

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036			
(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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from November 1, 2016, through November 15, 2016, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The home care agency provides home care services for one hundred eighty-five (185) patients and employs three hundred eleven (311) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, thirty-eight (38) active patient records, two (2) discharged patient records, one (1) transfer patient record, nineteen (19) employee records, eighteen (18) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.</p> <p>On November 1, 2016, interview with the administrator revealed that the home care agency's Director of Nursing had resigned and the administrator had been operating as Director of Nursing from June 2016 to August 8, 2016. The administrator also reported losing three (3) agency registered nurse's sometime in July 2016 (dates unknown). She indicated that one nurse verbally resigned while the two remaining nurses left without any notification, abandoning their case load. Further discussion with the administrator revealed that the 3 aforementioned nurses were responsible for providing skilled nursing services to twenty nine (29) patients. As the survey progressed, it was determined that serious systemic issues were identified with the provision of nursing services to those patients since July 2016.</p> <p>Specifically of most concern was three of the 29 identified patients required immediate assessment due to the agency's inability to</p>	H 000	<p>Capital View Home Health has reviewed the Licensure Survey Report dated December 12, 2016 and all records and results of the home visits conducted during the Licensure Survey for November 1-15, 2016.</p>	12/15/16	

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

TITLE

(X6) DATE

STATE FORM

0899

N9XS11

If continuation sheet 1 of 49

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H 000	<p>Continued From page 1</p> <p>provide any specific information regarding their care and services since July 2016. According to the administrator when queried about their care and services she stated "honestly, I have no idea."</p> <p>Continued review of agency records and interview with the administrator revealed a new director of nursing was hired on August 8, 2016. The records revealed the new DON notified agency management and nursing personnel, via electronic mail on October 24, 2016, of the agency's failure to provide "monthly nursing supervisory visit[s]". Although the agency recognized issues related to nursing supervisory services, at the time of the survey, there was no evidence that the issues had been addressed.</p> <p>The failure to address the provision of nursing services placed patients' health and safety at risk.</p> <p>The following are abbreviations used within the body of this report:</p> <p>ADLs- Activities of Daily Living CEO - Chief Executive Officer DME - Durable Medical Equipment DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide mg - Milligrams mg/dl - Milligrams of Glucose per Deciliter PCA - Personal Care Aide POC - Plan of Care RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care</p>	H 000		

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H 050	Continued From page 2	H 050	H 050 3903.1 Governing Board	
H 050	<p>3903.1 GOVERNING BODY</p> <p>Each home care agency shall have a governing body that shall be responsible for the operation of the home care agency.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the governing body failed to ensure the implementation of its policies regarding the operation of the home care agency for three hundred eleven (311) employees and one hundred eighty-five (185) patients governed by the policies.</p> <p>The findings include:</p> <p>I. The governing body failed to implement its policy timely regarding supervision of clinical services as evidenced below:</p> <p>On November 1, 2016, at 1:40 p.m., interview with the administrator revealed that the home care agency's director of nursing had resigned and the administrator had been operating as Director of Nursing from June 2016 to August 8, 2016 (new DON hire date). The administrator also reported losing three (3) registered nurses in July 2016 (dates unknown). She indicated that one nurse verbally resigned while the two remaining nurses left without any notification, abandoning their case load. Further discussion with the administrator revealed that the three (3) aforementioned nurses were responsible for providing skilled nursing services to twenty nine (29) patients. As the survey progressed, it was determined that serious systemic issues were identified with the provision of nursing services to those patients since July 2016.</p>	H 050 H 050	<p>I Finding:</p> <ol style="list-style-type: none"> 1. Corrections. Administrative control of the agency has been taken over by Ruth Amenu and Karen Bush as of 11/2/16. Previous administrator was relieved of her duties as of 11/2/16. All patients have been reassigned to the 9 RN's employed by Capitol View Home Health. We have secured one (1) Full Time RN and one (1) Part Time RN for supervisory visits and have 7 additional PRN (as needed) RN's to meet the requirements of our patients. We are still in the process of hiring a second Full Time RN to further strengthen the team. 2. Systemic Changes / Quality Assurance Program. The Process of correcting the deficiency includes a record review of all active patients to identify similar problems with a lack of PCA Supervision. A more aggressive approach has been implemented to assure RN's are supervising the PCA in a timely manner. All Patients has been assigned an RN to visit the patient at least every 62 days. A Spread Sheet has been created with the RN 	11/2/16

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H 050	<p>Continued From page 3</p> <p>Specifically of most concern was that three of the 29 identified patients required immediate assessment due to the agency's inability to provide any specific information regarding their care and services since July 2016. When queried about their care and services, she stated "honestly, I have no idea."</p> <p>On November 2, 2016 starting at 10:00 a.m., a review of the agency's policies were completed. Review of the policy entitled, "Responsibilities/Supervision of Clinical Services" (Policy No. 4-008) revealed that its purpose was to "ensure a process is in place for the selection of a qualified individual for overseeing all clinical care and services." The policy documented that the clinical director would be responsible for "the clinical direction of the organization and will take reasonable steps to ensure that services are continuously available." The policy further documented that if staffing is problematic, the Clinical Director, in coordination with the Clinical Supervisors, will review options such as:</p> <ul style="list-style-type: none"> Use of outside contracted personnel; Use of overtime by organization personnel; and Use of office nursing personnel (i.e. Clinical Supervisor, Intake, etc.) <p>When the administrator was queried regarding this policy on November 2, 2016, at 1:48 p.m., she indicated that only one additional skilled nurse was hired to remedy the inadequate nursing coverage. Interview with CEO on November 2, 2016, starting at 2:10 p.m. revealed she was aware of the staffing vacancies, however</p>	H 050	<p>supervising the PCA and if the visit was made for the month. The RN assigned will be contacted if a month is missed without a supervisory visit. Any visit not completed within the required timeframe will be referred to the DON for follow up and assurance of compliance. The administrator will be notified of non-compliance.</p> <p>3. 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 supervisory visit spreadsheet will be utilized to monitor the level of compliance. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p> <p>II Finding:</p> <p>1. Corrections. Administrative control of the agency has been taken over by Ruth Amenu and Karen Bush as of 11/2/16. Previous administrator was relieved of her duties as of 11/2/16. All patients have been reassigned to the 9 RN's employed by Capitol View Home Health.</p>	11/2/16

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H 050	<p>Continued From page 4</p> <p>she was not aware of the impact it had on patient care.</p> <p>II. The governing body failed to ensure that patient records were maintained and reviewed to ensure that services were rendered in accordance with POCs. Additionally, review of the agency's clinical and administrative policies revealed that the agency failed to monitor services as evidenced by the following findings:</p> <ul style="list-style-type: none"> - Failure to conduct visits every 30 to 60 days in accordance with plans of care; - No HHA trainings conducted; - Failure to coordinate care with patient's physician; - No parameters for glucose monitoring for glucose patients; - Failure to communicate between the agency and all health care professionals; - Failure to obtain physician orders for wound care; - Missing pertinent diagnoses on plans of care; - POCs not approved and signed by primary care physicians; - HHAs failed to observe record and report on patient's physical condition, behaviors and appearance; - Failed to meet patients' needs in accordance with plans of care; 	H 050	<p>The Director of Nursing hired in August is now out of orientation and transitioning into the management duties. In conjunction with the administrators and supportive personnel in the office she is overseeing patient care and assuring patient's needs are met in accordance with licensure regulations and the physician's plan of care. Supervising clinicians were in-serviced on 11/15/16 regarding the deficiencies cited in this report.</p> <p>2. Systemic Changes / Quality Assurance Program. The Process of correcting the deficiency includes a record review of all active patients to identify similar problems with a lack of patient care oversight. A more aggressive approach has been implemented to assure RN's are supervising the PCA in a timely manner and documenting teaching with each visit. A Spread Sheet has been created with the RN supervising the PCA and if the visit was made for the month. An alert report has been created and will be send to the physician for any readings outside the parameters set for the patient. The DON will be</p>	11/2/16

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H 050	Continued From page 5 - Failure to report changes in patients' condition to patients' physicians; - Missing clinical records; - Failure to provide agency identification cards; - Failure to provide hours in accordance with plans of care; and - Failure to provide current plans of care. On November 2, 2016 starting at 10:00 a.m., a review of the agency's policies were completed. Review of the policy entitled, "Responsibilities/Supervision of Clinical Services" (Policy No. 4-008) revealed that "the clinical director will monitor the care and service provided by the organization personnel and contract personnel. Monitoring includes the review of performance improvement results, incident reports, infection reports, clinical record review results, etc. On November 2, 2016, the administrator was queried to ascertain information regarding the oversight of patient records from July 2016 through August 8, 2016. The administrator, who was acting as the DON during that period, could not provide evidence that patient records were adequately monitored. At the time of the survey, the governing body failed to render services and monitor patient records adequately to ensure patient health and safety. [Cross refer to I above]	H 050	notified of any alert reports sent to the physician. Any supervisory visit not completed within the required timeframe will be referred to the DON for follow up and assurance of compliance. The administrator will be notified of non-compliance. 3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on 50% of active patient records by the QA Nurse for compliance. The supervisory visit spreadsheet will be utilized to monitor the level of compliance with PCA Supervision and the Alert reports will be reviewed. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.	11/2/16
H 170	3907.11 PERSONNEL	H 170	H 170 3907.11 Personnel 1. Corrections. On October 25, 2016 a repair order was sent to IT for a non-functioning Identification Card Machine. On November 7, 2016 the machine was repaired and the employee received her ID badge. Any additional employee that was hired	11/7/16

