

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 09/02/2015
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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
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from September 1, 2015, through September 2, 2015, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 DCMR Chapter 39). The Home Care Agency provides home care services to eighteen (18) patients and employs thirty-three (33) staff. The findings of the survey were based on a review of three (3) active patient records, six (6) home health aide records, three (3) home visits, six (6) patient phone calls and interviews with patients, family and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>HCA Home Care Agency HHA Home Health Aide LPN Licensed Practical Nurse POC Plan of Care PCA Personal Care Aide RN Registered Nurse SN Skilled Nursing</p>	H 000	<p><i>Received by Staligger on 10/13/2015</i></p>	
H 053	<p>3903.2(c)(1) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(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:</p> <p>(1) The evaluation shall include feedback from a representative sample consisting of either ten percent (10%) of total District of Columbia</p>	H 053	<p>The Professional Advisory Committee met on September 26, 2015 to carry out it's assigned duties. A total of ten percent of the Patient Satisfaction Surveys were reviewed. Also reviewed were the policies and it was determined that all services were appropriate, adequate, effective, and efficient. Please see the attached sign in sheet. The next meeting has been tentatively scheduled for January 9, 2016 at 10am.</p>	September 26, 2015

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

[Signature] Administrator 10/10/15

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H 053	<p>Continued From page 1</p> <p>patients or forty (40) District of Columbia patients, whichever is less, regarding services provided to those patients.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, it was determined that the Governing Body failed to review and evaluate on an annual basis all policies governing the agency's operation to determine if the services were appropriate, adequate, effective and efficient.</p> <p>The finding includes:</p> <p>On September 1, 2015, at approximately 1:00 p.m., the surveyor requested to see a recent copy of the Governing Body's annual report. The assistant DON provided to the surveyor, a copy of the "Professional Advisory Committee Meeting Minutes" dated May 10, 2014. There was no documented evidence that the agency's "Professional Advisory Committee" met after May 10, 2014.</p> <p>During a face to face interview with the assistant DON on September 1, 2015, at approximately 2:30 p.m., The assistant DON confirmed that the Governing Body failed to review and evaluate on an annual basis all policies governing the agency's operation to determine if the services were appropriate, adequate, effective and efficient after May 10, 2014.</p>	H 053	<p>The Administrator shall be responsible for ensuring meetings are conducted in a timely manner. The Administrator shall develop a compliance calendar which includes when meetings are due and expiration dates of important documents.</p>	
H 294	<p>3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care</p>	H 294	<p>All client charts were reviewed for accuracy and completion of the Patient Service Agreement Financial Responsibility section.</p>	November 1, 2015

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H 294	<p>Continued From page 2</p> <p>services has the following rights:</p> <p>(c) To be informed orally and in writing of the following:</p> <p>(2) Whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to inform the Patient in writing whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable in one (1) of three (3) patients in the sample. (Patient #1)</p> <p>The finding includes:</p> <p>Review of Patient #1's clinical record on September 1, 2015, at approximately 10:30 a.m., revealed a document titled "Patient Service Agreement." Review of this document revealed a section titled "Financial Responsibility" which outlines the payer source and the patient's financial responsibility for services provided. Further review of the "Patient Service Agreement" revealed that the section titled "Financial Responsibility" was left blank.</p> <p>A face to face meeting with the personnel clerk on September 1, 2015, at approximately 2:40 p.m., confirmed that the section titled "Financial Responsibility" was supposed to be completed by the admitting RN.</p>	H 294	<p>Those found to be incomplete were issued an Addendum to the Patient Service Agreement stating the whether services are covered by insurance, Medicaid, Medicare, or any other sources, and to which extent patients are liable. These forms will be delivered to clients home via their RN Supervisor to ensure delivery both orally and in writing. The RN Supervisors and Director of Clinical Services have been in-serviced on completing the Patient Service Agreement and Patient Rights and Responsibilities. The Director of Clinical Services shall review all admissions documents to ensure completion. Please See Attachment #2.</p>	
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H 300	Continued From page 3	H 300		
H 300	<p>3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to implement their policy to ensure treatment, care and services were consistent with the patient's POC for three (3) of three (3) patients in the sample. (Patient #1, #2, and #3).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of Patient #1's clinical record on September 1, 2015, at approximately 10:30 a.m., revealed a POC with a certification period of June 27, 2015, through August 25, 2015, for PCA service six (6) hours a day, seven (7) days a week for sixty (60) days to "assist with ADL's bathing, brushing teeth, skin care..." Further review of the record failed to evidence PCA services were provided on July 11, 12, 18, 19, 25, 26, 2015, and five (5) hours of PCA services were provided on August 1, 2, 8, 9, 14, 15, 22, and 23, 2015. 2. Review of Patient #2's clinical record on September 1, 2015, at approximately 11:30 a.m., revealed a POC with a certification period of July 14, 2015, through September 11, 2015, for "skilled nursing (LPN) eight (8) hours on school 	H 300	<p>Community Care Nursing Services of DC shall perform an audit of all client charts to ensure all services rendered to clients are covered by physicians orders. The Director of Clinical Services shall call physicians to clarify orders not found to be in agreement with services rendered. A missed visit note will be obtained for services not provided on the service dates. The Director of Clinical Services shall audit a sample of client charts monthly to ensure compliance. The Assistant Director shall also review client authorizations and staff documentation when renewing client Plans of Care to ensure treatments, and services and consistent. The Assistant Director of Nursing and RN #2 were in-serviced on the process of an exit conference.</p>	November 1, 2015

