

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HCA-0070</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2015</b> |
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NAME OF PROVIDER OR SUPPLIER  
**CAPITAL CITY NURSES HEALTH CARE SERVI**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4900 MASS AVENUE #330  
WASHINGTON, DC 20016**

| (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 |
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H 000 INITIAL COMMENTS

An annual survey was conducted from September 9, 2015, through September 11, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to sixty-one (61) patients and employs two hundred (200) employees. The findings of the monitoring visit were based on the review of six (6) patient records, five (5) home visits and interviews with patients and staff.

Please Note: Listed below are abbreviations used in this report.

- Certified Nursing Assistant (CNA)
- Continuous Positive Airway Pressure (C-PAP)
- Director of Nursing (DON)
- Health Regulations and Licensing Administration (HRLA)
- Home Care Agency (HCA)
- Home Health Aide (HHA)
- Plan of Care (POC)
- Registered Nurse (RN)
- Start of Care (SOC)

H 149 3907.2(e) PERSONNEL

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

(e) Health certification as required by section 3907.6;

This Statute is not met as evidenced by:  
Based on record review and interview, the HCA failed to ensure one (1) of twenty (20) employees had a current health certification. (CNA #2)

H 000

H 149

H149: A current HC for CNA#2 was obtained (see Attachment A). It is the current policy and practice of the HCA that all DC-licensed prospective employees are required to submit a current health certificate pre-hire. Beginning November 1, 2015, the Human Resource Department (HR) will audit employee files monthly to ensure Health Certificate compliance. HR will alert employees three months in advance of the expiration date of this credential. Non-compliant employees will be removed from current work until an updated health certificate is submitted.

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

*Carole S. Hall*

TITLE

*Director of Nursing*

(X8) DATE

*10/12/15*

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| H 149 | <p>Continued From page 1</p> <p>The finding includes:</p> <p>A review of personnel files on September 10, 2015, beginning at 9:41 a.m., revealed no evidence of a current health certification for CNA #2.</p> <p>On September 10, 2015, at 10:20 a.m., during an interview with the DON, it was acknowledged that there was no current health certificate. Further interview revealed that CNA #2 would be contacted and a copy of the current health certificate would be forwarded to the HRLA office. It should be noted that the agency was given until September 11, 2015, to email all missing documents to the surveyors.</p> <p>At the time of the survey exit, there was no documented evidence that CNA #2 had a current health certificate.</p> | H 149 |   |  |
| H 271 | <p><b>3911.2(k) CLINICAL RECORDS</b></p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(k) Discharge summary, including the reason for termination of services and the effective date of discharge;</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the HCA failed to have a discharge summary in the clinical record, identifying the reason for termination of services and the effective date of discharge for two (2) of two (2) discharged patients in the sample. (Patient #7 and #8)</p>  | H 271 | <p>H271: The HCA's discharge policy and discharge documentation was revised on 10/9/2015 (see Attachments B &amp; C). Beginning November 15, 2015, primary RN managers will be required to complete a discharge summary using the DC Discharge Summary Form for all clients who terminate services. The Director of Nursing (DON) will run a weekly client termination of services report. The DON will then assign completion of the discharge summary to the primary RN manager for his/her clients who have deactivated within that week. The DON, RN managers, and Coordinator staff will meet monthly to review all deactivated clients and ensure for discharge summary compliance.</p> |  |

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H 271 Continued From page 2

H 271

The findings include:

1. On September 10, 2015, starting at approximately 12:20 p.m., review of Patient #7's discharge clinical record failed to reveal a discharge summary identifying the reason for termination of services and the effective date of the discharge.

2. On September 10, 2015, starting at approximately 12:30 p.m., review of Patient #8's discharged clinical record failed to reveal a discharge summary identifying the reason for termination of services and the effective date of the discharge.

During interview with the DON and client care director on September 10, 2015, at approximately 3:00 p.m., the DON stated that he/she was not aware that discharge summaries had to be done on the above mentioned Patients.

H 351 3914.2 PATIENT PLAN OF CARE

H 351

The plan of care shall be approved by the patient's physician.