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H 170	<p>Continued From page 6</p> <p>Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the HCA staff failed to receive a valid agency identification badge prior to entering the home of each patient, for one (1) of four (4) HHA's observed and interviewed during home visits. (HHA #1)</p> <p>The finding includes:</p> <p>On November 7, 2016, at 2:30 p.m., interview with Patient #6 during a home visit revealed that HHA #1 failed to present his/her identification badge to Patient #6 prior to entering the patient's home.</p> <p>Interview with HHA #1 on the same day at 2:50 p.m., revealed that she had been photographed by the agency for an identification badge; however, they had not received an identification badge from the agency.</p> <p>On November 7, 2016, at 3:00 p.m., interview with Administrator #2 revealed that the HCA's identification machine was broken and that a repair order was made on October 25, 2016, to have the identification machine repaired.</p> <p>At the time of survey, the agency failed to ensure that each HHA had a valid agency identification badge prior to entering the home of each patient.</p> <p>(Note: On November 8, 2016, the HCA notified</p>	H 170	<p>during the time the machine was not functioning also received his/her ID badge. All Capitol View employees now possess an agency ID and have been instructed to wear it during home visits.</p> <p>2. Systemic Changes / Quality Assurance Program. All employee records have been reviewed to identify similar problems with agency identification. All employees were contacted via in-services, Memo's and broadcast messaging in regards to agency ID badges. Any employee not possessing an agency ID badge is to report to the office for a new or replacement ID prior to providing patient care. The DON and HR manager will conduct weekly meetings to insure compliance with agency ID badge requirement. All newly hired employees will be issued an agency ID badge upon hire.</p>	11/7/16

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H 170	Continued From page 7 this state surveyor by e-mail that the identification machine was repaired on November 7, 2016 and that HHA #1 was issued a new identification badge.)	H 170		11/7/16
H 260	3911.1 CLINICAL RECORDS Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices. This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to maintain and have available for review a clinical record, for one (1) of thirty-eight (38) patients in the sample. (Patient #20) The finding includes: On November 2, 2016, at 2:00 p.m., the surveyor requested to review Patient #20's clinical record. On the same date, at 3:35 p.m., interview with Administrator #2 stated that the HCA had established a clinical record for Patient #20; however, the patient's clinical record could not be located in the office. Further interview revealed that the agency's staff would continue to search the office for Patient #20's clinical record. On November 5, 2016, starting at 8:00 a.m., during a telephone interview with the CEO, it was revealed that Patient #20's clinical record was in the agency's office "somewhere", however the clinical record could not be located. Further	H 260	3. Ongoing Monitoring. Bi-weekly audits will be conducted on new hire employee records by the HR manager for compliance. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team. H 260 3911.1 Clinical Records 1. Corrections. The Policy and Procedure (P&P) for "Safeguarding / Retrieval of Clinical Records" (Policy No. 5-004) has been reviewed and reinforced. "The organization will safeguard the clinical record against loss, destruction, tampering, or unauthorized use..... All clinical records will be returned to the clinical record room prior to the office closing". The file was located within the office and all info requested was e-mailed on November 8, 2016. All office and supervisory staff have been in-serviced on P&P "Safeguarding / Retrieval of Clinical Records" as of 11/15/16 and are in compliance with the policy.	12/15/16

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H 260	Continued From page 8 interview revealed that the HCA would summit copies of the record to the state agency as soon as possible. On November 6, 2016, starting at 9:00 a.m., during a telephone interview with the CEO it was indicated that the DON would contact Patient #20 and conduct a nursing intervention visit to the patient's home. Further interview revealed that the HCA would summit copies of the Nursing Intervention visit note to the surveying agency as soon as possible. At the time of this survey the HCA failed to maintain and have available for review a clinical record for Patient #20. (Note: On November 8, 2016, the HCA submitted to the surveyor via e-mail copies of Patient #20's Nursing Intervention visit note dated November 8, 2016, Missed Visit Form dated October 25, 2016, Semi-Annual Rectification and Nursing Intervention visit note dated September 30, 2016, a signed POC with a SOC date of April 17, 2014, and a certification period of October 27, 2016 through April 16, 2017, and a Telephone Supervisory note dated July 29, 2016.)	H 260	2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in- service was given to supervisory and office staff on 11/15/16 on the elements of performance that address Licensure: 3911.1 Clinical Records. The staff have been educated on the P&P "Safeguarding / Retrieval of Clinical Records" and understand it completely. 3. Ongoing Monitoring. Bi- weekly chart audits will be conducted on active patient records by the QA Nurse for compliance. All patient records will be accounted for and in the cabinet before the close of business each day. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team. Patient # 20 – file was faxed to the surveyor on 11/8/16 H 277 3911.2(q) Clinical Records 1. Corrections. The Policy and Procedure (P&P) for "Care Coordination" (Policy No. 2-	
H 277	3911.2(q) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (q) Communications between the agency and all health care professionals involved in the patient's care; This Statute is not met as evidenced by:	H 277		12/15/16

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H 277	<p>Continued From page 9</p> <p>Based on interview and record review, the agency failed to ensure communications between the agency and all health care professionals involved in the patient's care was documented, for two (2) of thirty-eight (38) patients in the sample. (Patient #6 and #23)</p> <p>The findings include:</p> <p>1. On November 1, 2016, starting at 12:30 p.m., review of Patient #6's POC revealed a SOC date of November 7, 2014, and a certification period from May 7, 2016 through November 6, 2016. The POC indicated that Patient #6 had diagnoses that included a heart bypass with pacemaker.</p> <p>On November 3, 2016, at 2:27 p.m., review of Patient #6's Nursing Intervention visit note dated November 2, 2016, revealed that SN #5 was informed by Patient #6 that she was prescribed a Medtronic Care Link Heart Monitor (date unknown). However, she was unable to use the DME because she does not have a land line telephone to operate the DME. There was no documented evidence that SN #5 communicated with Patient #6's physician and made him aware that the patient was not utilizing the Medtronic Care Link Heart Monitor as prescribed because she did not have a land line telephone to operate the device.</p> <p>On November 3, 2016, at 2:27 p.m., interview with SN #5 revealed that she had not made Patient #6's physician aware that the patient's Medtronic Care Link Heart Monitor was not activated as prescribed because she did not have a land line telephone.</p> <p>On November 3, 2016, at 2:46 p.m., interview with the CEO, Administrators #1 and #2 and the</p>	H 277	<p>025) has been reviewed and reinforced. "Organization personnel will communicate changes in a timely mannerDocumentation of all communications will be included in the clinical record on a communication note, case conference summary, or clinical note.....Written evidence of care coordination may be found in.....clinical notes in the patient's clinical record." All office and supervisory staff have been in-serviced on P&P "Care Coordination" as of 11/15/16 and are in compliance with the policy.</p> <p>2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and office staff on 11/15/16 on the elements of performance that address Licensure: 3911.2(q) Clinical Records. The staff have been educated on the P&P "Care Coordination" and understand it completely.</p>	12/15/16

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H 277	<p>Continued From page 10</p> <p>DON revealed that SN #5 would be instructed on how to communicate between the agency and Patient #6's physician regarding the patient's health care needs.</p> <p>On November 7, 2016, at 2:00 p.m., during a visit to Patient #6's home it was confirmed, by the patient, on November 2, 2016, that SN #5 was made aware that the Medtronic Care Link Heart Monitor was not activated as prescribed because the patient's land line telephone was operable.</p> <p>At the time of this survey, the agency failed to ensure communication between the SN and the physician regarding the patient's Medtronic Care Link Heart Monitor.</p> <p>(Note: On November 4, 2016, the HCA submitted to the surveyor, by e-mail, a Physician's Verbal Order form. The form had been submitted to Patient #6's physician informing the physician that the patient's Medtronic Care Link Heart Monitor was not activated as prescribed. The agency requested that the physician order a Medtronic Care Link Heart Monitor that could be operated by a cellular telephone or discontinue the device)</p> <p>2. On November 4, 2016, starting at 9:38 a.m., review of Patient #23's clinical record revealed a POC with a SOC from July 7, 2016 and a certification period March 30, 2016 through September 30, 2016. Further review of the POC revealed that the patient's pertinent diagnoses included paralysis and diabetes.</p> <p>On November 4, 2016 at 9:42 a.m., a review of the agency's time sheets for Patient #23's care, revealed that on August 7, 2016, the HHA documented, on the "PCA Intervention" form (timesheet), that the patient had a pressure ulcer</p>	H 277	<p>3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on active patient records by the QA Nurse for compliance. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p> <p>Patient # 6 – Community Connections has assisted with restoring her land line phone service. As of 11/16/16 she has a working land line and her heart monitor is being checked. The MD was notified of the situation.</p> <p>Patient # 23 – Dr. Major is providing the wound care for the patient and signed orders have been received stating "Do Not Touch" the wound dressing.</p>	12/15/16

