

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0070 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 01/14/2015 |
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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 | <p>INITIAL COMMENTS</p> <p>An annual survey was conducted from January 7, 2015, through January 14, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to one hundred forty-six (146) patients and employs seventy (70) employees. The findings of the survey were based on observations, record reviews and interviews with patients and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Director of Nursing (DON) Home Care Agency (HCA) Plan of Care (POC) She/He (s/he) Start of Care (SOC)</p> | H 000 | <p style="text-align: center;">RECEIVED FEB 24 2015</p> <p><i>H355: Patient Plan of Care - The expected duration was not indicated on the patient POC. The Director of Nursing (DON) will amend the POC documentation utilized by RNs during service initiation and supervisory visits. The POC document will be revised to include criteria specifying frequency and duration of care services. The revised POC will be obtained and in use no later than March 30, 2015. A quality indicator for POC Frequency/Duration Completion will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in April 2015. A monthly audit of 10% of all POC documentation submissions with a target compliance of 100% will be conducted by the DON. If target is not met, 20% of POC submissions will be audited.</i></p> | |
| H 355 | <p>3914.3(d) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(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;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, the HCA failed to include the description of services to be provided, including: frequency and expected duration on the POC's for nine (9) of ten (10) patients in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #9 and #10)</p> | H 355 | | |

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| Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carolus. Hark RN</i> | TITLE | (X6) DATE <i>2/18/15</i> |
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| H 355 | <p>Continued From page 1</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On January 7, 2015, at approximately 12:45 p.m., review of Patient #1's POC, dated May 22, 2013, failed to evidence it's expected duration of the POC. 2. On January 7, 2015, at approximately 1:25 p.m., review of Patient #2's POC dated December 27, 2011, failed to evidence it's expected duration of the POC. 3. On January 8, 2015, at approximately 10:30 a.m., review of Patient #3's POC dated November 15, 2013., failed to evidence it's expected duration of the POC. 4. On January 8, 2015, at approximately 10:30 a.m., review of Patient #4's POC dated December 4, 2013, failed to evidence it's expected duration of the POC. 5. On January 13, 2015, at approximately 1:00 p.m. review of Patient #5's POC dated December 2, 2014, failed to evidence the expected duration of the POC. 6. On January 13, 2015, at approximately 1:45 p.m. review of Patient #6's POC dated September 29, 2014, failed to evidence it's expected duration of the POC. 7. On January 13, 2015, at approximately 2:30 p.m. review of Patient #7's POC dated May 13, 2014, failed to evidence it's expected duration of the POC. 8. On January 14, 2015, at approximately 1:00 | H 355 | | |
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| H 355 | Continued From page 2 p.m. review of Patient #9's POC dated July 23, 2014, failed to evidence it's expected duration. 9. On January 14, 2015, at approximately 2:00 p.m. review of Patient #10's POC dated April 18, 2014, failed to evidence it's expected duration. During the exit interview with the client services director on January 14, 2015, at approximately 2:30 p.m., the client services director indicated that they will ensure that all POC's include it's expected durations. | H 355 | <p><i>H357: Patient Plan of Care – The patient POC did not include provisions relating to the re-evaluation of services, referral of services, and continuation or renewal of services.</i></p> <p>The DON will amend the company policy to reflect the required completion of, at minimum, an annual patient re-evaluation for provision of services. An updated POC will be completed by the supervisory RN during this re-evaluation. The POC document will be revised to include the following additional checklist criteria: Frequency for Re-evaluation of Services and Service Referral. These measures will be implemented no later than March 30, 2015. A quality indicator for POC Service Provision Completion will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in April 2015. A monthly audit of 10% of all POC documentation submissions with a target compliance of 100% will be conducted by the DON. If target is not met, 20% of POC submissions will be audited.</p> | |
| H 357 | <p>3914.3(f) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that POC's included provisions relating to the re-evaluation of services, referral of services and continuation or renewal of services for nine (9) of ten (10) patients in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #9 and #10)</p> <p>The findings include:</p> <p>On January 7, 2015, through January 14, 2015 review of the POC's for Patients' #1, #2, #3, #4, #5, #6, #7, #9 and #10 respectfully, failed to include provisions relating to the re-evaluation of services, referral of services and continuation or renewal of services.</p> | H 357 | | |

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H 357 Continued From page 3

During the exit interview with the client services director on January 14, 2015, starting at approximately 12:30 p.m. the client services director indicated that they will ensure that provisions relating to the re-evaluation of services, referral of services and continuation or renewal of services will be added to all POC's.