This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure that four (4) of six (6) patients plans of care was approved by the Patients physicians. (Patients #1, #2, #3 and #4)

The findings include:

1. On September 10, 2015, at approximately

H351: The HCA'S Plan of Care was revised on 10/9/15 to include a clearly defined space for physician signature (see Attachment D). The DON will complete an audit of all active client files by October 31, 2015 and generate a list of clients who are out of compliance with having a signed POC. Those clients will be visited by the RN within 90 days so that a new POC can be completed and signed by the physician. The HCA's use of the new POC will be implemented for all new clients by November 1, 2015. Upon the completion of a new or revised plan of care (POC), the primary RN manager will send a copy of the POC to the physician for signature. The RN will add a note into the Activity section of the client record and tag as "Physician Orders: Requested"; the RN will set a new Task entitled "Physician Orders: reminder next due" due ten days from the date of initial signature request. This Task will be assigned to the Client Services Director, Coordinator and DON. Upon the receipt of signed orders, a note entitled "Physician Order: Obtained" will be added to the Activity section of the client record and uploaded into the File section. The DON will perform a monthly audit for POC signature compliance.

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| H 351 | <p>Continued From page 3</p> <p>10:00 a.m., review of Patient #1's clinical record revealed documented evidence that the patient was receiving HHA services and skilled nursing visits by the RN, beginning April 29, 2015 to current. There was no documented evidence that a POC was approved by the patient's physician.</p> <p>2. On September 10, 2015, at approximately 11:00 a.m., review of Patient #2's clinical record revealed documented evidence that the patient was receiving HHA services and skilled nursing visits by the RN, beginning January 19, 2015, to current. There was no documented evidence that a POC was approved by the patient's physician.</p> <p>3. On September 10, 2015, at approximately 10:20 a.m., review of Patient #3's clinical record revealed documented evidence that the patient received HHA services and skilled nursing visits by the RN, beginning June 10, 2013, to current. At the time of the survey, there was no documented evidence that a POC was approved by the patient's physician.</p> <p>4. On September 10, 2015, at approximately 1:45 p.m., review of Patient #4's clinical record revealed documented evidence that the patient received HHA services and skilled nursing visits by the RN, beginning August 2, 2013, to current. At the time of the survey, there was no documented evidence that a POC was approved by the patient's physician.</p> <p>During interview with the DON and client care director on September 10, 2015, at approximately 3:05 p.m., it was acknowledged that there was no evidence of physician approval for the aforementioned POC's. The DON and client care director both verbalized understanding that all POC must be approved by the patient's</p> | H 351 |  |  |
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| H 351 | Continued From page 4<br>physician.   | H 351 |   |  |
| H 355 | 3914.3(d) PATIENT PLAN OF CARE<br><br>The plan of care shall include the following:<br><br>(d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies;<br><br>This Statute is not met as evidenced by:<br>Based on a record review and interview, the HCA failed to include the description of services to be provided, including: frequency and expected duration on the POC's for four (4) of six (6) patients in the sample.<br>(Patients' #1, #2, #3, and #4)<br><br>The findings include:<br><br>1. On September 10, 2015, at approximately 10:00 a.m., review of Patient #1's clinical record failed to evidence a POC with the frequency, amount and expected duration of services to be provided.<br><br>2. On September 10, 2015, at approximately 10:25 a.m., review of Patient #3's clinical record failed to evidence a POC with the frequency, amount and expected duration of services to be provided.<br><br>3. On September 10, 2015, at approximately 10:25 a.m., review of Patient #3's clinical record failed to evidence a POC with the frequency, | H 355 | H355: The HCA's POC was revised on 10/9/15 to include a description of the services to be provided, including the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies (see Attachment D). The DON will complete an audit of all active client files by October 31, 2015 and generate a list of clients who are out of compliance with having a revised POC. Those clients will be visited by the RN within 90 days so that a new POC can be completed and signed by the physician. The HCA's use of the new POC will be implemented for all new clients by November 1, 2015. The DON will perform a monthly audit to ensure that a new POC is included in the File section of client record. |  |

