STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: COMPLETED			
		HCA-0064	B. WING		N (M 11	/15/2016
	PROVIDER OR SUPPLIER VIEW HOME HEALTH	, 1820 JEFI	DRESS, CITY, S FERSON PL STON, DC 20			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
	1, 2016, through Nordetermine compliance Columbia's Home Citize B DCMR Chapter provides home care eighty-five (185) patishundred eleven (311 and administrative structure was survey were based or records, thirty-eight (two (2) discharged patransfer patient recorrecords, eighteen (18 visits, ten (10) patien interviews with patien. On November 1, 201 administrator reveale agency's Director of National Structure of Nursing from June The administrator had of Nursing from June The administrator alsagency registered nur (dates unknown). She verbally resigned whill left without any notific to twenty nine (29) patrogressed, it was desystemic issues were of nursing services to 2016.	as conducted from November vember 15, 2016, to be with the District of are Agency Regulations (Title 39). The home care agency services for one hundred ents and employs three) staff to include professional aff. The findings of the in a review of administrative 38) active patient records, atient records, one (1) and, nineteen (19) employee 30 complaints, five (5) home at telephone interviews and ints/family and staff. 6, interview with the dight that the home care Nursing had resigned and abeen operating as Director 2016 to August 8, 2016. The oreported losing three (3) are sometime in July 2016 andicated that one nurse the two remaining nurses action, abandoning their case on with the administrator orementioned nurses were ing skilled nursing services tients. As the survey termined that serious identified with the provision those patients since July oncern was three of the 29	H 000	Capitol View Home Health has Licensure Survey Report dates 2016 and all records and resuvisits conducted during the Lic for November 1-15, 2016.	d December 12, its of the home	12/15/16
alth Regulat	ion & Licensing Administra	I tion /SUPPLIER REPRESENTATIVE'S SIGNA		TITLE		

STATE FORM

Health Regulation & Licensing Administration

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If continuation sheet 1 of 49

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 000 Continued From page 1 H 000 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." 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. The failure to address the provision of nursing services placed patients' health and safety at risk. The following are abbreviations used within the body of this report: 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

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 050 H 050 Continued From page 2 H 050 3903.1 Governing Board H 050 3903.1 GOVERNING BODY H 050 I Finding: Corrections. Administrative 11/2/16 Each home care agency shall have a governing control of the agency has body that shall be responsible for the operation of been taken over by Ruth the home care agency. Amenu and Karen Bush as of 11/2/16. Previous administrator was relieved of This Statute is not met as evidenced by: her duties as of 11/2/16. All Based on interview and record review, the governing body failed to ensure the patients have been reassigned implementation of its policies regarding the to the 9 RN's employed by operation of the home care agency for three Capitol View Home Health. hundred eleven (311) employees and one We have secured one (1) Full hundred eighty-five (185) patients governed by Time RN and one (1) Part the policies. Time RN for supervisory visits and have 7 additional PRN (as The findings include: needed) RN's to meet the I. The governing body failed to implement its requirements of our patients. We are still in the process of policy timely regarding supervision of clinical services as evidenced below: hiring a second Full Time RN to further strengthen the On November 1, 2016, at 1:40 p.m., interview team. with the administrator revealed that the home Systemic Changes / Quality care agency's director of nursing had resigned Assurance Program. The and the administrator had been operating as Process of correcting the Director of Nursing from June 2016 to August 8, deficiency includes a record 2016 (new DON hire date). The administrator review of all active patients to also reported losing three (3) registered nurses in identify similar problems with July 2016 (dates unknown). She indicated that one nurse verbally resigned while the two a lack of PCA Supervision. A remaining nurses left without any notification, more aggressive approach has abandoning their case load. Further discussion been implemented to assure with the administrator revealed that the three (3) RN's are supervising the PCA aforementioned nurses were responsible for in a timely manner. All providing skilled nursing services to twenty nine Patients has been assigned an (29) patients. As the survey progressed, it was RN to visit the patient at least determined that serious systemic issues were every 62 days. A Spread Sheet identified with the provision of nursing services to

those patients since July 2016.

has been created with the RN

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMPLETED B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 050 H 050 Continued From page 3 supervising the PCA and if the visit was made for the month. The RN assigned will be Specifically of most concern was that three of the 29 identified patients required immediate contacted if a month is missed assessment due to the agency's inability to without a supervisory visit. provide any specific information regarding their Any visit not completed care and services since July 2016. When queried within the required timeframe about their care and services, she stated will be referred to the DON "honestly, I have no idea." for follow up and assurance of compliance. The On November 2, 2016 starting at 10:00 a.m., a administrator will be notified review of the agency's policies were completed. of non-compliance. Review of the policy entitled. 3. Ongoing Monitoring, Bi-"Responsibilities/Supervision of Clinical Services" (Policy No. 4-008) revealed that its purpose was weekly chart audits will be to "ensure a process is in place for the selection conducted on 50% of active of a qualified individual for overseeing all clinical patient records by the QA care and services." The policy documented that Nurse for compliance with the clinical director would be responsible for "the this policy. The supervisory clinical direction of the organization and will take visit spreadsheet will be reasonable steps to ensure that services are utilized to monitor the level of continuously available." The policy further compliance. The results will documented that if staffing is problematic, the be reported at monthly and Clinical Director, in coordination with the Clinical Supervisors, will review options such as: quarterly meetings with the DON, Administrator and Use of outside contracted personnel; Senior Management Team, Use of overtime by organization personnel; II Finding: and Corrections. Administrative 11/2/16 control of the agency has Use of office nursing personnel (i.e. Clinical been taken over by Ruth Supervisor, Intake, etc.) Amenu and Karen Bush as of 11/2/16. Previous When the administrator was queried regarding administrator was relieved of this policy on November 2, 2016, at 1:48 p.m., her duties as of 11/2/16. All she indicated that only one additional skilled patients have been reassigned nurse was hired to remedy the inadequate nursing coverage. Interview with CEO on to the 9 RN's employed by November 2, 2016, starting at 2:10 p.m. revealed Capitol View Home Health. she was aware of the staffing vacancies, however