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NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036		
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H 277	Continued From page 11 on the buttock. The agency failed to provide documented evidence that the HHA notified the SN of Patient #23's new wound. Further review of Patient #23's record on November 4, 2016 revealed a nurse visiting note, dated September 14, 2016. The SN documented that Patient #23 had a pressure ulcer, however refused the nurse's assessment of the wound. The agency failed to provide documented evidence that the SN notified the patient's physician of Patient #23's new wound. Interview with the agency's DON on November 3, 2016, starting at 2:20 p.m., revealed that she was not sure if the SN contacted the physician. She also agreed that there was no documentation in the chart and that there was no communication between the health care professionals. At the time of this survey the agency failed to ensure communication between the aide, nurse, and physician involved in the patient's care.	H 277		
H 279	3911.2(s) CLINICAL RECORDS Each clinical record shall include the following information related to the patient: (s) Documentation of training and education given to the patient and the patient's caregivers. This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure documentation of training and education given to the patient's caregivers/PCA's for eighteen (18) of thirty-eight (38) active	H 279	H 279 3911.2(s) Clinical Records 1. Corrections. The Policy and Procedure (P&P) for "Patient Education Process" (Policy No. 2-044) has been reviewed and reinforced. "Patients and family/caregivers will receive education in verbal, visual, and written format, as appropriate. The scope of teaching will be determined by assessing the needs, abilities, learning preferences,	12/15/16

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H 279	<p>Continued From page 12</p> <p>patients in the sample. (Patients #1, #2, #6, #11, #12, #19, #23, #24, #28, #29, #33, #34, #35, #38, #39, #40, #42 and #43)</p> <p>The findings include:</p> <p>1. On November 1, 2016, starting at 11:55 a.m., review of Patient #1's POC revealed a SOC date of September 12, 2016 and a certification period from September 12, 2016 through March 11, 2017. The POC documented that the SN was to "Instruct....PCA to assist client with personal care and ADLs."</p> <p>On November 1, 2016, starting at 12:05 p.m., review of a Supervisory Visit note dated September 14, 2016, was reviewed and revealed no documented evidence of any instructions given to the PCA as ordered by the physician.</p> <p>2. On November 1, 2016, starting at 12:20 p.m., review of Patient #2's POC revealed a SOC date from May 13, 2016 and a certification period of April 5, 2016 through October 4, 2016. The POC documented that the SN was to "Instruct....PCA to assist client with personal care and ADLs."</p> <p>On November 1, 2016, starting at 12:25 p.m., review of a Supervisory Visit Form, dated October 19, 2016, was reviewed and revealed no documented evidence of any instructions given to the PCA, ordered by the physician.</p> <p>3. On November 1, 2016, starting at 12:30 p.m., review of Patient #6's POC revealed a SOC date of November 7, 2014, and a certification period from May 7, 2016 through November 6, 2016. The POC documented that the SN was to "Instruct....PCA to assist client with personal care and ADLs."</p>	H 279	<p>and readiness to learn, as well as by the plan of care. Education will be the responsibility of each clinician". The "Elderly and Physical Disabilities Waiver Program/PCA State Plan Supervisory Visit Form" has been updated to include: Teaching provided to the aide. All office and supervisory staff have been in-serviced on P&P "Patient Education Process" as of 11/15/16 and are in compliance with the policy.</p> <p>2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and office staff on 11/15/16 on the elements of performance that address Licensure: 3911.2(s) Clinical Records. The staff have been educated on the P&P "Patient Education Process" and understand it completely.</p> <p>3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on active patient records by the QA Nurse for compliance with teaching provided to the aide. The results will be reported at</p>	

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H 279	<p>Continued From page 15</p> <p>November 11, 2016. The POC documented that the SN was to "Instruct and supervise PCA...to assist client with personal care and ADLs." Nursing Intervention visit notes and Supervisory Visit Form for the following dates were reviewed:</p> <ul style="list-style-type: none"> - May 17, 2016 - June 21, 2016 - September 17, 2016 <p>The aforementioned notes failed to specifically document patient instructions given to Patient #11's PCA.</p> <p>9. On November 4, 2016 starting at 9:38 a.m., review of Patient #23's record revealed a POC with a certification period from March 30, 2016 to September 30, 2016. The POC documented that the SN was to "Instruct and supervise PCA...to assist client with personal care and ADLs."</p> <p>On November 4, 2016 at 9:45 a.m., a Nursing visit note and supervisory note dated September 14, 2016 was reviewed. The aforementioned note failed to specifically document patient instructions given to Patient #23's PCA.</p> <p>10. On November 4, 2016 starting at 10:20 a.m., review of Patient #24's record revealed a POC with a certification period from July 11, 2016 to January 10, 2016. The POC documented that the SN was to "Instruct and supervise PCA...to assist client with personal care and ADLs." Nursing Intervention visit notes and Supervisory Visit Form for the following date were reviewed:</p> <ul style="list-style-type: none"> - July 26, 2016 - September 7, 2016 - October 26, 2016 	H 279	<p>Patient # 23 – has a supervisory visit within the past 62 days</p> <p>Patient # 24 – has a supervisory visit within the past 62 days</p>	12/15/16

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The aforementioned notes failed to specifically document patient instructions given to Patient #24's PCA.

11. On November 4, 2016 starting at 10:49 a.m., review of Patient #38's record revealed a POC with a certification period from June 17, 2016 to December 16, 2016. The POC documented that the SN was to "Instruct and supervise PCA...to assist client with personal care and ADLs." Nursing visit notes and supervisory notes for the following dates were reviewed:

- June 27, 2016
- September 15, 2016
- October 17, 2016

The aforementioned notes failed to specifically document patient instructions given to Patient #38's PCA.

12. On November 4, 2016, starting at 11:25 a.m., review of Patient #39's POC revealed a SOC date from April 4, 2014 and a certification period of October 4, 2016 through April 3, 2017. The POC documented that the SN was to "Instruct....PCA to assist client with personal care and ADLs."

On November 4, 2016, starting at 11:30 a.m., review of Supervisory Visit Form note dated October 17, 2016, revealed no documented evidence of any instructions given to the PCA as ordered by the physician.

13. On November 3, 2016, starting at 11:45 a.m., review of Patient #34's POC revealed a SOC date of December 8, 2014, and a certification period from June 8, 2016 through December 7, 2016. The POC documented that the SN was to "Instruct...PCA to assist client with personal care

H 279

Patient # 38 – has a supervisory visit within the past 62 days

Patient # 39 – has a supervisory visit within the past 62 days

Patient # 34 – has a supervisory visit within the past 62 days

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H 279	<p>Continued From page 17 and ADLs."</p> <p>On November 3, 2016, starting at 11:54 a.m., review of Nursing Intervention visit notes for the following dates were reviewed:</p> <ul style="list-style-type: none"> - October 28, 2016 - September 24, 2016, - August 1, 2016 - June 28, 2016 <p>The aforementioned Nursing Intervention visit notes revealed no documented evidence of any instructions given to the PCA as ordered by the physician.</p> <p>14. On November 4, 2016 starting at 11:46 a.m., review of Patient #29's record revealed a POC with a certification period from June 28, 2016 through December 27, 2016. The POC documented that the SN was to "Instruct and supervise PCA...to assist client with personal care and ADLs." Nursing visit notes and supervisory notes for the following dates were reviewed:</p> <ul style="list-style-type: none"> - July 25, 2016 - August 27, 2016 - September 24, 2016 - October 22, 2016 <p>The aforementioned notes failed to specifically document patient instructions given to Patient #29's PCA as ordered by the physician.</p> <p>15. On November 4, 2016, starting at 1:00 p.m., review of Patient #35's POC revealed a SOC date of April 6, 2014, and a certification period from October 27, 2016 through April 5, 2017. The POC documented that the SN was to "Instruct....PCA to</p>	H 279	<p>Patient # 29 – has a supervisory visit within the past 62 days</p> <p>Patient # 35 – has a supervisory visit within the past 62 days</p>	12/15/16

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assist client with personal care and ADLs."

On November 3, 2016, starting at 1:14 p.m., review of Nursing Intervention visit note dated October 27, 2016, revealed no documented evidence of any instructions given to the PCA as ordered by the physician.

16. On November 4, 2016, starting at 1:20 p.m., review of Patient #40's POC revealed a SOC date of April 1, 2014, and a certification period from October 2, 2016 through April 1, 2017. The POC documented that the SN was to "Instruct...PCA to assist client with personal care and ADLs."