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 reviews and interview, it was determined that the HCA failed to identify personnel in charge of managing emergencies for nine (9) of ten (10) patients in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #9, and #10)

The findings include:

1. On January 7, 2015, at approximately 12:45 p.m., review of Patient #1's POC, dated May 22, 2013, failed to evidence personnel in charge of managing emergencies.
2. On January 7, 2015, at approximately 1:25 p.m., review of Patient #2's POC dated December 27, 2011, failed to evidence personnel in charge of managing emergencies.
3. On January 8, 2015, at approximately 10:30 a.m., review of Patient #3's POC dated

H 357

H 363

H363: Patient Plan of Care – The patient POC failed to identify personnel in charge of managing emergencies. The DON will revise the POC document to reflect the company policy regarding emergency response by the HCA: patient instructed in the use of 911 for a medical emergency; patient instructed to report changes in condition and all other changes to RN (name specified) by contacting office at 866-687-7307. A Coordinator will report the change to the supervisory RN for follow-up. Outside of normal business hours, the On-call Coordinator will receive the patient call and notify the On-Call RN for follow-up. The revised POC will be obtained and in use no later than March 30, 2015.

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| H 363 | <p>Continued From page 4</p> <p>November 15, 2013., failed to evidence personnel in charge of managing emergencies.</p> <p>4. On January 8, 2015, at approximately 10:30 a.m., review of Patient #4's POC dated December 4, 2013, failed to evidence personnel in charge of managing emergencies.</p> <p>5. On January 13, 2015, at approximately 1:00 p.m. review of Patient #5's POC dated December 2, 2014, failed to evidence personnel in charge of managing emergencies.</p> <p>6. On January 13, 2015, at approximately 1:45 p.m. review of Patient #6's POC dated September 29, 2014, failed to evidence personnel in charge of managing emergencies.</p> <p>7. On January 13, 2015, at approximately 2:30 p.m. review of Patient #7's POC dated May 13, 2014, failed to evidence personnel in charge of managing emergencies.</p> <p>8. On January 14, 2015, at approximately 1:00 p.m. review of Patient #9's POC dated July 23, 2014, failed to evidence personnel in charge of managing emergencies.</p> <p>9. On January 14, 2015, at approximately 2:00 p.m. review of Patient #10's POC dated April 18, 2014, failed to evidence personnel in charge of managing emergencies.</p> <p>During an interview with the DON, on January 13,</p> | H 363 | <p>H363: (cont'd)</p> <p>A quality indicator for POC Emergency Protocol Completion will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in April 2015. A monthly audit of 10% of all POC documentation submissions with a target compliance of 100% will be conducted by the DON. If target is not met, 20% of POC submissions will be audited.</p> | |
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| H 363 | Continued From page 5 2015, starting at approximately 2:00 P.M., the DON indicated that they will include all personnel in charge of managing emergencies to their POC's. | H 363 | H364: Patient Plan of Care – The patient POC did not include the agency's emergency protocol. The DON will revise the POC document to reflect the company policy regarding emergency response by the HCA: patient instructed in the use of 911 for a medical emergency; patient instructed to report changes in condition and all other changes to RN (name specified) by contacting office at 866-687-7307. A Coordinator will report the change to the supervisory RN for follow-up. Outside of normal business hours, the On-call Coordinator will receive the patient call and notify the On-Call RN for follow-up. The revised POC will be obtained and in use no later than March 30, 2015. A quality indicator for POC Emergency Protocol Completion will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in April 2015. A monthly audit of 10% of all POC documentation submissions with a target compliance of 100% will be conducted by the DON. If target is not met, 20% of POC submissions will be audited. | |
| H 364 | 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the POC included an emergency protocol for nine (9) of ten (10) patients in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #9 and #10) The finding includes: 1. On January 7, 2015, at approximately 12:45 p.m., review of Patient #1's POC, dated May 22, 2013, failed to evidence the agency's emergency protocol. 2. On January 7, 2015, at approximately 1:25 p.m., review of Patient #2's POC dated December 27, 2011, failed to evidence the agency's emergency protocol. 3. On January 8, 2015, at approximately 10:30 a.m., review of Patient #3's POC dated November 15, 2013., failed to evidence the agency's emergency protocol. | H 364 | | |