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| H 355 | <p>Continued From page 5</p> <p>amount and expected duration of services to be provided.</p> <p>4. On September 10, 2015, at approximately 1:45 p.m., review of Patient #4's clinical record failed to evidence a POC with the frequency, amount and expected duration of services to be provided.</p> <p>During interview with the DON and client care director on September 10, 2015, at approximately 2:30 p.m., the finding was acknowledged. Furthermore, the DON and the client care director verbalized understanding that going forward the frequency, amount and expected duration of services must be included on the patient's POC.</p> <p>This is a repeat deficiency</p>  | H 355 |  |  |
| H 366 | <p>3914.4 PATIENT PLAN OF CARE</p> <p>Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that patients' POC's were approved and signed by a physician, within thirty (30) days of the SOC, for four (4) of six (6) patients in the sample. (Patients #1, #2, #3 and</p> | H 366 |  |  |

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H 366

Continued From page 6  
#4)  
The findings include:

1. On September 10, 2015, at approximately 10:00 a.m., review of Patient #1's clinical record revealed a POC with a start of care of April 25, 2015. The POC failed to evidence a physician signature within thirty (30) days of the start of care.
  2. On September 10, 2015, at approximately 11:00 a.m., review of Patient #2's clinical record revealed a POC with a start of care of January 19, 2015. The POC failed to evidence a physician signature within thirty (30) days of the start of care.
  3. On September 10, 2015, starting at 10:25 a.m., review of Patient #3's record revealed a POC with a start of care of August 2, 2013. The POC failed to evidence a physician signature within thirty (30) days of the start of care.
  4. On September 10, 2015, starting at 1:45 p.m., review of Patient #4's record revealed a POC with a start of care of June 10, 2013. The POC failed to evidence a physician signature within thirty (30) days of the start of care.
- On September 10, 2015, starting at 2:40 p.m., during an interview, the DON stated there were no POC's available that were signed by the physician.

This is a repeat deficiency

H 366

H366: The HCA'S Plan of Care was revised on 10/9/15 to include a clearly defined space for physician signature (see Attachment D). The HCA will also accept the signature of an advanced practice RN. The DON will complete an audit of all active client files by October 31, 2015 and generate a list of clients who are out of compliance with having a signed POC. Those clients will be visited by the RN within 90 days so that a new POC can be completed and signed by the physician. The HCA's use of the new POC will be implemented for all new clients by November 1, 2015. Upon the completion of a new or revised plan of care (POC), the primary RN manager will send a copy of the POC to the physician for signature. The RN will add a note into the Activity section of the client record and tag as "Physician Orders: Requested"; the RN will set a new Task entitled "Physician Orders: reminder next due" due ten days from the date of initial signature request. This Task will be assigned to the Client Services Director, Coordinator and DON. Upon the receipt of signed orders, a note entitled "Physician Order: Obtained" will be added to the Activity section of the client record and uploaded into the File section. The DON will perform a monthly audit for POC signature compliance.

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| H 390 | Continued From page 7   | H 390 |   |  |
| H 390 | 3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE   | H 390 | H390: Tracking criteria for in-service completion was added to ClearCare software under Activity Tag category (see Attachment E). For employees who are within their first year of service, a Task will be set by HR in the employee's ClearCare record to identify the onset of continuing education/in-service training collection. CE/in-service credit will be tracked by HR at time of submission by scanning a copy of the completion certificate into the File section of the employee record. A note will then be made in the Activity section of the employee record to indicate the education/training topic and the number of hours of credit obtained. HR will conduct a quarterly audit of DC-licensed employee records for continuing education/in-service compliance, beginning November 15, 2015. All active DC-licensed employee files will be audited by HR for in-service compliance by December 1, 2015. All employees found to be out of compliance will be required to submit proof of remaining education/training within 90 days or risk employment suspension. |  |
|       | <p>After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.</p> |       |   |  |
|       | <p>This Statute is not met as evidenced by:<br/>Based on record review and interview, the HCA failed to ensure that after the first year of service each aide obtained at least twelve (12) hours of continuing education or in-service training annually for five (5) of fourteen (14) CNA in the sample. (CNA #9, #11, #12, #13, and #14)</p>                     |       |   |  |
|       | <p>The findings include:</p>  |       |   |  |
|       | <p>On September 10, 2015, starting at approximately 1:10 p.m., review of the aforementioned CNAs employee records revealed the following:</p>   |       |   |  |
|       | <p>1. CNA #9 was hired on August 13, 2013 and had received nine (9) hours of continuing education or in-service training for 2014.</p>  |       |   |  |
|       | <p>2. CNA #11 was hired on May 12, 2005, and had received ten (10) hours of continuing education or in-service training for 2014.</p>   |       |   |  |
|       | <p>3. CNA #12 was hired on January 28, 2009, and had received seven (7) hours of continuing education or in-service training for 2014.</p>  |       |   |  |