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H 300	<p>Continued From page 4</p> <p>days, fifteen (15) hours on non-school days to perform multi-system assessment, administer all medications, nutritional requirements and treatments...." Further review of the record revealed SN service was provided from 7:00 a.m., to 9:00 a.m., and from 2:00 p.m., to 10:00 p.m., on July 17, 20, 21, 22, 23 and 24, 2015.</p> <p>3. Review of Patient #3's clinical record on September 1, 2015, at approximately 12:30 p.m., revealed a POC with a certification period of August 8, 2015, through October 6, 2015, for PCA service six (6) hours a day, seven (7) days a week for sixty (60) days to "assist with ADL's bathing, brushing teeth, skin care..." Further review of the record revealed that PCA services were provided from 9:30 a.m., to 5:30 p.m., on August 13, 2015, from 9:30 a.m., to 1:30 p.m., on August 14, 2015, and from 9:30 a.m., to 2:30 p.m., on August 15 and 16, 2015.</p> <p>During a face to face meeting with the assistant DON and RN #2 on September 1, 2015, at approximately 2:50 p.m., the assistant DON failed to acknowledge the survey findings and the exit conference was aborted.</p>	H 300		
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>	H 390	<p>Community Care Nursing Services of DC shall provide monthly in-service education for all personal care aides. Upon completion, a certificate will be issued to all personal care aides and stored in his or her personnel file indicating his or her name, the name of in-service, the date, and how many hours the in-service is worth. The Director of Human Resources shall be responsible for ensuring the completion of monthly in-services and</p>	November 1, 2015

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H 390	<p>Continued From page 5</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that after the first year of service, HHA's complete at least twelve (12) hours of continuing education or in-service training annually for two (2) of four (4) HHA's in the sample. (HHA #2 and #3)</p> <p>The finding includes:</p> <p>On September 1, 2015, starting at approximately 1:30 p.m., review of Employee #2 's personnel record revealed that the HHA was hired at the HCA on April 28, 2011. There was no documented evidence that the HHA had completed at least twelve (12) hours of continuing education or in-service training for the year 2014.</p> <p>On September 1, 2015, starting at approximately 1:45 p.m., review of Employee #3 's personnel record revealed that the HHA was hired at the HCA on April 30, 2012. There was no documented evidence that the HHA had completed at least twelve (12) hours of continuing education or in-service training for the year 2014.</p> <p>During a face to face interview with the personnel clerk on September 1, 2015, starting at approximately 1:45 p.m., the personnel clerk stated that the HHAs' #2 and #3 did have twelve (12) hours of inservice for the year 2014, but the certificates were probably misfiled.</p>	H 390	<p>the filing of the certificates. The Administrator shall ensure via a compliance calendar that a variety of in-service trainings are performed relevant to the task of unlicensed personnel.</p>	
H 399	<p>3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE</p> <p>Personal care aide duties may include the following:</p>	H 399	<p>All aide documentation shall be reviewed during supervisory visits in addition to in the office when they are submitted for payment. Additionally, all aides will be in-serviced on the proper way to complete</p>	October 15, 2015