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0064 B, WING_ 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) The Director of Nursing hired H 050 Continued From page 4 H 050 in August is now out of she was not aware of the impact it had on patient 11/2/16 orientation and transitioning care. into the management duties. In conjunction with the administrators and supportive II. The governing body failed to ensure that personnel in the office she is patient records were maintained and reviewed to ensure that services were rendered in overseeing patient care and accordance with POCs. Additionally, review of the assuring patient's needs are agency's clinical and administrative policies met in accordance with revealed that the agency failed to monitor licensure regulations and the services as evidenced by the following findings: physician's plan of care. Supervising clinicians were in-- Failure to conduct visits every 30 to 60 days in serviced on 11/15/16 accordance with plans of care; regarding the deficiencies cited in this report. - No HHA trainings conducted; 2. Systemic Changes / Quality - Failure to coordinate care with patient's Assurance Program, The physician: Process of correcting the deficiency includes a record - No parameters for glucose monitoring for review of all active patients to glucose patients; identify similar problems with a lack of patient care oversite. - Failure to communicate between the agency A more aggressive approach and all health care professionals: has been implemented to - Failure to obtain physician orders for wound assure RN's are supervising the PCA in a timely manner care; and documenting teaching - Missing pertinent diagnoses on plans of care; with each visit. A Spread Sheet has been created with - POCs not approved and signed by primary care the RN supervising the PCA physicians; and if the visit was made for the month. An alert report - HHAs failed to observe record and report on has been created and will be patient's physical condition, behaviors and send to the physician for any appearance; readings outside the

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with plans of care;

- Failed to meet patients' needs in accordance

parameters set for the

patient. The DON will be

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:__ B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION מו (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) notified of any alert reports H 050 Continued From page 5 H 050 11/2/16 sent to the physician. Any supervisory visit not - Failure to report changes in patients' condition completed within the to patients' physicians; required timeframe will be referred to the DON for follow - Missing clinical records; up and assurance of - Failure to provide agency identification cards; compliance. The administrator will be notified - Failure to provide hours in accordance with of non-compliance. plans of care: and 3. Ongoing Monitoring, Biweekly chart audits will be - Failure to provide current plans of care. conducted on 50% of active patient records by the QA Nurse for compliance. The On November 2, 2016 starting at 10:00 a.m., a review of the agency's policies were completed. supervisory visit spreadsheet Review of the policy entitled, will be utilized to monitor the "Responsibilities/Supervision of Clinical Services" level of compliance with PCA (Policy No. 4-008) revealed that "the clinical Supervision and the Alert director will monitor the care and service provided reports will be reviewed. The by the organization personnel and contract results will be reported at personnel. Monitoring includes the review of monthly and quarterly performance improvement results, incident meetings with the DON. reports, infection reports, clinical record review Administrator and Senior results, etc. Management Team. On November 2, 2016, the administrator was queried to ascertain information regarding the 11/7/16 oversight of patient records from July 2016 H 170 3907.11 Personnel through August 8, 2016. The administrator, who was acting as the DON during that period, could 1. Corrections. On October 25. not provide evidence that patient records were 2016 a repair order was sent adequately monitored. At the time of the survey, to IT for a non-functioning the governing body failed to render services and Identification Card Machine. monitor patient records adequately to ensure On November 7, 2016 the patient health and safety. [Cross refer to I above] machine was repaired and the employee received her ID H 170 3907.11 PERSONNEL H 170 badge. Any additional

employee that was hired

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ HCA-0064 B. WING : 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 170 Continued From page 6 H 170 during the time the machine 11/7/16 Each home care agency shall ensure that each was not functioning also employee or contract worker shall present a valid received his/her ID badge. All agency identification prior to entering the home of Capitol View employees now a patient. possess an agency ID and have been instructed to wear it during home visits. 2. Systemic Changes / Quality Assurance Program. All This Statute is not met as evidenced by: Based on observation and interview, the HCA employee records have been staff failed to receive a valid agency identification reviewed to identify similar badge prior to entering the home of each patient, problems with agency for one (1) of four (4) HHA's observed and identification. All employees interviewed during home visits. (HHA #1) were contacted via inservices, Memo's and The finding includes: broadcast messaging in regards to agency ID badges. On November 7, 2016, at 2:30 p.m., interview with Patient #6 during a home visit revealed that Any employee not possessing HHA#1 failed to present his/her identification an agency ID badge is to badge to Patient #6 prior to entering the patient's report to the office for a new home. or replacement ID prior to providing patient care. The Interview with HHA #1 on the same day at 2:50 DON and HR manager will p.m., revealed that she had been photographed conduct weekly meetings to by the agency for an identification badge; insure compliance with however, they had not received an identification agency ID badge requirement. badge from the agency. All newly hired employees will On November 7, 2016, at 3:00 p.m., interview be issued an agency ID badge with Administrator #2 revealed that the HCA's upon hire. identification machine was broken and that a repair order was made on October 25, 2016, to have the identification machine repaired. 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. (Note: On November 8, 2016, the HCA notified