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| H 364 | <p>Continued From page 6</p> <p>4. On January 8, 2015, at approximately 10:30 a.m., review of Patient #4's POC dated December 4, 2013, failed to evidence the agency's emergency protocol.</p> <p>5. On January 13, 2015, at approximately 1:00 p.m. review of Patient #5's POC dated December 2, 2014, failed to evidence the agency's emergency protocol.</p> <p>6. On January 13, 2015, at approximately 1:45 p.m. review of Patient #6's POC dated September 29, 2014, failed to evidence the agency's emergency protocol.</p> <p>7. On January 13, 2015, at approximately 2:30 p.m. review of Patient #7's POC dated May 13, 2014, failed to evidence the agency's emergency protocol.</p> <p>8. On January 14, 2015, at approximately 1:00 p.m. review of Patient #9's POC dated July 23, 2014, failed to evidence the agency's emergency protocol.</p> <p>9. On January 14, 2015, at approximately 2:00 p.m. review of Patient #10's POC dated April 18, 2014, failed to evidence the agency's emergency protocol.</p> <p>During an interview with the DON, on January 13, 2015, starting at approximately 2:00 p.m., the DON indicated that they would include the</p> | H 364 | | |
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| H 364 | Continued From page 7 agency's emergency protocol to all their POC's. | H 364 | | |
| H 366 | <p>3914.4 PATIENT PLAN OF CARE</p> <p>Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that patients POC's were approved and signed by a physician within thirty (30) days of the SOC, for nine (9) of ten (10) patients in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #9 and #10)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> 1. On January 7, 2015, at approximately 12:45 p.m., review of Patient #1's record revealed a POC with a SOC date of May 22, 2013. The POC failed to evidence approval by and signature of a physician. 2. On January 7, 2015, at approximately 1:45 p.m., review of Patient #2's record revealed a POC with a SOC date of December 27, 2011. The POC failed to evidence approval by and signature of a physician. 3. On January 8, 2015, at approximately 10:45 | H 366 | <p><i>H366: Patient Plan of Care – The patient POC did not reflect physician approval and signature within thirty days of SOC.</i></p> <p>The DON and Client Services Director will amend the procedure for the processing of POC documentation. The Client Services Director, upon receipt of POC documentation completed by the RN, will identify the assigned Care Coordinator and have s/he fax the documentation to the physician for approval and signature. The Care Coordinator will add an activity note to the patient's electronic record indicating the date of POC fax transmission to the physician. These measures will be implemented no later than February 20, 2015.</p> <p>A quality indicator for POC Physician Signature Completion will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in March 2015. A monthly audit of 10% of all POC documentation submissions with a target compliance of 100% will be conducted by the DON. If target is not met, 20% of POC submissions will be audited.</p> | |