On November 4, 2016, starting at 1:25 p.m., review of Nursing Intervention visit notes for the following dates were reviewed:

- October 26, 2016
- September 16, 2016,
- August 22, 2016
- July 18, 2016

The aforementioned Nursing Intervention visit notes revealed no documented evidence of any instructions given to the PCA as ordered by the physician.

17. On November 4, 2016, starting at 1:35 p.m., review of Patient #33's POC revealed a SOC date of May 20, 2013, and a certification period from May 20, 2016 through November 19, 2016. The POC documented that the SN was to "Instruct....PCA to assist client with personal care and ADLs."

On November 4, 2016, starting at 1:43 p.m., review of Nursing Intervention visit notes for the following dates were reviewed:

H 279

Patient # 40 – has a supervisory visit within the past 62 days

Patient # 33 – has a supervisory visit within the past 62 days

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H 279 Continued From page 20
review of Nursing Intervention visit note dated October 18, 2016, revealed no documented evidence of any instructions given to the PCA as ordered by the physician.

During an interview with the DON on November 4, 2016, starting at 2:20 p.m., she stated that all teaching should be documented in the nursing note or the supervisory form. When asked if the nurses received training on documentation, the DON stated she was hired by the agency in August 2016, and had not yet conducted any nursing trainings.

At the time of this survey the agency failed to ensure documentation of training and education given to the patient's caregivers.

H 279

H 350 3914.1 PATIENT PLAN OF CARE

Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.

This Statute is not met as evidenced by:
Based on record review and interview, it was determined that the HCA failed to develop a written POC for three (3) of thirty-eight (38) active patients in the sample. (Patient #9, #32 and #36)

The findings include:

1. On November 2, 2016, at 11:30 a.m., review of Patient #9's record revealed a SOC date of October 24, 2016. Further review revealed that Patient #9's clinical record failed to provide documented evidence of a current POC in the

H 350

H 350 3914.1 Patient Plan of Care

12/15/16

1. **Corrections.** The Policy and Procedure (P&P) for "Care Planning Process" (Policy No. 2-018) has been reviewed and reinforced. "The patient plan of care will be developed or revised within five (5) working days of initiation of each service or of the reassessment of the patient". Stricter enforcement and monitoring of the 5 day window has been implemented. All clinicians will be notified of re-certifications needed 30 days prior to the end of the cert. All office and supervisory staff have been in-serviced on P&P "Care Planning Process" as of 11/15/16 and are in compliance with the policy.

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H 350	<p>Continued From page 21 record.</p> <p>2. On November 4, 2016, at 12:30 p.m., review of Patient #36's record revealed a POC with a SOC from October 27, 2016, and a certification period of April 26, 2016 to October 26, 2016. Further review of the patient's record failed to provide documented evidence of a current POC in the record.</p> <p>3. On November 4, 2016, at 1:00 p.m., review of Patient #32's clinical record revealed a POC with a SOC date of October 24, 2014, and a certification period from April 24, 2016, through October 23, 2016. Further review revealed that Patient #32's clinical record failed to provide documented evidence of a current POC in the record.</p> <p>On November 4, 2016, starting at 2:32 p.m., interview with Administrator #2 revealed each of the aforementioned patients were active patients. Additionally, the agency has up to seven (7) days to create a POC after the SOC. She also stated that the POC's would be created as soon as possible.</p> <p>On November 4, 2016, at 1:24 p.m., review of the agency's "Care Planning Policy", dated April 2011, revealed that that agency has five (5) days after the SOC to create a POC.</p> <p>At the time of this survey the HCA failed to develop a written POC for Patients #9, #32 and #36 according to the agency's policy.</p> <p>(Note: At the request of the surveyor, Administrator #1 created a current POC for Patient #9 on November 3, 2016, ten (10) days after the SOC).</p>	H 350	<p>2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and office staff on 11/15/16 on the elements of performance that address Licensure: 3914.1 Patient Plan of Care. The staff have been educated on the P&P "Care Planning Process" and understand it completely.</p> <p>3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on active patient records by the QA Nurse for compliance with developing the plan of care. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p> <p>- Patient # 9 – has a current Plan of Care signed by the physician</p> <p>Patient # 36 – has a current Plan of Care signed by the physician</p> <p>Patient # 32 – has a current Plan of Care signed by the physician</p>	12/15/16

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H 358	<p>3914.3(g) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(g) Physical assessment, including all pertinent diagnoses;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the POCs (1) included parameters for blood glucose level as part of the physical assessment and (2) included all pertinent diagnoses, for eleven (11) of thirty-eight (38) patients in the sample. (Patients #3, #4, #6, #7, #8, #11, #23, #24, #29, #31 and #36)</p> <p>The findings include:</p> <p>I. The HCA failed to ensure patients' POCs included parameters for blood glucose levels, as evidenced by:</p> <p>1. On November 1, 2016, at 10:13 a.m., review of Patient #8's POC revealed a SOC date of October 1, 2016 and a certification period from October 1, 2016 through November 29, 2016. The POC indicated that Patient #8 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every thirty (30) to sixty (60) days. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p> <p>2. On November 1, 2016, at 11:13 a.m., review of Patient #3's POC revealed a SOC date of March 28, 2011 and a certification period from March 24, 2016 through September 23, 2016. The POC indicated that Patient #3 had diagnoses</p>	H 358	<p>H 358 3914.3(g) Patient Plan of Care</p> <p>I Finding:</p> <ol style="list-style-type: none"> 1. Corrections. Policy No. 2-018 "Care Planning Process" states "Based on the assessment and conclusions, the plan of care will include, but not be limited to: Identified patient problems and needs; Reasonable, measurable, and individualized goals". All office, skilled and supervisory staff have been in-serviced on P&P "Care Planning Process" as of 11/15/16 and are in compliance with the policy. 2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to office, supervisory and skilled staff on 11/15/16 on the elements of performance that address Licensure: 3914.3(g) Patient Plan of Care. The staff have been educated on the P&P "Care Planning Process" and understand it completely 	12/15/16

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H 358	<p>Continued From page 23</p> <p>that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p> <p>3. On November 1, 2016, starting at 12:30 p.m., review of Patient #6's POC revealed a SOC date of November 7, 2014, and a certification period from May 7, 2016 through November 6, 2016. The POC indicated that Patient #6 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p> <p>On November 2, 2016, at 2:10 p.m., during a telephone interview with SN #6, it was confirmed that Patient #6's POC did not include parameters for blood glucose levels.</p> <p>On November 7, 2016, at 2:30 p.m., interview with Patient #6 in the patient's home revealed that the patient had not been instructed by the SN on the parameters for their blood glucose levels.</p> <p>4. On November 1, 2016, at 3:58 p.m., review of Patient #4's POC revealed a SOC date of April 5, 2014 and a certification period from April 5, 2016 through October 4, 2016. The POC indicated that Patient #4 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p>	H 358	<p>3. 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 monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p> <p>Patient # 8 – order for parameters for Blood Glucose levels is signed and in the medical record</p> <p>Patient # 3 – order for parameters for Blood Glucose levels is signed and in the medical record</p> <p>Patient # 6 – order for parameters for Blood Glucose levels is signed and in the medical record</p> <p>Patient # 4 – order for parameters for Blood Glucose levels is signed and in the medical record</p>	12/15/16

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAPITAL VIEW HOME HEALTH

1820 JEFFERSON PLACE, NW
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Health Regulation & Licensing Administration
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036		
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H 358	<p>Continued From page 25</p> <p>included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p> <p>8. On November 4, 2016, at 10:20 a.m., review of Patient #24's POC revealed a SOC date of January 11, 2014 and a certification period from July 11, 2016 through January 10, 2017. The POC indicated that Patient #24 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p> <p>9. On November 4, 2016, at 11:46 a.m., review of Patient #29's POC revealed a SOC date of December 10, 2016 and a certification period from June 28, 2016 through December 27, 2016. The POC indicated that Patient #29 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no documented evidence that the POC included parameters for blood glucose levels.</p> <p>10. On November 4, 2016, at 12:30 a.m., review of Patient #36's POC revealed a SOC date of December 10, 2016 and a certification period from June 28, 2016 through December 26, 2016. The POC indicated that Patient #36 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no</p>	H 358	<p>Patient # 24 – order for parameters for Blood Glucose levels is signed and in the medical record</p> <p>Patient # 29 – order for parameters for Blood Glucose levels is signed and in the medical record</p> <p>Patient # 36 – order for parameters for Blood Glucose levels is signed and in the medical record</p>	12/15/16

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H 358 Continued From page 26

documented evidence that the POC included parameters for blood glucose levels.

11. On November 4, 2016, at 2:05 p.m., review of Patient #31's POC revealed a SOC date of September 2, 2011 and a certification period from September 30, 2016 through March 29, 2017. The POC indicated that Patient #31 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every 30 to 60 days. However, there was no documented evidence that the POC included parameters for blood glucose levels.

On November 4, 2016, at 4:00 p.m., interview with the CEO, Administrator #2 and the DON indicated that the HCA would train the SN's to include parameters for blood glucose levels on the POC as part of the physical assessment for the aforementioned patient.