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING. HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 170 Continued From page 7 H 170 Ongoing Monitoring. Bi-11/7/16 weekly audits will be this state surveyor by e-mail that the identification conducted on new hire machine was repaired on November 7, 2016 and that HHA #1 was issued a new identification employee records by the HR badge.) manager for compliance. The results will be reported at H 260 3911.1 CLINICAL RECORDS H 260 monthly and quarterly meetings with the DON, Each home care agency shall establish and Administrator and Senior maintain a complete, accurate, and permanent Management Team. clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices. H 260 3911.1 Clinical Records 12/15/16 This ELEMENT is not met as evidenced by: 1. Corrections. The Policy and Procedure (P&P) for Based on record review and interview, it was determined that the HCA failed to maintain and "Safeguarding / Retrieval of have available for review a clinical record, for one Clinical Records" (Policy No. 5-(1) of thirty-eight (38) patients in the sample. 004) has been reviewed and (Patient #20) reinforced. "The organization will safeguard the clinical The finding includes: record against loss, destruction, tampering, or On November 2, 2016, at 2:00 p.m., the surveyor unauthorized use..... All requested to review Patient #20's clinical record. clinical records will be On the same date, at 3:35 p.m., interview with returned to the clinical record Administrator #2 stated that the HCA had room prior to the office established a clinical record for Patient #20: closing". The file was located however, the patient's clinical record could not be within the office and all info located in the office. Further interview revealed requested was e-mailed on that the agency's staff would continue to search November 8, 2016. All office the office for Patient #20's clinical record. and supervisory staff have been in-serviced on P&P On November 5, 2016, starting at 8:00 a.m., "Safeguarding / Retrieval of during a telephone interview with the CEO, it was Clinical Records" as of revealed that Patient #20's clinical record was in the agency's office "somewhere", however the 11/15/16 and are in clinical record could not be located. Further compliance with the policy.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) Systemic Changes / Quality H 260 Continued From page 8 H 260 Assurance Program. The interview revealed that the HCA would summit process of correcting the copies of the record to the state agency as soon deficiency include policy as possible. review and in-service training for continued compliance On November 6, 2016, starting at 9:00 a.m., during a telephone interview with the CEO it was with this standard. An inindicated that the DON would contact Patient #20 service was given to and conduct a nursing intervention visit to the supervisory and office staff on patient's home. Further interview revealed that 11/15/16 on the elements of the HCA would summit copies of the Nursing performance that address Intervention visit note to the surveying agency as Licensure: 3911.1 Clinical soon as possible. Records. The staff have been educated on the P&P At the time of this survey the HCA failed to "Safeguarding / Retrieval of maintain and have available for review a clinical record for Patient #20. Clinical Records" and understand it completely. (Note: On November 8, 2016, the HCA submitted 3. Ongoing Monitoring, Bito the surveyor via e-mail copies of Patient #20's weekly chart audits will be Nursing Intervention visit note dated November 8. conducted on active patient 2016, Missed Visit Form dated October 25, 2016. records by the QA Nurse for Semi-Annual Rectification and Nursing compliance. All patient Intervention visit note dated September 30, 2016, records will be accounted for a signed POC with a SOC date of April 17, 2014, and in the cabinet before the and a certification period of October 27, 2016 close of business each day. through April 16, 2017, and a Telephone Supervisory note dated July 29, 2016.) The results will be reported at monthly and quarterly meetings with the DON. H 277 3911.2(q) CLINICAL RECORDS H 277 Administrator and Senior Each clinical record shall include the following Management Team. information related to the patient: Patient # 20 - file was faxed to the surveyor (q) Communications between the agency and all on 11/8/16 health care professionals involved in the patient's 12/15/16 H 277 3911.2(q) Clinical Records care: 1. Corrections. The Policy and Procedure (P&P) for "Care This Statute is not met as evidenced by: Coordination" (Policy No. 2-

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0064 B. WING 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) Continued From page 9 H 277 H 277 025) has been reviewed and 12/15/16 reinforced. "Organization Based on interview and record review, the agency personnel will communicate failed to ensure communications between the changes in a timely manner agency and all health care professionals involvedDocumentation of all in the patient's care was documented, for two (2) communications will be of thirty-eight (38) patients in the sample. (Patient #6 and #23) included in the clinical record on a communication note, The findings include: case conference summary, or clinical note.....Written 1. On November 1, 2016, starting at 12:30 p.m., evidence of care coordination review of Patient #6's POC revealed a SOC date may be found in.....clinical of November 7, 2014, and a certification period notes in the patient's clinical from May 7, 2016 through November 6, 2016. record." All office and The POC indicated that Patient #6 had diagnoses that included a heart bypass with pacemaker. supervisory staff have been in-serviced on P&P "Care On November 3, 2016, at 2:27 p.m., review of Coordination" as of 11/15/16 Patient #6's Nursing Intervention visit note dated and are in compliance with November 2, 2016, revealed that SN #5 was the policy. informed by Patient #6 that she was prescribed a 2. Systemic Changes / Quality Medtronic Care Link Heart Monitor (date Assurance Program. The unknown). However, she was unable to use the process of correcting the DME because she does not have a land line deficiency include policy telephone to operate the DME. There was no review and in-service training documented evidence that SN #5 communicated with Patient #6's physician and made him aware for continued compliance that the patient was not utilizing the Medtronic with this standard. An in-Care Link Heart Monitor as prescribed because service was given to she did not have a land line telephone to operate supervisory and office staff on the device. 11/15/16 on the elements of performance that address On November 3, 2016, at 2:27 p.m., interview Licensure: 3911.2(q) Clinical with SN #5 revealed that she had not made Records. The staff have been Patient #6's physician aware that the patient's educated on the P&P "Care Medtronic Care Link Heart Monitor was not Coordination" and understand activated as prescribed because she did not have a land line telephone. it completely. On November 3, 2016, at 2:46 p.m., interview with the CEO, Administrators #1 and #2 and the