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| H 390 | <p>Continued From page 8</p> <p>4. CNA #13 was hired on June 12, 2003, and had received six (6) hours of continuing education or in-service training for 2014.</p> <p>5. CNA #14 was hired on September 20, 2004, and had received three (3) hours of continuing education or in-service training for 2014.</p> <p>During interview with on September 10, 2015, at approximately 2:30 p.m., the client care director acknowledged the finding, and stated that all aides employed with the agency will have at least 12 hours of in-service training annually.</p> <p>This is a repeat deficiency</p>  | H 390 |   |  |
| H 391 | <p><b>3915.7 HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>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.</p> <p>This Statute is not met as evidenced by:<br/>Based on record review and interview the Home Care Agency (HCA) failed to ensure that on-site supervisory visits at least once every sixty-two (62) days was conducted for two (2) of six (6) patient's in the sample. (Patient's #3 and #4)</p> <p>The findings include:</p> <p>1. On September 10, 2015, starting at 10:25 a.m.,</p> | H 391 | <p>H391: The DON completed a client file audit for q. 62 day Supervisory visit compliance on September 14, 2015. All identified non-compliant clients have scheduled Supervisory visits during the month of October 2015. Effective October 6, 2015, the primary RN managers have been assigned the task of auditing their client files for clinical record compliance on a bi-monthly basis. The DON will complete a quarterly audit beginning December 2015 of all active client records to ensure that they are assigned a primary RN manager and have a current task set for an upcoming supervisory visit.</p> |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HCA-0070</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2015</b> |
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| H 391 | <p>Continued From page 9</p> <p>review of Patient #3's record revealed that HHA services were being provided one and one-half (1.5) hours, seven (7) days per week. Further review revealed that there was no documented evidence of an on-site supervision of HHA services since March 26, 2015.</p> <p>2. On September 10, 2015, starting at 1:45 p.m., review of Patient #4's record revealed that HHA services were being provided five (5) hours, three (3) days per week. Further review revealed that there was no documented evidence of an on-site supervision of HHA services since May 12, 2015.</p> <p>On September 10, 2015, during an interview at 12:12 p.m., the DON acknowledges that on-site supervision was not performed at least every 62 days. The DON stated that "for the last few months the supervisory visits fell through the cracks".</p> | H 391 |  |  |
| H 393 | <p><b>3915.9 HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>Each home care agency shall define the duties of home health aides and personal care aides.</p> <p>This Statute is not met as evidenced by:<br/>Based on interview and record review, it was determined that the HCA failed to define the duties of the HHA for two (2) of six (6) patients in the sample. (Patients #1 and #2)</p> <p>The findings include:</p> <p>1. 1. On September 10, 2015, at approximately 10:00 a.m., review of Patient #1's clinical record</p>  | H 393 | <p>H393: The DON completed a client file audit for POC compliance on September 14, 2015. The DON has verified that all active clients have received an RN assessment defining the duties of the aide. Effective November 1, 2015, the HCA will not allow for aide services to begin until after an RN assessment has been conducted to define the duties of the aide and establish the POC. All new clients will be assigned by the DON to a primary RN manager before the start of aide services. The primary RN manager will perform bi-monthly clinical record audits for assigned clients and verify the completion of the POC prior to the initiation of service.</p> |  |

