

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/11/2015
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NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036
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(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 December 2, 2015 through December 11, 2015, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency provides home care services for two hundred thirty-four (234) patients and employs three hundred forty-nine (349) staff. The findings of the survey were based on a review of administrative records, thirteen (13) active patient records, two (2) discharged patient records, twenty-one (21) employee records, five (5) home visits and interviews with patients/family and staff.

H 000

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

Received 12/29/15

H 363 3914.3(1) PATIENT PLAN OF CARE

The plan of care shall include the following:

(I) Identification of employees in charge of managing emergency situations;

This Statute is not met as evidenced by:
Based on record review and interview, it was determined that the HCA failed to identify personnel in charge of managing emergencies on the Plan of Care (POC) for eight (8) of fifteen (15) patients in the sample. (Patients' #1, #2, #3, #4, #5, #9, #11 and #15)

The finding includes:

Review of Patients #1, #2, #3, #4, #5, #9, #11 and #15's POC's beginning on December 2, 2015 at 11:50 a.m. and ending on December 4, 2015, revealed that the POC's failed to identify staff in charge of managing emergencies.

Interview with the administrator on December 2,

H 363

3914.3

What Corrective Action is done?

A written process has been implemented regarding identification of employees in charge of managing emergency situation. The personnel designated to complete the plan of care have been trained to include the following statement under "Safety Measures" on all plan of cares: "In an emergency situation: All staff will initiate CPR except when a valid "DNR" (Do Not Resuscitate) is present, then call 911 and the office to report the emergency."

Monitoring system implemented to prevent reoccurrence:

The written process has been reviewed, with appropriate training to staff involved. The Director of Nursing will review all plan of cares prior to sending to the MD for signature to determine completion.

12/28/2015

Health Regulation & Licensing Administration

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

[Signature]

TITLE

President

(X6) DATE

12/24/15

Health Regulation & Licensure Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/11/2015
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H 363	Continued From page 1 2015, at 1:30 p.m., revealed that going forward they will add the staff responsible for emergencies on all POCs. At the time of this survey, there was no documented evidence on the aforementioned patients POC's the staff managing emergencies.	H 363		
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that Plan of Care (POC) included an emergency protocol for twelve (12) of fifteen (15) patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #14) The finding includes: Review of Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #14's POC's beginning on December 2, 2015 at 11:50 a.m. and ending on December 4, 2015, revealed that the POC's failed to include the agency's emergency protocol. Interview with the administrator on December 2, 2015, at 2:00 p.m., revealed that the patient's are provided with a patient hand book which provides the agency's emergency protocol. Additionally, it was revealed that all patient and/or patient's families are educated on the agency's emergency protocol at the time of admission. However, going for the agency will include on all POC's that	H364	<u>3914.3</u> What Corrective Action is done? A written process has been implemented regarding identification of employees in charge of managing emergency situation. The personnel designated to complete the plan of care have been trained to include the following statement under "Safety Measures" on all plan of cares: "The patient/caregiver will receive, upon admission, education on the agency's emergency protocols." Additionally, all admitting clinical staff have received an in-service regarding agency policy on admission criteria and process which includes providing the patient and family/caregiver with sufficient information on safety and emergency management plans. Monitoring system implemented to prevent reoccurrence: The written process has been reviewed, with appropriate training to staff involved. The Director of Nursing will review all plan of cares prior to sending to the MD for signature to determine completion.	12/28/2015