

Health Regulation & Licensing Administration

PRINTED: 03/12/2017
FORM APPROVED

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 R 02/10/2017
NAME OF PROVIDER OR SUPPLIER CAPITAL VIEW HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JEFFERSON PLACE, NW WASHINGTON, DC 20036		
(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
{H 000}	INITIAL COMMENTS On February 9, 2017, an onsite follow-up survey was conducted to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39), and to verify the implementation of the facility's plan of correction, submitted on December 28, 2016. The home care agency (HCA) provides care for one hundred fifty-nine (159) residents, and employs three hundred thirty-six (336) staff members. The findings of this survey were based on resident clinical and administrative record reviews, and staff interviews. The following are abbreviations used within the body of this report: HCA - Home Care Agency HHA - Home Health Aide POC - plan of care SN - skilled nurse SOC - start of care	{H 000}	Capitol View Home Health has reviewed the Licensure Survey Report dated March 13, 2017 and all records and results of the home visits conducted during the Licensure Survey for February 9, 2017. H 366 3914.4 Patient Plan of Care	4/1/17 4/1/17
{H 366}	3914.4 PATIENT PLAN OF CARE 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. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that patients' POCs were	{H 366}	1. Corrections. All delinquent 485's have been signed by the doctor. A stricter enforcement of the Policy and Procedure (P&P) for "Physician's Verbal orders / Plan of Treatment Signature" has been enforced. Per the P&P, the DON/Clinical Manager is to be notified of any 485 not signed and returned within 14 days, a daily phone call will be placed to the physician until receipt. Any 485 not received back from the physician signed and dated within 21 calendar days, after 5 consecutive days of calling the office, will be referred to the DON for follow up and assurance of compliance.	

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

TITLE

(X8) DATE

STATE FORM

6898

N9XS12

President

3/23/17

If continuation sheet 1 of 5

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{H 366}	Continued From page 1 approved and signed by a physician, within thirty (30) days of the SOC, for four (4) of ten (10) active patients in the sample. (Patients #1, #4, #5 and #6) The findings include: 1. On February 9, 2017 starting at 10:01 a.m., review of Patient #1's clinical record revealed a POC with a certification period from November 29, 2016 through March 31, 2017. The POC was signed by the physician on January 11, 2017, forty-three (43) days after the certification period began. 2. On February 9, 2017, starting at 1:09 p.m., review of Patient #4's clinical record revealed a POC with a certification period from December 10, 2016 through February 28, 2017. The POC was signed by the physician on January 25, 2017, forty-six (46) days after the certification period began. 3. On February 9, 2017, starting at 2:34 p.m., review of Patient #5's clinical record revealed a POC with a certification period from January 1, 2017 through December 31, 2017. At the time of review, the POC was not signed by the physician, thirty-nine (39) days after the certification period began. 4. On February 10, 2017, starting at 9:53 a.m., review of Patient #6's clinical record revealed a POC with a certification period from October 17, 2016 through April 16, 2017. The POC was signed by the physician on January 13, 2017, eighty-seven (87) days after the certification period began. Interview with the administrator on February 10,	{H 366}	2. Systemic Changes / Quality Assurance Program. All patient records have been reviewed to identify similar problems and a more aggressive approach has been implemented to assure signature of the 485 in a timely manner. Any 485 not signed and returned within 14 days, a daily phone call will be placed to the physician until receipt. Any 485 not received back from the physician signed and dated within 21 calendar days, after 5 consecutive days of calling the office, will be referred to the DON for follow up and assurance of compliance 3. Quality Assurance Program. The DON and/or clinical manager will conduct weekly meetings with the 485 specialist to determine further actions needed for 485's not signed within 21 days. 4. Ongoing Monitoring. Bi-weekly chart audits will be conducted on 50% of active patient records by the QA Nurse for compliance with this policy. The chart audit	4/1/17