At the time of the survey the HCA failed to include parameters for blood glucose levels on the POCs.

II. The HCA failed to ensure Patient #7's POC included all pertinent diagnoses, as evidenced by:

On November 3, 2016, at 9:00 a.m., the POC indicated that Patient #7 had diagnoses that included a pressure ulcer of the left buttock Stage II. Further review revealed wound care orders for a wound on the right gluteal area. The wound was to be cleansed with saline, patted dry, and a duoderm patch was to be applied to the wound bed one (1) to three (3) times a week. However, a diagnosis of a wound on the right gluteal area was not documented on the POC.

H 358

Patient # 31 – order for parameters for Blood Glucose levels is signed and in the medical record

II Finding:

- 1. Corrections.** Policy No. 2-019 "Physician Participation in Plan of Care" states "A physician will direct the care of every home health patient admitted for service.....The care will be provided in compliance with his/her therapeutic and diagnostic orders and accepted standards and practice. Physician orders will be individualized, based on patient's needs, and include: Patient diagnoses". All office, skilled and supervisory staff have been in-serviced on P&P "Physician Participation in the Plan of Care" as of 11/15/16 and are in compliance with the policy.
- 2. Systemic Changes / Quality Assurance Program.** The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to office, supervisory and skilled staff on 11/15/16 on the elements of performance that address Licensure: 3914.3(g) **Patient Plan of Care.** The staff have been educated on the P&P "Physician Participation in the Plan of Care" and understand it completely

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H 358	Continued From page 27 On November 3, 2016 at 9:45 a.m., interview with the DON confirmed that Patient #7 was being provided wound care services for a wound on the right gluteal area. Further interview revealed that she would re-train the SNs on how to document all pertinent diagnoses on the POC. On November 7, 2016, at 4:40 p.m., during a visit to Patient #7's home, SN #5 performed the aforementioned wound care on the right gluteal area as prescribed by the physician. At the time of this survey the HCA failed to include all of the patient's diagnoses on the POC.	H 358	3. 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 results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team. Patient # 7 – order for wound care to right gluteal area is signed and in the medical record	12/15/16
H 366	3914.4 PATIENT PLAN OF CARE 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. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that patients' POCs were approved and signed by a physician, within thirty (30) days of the SOC, for four (4) of thirty-eight (38) active patients in the sample. (Patients #4, #11, #12 and #15) The findings include:	H 366	H 366 3914.4 Patient Plan of Care 1. Corrections. All delinquent 485's have been signed by the doctor. A stricter Policy and Procedure (P&P) for "Physician's Verbal orders / Plan of Treatment Signature" has been enforced. Per the P&P, the DON/Clinical Manager is to be notified of any 485 not signed and returned within 14 days, a daily phone call will be placed to the physician until receipt. Any 485 not received back from the physician signed and dated within 21 calendar days, after 5 consecutive days of calling the office, will be referred to the DON for follow up and assurance of compliance.	12/15/16

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CAPITAL VIEW HOME HEALTH

**1820 JEFFERSON PLACE, NW
WASHINGTON, DC 20036**

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H 366	<p>Continued From page 28</p> <p>1. On November 2, 2016 starting at 3:23 p.m., review of Patient #11's clinical record revealed a POC with a certification period from May 11, 2016 through November 11, 2016. The POC was signed by the physician on June 15, 2016, thirty-five (35) days after the certification period began.</p> <p>2. On November 2, 2016, starting at 3:45 p.m., review of Patient #12's POC revealed a SOC date of March 30, 2015 and a certification period from September 30, 2016 through March 29, 2017. The POC was not signed by the physician as of November 2, 2016.</p> <p>3. On November 3, 2016 , at 11:01 a.m., review of Patient #15's clinical record revealed a POC with a certification period from April 10, 2016 through October 9, 2016. The POC was signed by the physician on June 23, 2016, seventy-four (74) days after the certification period began.</p> <p>4. On November 4, 2016 , at 10:20 a.m., review of Patient #4's clinical record revealed a POC with a certification period from July 11, 2016 through January 10, 2017. The POC was signed by the physician on August 17, 2016, thirty-seven (37) days after the certification period began.</p> <p>Interview with the DON on November 3, 2016, starting at 2:20 p.m., revealed that the agency's practice was to send out the POCs as soon as possible. She also stated that the agency had recently designated specific staff to ensure that all POCs are signed within 30 days.</p> <p>At the time of this survey, the agency failed to ensure that patients' (#4, #11, #12 and #15) POCs were approved and signed by a physician,</p>	H 366	<p>2. Systemic Changes / Quality Assurance Program. All patient records have been reviewed to identify similar problems and a more aggressive approach has been implemented to assure signature of the 485 in a timely manner. Any 485 not signed and returned within 14 days, a daily phone call will be placed to the physician until receipt. Any 485 not received back from the physician signed and dated within 21 calendar days, after 5 consecutive days of calling the office, will be referred to the DON for follow up and assurance of compliance</p> <p>3. Quality Assurance Program. The DON and/or clinical manager will conduct weekly meetings with the 485 specialist to determine further actions needed for 485's not signed within 21 days.</p> <p>4. 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 monthly and quarterly meetings with the</p>	12/15/16

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H 366	Continued From page 29 within 30 days of the SOC.	H 366	DON, QI officer and Senior Management Team.	12/15/16
H 391	3915.7 HOME HEALTH & PERSONAL CARE AIDE SERVICE Each home health or personal care aide shall be supervised by a registered nurse or other health professional for performing tasks specific to that profession. On-site supervision of skilled services shall take place at least once every two (2) weeks. On-site supervision of all other services shall take place at least once every sixty-two (62) calendar days. This Statute is not met as evidenced by: Based on record review and interview, the Home Care Agency (HCA) failed to ensure that on-site supervisory visits for each aide was conducted at least once every sixty-two (62) days, for eleven (11) of thirty-eight (38) patients in the sample. (Patients #1, #2, #3, #4, #21, #22, #23, #26, #28, #30 and #32) The findings include: 1. On November 1, 2016, starting at 11:13 a.m., review of Patient #3's record revealed a certification period of March 24, 2016 through September 23, 2016. According to the POC, the SN was to perform a PCA supervisory visit every thirty (30) to sixty (60) days. On November 1, 2016, at 11:21 a.m., review of Patient #3's Missed Visit Forms, dated July 29, 2016 and August 24, 2016, revealed that no SN visit was conducted on those dates. Additionally, the record failed to provide documented evidence that an on-site supervisory visit was made in July and August.	H 391	Patient #11 – Plan of Care signed and in patient file Patient #12 – Plan of Care is now signed and in patient file Patient #15 – Plan of Care signed and in patient file Patient #4 – Plan of Care signed and in patient file H 391 3915.7 Home Health & Personal Care Aide Service 1. Corrections. The Policy and Procedure (P&P) for "Responsibilities / Supervision of Clinical Services" (Policy No. 4-008) has been reviewed and reinforced. "The registered nurse will make in-home supervisory visits to the Medicaid Waiver patient's home at least once every sixty-two (62) calendar days." New nurses have been hired and reassigned to the patients. If more than one (1) aide is in the home, a different aide will be supervised each visit. The RN's have been provided with a list of all PCA's involved with the patients care, including	12/15/16

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H 391	<p>Continued From page 30</p> <p>2. On November 1, 2016, starting at 11:55 a.m., review of Patient #1's POC revealed a SOC date of September 12, 2016 and a certification period of September 12, 2016 through March 11, 2017. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 1, 2016, at 12:05 p.m., review of Patient #1's Supervisory Visit Form, dated July 29, 2016, revealed that a telephone supervisory visit was conducted on that date. Further review revealed that there was no documented evidence that an on-site supervisory visit was conducted by the SN on July 29, 2016.</p> <p>3. On November 1, 2016, starting at 12:20 p.m., review of Patient #2's POC revealed a SOC date of May 13, 2016 and a certification period of April 5, 2016 through October 4, 2016. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 1, 2016, at 12:35 p.m., review of Patient #2's Supervisory Visit Form, dated July 29, 2016, revealed that a telephone supervisory visit was conducted on that date. Further review revealed that there was no documented evidence that an on-site supervisory visit was conducted by the SN on July 29, 2016.</p> <p>4. On November 1, 2016, starting at 3:58 p.m., review of Patient #4's record revealed a certification period from April 5, 2016 to October 4, 2016. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 1, 2016, at 4:11 p.m., review of Patient #4's Missed Visit Form, dated July 31, 2016, revealed that no SN visit was conducted on that date. The record failed to provide documented evidence that an on-site supervisory visit was made in June or July 2016.</p>	H 391	<p>phone numbers and days and times they work. All office and supervisory staff have been in-serviced on P&P "Responsibilities / Supervision of Clinical Services" as of 11/15/16 and are in compliance with the policy.</p> <p>2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and office staff on 11/15/16 on the elements of performance that address Licensure: 3915.7 Home Health & Personal Care Aide Services. The staff have been educated on the P&P "Responsibilities / Supervision of Clinical Services" and understand it completely.</p> <p>3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on active patient records by the QA Nurse for compliance with aide supervision. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p>	12/15/16	

