

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2017
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NAME OF PROVIDER OR SUPPLIER
COMMUNITY CARE NURSING SERVICES OF D

STREET ADDRESS, CITY, STATE, ZIP CODE
**6031 KANSAS AVE NW
WASHINGTON, DC 20002**

Received 9/29/17

(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

H 000

An annual survey was conducted from August 21, 2017, to August 24, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency Regulations). The home care agency provides home care services to eleven (11) patients and employs seventeen (17) staff. The findings of the survey were based on a review of administrative records, four (4) active patient records, one (1) discharged patient record and five (5) employee records. The findings were also based on two (2) home visits, four (4) patient telephone interviews and interviews with patients/family and staff.

Please note. Listed below are abbreviations used throughout this report.

LPN---licensed practical nurse
POC --- plan of care
SN --- skilled nurse

H 053 3903.2(c)(1) GOVERNING BODY

H 053

The governing body shall do the following:

(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:

(1) The evaluation shall include feedback from a representative sample consisting of either ten percent (10%) of total District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients.

The governing body shall review and evaluate, on an annual basis all policies governing the operation of the agency including patient satisfaction surveys. We will continue to track and trend patient satisfaction surveys. Moving forward, the Director of Nursing shall ensure the copies are retained and stored with the reports. The Quality Assurance Nurse shall provide oversight of this practice and ensure the results are reported to the Board of Directors to review during their annual meeting. An additional patient satisfaction survey was mailed to all our clients during this survey to place within the patient

9/1/17

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

TITLE

(X8) DATE

[Signature]

President

9/18/17

STATE FORM

5899

73NK11

continuation sheet 1 of 6

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H 053 Continued From page 1

H 053

the patient satisfaction reports.

This Statute is not met as evidenced by:
Based on record review and interview, the agency failed to include feedback from a representative sample consisting of either ten percent (10%) of the District of Columbia patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients in its annual review and evaluation.

The finding includes:

On August 21, 2017, at 11:30 a.m., a review was conducted of the agency's "Board of Directors Meeting" minutes dated January 9, 2016, May 7, 2016, December 10, 2016, and January 7, 2017. The minutes failed to document the feedback from a representative patient sample regarding the provision of services provided.

On August 23, 2017, at 12:07 p.m., interview with the Quality Assurance personnel revealed that satisfaction surveys were mailed to the patients, however, she was unable to located the returned surveys. Further interview with the Quality Assurance personnel revealed that going forward, feedbacks from patient surveys would be included in the Board of Directors Meeting.

At the time of the survey, there was no documented evidence the agency included its patient's feedback on services provided by their staff in the Board of Director Meeting Minutes from January 9, 2016, through January 7, 2017.

H 366 3914.4 PATIENT PLAN OF CARE

H 366

Each plan of care shall be approved and signed by a physician within thirty (30) days of the start

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H 366	<p>Continued From page 2</p> <p>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 agency failed to ensure a POC for skilled services was approved and signed by a physician for one (1) of five (5) patients in the sample. (Patient #1)</p> <p>The finding includes:</p> <p>On August 21, 2017, at 10:30 a.m., review of Patient #1's clinical record revealed a POC with the certification period of May 13, 2017, through July 11, 2017. The POC indicated that the patient had diagnoses of cerebral palsy, gastrostomy tube, chronic lung disease premature, visual disturbance, and asthma. According to the POC, the SN was to provide services twelve (12) hours per day, seven (7) days per week. Continued review of the POC revealed it was approved and signed by a nurse practitioner and not a physician, as required.</p> <p>On August 22, 2017, at 10:30 a.m., interview with the Quality and Assurance personnel, she stated the POC should have been signed and approved by the physician and not the nurse practitioner.</p> <p>At the time of the survey, the agency failed to ensure each POC was approved and signed by a physician.</p>	H 366	<p>The Quality Assurance Nurse shall ensure the Plan of Care for skilled services is signed by a physician and not an advanced practice nurse. The Plan of Care for Patient #1 was faxed to the primary care physician for signature. The Director of Nursing shall conduct an audit of 100% of our skilled patients plans of care to ensure their plans of care are signed by a physician. Those identified as having been signed by an advance practice nurse shall be forwarded to the appropriate physician for signature. The Director of Nursing shall review 25% of all patients plans of care monthly to ensure compliance.</p> <p>9/15/17</p>

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H 390	<p>3915.6 HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency failed to ensure that after the first year of service, HHA's completed at least twelve (12) hours of continuing education or in-service training annually for one (1) of two (2) HHAs in the sample. (HHA #1)</p> <p>The findings include:</p> <p>On August 22, 2017, at 1:30 p.m., review of HHA #1's personnel record revealed that the HHA was hired on April 30, 2012. Further review of the personnel record revealed that the HHA attended seven (7) hours of in-service for 2016.</p> <p>On August 22, 2017, at 2:31 p.m., interview with the Quality Assurance personnel revealed that the agency provided in-services on January 19, 2017, because they were unable to provide additional training before the end of 2016.</p> <p>At the time of the survey, the agency failed to provide twelve (12) hours of continuing education or in-service training for HHA #1 in 2016.</p>	H 390	<p>The Human Resources Coordinator shall conduct an audit of 100% of personnel files for those currently working. Those identified as having inservice training less than 12 hours annually shall be brought in for additional training. HHA#1, who was identified as having training less than the requirement was brought in for additional inservice training. The Human Resources Coordinator shall conduct an audit of 25% of staff files monthly to ensure compliance with this standard. The Director of Nursing shall review the Human Resources reports monthly to provide oversight.</p>	9/15/17
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H 453 H 453	<p>Continued From page 4</p> <p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the SN failed to ensure that services were provided per the POC for one (1) of five (5) patients in the sample. (Patient #1)</p> <p>The finding includes:</p> <p>On August 21, 2017, at 10:30 a.m., review of Patient #1's clinical record revealed a POC with the certification period of May 13, 2017, through July 11, 2017. The POC indicated that the patient had diagnoses of cerebral palsy, gastrostomy tube, chronic lung disease premature, visual disturbance, and asthma. The POC indicated the SN was to provide services twelve hours per day, seven (7) days per week. Additionally, the skilled nurse was to "assess the patient's nutritional status, including weight." Continued review of Patient #1's clinical record revealed skilled nursing notes dated May 13, 2017, through July 11, 2017, that lacked documented evidence the patient's weight was assessed.</p> <p>On August 22, 2017, at 10:00 a.m., review of the agency's undated and unsigned Gastrointestinal: Gastronomy Tube Feeding policy lacked evidence of what the nurse's responsibility was when assessing the patient's weight.</p> <p>On August 22, 2017, at 10:15 a.m., telephone</p>	H 453 H 453	<p>The Director of Nursing and Quality Assurance Nurse shall conduct an audit of 100% of current patient charts. Those identified as having incomplete or inaccurate orders shall be immediately clarified. The Plan of Care for Patient #1 was clarified and the nurse was educated. The nurse shall document the weight taken during physician appointments moving forward. The Director of Nursing shall review 25% of all patient charts monthly to ensure congruency between the Plan of Care and Nurse's Notes.</p>	9/18/17
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H 453	<p>Continued From page 5</p> <p>interview with the LPN revealed that she does not weigh the patient because the patient is weighed during doctors visits.</p> <p>On August 22, 2017, at 10:30 a.m., interview with the Quality Assurance personnel revealed that the nurse does not weigh a patient unless there is an order. However, the nurse should have documented the patient's weight following every doctor's visit.</p> <p>At the time of the survey, the skilled nurse failed to assess the patient's weight, as indicated in the POC.</p>	H 453		
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