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| H 393 | <p>Continued From page 10</p> <p>revealed documented evidence that the Patient was receiving HHA services which started on April 25, 2015. There was no documented evidence in the clinical record that the HCA had defined the duties of the HHA.</p> <p>2. On September 10, 2015, at approximately 11:00 a.m., review of Patient #2's clinical record revealed documented evidence that the Patient was receiving HHA services which started on January 19, 2015. There was no documented evidence in the clinical record that the HCA had defined the duties of the HHA.</p> <p>During interview with the DON and client care director on September 10, 2015, at approximately 3:05 p.m., the DON confirmed that the HHA service was started before the RN assessment was conducted to define the duties of the HHA.</p> | H 393 |   |  |
| H 430 | <p>3916.1 SKILLED SERVICES GENERALLY</p> <p>Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to have documented evidence of evaluations of the skilled services provided to patients at least every sixty-two (62) days; and that a summary report of the evaluation was sent to the patient's physician for four (4) of six (6) patients in the sample. (Patients #1, #2, #3, and #4)</p>  | H 430 | <p>H430: The DON completed a client file audit for q. 62 day Supervisory visit compliance on September 14, 2015. All identified non-compliant clients have scheduled Supervisory visits during the month of October 2015. Effective October 6, 2015, the primary RN managers have been assigned the task of auditing their client files for clinical record compliance on a bi-monthly basis. The DON will complete a quarterly audit beginning December 2015 of all active client records to ensure that they are assigned a primary RN manager and have a current task set for an upcoming supervisory visit.</p> |  |

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| H 430 | <p>Continued From page 11</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On September 10, 2015, at approximately 10:00 a.m., review of Patient #1's record revealed a POC with a start of care date of April 29, 2015. The record failed to evidence that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days since the start of care.</li> <li>On September 10, 2015, at approximately 11:00 a.m., review of Patient #2's record revealed a POC with a start of care date of January 26, 2015. The record failed to evidence that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days since the start of care.</li> <li>On September 10, 2015, starting at approximately 10:25 a.m., review of Patient #3's record revealed a POC with a start of care date of June 10, 2013. The record failed to evidence that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days since the start of care.</li> <li>On September 10, 2015, starting at approximately 1:45 p.m., review of Patient #4's record revealed a POC with a start of care date of June 10, 2013. The record failed to evidence that the skilled nursing services were evaluated and sent to the patient's physician at least every 62 days since the start of care.</li> </ol> <p>During an interview, on September 10, 2015, starting at approximately 12:10 p.m., the DON stated that skilled nursing services are only evaluated when the patient has a change in health status.</p> | H 430 | <p>H430 cont'd: The HCA's supervisory visit documentation was revised on October 9, 2015 (see Attachment F). The use of the RN Supervisory Summary form will be implemented by November 1, 2015. The primary RN manager is responsible for submitting the RN Supervisory Summary to the client's physician within seven days of the completed supervisory visit. The DON will compile a weekly list of completed supervisory visits to give to the administrative assistant for the purpose of physician correspondence. A note will then be added to the Activity section of the client record and tagged as "**Supervisory Visit: Summary Sent" once physician correspondence is completed.</p> |  |
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| H 430 | Continued From page 12<br><br>This is a repeat deficiency.  | H 430 |  |  |
| H 452 | 3917.2(b) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following:<br><br>(b) Coordination of care and referrals;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the HCA's nurse failed to ensure coordination of care and to make referrals for one (1) of six (6) patients in the sample. (Patient #1)<br><br>The finding includes:<br><br>On September 10, 2015, at approximately 10:00 a.m., review of Patient #1's clinical record revealed a start of care nurse's note dated April 29, 2015, indicating that the C-PAP machine and mask need checking. The note also indicated that the Patient's complained of "the Duloxetine delayed release capsules aren't effective for her depression."<br>Further review of the clinical record revealed another nurse's note dated June 15, 2015, documenting the Patient "still has the chronic medical issues, ie, ineffectiveness of her Duloxetine medication and the need for a maintenance check of her C-PAP machine and mask."<br>Continued review of the clinical record revealed another nurse's note dated August 18, 2015, indicating the Capital City Nurse (CCN) "did educate the client to speak to the physician about the swelling in her arms and legs." | H 452 | H452: At the October 2015 supervisory visit, the primary RN manager will follow-up to address the effectiveness of the antidepressant and the proper fit and functioning of the client's C-PAP machine. The RN has been instructed to directly contact the client's physician and/or the C-PAP supplier if either/both of these issues remain unresolved. By November 1, 2015, all primary RN managers will be re-educated to alert the primary care physician and document this follow-up contact in the client record when medical concerns are noted. |  |