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H 391	Continued From page 31 5. On November 3, 2016, starting at 1:36 p.m., review of Patient #30's record revealed a certification period from April 28, 2016 to October 27, 2016. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 4, 2016, at 10:51 a.m., review of Patient #30's Supervisory Visit Form dated, June 30, 2016, revealed that a telephone supervisory visit was conducted on that date. The record failed to provide documented evidence that on-site supervisory visits were made in May or June 2016. 6. On November 4, 2016, starting at 9:38 a.m., review of Patient #23's record revealed a certification period from March 30, 2016 to September 30, 2016. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 4, 2016, at 9:51 a.m., review of Patient #23's Supervisory Visit Forms, dated July 31, 2016 and August 31, 2016, revealed that a telephone supervisory visit was conducted on that date. The record failed to provide documented evidence that an on-site supervisory visit was made in June, July and August. 7. On November 4, 2016, starting at 10:49 a.m., review of Patient #38's record revealed a certification period from June 17, 2016 to December 16, 2016. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 4, 2016, at 10:51 a.m., review of Patient #38's Supervisory Visit Form, dated August 31, 2016, revealed that a telephone supervisory visit was conducted on that date. The record failed to provide documented evidence that an on-site supervisory visit was made in July and August.	H 391	<p>Patient # 3 – has a supervisory visit within the past 62 days</p> <p>Patient # 1 – has a supervisory visit within the past 62 days</p> <p>Patient # 2 – has a supervisory visit within the past 62 days</p> <p>Patient # 4 – has a supervisory visit within the past 62 days</p> <p>Patient # 30 – has a supervisory visit within the past 62 days</p> <p>Patient # 23 – has a supervisory visit within the past 62 days</p> <p>Patient # 38 – has a supervisory visit within the past 62 days</p>	12/15/16

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8. On November 4, 2016, starting at 3:05 p.m., review of Patient #22's POC revealed a SOC date of May 13, 2014 and a certification period from May 13, 2016 through November 12, 2016. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 4, 2016, at 3:35 p.m., review of Patient #22's Supervisory Visit Form, dated July 29, 2016, revealed that a telephone supervisory visit was conducted on that date. Further review revealed that there was no documented evidence that an on-site supervisory visit was conducted by the SN on July 29, 2016.

9. On November 4, 2016, starting at 3:45 p.m., review of Patient #28's POC revealed a SOC date of May 27, 2014 and a certification period from May 31, 2016 through November 30, 2016. According to the POC, the SN was to perform a PCA supervisory visit every 30 to 60 days. On November 4, 2016, at 3:55 p.m., review of Patient #28's Supervisory Visit Form, dated June 30, 2016, revealed that a telephone supervisory visit was conducted on that date. Further review revealed that there was no documented evidence that an on-site supervisory visit was conducted by the SN on June 30, 2016.

On November 4, 2016, starting at 1:40 p.m., interview with Administrator #1 revealed that the previous DON resigned and three (3) additional nurses terminated their employment during the Summer (2016, which caused a delay in SN visits. Administrator #1, who is also a RN, then stated that she conducted telephone interviews with the patients in lieu of on-site supervision visits.

On November 15, 2016, at 9:28 a.m., interview with RN #3 (hired April 11, 2014) revealed that

H 391

Patient # 22 – has a supervisory visit within the past 62 days

Patient # 28 – has a supervisory visit within the past 62 days

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H 391	<p>Continued From page 33</p> <p>she was not aware of how many aides were assigned for the patients in her care. She also stated that she has not performed any aide supervision for the overnight aides and some weekend aides because she did not know it was required.</p> <p>On November 15, 2016, at 9:40 a.m., interview with RN #5 (hired December 13, 2011) revealed that some of her patients have aides that work overnight. RN #5 revealed that she performs on-site supervision for those overnight aides approximately two (2) times per year.</p> <p>On November 15, 2016, 9:48 a.m., interview with RN #2 (hired August 19, 2016) revealed that she was not aware of the amount of patients for whom she provided care. She was also not aware how many aides were assigned to the patients. Additionally, RN #2 stated that if the aide works overnight, she does not see them because she does not work at those hours.</p> <p>On November 15, 2016, at 10:16 a.m., interview with RN #6 (hired August 19, 2016) revealed that he was not aware how many aides were assigned to his patients. RN #6 stated that he performed monthly assessment on each of his patients during daytime hours, and supervised the aide who was in the house at the time of the assessment. Further interview revealed that RN #6 has not completed a supervisory visit for all of the aides who work with the patients overnight.</p> <p>At the time of this survey the agency failed to ensure that on-site supervisory visits were performed for each aide at least once every sixty-two (62) days.</p> <p>(Note: RNs #1 and #7 were attempted to be</p>	H 391		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/15/2016
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(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 391	Continued From page 34 contacted for interview, however were unavailable at the time of the survey.)	H 391			
H 411	<p>3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Home health aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, the HCA failed to ensure that each HHA observed, recorded and reported on the patient's physical condition, behavior or appearance, for seventeen (17) of the thirty-eight (38) patients in the sample. (Patients #1, #2, #5, #6, #12, #16, #17, #19, #21, #26, #28, #32, #33, #34, #39, #42 and #43).</p> <p>The findings include:</p> <p>On November 1 through November 4, 2016, between the hours of 10:00 a.m., and 4:00 p.m., review of Patient's (#1, #2, #5, #6, #12, #16, #17, #19, #21, #26, #28, #32, #33, #34, #39, #42 and #43) PCA Intervention forms revealed, under the heading entitled "Patient Condition (mark and describe)", the HHA failed to describe the patient's physical condition, behavior or appearance. It only indicated "no change" for each area.</p> <p>On November 2, 2016, at 11:55 a.m., interview with Administrator #2 revealed that the HCA was</p>	H 411	<p>H 411 3915.11(f) Home Health & Personal Care Aide Services</p> <ol style="list-style-type: none"> 1. Corrections. Capitol View is working with HomeSolutions and Dial-N-Document to adapt the software to include the HHA observation so they may record and report thing such as Happy, Sad, Alert, Confused and Angry. We are still in the process of this. A broadcast message was sent out to the HHA to inform them of documentation requirements. 2. Systemic Changes / Quality Assurance Program. The Process of correcting the deficiency includes a software update along with clinician education regarding documentation requirements. The DON and/or administrator will be notified of non-compliance with documentation. 	7/1/17	

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H 411	Continued From page 35 in the process of working with a software company to develop an application that allows the HHA to describe the patient's condition, behavior and appearance. At the time of this survey, there was no evidence the HHAs documented specifically on the patients' physical condition, behavior or appearance in the clinical records.	H 411	3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on 50% of active patient records by the QA Nurse for compliance with this policy once the updates are made. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.		7/1/17
H 453	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the SN failed to ensure that the patient's needs were met in accordance with their POC for eleven (11) of thirty-eight (38) active patients in the sample. (Patient #3, #4, #6, #7, #8, #11, #23, #24, #29, #30, #36) The findings include: I. The agency failed to obtain an order for wound care, as evidenced by: On November 1, 2016, at 10:13 a.m., review of Patient #8's POC revealed a SOC date of October 1, 2016 and a certification period from October 1, 2016 through November 29, 2016. The POC indicated that Patient #8 had diagnoses that included an unspecified open wound of the lower back and pelvis. According to the POC, the	H 453	H 453 3917.2(c) Skilled Nursing Services I Finding: 1. Corrections. Policy No. 2-020 "Verification of Physician Orders" states "Orders will be obtained from a licensed physician (or other authorized licensed independent practitioner) for care and services to be provided to home health patients". All skilled and supervisory staff have been in-serviced on P&P "Verification of Physician Orders" as of 11/15/16 and are in compliance with the policy. 2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and skilled staff on 11/15/16 on the elements of performance that address Licensure: 3917.2(c) Skilled Nursing Services. The staff have been educated on the P&P "Verification of Physician Orders" and understand it completely		12/15/16

