON, DC 20016
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H 000 INITIAL COMMENTS

An annual survey was conducted from September 6, 2017 through September 9, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to ninety-six (96) patients and employs two hundred eighteen (218) staff. The findings of the survey were based on a review of administrative records, fifty-five (55) complaints, eight (8) active patient records, two (2) discharged patient records, fifteen (15) employee records. The findings were also based on four (4) home visits, and ten (10) patient telephone interviews with patients/family and staff.

The following are abbreviations used within the body of this report:

- DON - Director of Nursing
- HCA - Home Care Agency
- HHA - Home Health Aide
- POC - Plan of Care
- SN - Skilled Nurse

H 152 3907.2(h) PERSONNEL

Each home care agency shall maintain accurate personnel records, which shall include the following information:

(h) Copies of completed annual evaluations;

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each employee personnel record included completed annual evaluations, for four (4) of (15) fifteen employees in the sample. (HHA #7, HHA #8, HHA #9, and HHA #10)

H 000

H152

Capital City Nurses Healthcare Services
Performs annual evaluations on all employees.

Attached you will find:

1. Annual Performance Evaluation Policy;
2. Annual Performance Evaluations of those Caregivers whose evaluations were not Located at the time of the audit.

CORRECTIVE:

Every employee will have an annual performance Evaluations. This evaluation will be uploaded Into the employee's electronic file upon completion.

MEASURES TO PUT INTO PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT REOCCUR:

The Agency will run a report at the beginning of each Month, generating a list of caregivers who are due for a Performance evaluation. Upon completion of the evaluation, the evaluation will be uploaded into the employee's record.

HOW CORRECTIVE ACTIONS WILL BE MONITORED:

The Agency will run quarterly reports
To ensure that any employee who was due for an evaluation has had one and has a copy in his/her file.

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

TITLE

(AD) DATE

Maura Buller, RN 11.9.17

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H 152	Continued From page 1	H 152	H265

The findings include:

On September 7, 2017, starting at 11:45 a.m., review of HHA #7, HHA #8, HHA #9, and HHA #10's personnel records failed to evidence a current annual evaluation.

On September 7, 2017, at 12:30 p.m., interview with the DON revealed she would have the main office look for the missing employee evaluations and email them to the surveyor by September 8, 2017.

It should be noted that the missing evaluations were not provided for review.

At the time of the survey, the HCA failed to ensure that annual evaluations were conducted for HHA #7, HHA #8, HHA #9, and HHA #10.

H 265: 3911.2(e) CLINICAL RECORDS

Each clinical record shall include the following information related to the patient:

(e) Physician's orders;

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each clinical record included physician orders for services to be provided, for one (1) of eight (8) active patients in the sample (Patient #3).

The finding includes:

On September 6, 2017, at 3:15 p.m., review of

The Agency was unable to obtain a Physician's Order For maxorb silver antimicrobial dressing for The patient.

CORRECTIVE:

Education given to Agency staff about the need

For doctor's orders when providing skilled nursing care.

Skilled Nursing Care will not be provided to a client without a Doctor's order.

MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT REPEAT:

All field employees who provide skilled nursing Care will now have access to the patient's electronic Record so that current orders can be viewed.

A client, who does not have a current order in His/her file, will not receive care until the Registered Nurse has obtained a verbal or written order from The prescribing physician.

HOW CORRECTIVE ACTIONS WILL BE MONITORED:

Monthly file audits of client's who are receiving skilled nursing care will occur to ensure that

current orders are in the patient's files.

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H 265: Continued From page 2

Patient #3's clinical record revealed a POC with a start of care date of January 30, 2017. Review of the POC in the clinical record revealed an order for nursing services for wound care three times a week.

Further review of the clinical record revealed a nursing note dated July 10, 2017, in which the nurse documented applying "maxorb silver antimicrobial dressing" on the patient's wound. There was no physician order in the clinical record for maxorb silver antimicrobial dressing to be applied to the patient's wound.