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H 399	<p>Continued From page 6</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure Home Health Aides (HHAs) recorded the patient's physical condition, or appearance for two (2) of three (3) patients in the sample. (Patient #1 and #3).</p> <p>The findings include:</p> <p>Review of Patient#1 and Patient #3's clinical records on September 1, 2015, between the hours of 10:30 a.m. and 12:30 p.m., revealed HHA time sheets that indicate the dates and times the HHA provided care to their Patients. There was no documented evidence that the HHAs observed their patients' physical condition or appearance.</p> <p>A face to face meeting with the assistant DON and RN #2 was attempted on September 1, 2015, at approximately 2:50 p.m., The assisted DON failed to acknowledge the findings of the surveyor and the exit conference was aborted.</p>	H 399	<p>paperwork, record, and report a patient's physical condition, behavior, or appearance. The Director of Clinical Services shall ensure the review of documentation and compliance with the in-service. All information shall be filed within a timely manner. The Administrative Assistant shall be responsible for timely filing. The Director of Clinical Services shall ensure this standard is met during monthly audits.</p>	



"We care for your loved ones"

Addendum to Patient Service Agreement

Financial Responsibility:

I hereby assign all insurance payments due to me for services rendered by CCNS-DC to CCNS- DC. I have provided my insurance information accurately to the best of my knowledge. I understand that a bill for the services will be sent to:

Insurance Company	Member #	Group #	Phone #	Effective Date
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I understand that I am responsible for renewing my insurance timely and any lapses in coverage will result in either immediate discharge from CCNS or my being responsible for all charges accrued from services rendered, billed at "private pay" rates. I understand that I am also responsible for informing CCNS of any changes to my insurance coverage.

- I understand that my insurance provider will pay 100% of my bill as long as it is active.
- I understand that I will be billed at \$____ per hour for a RN LPN CNA CNA/CMT
- I understand that my copay is \$____ and the balance will be billed to my insurance company.

The provider assigned to my care will be a RN only, RN or LPN, a CNA or PCA

I understand and agree to pay deductibles, co-payments, and any amount due after payment of benefits by any other third party payor. I understand failure to inform CCNS of any changes in my insurance policy or coverage may place full financial responsibility on me.

Patient/ Patient Representative, Legal Guardian, Guarantor	Relationship	Date
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Community Care Nursing Services, Inc. Representative	Title	Date
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Community Care Nursing Services of DC
 Patient Advisory Committee Meeting Agenda
 Saturday September 25, 2015 11:30am

SIGN IN SHEET

Name	Signature	Title
Jill Harper	<i>Jill Harper</i>	PT
Iris D Bond	<i>Iris D Bond</i>	admin
Agnes Lubeg	<i>Agnes Lubeg</i>	RN
Caroline Tcheffo	<i>Caroline Tcheffo, RN</i>	Nurse Sup.
Zanab Kamara	<i>Z. Kamara</i>	LPA
Maxine Shortridge	<i>Maxine Shortridge</i>	LPA
Nicole Long	<i>Nicole Long</i>	Admin
Margaret Collins	<i>M. Collins, RN, BSN</i>	Director
	<i>[Signature]</i>	MD



Government of the District of Columbia
Department of Health



Health Regulation and Licensing Administration

September 17, 2015

Margaret Collins, RN BSN
Community Care Nursing Services
6031 Kansas Avenue, N.W.
Suite 201
Washington, DC 20011

Re: Home Care Agency (HCA-0002)

Dear Ms. Collins:

On September 2, 2015, a licensure survey was completed at your facility identified above. Deficiencies were identified that requires your submission of a Plan of Correction (PoC) to respond to each deficiency. While a reasonable period of time may be allowed for actual correction of these deficiencies, it is imperative that your plan be signed with a specific date for anticipated completion and returned to this office prior to **September 27, 2015**. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms (and not on an attachment, except if submitting a copy of a policy change). NOTE: "Corrected" is not an accepted reply. The plan **MUST** also include the following.

- **What corrective action(s) will be accomplished to address the identified deficient practice;**
- **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and**
- **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

PLEASE NOTE: Plans of Correction not adhering to the above requirements will not be considered acceptable. Surveyors from our office may visit your facility at a future date to determine progress made towards the correction of deficiencies as provided for in your plan. As a result of continued non-compliance, civil monetary penalties may be issued.

If you have any questions regarding this matter, please contact Laura A. Hunte, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division on (202) 442-4736 or at laura.hunte@dc.gov.

Sincerely,

Sharon H. Mebane
Program Manager