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| H 366 | <p>Continued From page 8</p> <p>a.m., review of Patient #3's record revealed a POC with a SOC date of November 19, 2013. The POC was approved and signed by a physician on April 11, 2014. [One hundred forty-two days after the SOC]</p> <p>4. On January 8, 2015, at approximately 11:45 a.m., review of Patient #4's record revealed a POC dated December 4, 2013. The POC failed to evidence approval by and signature of a physician.</p> <p>5. On January 13, 2015, at approximately 12:45 p.m., review of Patient #5's record revealed a POC with a SOC date of December 2, 2014. The POC failed to evidence approval by and signature of a physician.</p> <p>6. On January 13, 2015, at approximately 1:45 p.m., review of Patient #6's record revealed a POC with a SOC date of September 29, 2014. The POC failed to evidence approval by and signature of a physician.</p> <p>7. On January 14, 2015, at approximately 12:00 p.m., review of Patient #7's record revealed a POC with a SOC of May 13, 2014. The POC failed to evidence approval by a signature of a physician.</p> <p>8. On January 14, 2015, at approximately 1:00 p.m., review on Patient #9's record revealed a POC with a SOC of July 23, 2014. The POC failed to evidence approval by a signature of a physician.</p> <p>10. On January 14, 2015, at approximately 2:00 p.m., review of Patient #10's record revealed a POC with a SOC of April 16, 2014. The POC failed to evidence approval by a signature of a</p> | H 366 | | |
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| H 366 | Continued From page 9 physician. During an interview with the DON on January 13, 2014, starting at approximately 2:00 p.m., the DON indicated that have the POC's signed by the patient's physicians. | H 366 | <i>H390: HHA & PCA Service – The HCA did not ensure that after the first year of service each aide obtained a minimum of twelve hours of annual continuing education or in-service training.</i> | |
| H 390 | <p>3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that after the first year of service each aide obtained at least twelve (12) hours of continuing education or in-service training annually for eight (8) of eleven (11) certified nursing assistance in the sample. (CNA #1, #2, #3, #4, #6, #8, #9 and #11)</p> <p>The findings include:</p> <p>On January 7, 2015, starting at approximately 1:10 p.m., review of the aforementioned CNA employee records revealed the following:</p> <ol style="list-style-type: none"> 1. CNA #1 was hired on October 20, 2011; s/he had seven (7) hours of training for 2014. 2. CNA #2 was hired on October 21, 2002; s/he | H 390 | <p>One component of this training should include the care of persons with disabilities. The Human Resource Manager will amend the procedure for tracking and monitoring completion of continuing education and in-service training by aides. In-service training will be added as credential criteria to the aide's electronic file and audited by the Human Resource Department quarterly. Email and text alerts to the aide will be distributed via Clear Care software. Quarterly reminders about jurisdiction CE requirements will be distributed via the caregiver newsletter. Quarterly in-service opportunities will be provided to aides. These measures will be implemented no later than March 30, 2015.</p> | |

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0070 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/14/2015 |
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| NAME OF PROVIDER OR SUPPLIER CAPITAL CITY NURSES HEALTH CARE SERVII | STREET ADDRESS, CITY, STATE, ZIP CODE 4900 MASS AVENUE #330 WASHINGTON, DC 20016 |
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| H 390 | <p>Continued From page 10</p> <p>had seven (7) hours of training for 2014.</p> <p>3. CNA #3 was hired on March 19, 2009; s/he had ten (10) hours of training for 2014.</p> <p>4. CNA #4 was hired on October 26, 2012; the record filed to evidence any training for 2014.</p> <p>5. CNA #6 was hired on June 30, 2011; s/he had nine (9) hours of training for 2014.</p> <p>6. CNA #8 was hired on January 18, 2012; s/he had seven (7) hours of training for 2014.</p> <p>7. CNA #9 was hired on January 18, 2013; s/he had three (3) hours of training for 2014.</p> <p>8. CNA #11 was hired on July 23, 1997; s/he had six (6) hours of training for 2014.</p> <p>During the exit interview with the client services director on January 14, 2015, at approxiamtely 2:40 p.m, s/he indicated that all the training that the employees had for 2014 was in their files.</p> | H 390 | <p><i>H390: (cont'd)</i></p> <p>A quality indicator for HR In-service Completion will be added to the Quality Assurance program and will be monitored on a quarterly basis beginning in April 2015. A quarterly audit of 10% of all aide files with a target compliance of 100% will be conducted by the HR Manager. If target is not met, 20% of aide files will be audited.</p> | |
| H 430 | <p>3916.1 SKILLED SERVICES GENERALLY</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to send a summary of their review and evaluation of skilled services provided to the physician at least every 62 days for nine (9) of ten</p> | H 430 | <p><i>H430: Skilled Services – A review and evaluation of skilled services for each patient needs to be conducted by an RN every 62 days and a summary report submitted to the patient's physician for signature.</i></p> <p>The DON and Client Services Director will amend the procedure for identifying patients who are due to receive a 62-day visit and the subsequent submission of the visit summary note for physician signature.</p> | |