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H 453	<p>Continued From page 36</p> <p>SN was to clean the wound with normal saline, pat the wound dry, pack the wound with black foam, and cover the wound with a drape and then hook to a wound vacuum at one hundred-twenty-five (125) millimeters of mercury one (1) to three (3) times a week. On November 1, 2016, beginning at 10:22 a.m., review of Nursing Intervention visit note, dated October 12, 2016, indicated that because of health insurance issues the physician ordered Patient #8's wound care to be changed to "wet to dry dressings". Further review of the Nursing Intervention visit notes dated October 17, October 19, October 21, October 24 and October 26, 2016, revealed that the SN was performing wound care using wet to dry dressings. However, there was no documented evidence in the clinical record that Patient #8's physician had ordered wet to dry dressings.</p> <p>On November 1, 2016, at 10:27 a.m., interview with the DON revealed that she would send a Physician's Verbal Orders form to Patient #8's physician to obtain a written order for wet to dry dressings.</p> <p>(Note: On November 3, 2016, the physician sent a written order via facsimile to the HCA for Patient #8 to have his/her wound care performed with wet to dry dressings until the insurance issues were resolved or until the wound was healed.)</p> <p>II. The agency failed to ensure the patient received all ordered HHA hours, as evidenced by:</p> <p>On November 2, 2016, at 3:58 p.m., review of Patient #4's clinical record revealed a POC with the certification period from April 4, 2016 through October 4, 2016. The POC indicated that the patient had diagnoses of diabetes, hypertension,</p>	H 453	<p>3. 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 monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p> <p>Patient # 8 – Orders for wound care wet to dry dressing is in the chart</p>	12/15/16
			<p>II Finding:</p> <p>1. Corrections. Policy No. 2-005 "Admission Criteria and Process" states "Patients will be accepted for care based on the adequacy and suitability of organization personnel, resources to provide required services, and the reasonable expectation that the patient's medical, nursing, rehabilitative, and social needs can be adequately met in the patient's place of residence". All skilled and supervisory staff have been inserviced on P&P "Admission Criteria and Process" as of 11/15/16 and are in compliance with the policy.</p>	12/15/16

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H 453	<p>Continued From page 37</p> <p>high cholesterol and Alzheimer's disease. According to the POC, the patient was to receive HHA services twelve (12) hours per day, seven (7) days per week to provide ADL assistance.</p> <p>Review of the HHA visit forms for Patient #4's aforementioned certification period revealed the following:</p> <ul style="list-style-type: none"> - Patient #4 received only eight (8) hours of HHA service each weekend (Saturday and Sunday) from April 10, 2016 through July 17, 2016; - Patient #4 received only 8 hours of HHA services July 26, 2016 through July 29, 2016; - Patient #4 did not receive HHA services July 23, 2016 through July 24, 2016; and - Patient #4 received only four (4) hours of HHA service August 2, 2016 through August 7, 2016 and August 12, 2016. <p>On November 7, 2016, starting at 12:28 p.m., interview with Patient #4's daughter, revealed that the patient has not received all of the ordered HHA hours in the last few months. The patient's daughter also stated that she could not recall the last time a nurse from the agency has seen Patient #4.</p> <p>On November 7, 2016, starting at 1:18 p.m., during a telephone interview with Administrator #2, it was indicated that the HCA was aware that Patient #4 was not receiving HHA services 12 hours per day, 7 days per week as prescribed in the POC. Further interview revealed that Patient #4's daughter only wanted to receive HHA services from an American who liked dogs. In addition, the agency did not have any HHAs that met Patient #4's daughter's specifications. The administrator did not state any other provisions were being made to ensure Patient #4 receive all</p>	H 453	<p>2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and skilled staff on 11/15/16 on the elements of performance that address Licensure: 3917.2(c) Skilled Nursing Services. The staff have been educated on the P&P "Admission Criteria and Process" and understand it completely</p> <p>3. 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 monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p> <p>Patient # 4 – has a supervisory visit within the past 62 days. Order to change frequency to 8 hours per day 5 days per week have been written. Letter has been sent to the patient and daughter regarding transferring to another agency that can accommodate her request for only American Aide that can work with dogs who are loose in the home at all times.</p>	<p>12/15/16</p> <p>12/15/16</p>

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H 453	<p>Continued From page 38</p> <p>ordered HHA hours.</p> <p>III. The agency failed to ensure that the nurse performed a complete skilled assessment, as evidenced by:</p> <p>A. On November 1, 2016, starting at 12:30 p.m., review of Patient #6's POC revealed a SOC date of November 7, 2014, and a certification period from May 7, 2016 through November 6, 2016. The POC indicated that Patient #6 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system every thirty (30) to sixty (60) days.</p> <p>On November 1, 2016, starting at 12:35 p.m., review of Missed visit Records dated September 30, August 31 and July 2016 revealed that Patient #6 was not assessed by a SN during the aforementioned months. On the same date at 12:50 p.m., review of a Nursing Intervention visit note dated October 25, 2016, revealed that the SN failed to provide documented evidence that a blood glucose was performed on Patient #6.</p> <p>On November 2, 2016, at 2:10 p.m., during a telephone interview with SN #6, he stated that the reason he did not check the patient's blood glucose because the patient did not have a glucometer and glucose test strips in his/her home.</p> <p>On November 2, 2016, at 4:00 p.m., interviews with the CEO, Administrator #2 and the DON revealed that the HCA would send a SN immediately to Patient #6's home to check his/her blood glucose levels with a glucometer and glucose test strips purchased by the HCA.</p>	H 453	<p>III Finding:</p> <ol style="list-style-type: none"> Corrections. Policy No. 2-008 "Ongoing Assessment" states "During each home visit, the clinician or other discipline will re-evaluate the patient according to the problems identified during the initial visit and subsequent visits". All skilled and supervisory staff have been in-serviced on P&P "Ongoing Assessment" as of 11/15/16 and are in compliance with the policy. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and skilled staff on 11/15/16 on the elements of performance that address Licensure: 3917.2(c) Skilled Nursing Services. The staff have been educated on the P&P "Ongoing Assessment" and understand it completely 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 monthly and quarterly meetings with the DON, Administrator and Senior Management Team. 	12/15/16

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H 453	<p>Continued From page 40</p> <p>cholesterol and weakness. According to the POC, the SN was to perform a skilled assessment of all systems every 30 to 60 days.</p> <p>Review of the Nursing Intervention visit notes for Patient #11 on November 2, 2016, 3:27 p.m. revealed that the skilled nurse performed an assessment on May 17, 2016 and June 21, 2016. The corresponding Nursing Intervention visit notes failed to evidence that the SN performed blood sugar checks during the May and June 2016 visits.</p> <p>D. On November 2, 2016, at 3:58 p.m., review of Patient #4's clinical record revealed a POC with the certification period from April 4, 2016 through October 4, 2016. The POC indicated that the patient had diagnoses of diabetes, hypertension, high cholesterol and Alzheimer's disease. According to the POC, the SN was to perform a skilled assessment of all systems every 30 to 60 days.</p> <p>Review of the Nursing Intervention visit notes for Patient #4 on November 2, 2016, at 4:01 p.m., failed to evidence that the nurse performed a blood sugar check during the April, May, and August 2016 visits.</p> <p>E. On November 3, 2016, at 9:00 a.m., review of Patient #7's POC revealed a SOC date of October 18, 2016 and a certification period from October 18, 2016 through December 16, 2016. The POC indicated that Patient #7 had diagnoses that included a pressure ulcer of the left buttock Stage II, paraplegia, malignant neoplasm of the rectum, seizures and a supra pubic catheter. According to the POC, the SN was to perform a skilled assessment of all systems every 30 to 60 days.</p>	H 453	<p>Patient # 4 – has a glucometer and blood sugar was checked during a supervisory visit within the past 62 days</p> <p>Patient # 7 – has a glucometer and blood sugar was checked during a supervisory visit within the past 62 days</p>	12/15/16

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H 453	<p>Continued From page 42</p> <p>Patient #23 on November 4, 2016, at 9:44 a.m. failed to evidence that the nurse performed blood sugar checks during the April, and September 2016 visits. Additionally, the agency failed to provide documented evidence that the SN performed a patient assessment June - August 2016.</p> <p>H. On November 4, 2016, at 10:20 a.m., review of Patient #24's clinical record revealed a POC with the certification period from July 11, 2016 through January 10, 2017. The POC indicated that the patient had diagnoses of diabetes, hypertension, osteoarthritis and high cholesterol. According to the POC, the SN was to perform skilled assessment of all systems every 30 to 60 days.</p> <p>Review of the Nursing Intervention visit notes for Patient #24 on November 4, 2016, 10:20 a.m., failed to evidence that the SN performed blood sugar checks during the May, June, and September 2016 visits.</p> <p>I. On November 4, 2016, at 11:46 a.m., review of Patient #29's clinical record revealed a POC with the certification period from June 28, 2016 through December 27, 2016. The POC indicated that the patient had diagnoses of diabetes, rectal cancer, hypertension, osteoarthritis, high cholesterol and pain. According to the POC, the SN was to perform a skilled assessment of all systems every 30 to 60 days.</p> <p>Review of the Nursing Intervention visit notes for Patient #29 on November 4, 2016, at 11:53 a.m., failed to evidence that the nurse performed blood sugar checks during the October 2016 visits.</p> <p>J. On November 4, 2016, at 12:30 p.m., review of Patient #36's clinical record revealed a POC</p>	H 453	<p>Patient # 24 – has a glucometer and blood sugar was checked during a supervisory visit within the past 62 days</p> <p>Patient # 29 – has a glucometer and blood sugar was checked during a supervisory visit within the past 62 days</p> <p>Patient # 36 – has a glucometer and blood sugar was checked during a supervisory visit within the past 62 days</p>	12/15/16