On September 7, 2017, at 3:30 p.m., interview with the DON revealed that the patient attends a wound clinic where the order for maxorb silver could have originated. The DON further stated that he/she will confirm the order and have a copy placed in the clinical record.

At the time of survey, the HCA failed to ensure physician orders for wound care treatment was maintained in Patient #3's clinical record.

H 265

H355

Capital City Nurses Healthcare Services completes A Plan of Care for all clients.

CORRECTIVE ACTION:

A new care plan (see attached care plan) has been created which includes a description of the services to be provided including: the frequency, amount and expected duration, dietary requirements, medication administration including dosage, equipment and supplies.

MEASURES PUT INTO TO PLACE:

Every client will have the new care plan in his/her file which reflects the above listed items. All files will have the new care plan in place by January 15, 2018.

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 HCA

H 355

MONITORING OF DEFICIENT PRACTICE:

Auditing of each client's file will occur to ensure that the new care plan is in place by 1/15/18. For clients beginning care, the new care plan will be utilized. Auditing of new clients' files will be ongoing after the initial visit to ensure the care plan is in the file.

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H 355

failed to ensure each POC included a description and expected duration of the services to be provided by the SN and HHA for three (3) of eight (8) active patients in the sample. (Patients #1, #2, and #3)

The findings include:

1. On September 6, 2017, at 12:30 p.m., review of Patient #1's clinical record revealed a POC with a start of care date of March 2, 2016, for HHA service on Monday and Wednesday from 9:00 a.m., to 12:00 p.m., and Friday from 8:00 a.m., to 12:00 p.m.

The POC failed to have a description of the services that the HHA should provide and the expected duration of the service. The POC also failed to evidence a description of nursing services to include the amount, frequency and duration of the nursing services.

2. On September 6, 2017, at 1:45 p.m., review of Patient #2's clinical record revealed a POC with a start of care date of August 3, 2016, for HHA service on Tuesday and Thursday for five (5) hours each day.

The POC failed to have a description of the services that the HHA should provide and the expected duration of the service. The POC also failed to evidence a description of nursing services to include the amount, frequency and duration of the nursing services.

3. On September 6, 2017, at 3:15 p.m., review of Patient #3's clinical record revealed a POC with a start of care date of January 30, 2017. The POC contained an order for skilled nursing services for: "Wound care three times a week with

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Americare". The order failed to describe the type of wound care to be administered and the duration of care. Additionally, the POC contained an order for HHA service four (4) times a week but failed to describe the type of service to be performed by the HHA.

On September 7, 2017, at 3:30 p.m., interview with the DON revealed that he/she was not aware of the above mentioned requirements on the POC and stated that the requirements will be added to the POCs and submitted to the appropriate physicians for signatures.

H 355

H356

CORRECTIVE ACTION:

A new care plan (see attached care plan) has been created which includes: identification of Agency personnel who are responsible for the provision of each service including; if Applicable, contract providers by title or discipline.

MEASURES PUT INTO TO PLACE:

H 356 3914.3(e) PATIENT PLAN OF CARE

The plan of care shall include the following:

(e) Identification of agency personnel who are responsible for the provision of each service, including, if applicable, contract providers by job title or discipline;

This Statute is not met as evidenced by:
Based on record review and interview, it was determined that the agency failed to document on the POC identification of agency personnel who are responsible for the provision of each service, for eight (8) of eight (8) active patients. (Patients #1 through #8)

The finding includes:

On September 6, 2017, from 1:44 p.m. through 3:50 p.m., and September 7, 2017, from 9:30 a.m. through 3:45 p.m., review of Patient's (#1, #2, #3, #4, #5, #6, #7 and #8) clinical records, revealed that the patients' POCs failed to include

H 356

Every client will have the new care plan in his/her By January 15, 2018.

MONITORING OF DEFICIENT PRACTICE:

The DON will audit each client's file will occur to ensure That the new care plan is in place by 1/15/18.