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) H 277 Continued From page 10 H 277 3. Ongoing Monitoring, Bi-12/15/16 DON revealed that SN #5 would be instructed on weekly chart audits will be how to communicate between the agency and conducted on active patient Patient #6's physician regarding the patient's records by the QA Nurse for health care needs. compliance. The results will be reported at monthly and On November 7, 2016, at 2:00 p.m., during a visit quarterly meetings with the to Patient #6's home it was confirmed, by the DON, Administrator and patient, on November 2, 2016, that SN #5 was Senior Management Team. made aware that the Medtronic Care Link Heart Monitor was not activated as prescribed because Patient #6 - Community Connections has the patient's land line telephone was operable. assisted with restoring her land line phone At the time of this survey, the agency failed to service. As of 11/16/16 she has a working land line and her heart monitor is being ensure communication between the SN and the physician regarding the patient's Medtronic Care checked. The MD was notified of the Link Heart Monitor. situation. (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) On November 4, 2016, starting at 9:38 a.m., review of Patient #23's clinical record revealed a Patient # 23 - Dr. Major is providing the POC with a SOC from July 7, 2016 and a wound care for the patient and signed certification period March 30, 2016 through orders have been received stating "Do Not September 30, 2016. Further review of the POC Touch" the wound dressing. revealed that the patient's pertinent diagnoses included paralysis and diabetes. 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

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) H 277 Continued From page 11 H 277 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 279 3911.2(s) CLINICAL RECORDS H 279 H 279 3911.2(s) Clinical Records 12/15/16 1. Corrections. The Policy and Each clinical record shall include the following information related to the patient: Procedure (P&P) for "Patient Education Process" (Policy No. (s) Documentation of training and education 2-044) has been reviewed and given to the patient and the patient's caregivers. reinforced. "Patients and family/caregivers will receive education in verbal, visual, and written format, as This Statute is not met as evidenced by: appropriate. The scope of Based on interview and record review, the HCA teaching will be determined failed to ensure documentation of training and by assessing the needs, education given to the patient's caregivers/PCA's for eighteen (18) of thirty-eight (38) active abilities, learning preferences,

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) and readiness to learn, as well H 279 Continued From page 12 H 279 as by the plan of care. patients in the sample. (Patients #1, #2, #6, #11, Education will be the #12, #19, #23, #24, #28, #29, #33, #34, #35, #38, responsibility of each #39, #40, #42 and #43) clinician". The "Elderly and Physical Disabilities Waiver The findings include: Program/PCA State Plan Supervisory Visit Form" has 1. On November 1, 2016, starting at 11:55 a.m., review of Patient #1's POC revealed a SOC date been updated to include: of September 12, 2016 and a certification period Teaching provided to the aide. from September 12, 2016 through March 11, All office and supervisory staff 2017. The POC documented that the SN was to have been in-serviced on P&P "Instruct....PCA to assist client with personal care "Patient Education Process" and ADLs." as of 11/15/16 and are in compliance with the policy. On November 1, 2016, starting at 12:05 p.m., 2. Systemic Changes / Quality review of a Supervisory Visit note dated Assurance Program. The September 14, 2016, was reviewed and revealed no documented evidence of any instructions process of correcting the given to the PCA as ordered by the physician. deficiency include policy review and in-service training 2. On November 1, 2016, starting at 12:20 p.m., for continued compliance review of Patient #2's POC revealed a SOC date with this standard. An infrom May 13, 2016 and a certification period of service was given to April 5, 2016 through October 4, 2016. The POC supervisory and office staff on documented that the SN was to "Instruct....PCA to 11/15/16 on the elements of assist client with personal care and ADLs." performance that address On November 1, 2016, starting at 12:25 p.m., Licensure: 3911.2(s) Clinical review of a Supervisory Visit Form, dated October Records. The staff have been 19, 2016, was reviewed and revealed no educated on the P&P "Patient documented evidence of any instructions given to Education Process" and the PCA, ordered by the physician. understand it completely. 3. Ongoing Monitoring. Bi-3. On November 1, 2016, starting at 12:30 p.m., weekly chart audits will be review of Patient #6's POC revealed a SOC date conducted on active patient of November 7, 2014, and a certification period records by the QA Nurse for from May 7, 2016 through November 6, 2016. compliance with teaching The POC documented that the SN was to "Instruct....PCA to assist client with personal care provided to the aide. The and ADLs." results will be reported at

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) H 279 Continued From page 13 H 279 monthly and quarterly meetings with the DON. Administrator and Senior On November 1, 2016, starting at 12:32 p.m., review of Nursing Intervention visit notes dated Management Team. November 2, 2016 and October 25, 2016, in Patient # 1 - has a supervisory visit within addition to a Supervisory Visit Form dated 12/15/16 October 25, 2016, revealed no documented the past 62 days evidence of any instructions given to the PCA, as Patient # 2 - has a supervisory visit within ordered by the physician. the past 62 days 4. On November 1, 2016, starting at 12:45 p.m., Patient # 6 - has a supervisory visit within review of Patient #19's POC revealed a SOC date the past 62 days from September 11, 2016 and a certification period of September 11, 2016 through March 11. Patient # 19 – has a supervisory visit within 2017. The POC documented that the SN was to the past 62 days "Instruct....PCA to assist client with personal care and ADLs." On November 1, 2016, starting at 12:55 p.m., review of a Supervisory Visit Form note dated October 28, 2016, was reviewed and revealed no documented evidence of any instructions given to the PCA, as ordered by the physician. 5. On November 2, 2016 starting at 3:23 p.m., review of Patient #11's record revealed a POC with a certification period from May 11, 2016 to Patient # 11 - has a supervisory visit within November 11, 2016. The POC documented that the past 62 days 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: - May 17, 2016 - June 21, 2016 - September 17, 2016 The aforementioned notes failed to specifically document patient instructions given to Patient #11's PCA.