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| H 430 | <p>Continued From page 11</p> <p>(10) patients in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #8 and #10)</p> <p>The finding include:</p> <ol style="list-style-type: none"> 1. On January 7, 2015, at approximately 12:45 p.m., review of Patient #1's POC, dated May 22, 2013. The POC indicated that the skilled nurse was to provide service every 60 days and every other week to perform, a general assessment including vital signs, instruct in sign and symptoms of deteriorating condition and disease process, instruct in any safety hazards and medication management. There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to the physician. 2. On January 7, 2015, at approximately 1:25 p.m., review of Patient #2's POC dated December 27, 2011. The POC indicated that the skilled nurse was to provide service every 30- 45 days to perform, a general assessment including vital signs, sign and symptoms of disease process, safety, instruct patient in bleeding precautions and instruct in medication use and schedule, side effects and response. There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to the physician. 3. On January 8, 2015, at approximately 10:30 a.m., review of Patient #3's POC dated November 15, 2013. The POC indicated that the skilled nurse was to provide service every 90 days to instruct the patient on coping mechanism and anxiety issues. There was no documented evidence that a review and evaluation of skilled | H 430 | <p><i>H430: (cont'd)</i></p> <p>Querying of q.62-day supervisory visits will be performed monthly for the upcoming month using the ClearCare software. This patient list will be cross-referenced against the RN assignment spreadsheet. The Client Services Director, upon receipt of visit documentation completed by the RN, will identify the assigned Care Coordinator and have s/he fax the documentation and visit summary to the physician for approval and signature. The Care Coordinator will add an activity note to the patient's electronic record indicating the date of visit summary fax transmission to the physician. These measures will be implemented no later than March 2, 2015.</p> <p>A quality indicator for Signed Visit Summary Completion will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in March 2015. A monthly audit of 10% of all supervisory visit documentation submissions with a target compliance of 100% will be conducted by the DON. If target is not met, 20% of submissions will be audited.</p> | |
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| H 430 | <p>Continued From page 12</p> <p>services was conducted and submitted to the physician.</p> <p>4. On January 8, 2015, at approximately 10:30 a.m., review of Patient #4's POC dated December 4, 2013. The POC indicated that the skilled nurse was to provide service every 60 days to perform, a general assessment including vital signs, sign and symptoms of disease process, safety, instruct caregiver in fall, wound precautions and monitor for signs and symptoms of infection redness, drainage, increase pain at right groin and left leg steri-strips. There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>5. On January 13, 2015, at approximately 1:00 p.m. review of Patient #5's POC dated December 2, 2014. The POC indicated that the skilled nurse was to provide service every 90 days to instruct in signs and symptoms of deteriorating condition and disease process, instruct and supervise medication use, schedule, side effects and response. There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>6. On January 13, 2015, at approximately 1:45 p.m. review of Patient #6's POC dated September 29, 2014. The POC indicated that the skilled nurse was to provide service every 60 days and as needed to instruct patient in bleeding/anti-coagulant precautions (patient on anti-coagulant therapy), instruct on urinary tract infection risk secondary to self catheterization twice-a-day, and instruct on sign/symptoms of urinary tract infection. There was no documented</p> | H 430 | | |

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| H 430 | <p>Continued From page 13</p> <p>evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>7. On January 13, 2015, at approximately 2:30 p.m. review of Patient #7's POC dated May 13, 2014. The POC indicated that the skilled nurse was to provide service every 60 days to perform, a general assessment including vital signs, instruct in signs and symptoms of deteriorating condition and disease process and instruct in safety hazards. There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>8. On January 15, 2014, at approximately 1:00 p.m. review of Patient #9's POC dated July 23, 2014. The POC indicated that the skilled nurse was to provide service every 60 days to perform, a general assessment including vital signs, instruct in signs and symptoms of deteriorating condition and disease process and instruct in safety hazards. There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> <p>9. On January 14, 2015, at approximately 2:00 p.m. review of Patient #10's POC dated April 18, 2014. The POC indicated that the skilled nurse was to provide service every 60 days to perform, a general assessment including vital signs, instruct in signs and symptoms of deteriorating condition and disease process and instruct in safety hazards. There was no documented evidence that a review and evaluation of skilled services was conducted and submitted to the physician.</p> | H 430 | | |
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| H 430 | Continued From page 14 During an interview with the DON on January 13, 2014, starting at approximately 2:30 p.m., the DON indicated that they will ensure that the skilled nurses review and evaluate services provided and send a summary every 62 days to the patients physicians. | H 430 | | |
| H 455 | <p>3917.2(e) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(e) For registered nurses, supervision of nursing services delivered by licensed practical nurses, including on-site supervision at least once every sixty-two (62) calendar days;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA RN's failed to supervise the nursing services delivered by LPN's for one (1) of ten (10) patients. (Patient #1)</p> <p>The finding includes:</p> <p>On January 7, 2015, at approximately 11:30 a.m., review of Patient #1's record revealed a POC dated May 22, 2013. The POC indicated that the skilled nurse was to provide service every 60 days and every other week to perform, a general</p> | H 455 | <p><i>H455: Skilled Nursing Services – RNs must perform on-site supervision of services delivered by an LPN every 62 days.</i></p> <p>The DON will amend the procedure for identifying patients who are due to receive a 62-day visit, including those who receive LPN care through Medication Management services. Querying of q.62-day supervisory visits will be performed monthly for the upcoming month using the ClearCare software. This patient list will be cross-referenced against the RN assignment spreadsheet. These measures will be implemented no later than February 20, 2015.</p> <p>A quality indicator for Medication Management Supervision will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in March 2015. A monthly audit of 10% of all medication management visits with a target compliance of 100% will be conducted by the DON. If target is not met, 20% of these visits will be audited.</p> | |