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H 453	Continued From page 43 with the certification period from April 26, 2016 through October 26, 2016. The POC indicated that the patient had diagnoses of diabetes, hypertension, pain, high cholesterol and depression. According to the POC, the SN was to perform a skilled assessment of all systems every 30 to 60 days. Review of the Nursing Intervention visit notes for Patient #36 on November 4, 2016, at 12:38 a.m., failed to evidence that the nurse performed blood sugar checks during the August 2016 visit. On November 1, 2016, at 1:40 p.m., Administrator #1 stated that the agency the missed nurse visits were due to the loss of three (3) of the agency's nurses. On November 1, 2016, starting at 1:50 p.m., interviews with Administrator #2 and the DON revealed that the SNs will be trained on how to perform and document blood glucose checks as part of their skilled assessment process. On November 3, 2016, at 2:20 p.m., the DON stated that all pertinent patient information should be detailed on the nurse visit sheet. The DON also stated that since being hired by the agency in August, she has not conducted any staff training, but is planning to do so soon. At the time of this survey the HCA's SNs failed to perform a complete skilled assessment of all systems, as ordered by the physician.	H 453		
H 458	3917.2(h) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following:	H 458	H 458 3917.2(h) Skilled Nursing Services 1. Corrections. The Policy and Procedure (P&P) for "Monitoring Patient's Response / Reporting to Physician" (Policy No. 2-029) has been reviewed and reinforced. "The patient's physician will be contacted on the same day when any of the following occur: Changes in the patient's condition." All skilled and supervisory staff have been in-serviced on P&P "Monitoring Patient's Response / Reporting to Physician" as of 11/15/16 and are in compliance with the policy.	12/15/16

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H 458	<p>Continued From page 44</p> <p>(h) Reporting changes in the patient's condition to the patient's physician;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the SN failed to inform the physician of a change in a patient's condition, for three (3) of thirty-eight (38) patients in the sample. (Patient #6, #7 and #23)</p> <p>The findings include:</p> <p>1. On November 1, 2016, starting at 12:30 p.m., review of Patient #6's POC revealed a SOC date of November 7, 2014, and a certification period of May 7, 2016 through November 6, 2016. The POC indicated that Patient #6 had diagnoses that included asthma.</p> <p>On November 3, 2016, at 2:25 p.m., review of Patient #6's Nursing Intervention visit note dated November 2, 2016, revealed that SN #5 heard crackles bi-laterally in the base of the patient's lungs. There was no documented evidence that Patient #6's attending physician was made of aware of the aforementioned change in the patient's health care status.</p> <p>On November 3, 2016, at 2:27 p.m., interview with SN #5 revealed that she instructed Patient #6 to perform five (5) deep breaths and to cough every hour to help clear the crackles in his/her lungs. However, SN #5 stated that she had not made Patient #6's physician aware that crackles could be heard bi-laterally in the base of the patient's lungs.</p>	H 458	<p>2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and skilled staff on 11/15/16 on the elements of performance that address Licensure: 3917.2(h) Skilled Nursing Services. The staff have been educated on the P&P "Monitoring Patient's Response / Reporting to Physician" and understand it completely.</p> <p>3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on active patient records by the QA Nurse for compliance. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.</p> <p>Patient # 6 – Physician was notified on 11/4/16 of change in patient's condition. No new orders were given.</p>	12/15/16

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NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036		
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H 458	<p>Continued From page 45</p> <p>On November 3, 2016, at 2:45 p.m., interview with the CEO, Administrators #1 and #2 and the DON revealed that SN #5 would be trained on how to notify Patient #6's physician when there is a change in the patient's respiratory condition.</p> <p>On November 7, 2016, at 1:45 p.m., during a visit to Patient #6's home it was confirmed by the patient that on November 2, 2016, SN #5 instructed him/her to perform 5 deep breaths and to cough every hour to help clear the crackles in his/her lungs.</p> <p>At the time of this survey, on November 3, 2016, there was no documented evidence that Patient #7's physician was made aware of the changes in his/her health care condition.</p> <p>(Note: On November 4, 2016, the HCA sent a Physician's Verbal Order form to Patient #6's physician informing the physician of the changes in the patient's respiratory condition and requested any necessary orders for the patient's symptoms. The physician responded on November 9, 2016, but no new orders were written.)</p> <p>2. On November 3, 2016, at 9:00 a.m., review of Patient #7's POC revealed a SOC date of October 18, 2016 and a certification period of October 18, 2016 through December 16, 2016. The POC indicated that Patient #7 had a supra pubic catheter and bi-lateral nephrostomy tubes.</p> <p>On November 3, 2016, at 2:30 p.m., review of Patient #7's Nursing Intervention visit note dated November 3, 2016, revealed that Patient #7 was assessed to have blood tinged urine draining from his/her supra pubic catheter. Further review revealed that the urine draining from the patient's</p>	H 458	<p>Patient # 7 – Physician was notified on 11/4/16 of change in patient's condition. Patient visited the ER and was diagnosed and treated for a UTI</p>	12/15/16

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036		
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H 458	<p>Continued From page 46</p> <p>bi-lateral nephrostomy tubes was cloudy and yellow. There was no documented evidence that Patient #7's attending physician was made of aware of the aforementioned changes in the patient's health care status.</p> <p>On November 3, 2016, at 2:35 p.m., interview with SN #5 revealed that she had encouraged Patient #7 to seek medical treatment for the blood tinged urine draining from his/her supra pubic catheter. In addition, SN #5 did instruct Patient #7 see a physician regarding the cloudy yellow urine draining from his/her bi-lateral nephrostomy tubes. However, SN #5 revealed that she had not made Patient #7's physician aware that Patient #7 had blood tinged urine draining from his/her supra pubic catheter. Additionally, SN #5 stated that she did not notify Patient #7's physician that there was cloudy yellow urine draining from the patient's bi-lateral nephrostomy tubes.</p> <p>On November 3, 2016, at 2:45 p.m., interview with the CEO, Administrators #1 and #2 and the DON revealed that SN #5 would be trained on how to notify Patient #7's physician when there is a change in the patient's urinary condition.</p> <p>On November 7, 2016, at 4:30 p.m., during a visit to Patient #7's home it was confirmed by the patient that on November 3, 2016, SN #5 encouraged him/her to seek medical treatment for the blood tinged urine draining from his/her supra pubic catheter. Also, Patient #7 stated that he/she was advised to see a physician regarding the cloudy yellow urine draining from his/her bi-lateral nephrostomy tubes. Further interview revealed that on November 5, 2016, Patient #7 sought medical treatment by calling an ambulance and was transported to the hospital.</p>	H 458		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036		
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H 458	<p>Continued From page 47</p> <p>Subsequently, Patient #7 was evaluated and treated for a urinary tract infection. The patient was prescribed Doxyciline 100 mg one (1) capsule every day by mouth for fourteen (14) days.</p> <p>At the time of this survey, on November 3, 2016, there was no documented evidence that Patient #7's physician was made aware of the changes in his/her health care condition.</p> <p>(Note: On November 4, 2016, the HCA notified this state surveyor by e-mail that a Physician's Verbal Order form was faxed to Patient #7's physician informing the physician of the changes in the patient's condition and requested any necessary orders for the patient's urinary symptoms.)</p> <p>3. On November 4, 2016, starting at 9:38 a.m., review of Patient #23's clinical record revealed a POC with a SOC of July 7, 2016 and a certification period of March 30, 2016 through September 30, 2016. Further review of the POC revealed that the patient's pertinent diagnoses included paralysis and diabetes.</p> <p>On November 4, 2016 at 9:42 a.m., review of the agency's time sheets for Patient #23's care, revealed that on August 7, 2017, the PCA documented that the patient had a pressure ulcer on the buttock. The agency failed to provide documented evidence that the PCA notified the SN of Patient #23's new wound.</p> <p>Further review of Patient #23's record on November 4, 2016 revealed a Nursing Intervention visiting note, dated September 14, 2016. The SN documented that Patient #23 had a pressure ulcer, however refused the nurse's</p>	H 458	<p>Patient # 23 – Dr. Major is providing the wound care for the patient and signed orders have been received stating "Do Not Touch" the wound dressing.</p>	12/15/16

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAPITAL VIEW HOME HEALTH

**1820 JEFFERSON PLACE, NW
WASHINGTON, DC 20036**

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H 458	<p>Continued From page 48</p> <p>assessment of the wound. The agency failed to provide documented evidence that the SN notified the patient's physician of Patient #23's new wound.</p> <p>Interview with the agency's DON on November 4, 2016, starting at 12:21 p.m., revealed that she was not sure if the SN contacted the physician. She also agreed that there was no documentation in the chart of any communication between the health care professionals.</p> <p>On November 4, 2016, interview with Administrator #2 revealed that there were no communication notes from the PCA or the nurse regarding the patient's wound. She also stated that all staff would be retrained on reporting requirements and documentation.</p> <p>At the time of this survey the agency failed to ensure communication between the aide, nurse, and physician involved in the patient's care.</p>	H 458		