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 279 Continued From page 14 H 279 6. On November 2, 2016, starting at 3;45 p.m., 12/15/16 Patient # 12 - has a supervisory visit within review of Patient #12's POC revealed a SOC date the past 62 days from March 30, 2015 and a certification period of September 30, 2016 through March 29, 2017. The POC documented that the SN was to "Instruct....PCA to assist client with personal care and ADLs." On November 2, 2016, starting at 3:47 p.m., review of a Nursing Intervention visit note dated for October 24, 2016, revealed no documented evidence of any instructions given to the PCA as ordered by the physician. Patient # 28 - has a supervisory visit within 7. On November 3, 2016, starting at 1:15 p.m., review of Patient #28's POC revealed a SOC date the past 62 days of May 27, 2014, and a certification period from May 31, 2016 through November 30, 2016. The POC documented that the SN was to "Instruct....PCA to assist client with personal care and ADLs." On November 3, 2016, starting at 1:21 p.m., review of Nursing Intervention visit notes for the following dates were reviewed: - October 22, 2016 - September 27, 2016. - August 31, 2016 - July 25, 2016 The aforementioned Nursing Intervention visit notes revealed no documented evidence of any instructions given to the PCA as ordered by the physician. Patient # 11 - has a supervisory visit within 8. On November 2, 2016 starting at 3:23 p.m., the past 62 days review of Patient #11's record revealed a POC

with a certification period of May 11, 2016 to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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H 279	November 11, 2016 the SN was to "Instrassist client with per Nursing Intervention Visit Form for the fol - May 17, 2016 - June 21, 2016 - September 17, 201 The aforementioned document patient ins #11's PCA. 9. On November 4, 2	The POC documented that uct and supervise PCAto sonal care and ADLs." visit notes and Supervisory lowing dates were reviewed:	H 279	Patient # 23 – has a supervisory visit with the past 62 days	nin	12/15/16
	September 30, 2016 the SN was to "Instruassist client with personal control of the SN was to "Instruassist client with personal control of the SN was review failed to specifically of given to Patient #23's 10. On November 4, review of Patient #24	2016 starting at 10:20 a.m., 's record revealed a POC		Patient # 24 – has a supervisory visit w	ithin	
Paramet	January 10, 2016. Th SN was to "Instruct a client with personal c Intervention visit note	riod from July 11, 2016 to the POC documented that the supervise PCAto assist are and ADLs." Nursing s and Supervisory Visit g date were reviewed:		tile past oz udys		

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING. HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 279 Continued From page 16 H 279 12/15/16 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., Patient # 38 - has a supervisory visit within review of Patient #38's record revealed a POC the past 62 days 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. Patient #39 - has a supervisory visit within 12. On November 4, 2016, starting at 11:25 a.m., the past 62 days 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., Patient # 34 - has a supervisory visit within review of Patient #34's POC revealed a SOC date the past 62 days 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
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H 27	and ADLs." On November 3, 20 review of Nursing Infollowing dates were - October 28, 2016 - September 24, 2016 - June 28, 2016 The aforementioned notes revealed no doinstructions given to physician. 14. On November 4, review of Patient #25 with a certification pethrough December 2 documented that the supervise PCAto a care and ADLs." Nursupervisory notes for reviewed: July 25, 2016 - August 27, 2016 - September 24, 2016 - October 22, 2016 The aforementioned document patient inst	16, starting at 11:54 a.m., tervention visit notes for the reviewed: 16, Nursing Intervention visit ocumented evidence of any the PCA as ordered by the 2016 starting at 11:46 a.m., its record revealed a POC eriod from June 28, 2016 7, 2016. The POC SN was to "Instruct and exist client with personal raing visit notes and the following dates were	H 279	Patient # 29 — has a supervisory visit w the past 62 days	ithin	12/15/16
	#29's PCA as ordered 15. On November 4, 2 review of Patient #35' of April 6, 2014, and a October 27, 2016 thro	d by the physician. 2016, starting at 1:00 p.m., s POC revealed a SOC date a certification period from bugh April 5, 2017. The POC SN was to "InstructPCA to		Patient # 35 — has a supervisory visit with the past 62 days	nin	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:__ COMPLETED B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 279 Continued From page 18 H 279 12/15/16 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., Patient # 40 - has a supervisory visit within review of Patient #40's POC revealed a SOC date the past 62 days 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., Patient #33 - has a supervisory visit within review of Patient #33's POC revealed a SOC date the past 62 days 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:

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:_ COMPLETED B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) H 279 Continued From page 19 H 279 12/15/16 - October 19, 2016 - September 5, 2016, - August 16, 2016 The aforementioned Nursing Intervention visit notes revealed no documented evidence of any instructions given to the PCA as ordered by the physician. 18. On November 4, 2016, starting at 1:35 p.m., Patient # 42 - has a supervisory visit within review of Patient #42's POC revealed a SOC date the past 62 days of February 18, 2015, and a certification period from August 18, 2016 through February 17, 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 1:43 p.m., review of Nursing Intervention visit notes for the following dates were reviewed: - October 28, 2016 - September 24, 2016, - August 21, 2016 The aforementioned Nursing Intervention visit notes revealed no documented evidence of any instructions given to the PCA as ordered by the physician. 19. On November 4, 2016, starting at 2:35 p.m., Patient # 43 - has a supervisory visit within review of Patient #43's POC revealed a SOC date of March 12, 2016, and a certification period from the past 62 days September 12, 2016 through March 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 2:45 p.m.,