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| H 455 | <p>Continued From page 15</p> <p>assessment including vital signs, instruct in sign and symptoms of deteriorating condition and disease process, instruct in any safety hazards and medication management. Further review of the record, revealed that all services were provided by and LPN. The record failed to evidence that a RN supervised the LPN services.</p> <p>During an interview with the DON on January 13, 2015, at approximately 1:51 p.m., the DON indicated s/he did not see any documentation of supervision of the LPN services by an RN in the record.</p> | H 455 | | |



GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

CRFMR
Rev. 9/02

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

Mailing Address
899 North Capitol St., NE
Washington DC 20002
2nd Floor (2224)
202-724-8800

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|--|--|--|---|--|
| Name of Facility: Capital City Nurses | | Street Address, City, State, ZIP Code: 4900 Mass. Avenue, NW Suite 3330 Washington, DC | | Survey Date: 1/7/2015-1/14/2015 Follow-up Dates(s): | |
| Regulation Citation | Statement of Deficiencies | Ref. No. | Plan of Correction | Completion Date | |
| 4701.2 | Each facility... shall cause each prospective employee or contract worker who will have, or foreseeable may have direct patient, resident or client access, to undergo a criminal background check that shall reveal the criminal history, if any, in the District of Columbia and the fifty (50) states. Finger printing or live scan shall be performed in the District of Columbia utilizing the Metropolitan Police Department (MPD) or a private agency. The criminal background check shall be performed, following finger printing or live scan, by the MPD and Federal Bureau of Investigation (FBI) in a FBI-approved environment. The results of the criminal background checks shall be forwarded to the Department of Health. Based on the review of personnel records and interview, it was determined that the agency failed to obtain a finger print or live scan, for two (2) of eleven (11) employees in | | 4701.2: The HCA must obtain a finger print and criminal background check for all employee applicants at the time of hire. The Human Resource Manager will amend the procedure for monitoring the completion of employee criminal background check and fingerprinting at the time of aide application. No aide will be offered employment and invited to attend the agency's orientation without providing verification of a completed criminal background check. This credentialing criteria will be updated in the aide's electronic file. | | |

C. M. [Signature]
Name of Inspector

2/2/2015
Date Issued

Carol S. Hull [Signature]
Facility Director/Designee

2/8/15
Date



DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

the sample. (CNA #9 and #10)

The finding includes:

1. On January 7, 2015, at 11:28 a.m., review of CNA #9's personnel record revealed an employment date, April 2013. There was no evidence of an FBI finger print or live scan performed at the time of hire.
2. Similar, CNA #10's personnel record reflected employment beginning October, 2014. There was no evidence of an FBI finger print or live scan performed at the time of hire.

During an interview with the client services director on January 7, 2015, it was revealed that the agency had not obtained finger prints for the applicants. It should be further noted that Chapter 47 was amended to require FBI finger printing, effective December 2012.

An audit of all existing caregiver files will be audited for background check completion. These measures will be implemented no later than March 2, 2015.

A quality indicator for HR Background Check Completion will be added to the Quality Assurance program and will be monitored on a monthly basis beginning in March 2015. A quarterly audit of 10% of all aide files with a target compliance of 100% will be conducted by the HR Manager. If target is not met, 20% of aide files will be audited.