Auditing of new clients' files, by the DON, will be Ongoing after the initial visit to ensure the care Plan is in the file.

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H 356	Continued From page 5 the identification of agency personnel who are responsible for the provision of each service. During a face to face interview with the DON on September 7, 2017, at approximately 4:00 p.m., she stated that she was unaware of the requirement and would have the identification of the agency personnel added to the POCs to be sent to the physicians for signatures.	H 356	H430 Capital City Nurses Healthcare Services will Evaluate skilled services at least every 62 days. Furthermore, CCNHS will send the evaluation To the client's physician. <u>CORRECTIVE ACTION:</u>	
H 430	3916.1 SKILLED SERVICES GENERALLY Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days and failed to ensure that a copy of the summary report was sent to the patient's physician for one (1) of eight active patients in the sample (Patient #3). The finding includes: On September 6, 2017, at 3:15 p.m., review of Patient #3's clinical record revealed a POC with a start of care date of January 30, 2017. Review of the POC revealed that Patient #3 was to receive nursing services for wound care three times a week. Further review of the clinical record failed to evidence that a summary report of the skilled	H 430	The Agency has created a policy entitled, Evaluation Of Skilled Services: 62 Day Summary Report (see Attached policy) and has made all Supervisory staff aware of the new policy and Procedures to ensure compliance with This regulation. <u>MEASURES PUT INTO TO PLACE:</u> Effective 10/18/17, all clients receiving services Will have a completed summary report every 62 days And it will be sent to the physician. <u>MONITORING OF DEFICIENT PRACTICE:</u> The DON will audit each client's file on a bi-Monthly basis to ensure that a summary of skilled Services is in each file and has been sent to The physician.	

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H 430 Continued From page 6
services provided, from April 1, 2017, through July 13, 2017, was sent to the physician.

On September 7, 2017, at 3:30 p.m., interview with the DON revealed she was newly acting in the capacity of DON and was not aware of the requirement. The DON further stated that she will ensure a summary report will be sent to the physician at least every (62) calendar days.

H 430

H433
The Agency has created a policy for documenting The coordination of the provision of different Services. The policy includes how we will coordinate Services with other agencies actively Involved in the patient's care. (See Coordination Of Services Policy).

H 433 3916.2(c) SKILLED SERVICES GENERALLY
Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies shall include, at a minimum, the following:

(c) Coordinating services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the patient's needs; and...

This Statute is not met as evidenced by:
Based on record review and interview, the HCA failed to develop written policies to include the coordination of services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the Patient's needs. (Patient #3)

H 433

CORRECTIVE ACTION:
New policy in place
Effective 10.18.17, all client's receiving care from A supporting agency will now have ongoing documented Communication and coordination to ensure Safe delivery of services. This will be documented in The client's file.

MEASURES PUT INTO TO PLACE:
A meeting took place on 10.18.17 with all Supervisory Nurses to discuss the new policy as it relates to Coordination of services. The coordinating agencies Involved in client's care will be documented in his/her Electronic record. Conversations and/or meeting that Occur between our Agency and supporting agency will be Documented in the client's record.

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H 433	<p>Continued From page 7</p> <p>for wound care three times a week with another HCA.</p> <p>Further review of the clinical records dated April 1, 2017, through July 13, 2017, failed to evidence any coordination of care between the HCAs.</p> <p>On September 15, 2017, at 11:30 a.m., interview with the DON confirmed that the agency had no policy to meet this requirement. The DON further stated that she will ensure a policy is written to meet the requirement of this regulation and written communication and/or interdisciplinary conferences will be conducted and documented.</p>	H 433	<p><u>MONITORING OF DEFICIENT PRACTICE:</u></p> <p>The DON will audit each client's file on a bi-monthly Basis to make sure that clients receiving care from a Supporting agency are having care conferences Ensuring care coordination and documentation Is in place related to activities and conversations With supporting agencies.</p>	
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