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0064 B. WING _ 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW **CAPITAL VIEW HOME HEALTH** WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 279 Continued From page 20 H 279 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 12/15/16 H 350 3914.1 Patient Plan of Care given to the patient's caregivers. 1. Corrections. The Policy and Procedure (P&P) for "Care H 350 3914.1 PATIENT PLAN OF CARE H 350 Planning Process" (Policy No. 2-018) has been reviewed and Each home care agency shall develop, with the participation of each patient or his or her reinforced, "The patient plan representative, a written plan of care for that of care will be developed or patient. revised within five (5) working days of initiation of each service or of the reassessment This Statute is not met as evidenced by: of the patient". Stricter Based on record review and interview, it was enforcement and monitoring determined that the HCA failed to develop a of the 5 day window has been written POC for three (3) of thirty-eight (38) active implemented. All clinicians patients in the sample. (Patient #9, #32 and #36) will be notified of re-The findings include: certifications needed 30 days prior to the end of the cert. 1. On November 2, 2016, at 11:30 a.m., review of All office and supervisory staff Patient #9's record revealed a SOC date of have been in-serviced on P&P October 24, 2016. Further review revealed that "Care Planning Process" as of Patient #9's clinical record failed to provide 11/15/16 and are in documented evidence of a current POC in the compliance with the policy.

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: __ COMPLETED HCA-0064 B WING 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREEIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 26 H 358 H 358 Patient #31 - order for parameters for documented evidence that the POC included 12/15/16 Blood Glucose levels is signed and in the parameters for blood glucose levels. medical record 11. On November 4, 2016, at 2:05 p.m., review of **II Finding:** Patient #31's POC revealed a SOC date of September 2, 2011 and a certification period from 1. Corrections. Policy No. 2-019 12/15/16 September 30, 2016 through March 29, 2017. "Physician Participation in Plan of The POC indicated that Patient #31 had Care" states "A physician will direct diagnoses that included Type II Diabetes Mellitus. the care of every home health According to the POC, the SN was to perform a patient admitted for service.....The skilled assessment of the endocrine system every care will be provided in compliance 30 to 60 days. However, there was no with his/her therapeutic and documented evidence that the POC included diagnostic orders and accepted parameters for blood glucose levels. standards and practice. Physician orders will be individualized, based On November 4, 2016, at 4:00 p.m., interview on patient's needs, and include: with the CEO, Administrator #2 and the DON Patient diagnoses". All office, indicated that the HCA would train the SN's to include parameters for blood glucose levels on skilled and supervisory staff have been in-serviced on P&P "Physician the POC as part of the physical assessment for Participation in the Plan of Care" as the aforementioned patient. of 11/15/16 and are in compliance At the time of the survey the HCA failed to include with the policy. parameters for blood glucose levels on the 2. Systemic Changes / Quality POCs. Assurance Program. The process of correcting the deficiency include policy review and in-service II. The HCA failed to ensure Patient #7's POC training for continued compliance included all pertinent diagnoses, as evidenced by: with this standard. An in-service On November 3, 2016, at 9:00 a.m., the POC was given to office, supervisory and skilled staff on 11/15/16 on indicated that Patient #7 had diagnoses that included a pressure ulcer of the left buttock Stage the elements of performance that II. Further review revealed wound care orders for address Licensure: 3914.3(g) a wound on the right gluteal area. The wound was Patient Plan of Care. The staff to be cleansed with saline, patted dry, and a have been educated on the P&P duoderm patch was to be applied to the wound "Physician Participation in the Plan 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.

of Care" and understand it

completely

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMPLETED B. WING. HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 366 Continued From page 28 2. Systemic Changes / Quality H 366 12/15/16 Assurance Program, All patient records have been On November 2, 2016 starting at 3:23 p.m. reviewed to identify similar review of Patient #11's clinical record revealed a POC with a certification period from May 11, 2016 problems and a more through November 11, 2016. The POC was aggressive approach has been signed by the physician on June 15, 2016, implemented to assure thirty-five (35) days after the certification period signature of the 485 in a began. timely manner. Any 485 not signed and returned within 14 2. On November 2, 2016, starting at 3:45 p.m., days, a daily phone call will review of Patient #12's POC revealed a SOC date be placed to the physician of March 30, 2015 and a certification period from until receipt. Any 485 not September 30, 2016 through March 29, 2017. The POC was not signed by the physician as of received back from the November 2, 2016. physician signed and dated within 21 calendar days, after 3. On November 3, 2016, at 11:01 a.m., review 5 consecutive days of calling of Patient #15's clinical record revealed a POC the office, will be referred to with a certification period from April 10, 2016 the DON for follow up and through October 9, 2016. The POC was signed assurance of compliance by the physician on June 23, 2016, seventy-four 3. Quality Assurance (74) days after the certification period began. Program. The DON and/or clinical manager will conduct 4. On November 4, 2016, at 10:20 a.m., review weekly meetings with the 485 of Patient #4's clinical record revealed a POC specialist to determine with a certification period from July 11, 2016 further actions needed for through January 10, 2017. The POC was signed 485's not signed within 21 by the physician on August 17, 2016, thirty-seven days. (37) days after the certification period began. Ongoing Monitoring, Biweekly chart audits will be Interview with the DON on November 3, 2016. conducted on 50% of active starting at 2:20 p.m., revealed that the agency's patient records by the QA practice was to send out the POCs as soon as Nurse for compliance with possible. She also stated that the agency had this policy. The chart audit recently designated specific staff to ensure that all POCs are signed within 30 days. tracking tool will be utilized to monitor the level of At the time of this survey, the agency failed to compliance. The results will ensure that patients' (#4, #11, #12 and #15) be reported at monthly and POCs were approved and signed by a physician. quarterly meetings with the