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| H 452 | Continued From page 13<br><br>There was no documented evidence in the clinical record that the nurse coordinated care with the physician and/or the company that provided the C-PAP machine.<br><br>During interview with the DON and client care director on September 10, 2015, at approximately 2:30 p.m., the it was acknowledged that the nurse failed to coordinate care for Patient #1.  | H 452 |  |  |
| H 453 | 3917.2(c) SKILLED NURSING SERVICES<br><br>Duties of the nurse shall include, at a minimum, the following:<br><br>(c) Ensuring that patient needs are met in accordance with the plan of care;<br><br>This Statute is not met as evidenced by:<br>Based on record review and interview, the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for one (1) of six (6) patients in the sample. (Patient #3)<br><br>The findings include:<br><br>On September 10, 2015, starting at approximately 10:25 a.m., review of Patient #3's record revealed a POC with a start of care of June 10, 2015. The POC ordered HHA services one and one-half (1.5) hours, seven (7) days per week to assist with fall precaution, blood sugar check, bathing, meal preparation, light housekeeping, reporting of pulse and/or blood pressure and range of motion. Further review of Patient #3's record revealed the following:<br><br>a) Review of skilled nursing notes and personal | H 453 | H453: The primary RN manager will revise and update the POC for client #3 during the October 2015 supervisory visit to reflect current needs. The RN will review this updated POC with the aide providing services and verify the proper documentation required in care notes. The HCA's supervisory visit documentation was revised on October 9, 2015 (see Attachment F). The use of the RN Supervisory Summary form will be implemented by November 1, 2015. By November 1, 2015, the RN will evaluate the current POC at the time of each supervisory visit; he/she will note whether the POC needs revision or updating and submit to physician for order. Should the POC be effective, the RN will note this on the Supervisory Summary. |  |

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| H 453 | <p>Continued From page 14</p> <p>care and home maker services daily charting notes dated January 14, 2015 to August 23, 2015 failed to evidence a blood sugar result.</p> <p>b) Review of skilled nursing notes and personal care and home maker services daily charting notes dated January 14, 2015 to August 23, 2015 failed to evidence that Patient #3's pulse and/or blood pressure was monitored and reported.</p> <p>c) Review of HHA time sheets from January 14, 2015 to August 23, 2015 failed to evidence HHA services were provided on the following dates:<br/>- February 8th;<br/>- April 1st - 3rd, 8th, 16th - 17th<br/>- June 22nd.</p> <p>On September 10, 2015 at 11:30 a.m., during an interview with the DON and the client care director, it was acknowledged that Patient #3 did not receive services on the aforementioned dates. Further interview revealed that the vitals and blood glucose values should be documented in the care notes.</p> | H 453 |   |  |
| H 457 | <p>3917.2(g) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;</p> <p>This Statute is not met as evidenced by:<br/>Based on record review and interview, it was determined that the HCA failed to ensure that the skilled nurse documented a progress note at</p>  | H 457 | <p>H457: The HCA created a Client Progress Note form on October 9, 2015 (see Attachment G). By November 1, 2015, this form will be implemented for use every 30 days by all primary RN managers. Effective October 6, 2015, the primary RN managers have been assigned the task of auditing their client files for clinical record compliance on a bi-monthly basis. Beginning November 1, 2015, the DON will run monthly reports to capture those clients who are due for a progress note and will assign this to the primary RN manager. The primary RN manager will be responsible to audit his/her client files bi-monthly to ensure compliance with documented progress notes.</p> |  |

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| H 457 | <p>Continued From page 15</p> <p>least every thirty (30) days for two (2) of six (6) patients in the sample. (Patients #3 and #4)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On September 10, 2015, starting at 10:25 a.m., review of Patient #3's record revealed a start of care date of June 13, 2015. Further review of the record failed to evidence skilled nursing progress notes for February, April, May, June, July and August of 2015.</li> <li>On September 10, 2015, starting at 1:45 p.m., review of Patient #4's record revealed a start of care date of August 2, 2013. Further review of the record failed to evidence skilled nursing progress notes for January, February, April, June, July and August of 2015.</li> </ol> <p>During an interview with the DON on September 10, 2015, starting at approximately 12:12 p.m., it was acknowledged that the nursing progress notes were not in the record.</p> | H 457 |  |  |
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