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{H 366}	Continued From page 2 2017, at 2:00 p.m., revealed that the agency's practice was to send out the POCs as soon as possible and to log each attempt to contact the physician. She also stated that the agency was working to ensure that all POCs are signed within 30 days. At the time of this survey, the agency failed to ensure that patients' (#1, #4, #5 and #6) POCs were approved and signed by a physician, within 30 days of the SOC.	{H 366}	tracking tool will be utilized to monitor the level of compliance. The results will be reported at monthly and quarterly meetings with the DON, QI officer and Senior Management Team.	
{H 411}	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on a record review and interview, the HCA failed to ensure that each HHA observed, recorded and reported on the patient's physical condition, behavior or appearance, for nine (9) of the ten (10) patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #9 and #10) The findings include: On February 9 through February 10, 2017, between the hours of 9:30 a.m., and 4:00 p.m., review of Patients' #1, #2, #3, #4, #5, #6, #7, #9 and #10 HHA Intervention forms, from November 16, 2016 through January 31, 2017, were	{H 411}	<p>Patient #1 – Plan of Care signed and in patient file</p> <p>Patient #4 – Plan of Care signed and in patient file</p> <p>Patient #5 – Plan of Care signed and in patient file</p> <p>Patient #6 – Plan of Care signed and in patient file</p> <p>H 411 3915.11(f) Home Health & Personal Care Aide Services</p> <p>1. Corrections. Capitol View is working with HomeSolutions and Dial-N-Document to adapt the software to include the HHA observation so they may record and report thing such as Happy, Sad, Alert, Confused and Angry. We are still in the process of implementing this. A broadcast message was sent out to the HHA to inform them of</p>	4/1/17

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{H 411}	Continued From page 3 reviewed. The documents revealed, under the heading entitled "Patient Condition (mark and describe)", that the HHA failed to describe the patient's physical condition, behavior or appearance. It only indicated "no change" for each area. On February 9, 2017, at 12:14 p.m., interview with the administrator revealed that all HHAs were notified, via their telephone system, to describe patient's physical condition, behavior and appearance. She also stated that she was conducting face-to-face meetings to further discuss the the required documentation. Furthermore, the administrator stated that the HCA was in the process of converting to all electronic documentation, and developing a computer application that allows the HHA to describe and document the patient's condition, behavior and appearance. On February 10, 2017 at 10:03 a.m., review of the agency's HHA job description revealed that the HHA is "responsible for observing patients, reporting these observations and documenting observations and care performed." At the time of this survey, there was no evidence the HHAs documented specifically on the patients' physical condition, behavior or appearance in the clinical records, as indicated on the HHA job description.	{H 411}	documentation requirements and the Dial-n-Document tags are being installed in the patient's homes. We have also implemented a paper form to document these "Patient Conditions", until Dial-N-Document is up and running. 2. Systemic Changes / Quality Assurance Program. The Process of correcting the deficiency includes a software update, instillation of Dial-n-Document tags along with clinician education regarding documentation requirements on the paper form until the tag system is up and running. The DON and/or administrator will be notified of non-compliance with documentation. 3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on 50% of active patient records by the QA Nurse for compliance with this policy once the updates are made. The results will be reported at monthly and quarterly meetings	4/1/17
{H 453}	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in	{H 453}		

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{H 453}	Continued From page 4 accordance with the plan of care; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the patient's needs were met in accordance with their POC for one (1) of ten (10) active patients in the sample. (Patient #6) The finding includes: On February 10, 2017, starting at 9:53 a.m., review of Patient #6's POC revealed a SOC date of April 17, 2014, and a certification period from October 17, 2016 through April 16, 2017. The POC indicated that Patient #6 had diagnoses that included Type II Diabetes Mellitus. According to the POC, the SN was to perform a skilled assessment of the endocrine system one (1) to two (2) times every sixty (60) days. On February 10, 2017, starting at 9:53 a.m., review of Nursing Intervention visit notes, dated December 28, 2016 and January 24, 2017, respectively, revealed that the HCA failed to provide documented evidence that a blood glucose was performed on Patient #6. On February 10, 2017, at 2:03 p.m., interview with the agency's DON revealed that the agency will continue to ensure that the nurses capture all pertinent information during the skilled assessment visit. At the time of this survey the HCA's SNs failed to perform a complete skilled assessment of all systems, as ordered by the physician.	{H 453}	with the DON, Administrator and Senior Management Team. H 453 3917.2(c) Skilled Nursing Services 1. Corrections. Policy No. 2-008 "Ongoing Assessment" states "During each home visit, the clinician or other discipline will re-evaluate the patient according to the problems identified during the initial visit and subsequent visits". All skilled and supervisory staff have been in-serviced on P&P "Ongoing Assessment" as of 3/17/17 and are in compliance with the policy. 2. Systemic Changes / Quality Assurance Program. The process of correcting the deficiency include policy review and in-service training for continued compliance with this standard. An in-service was given to supervisory and skilled staff on 11/15/16 and reinforced on 3/17/17 on the elements of performance that address Licensure: 3917.2(c) Skilled Nursing Services. The staff have been educated on the P&P "Ongoing Assessment" and understand it completely 3. Ongoing Monitoring. Bi-weekly chart audits will be conducted on 50% of active patient records by the QA Nurse for compliance with this policy. The chart audit tracking tool will be utilized to monitor the level of compliance. The results will be reported at monthly and quarterly meetings with the DON, Administrator and Senior Management Team.	4/1/17