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: HCA-0064 B. WING 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW **CAPITAL VIEW HOME HEALTH** WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 366 Continued From page 29 H 366 DON, QI officer and Senior within 30 days of the SOC. Management Team. 12/15/16 Patient #11 - Plan of Care signed and in H 391 3915.7 HOME HEALTH & PERSONAL CARE H 391 patient file AIDE SERVICE Patient #12 - Plan of Care is now signed and Each home health or personal care aide shall be in patient file supervised by a registered nurse or other health professional for performing tasks specific to that Patient #15 - Plan of Care signed and in profession. On-site supervision of skilled services patient file shall take place at least once every two (2) Patient #4 - Plan of Care signed and in weeks. On-site supervision of all other services shall take place at least once every sixty-two (62) patient file calendar days. H 391 3915.7 Home Health & Personal Care This Statute is not met as evidenced by: 12/15/16 **Aide Service** Based on record review and interview, the Home Care Agency (HCA) failed to ensure that on-site 1. Corrections. The Policy and supervisory visits for each aide was conducted at Procedure (P&P) for least once every sixty-two (62) days, for eleven "Responsibilities / Supervision (11) of thirty-eight (38) patients in the sample. of Clinical Services" (Policy (Patients #1, #2, #3, #4, #21, #22, #23, #26, #28, No. 4-008) has been reviewed #30 and #32) and reinforced. "The The findings include: registered nurse will make inhome supervisory visits to the 1. On November 1, 2016, starting at 11:13 a.m., Medicaid Waiver patient's review of Patient #3's record revealed a home at least once every certification period of March 24, 2016 through sixty-two (62) calendar days." September 23, 2016. According to the POC, the New nurses have been hired SN was to perform a PCA supervisory visit every and reassigned to the thirty (30) to sixty (60) days. On November 1, patients. If more than one (1) 2016, at 11:21 a.m., review of Patient #3's Missed aide is in the home, a Visit Forms, dated July 29, 2016 and August 24, different aide will be 2016, revealed that no SN visit was conducted on supervised each visit. The those dates. Additionally, the record failed to RN's have been provided with provide documented evidence that an on-site supervisory visit was made in July and August. a list of all PCA's involved with the patients care, including

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A, BUILDING: COMPLETED HCA-0064 B. WING 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW **CAPITAL VIEW HOME HEALTH** WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 391 Continued From page 32 H 391 8. On November 4, 2016, starting at 3:05 p.m., Patient # 22 - has a supervisory visit within 12/15/16 review of Patient #22's POC revealed a SOC date the past 62 days 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 Patient # 28 - has a supervisory visit within of May 27, 2014 and a certification period from the past 62 days 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

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0064 B. WING_ 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 391 Continued From page 34 H 391 contacted for interview, however were unavailable at the time of the survey.) H 411 3915.11(f) HOME HEALTH & PERSONAL CARE H 411 H 411 3915.11(f) Home Health & Personal AIDE SERVICE 7/1/17 Care Aide Services Home health aide duties may include the 1. Corrections. Capitol View is following: working with HomeSolutions and Dial-N-Document to (f) Observing, recording, and reporting the adapt the software to include patient's physical condition, behavior, or appearance; the HHA observation so they may record and report thing such as Happy, Sad, Alert, Confused and Angry. We are This Statute is not met as evidenced by: still in the process of this. A Based on a record review and interview, the HCA broadcast message was sent failed to ensure that each HHA observed, out to the HHA to inform recorded and reported on the patient's physical them of documentation condition, behavior or appearance, for seventeen requirements. (17) of the thirty-eight (38) patients in the sample. (Patients #1, #2, #5, #6, #12, #16, #17, #19, #21, 2. Systemic Changes / Quality #26, #28#32, #33, #34, #39, #42 and #43). Assurance Program. The Process of correcting the The findings include: deficiency includes a software update along with clinician On November 1 through November 4, 2016. education regarding between the hours of 10:00 a.m., and 4:00 p.m., documentation requirements. review of Patient's (#1, #2, #5, #6, #12, #16, #17, The DON and/or #19, #21, #26, #28, #32, #33, #34, #39, #42 and administrator will be notified #43) PCA Intervention forms revealed, under the heading entitled "Patient Condition (mark and of non-compliance with describe)", the HHA failed to describe the documentation. patient's physical condition, behavior or appearance. It only indicated "no change" for each area. On November 2, 2016, at 11:55 a.m., interview with Administrator #2 revealed that the HCA was

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patient had diagnoses of diabetes, hypertension,

N9XS11

with the policy.

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING __ COMPLETED B. WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 453 Continued From page 38 H 453 ordered HHA hours. III. The agency failed to ensure that the nurse III Finding: 12/15/16 performed a complete skilled assessment, as Corrections. Policy No. 2-008 evidenced by: "Ongoing Assessment" states "During each home visit, the A. On November 1, 2016, starting at 12:30 p.m., clinician or other discipline will rereview of Patient #6's POC revealed a SOC date evaluate the patient according to of November 7, 2014, and a certification period the problems identified during the initial visit and subsequent visits". from May 7, 2016 through November 6, 2016. All skilled and supervisory staff The POC indicated that Patient #6 had diagnoses have been in-serviced on P&P that included Type II Diabetes Mellitus. According "Ongoing Assessment" as of to the POC, the SN was to perform a skilled 11/15/16 and are in compliance assessment of the endocrine system every thirty with the policy. (30) to sixty (60) days. 2. Systemic Changes / Quality Assurance Program. The process On November 1, 2016, starting at 12:35 p.m., of correcting the deficiency include review of Missed visit Records dated September policy review and in-service 30, August 31 and July 2016 revealed that Patient training for continued compliance #6 was not assessed by a SN during the with this standard. An in-service aforementioned months. On the same date at was given to supervisory and 12:50 p.m., review of a Nursing Intervention visit skilled staff on 11/15/16 on the note dated October 25, 2016, revealed that the elements of performance that SN failed to provide documented evidence that a address Licensure: 3917.2(c) blood glucose was performed on Patient #6. Skilled Nursing Services. The staff have been educated on the P&P On November 2, 2016, at 2:10 p.m., during a "Ongoing Assessment" and telephone interview with SN #6, he stated that the understand it completely reason he did not check the patient's blood 3. Ongoing Monitoring. Bi-weekly glucose because the patient did not have a chart audits will be conducted on glucometer and glucose test strips in his/her 50% of active patient records by home. the QA Nurse for compliance with this policy. The chart audit tracking On November 2, 2016, at 4:00 p.m., interviews tool will be utilized to monitor the with the CEO, Administrator #2 and the DON level of compliance. The results revealed that the HCA would send a SN will be reported at monthly and immediately to Patient #6's home to check his/her quarterly meetings with the DON, blood glucose levels with a glucometer and glucose test strips purchased by the HCA. Administrator and Senior Management Team.

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING HCA-0064 B WING 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 453 | Continued From page 39 H 453 Patient # 6 - has a glucometer and blood 12/15/16 On November 7, 2016, at 2:30 p.m., interview sugar was checked during a supervisory visit with Patient #6 in the patient's home revealed that within the past 62 days he/she has a glucometer and glucose test strips. Further interview revealed that the patient checks and records his/her blood glucose levels daily. (Note: On November 2, 2016, at 6:30 p.m., the SN #5 notified the state surveyor by telephone she performed a blood glucose check on Patient #6 and the blood glucose level was 86 mg/dl. SN #5 stated that Patient #6 did have an operable glucometer and glucose test strips in his/her home) B. On November 2, 2016, at 11:13 a.m., review of Patient #3's clinical record revealed a POC with Patient #3 – has a glucometer and blood the certification period from March 24, 2016 sugar was checked during a supervisory visit through September 23, 2016. The POC indicated within the past 62 days that the patient had diagnoses of diabetes, hypertension, osteoarthritis, vascular disease, renal disease, high cholesterol and weakness. 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 #3 on November 2, 2016, at 11:16 a.m. failed to evidence that the SN performed blood sugar checks during the May, June, and September 2016 visits. Additionally, the agency failed to provide documented evidence that the SN performed a patient assessment July - August 2016. C. On November 2, 2016, at 3:23 p.m., review of Patient #11's clinical record revealed a POC with Patient # 11 - has a glucometer and blood the certification period from May 11, 2016 through sugar was checked during a supervisory visit November 11, 2016. The POC indicated that the within the past 62 days patient had diagnoses of diabetes, cellulitis, foot abscess, hypertension, gastric reflux, high

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING: __ COMPLETED B WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 453 | Continued From page 42 H 453 12/15/16 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. Patient # 24 - has a glucometer and blood H. On November 4, 2016, at 10:20 a.m., review of sugar was checked during a supervisory visit Patient #24's clinical record revealed a POC with within the past 62 days 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. 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. I. On November 4, 2016, at 11:46 a.m., review of Patient # 29 - has a glucometer and blood Patient #29's clinical record revealed a POC with sugar was checked during a supervisory visit the certification period from June 28, 2016 within the past 62 days 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. 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. Patient # 36 - has a glucometer and blood J. On November 4, 2016, at 12:30 p.m., review sugar was checked during a supervisory visit of Patient #36's clinical record revealed a POC within the past 62 days

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B, WING HCA-0064 11/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW CAPITAL VIEW HOME HEALTH WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 47 H 458 Subsequently, Patient #7 was evaluated and 12/15/16 treated for a urinary tract infection. The patient was prescribed Doxyciline 100 mg one (1) capsule every day by mouth for fourteen (14) days. 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. (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.) Patient # 23 - Dr. Major is providing the 3. On November 4, 2016, starting at 9:38 a.m., wound care for the patient and signed review of Patient #23's clinical record revealed a orders have been received stating "Do Not POC with a SOC of July 7, 2016 and a certification period of March 30, 2016 through Touch" the wound dressing. September 30, 2016. Further review of the POC revealed that the patient's pertinent diagnoses included paralysis and diabetes. 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. 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

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L			HCA-0064	B. WING		11/	15/2016
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	H 458	Continued From page	ge 48	H 458			
		assessment of the very provide documented notified the patient's new wound. Interview with the age 2016, starting at 12:: was not sure if the SS he also agreed that in the chart of any conhealth care profession. On November 4, 201 Administrator #2 reverses communication notes regarding the patient that all staff wound be requirements and documents and documents.	wound. The agency failed to devidence that the SN physician of Patient #23's gency's DON on November 4, 21 p.m., revealed that she in contacted the physician. It there was no documentation or munication between the onals. 16, interview with ealed that there were no serior the PCA or the nurse is wound. She also stated the retrained on reporting	H 458			
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