

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/20/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAPITOL VIEW HOME HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 THOMAS JEFFERSON STREET NW, SUITE 180 G WASHINGTON, DC 20007</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>An annual licensure survey was conducted from January 19, 2012 through January 20, 2012, to determine compliance with Title 22 DCMR, Chapter 39. The findings of the survey were based on a random sample of eight (8) active clinical records based on a census of one hundred eighteen (118) patients, two (2) discharge records, nine(9) personnel files based on a census of one hundred fifty-two(152) employees and three (3) home visit. The findings of the survey were based on staff interviews and review of clinical records.</p>	H 000	<p>H 000: Initial Comments</p> <p>WHO: <i>Capitol View Senior Management met on January 24, 2012, to review the DC Licensing Survey Deficiencies, and made the strategic decision to initiate the plan of correction with appropriate resources for developing tracking tools, in-service training, and deployed the appropriate human resources and time line for implementation.</i> The following four steps are taken to address the plan of correction that identifies the root causes of the deficiency develop a <i>Plan of Correction</i> with strategies for systemic <i>Quality Improvement Program</i> that includes:</p> <ol style="list-style-type: none"> <li>1. <b>WHAT#1.</b> <i>Corrective actions</i> taken to change deficient practice towards compliance of the standards.</li> <li>2. <b>WHAT #2.</b> <i>Steps taken to identify potential similar deficiencies</i> and corrective actions to be taken.</li> <li>3. <b>HOW:</b> <i>Quality Assurance Program</i> and Measures to ensure systemic changes to avoid deficient practice.</li> <li>4. <b>WHEN:</b> <i>Monitoring Corrective Actions over time</i> to avoid recurrence of deficient practice in future at weekly, monthly and quarterly intervals.</li> </ol>	
H 265	<p><b>3911.2(e) CLINICAL RECORDS</b></p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(e) Physician's orders;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined the Home Care Agency (HCA) failed to have a physician order to hold personal care aide (PCA) services on file for one (1) of three(3)patient's at the time of this survey. (Patient #1 )</p> <p>The finding includes:</p> <p>On January 19, 2012, a review of patient #1's record at approximately 10:35 a.m. revealed a document entitled "Plan of Care" with certification period of October 6, 2011 through April 4, 2012 in which the physician ordered personal care aide (PCA) services four (4)days a week for four (4) hours a day for six (6) months.</p>	H 265	<p>H265: 3911.2(e) Clinical Records:</p> <ol style="list-style-type: none"> <li>1. <b>Corrective Actions.</b> The deficiency was reviewed and the Physicians' order to hold services was written and included in the clinical records. The policy of "Patients on Hold" was reviewed and protocol put in place to ensure that all charts will have a physicians' order for services placed on hold. If a discipline is placed on hold for any reason, a verbal order is to be written and sent to the physician for signature. A physician Order tracking log was initiated to be reviewed on a weekly basis with weekly chart review to ensure all orders are up-to-date</li> <li>2. <b>Identifying similar deficiencies.</b> The Chart Review Audit Tool and Physician Order tracking log were used to review all potential deficiencies and correct them on a regular basis to reflect compliance with this standard.</li> </ol>	2/1/12

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *BEVERLY HASTEN - JESUS, MD, MPH* TITLE: *Corporate Director* DATE: *07 FEB 2012*

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H 265	<p>Continued From page 1</p> <p>Further review of the record revealed there was no documented evidence HHA services had been provided from November 1, 2011 through November 19, 2011 and December 1, 2011 through December 17, 2011.</p> <p>During a face to face interview with the office manager on January 19, 2012 at approximately 10 :50 a.m., she indicated there was no physician order to hold PCA services for patient #1.</p> <p>During a face to face interview with the staffing coordinator on January 19, 2012 at approximately 11:00 a.m. she indicated patient #1 requested services be placed on hold.</p> <p>There was no documented evidence of a physician order to hold PCA services in patient #1's record at the time of this survey.</p>	H 265	<p>3. <i>Quality Assurance Program.</i> A specific Quality Assurance Program is initiated to address the specific standard with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given.</p> <p>4. <i>Monitoring Corrective Actions.</i> The Chart Review Audit Tool and The Physician Order Tracking Log will be used weekly, monthly and quarterly and presented at the Quality Improvement Meeting. Senior Management will monitor compliance of this standard over time.</p>	
H 300	<p>3912.2(d) PATIENT RIGHTS &amp; 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, it was determined the Home Care Agency (HCA) failed to have an effective policy to ensure treatment, care and services were consist with the patient's plan of care (POC) for one (1) of ten (10) patient's in the sample. (Patient # 1)</p>	H 300	<p>H300: 3912.2(d) Patient Rights &amp; Responsibilities:</p> <p>1. <i>Corrective Actions.</i> The deficiency was reviewed and the Physicians' order to hold services was written and included in the clinical records. The policy of "Patients on Hold" (Policy No. 2-036) was reviewed and protocol put in place to ensure that all charts will have a physicians' order for services placed on hold. If a discipline is placed on hold for any reason, a verbal order is to be written and sent to the physician for signature. A physician Order tracking log was initiated to be reviewed on a weekly basis with weekly chart review to ensure all orders are up-to-date</p> <p>2. <i>Identifying similar deficiencies.</i> The Chart Review Audit Tool and Physician Order tracking log were used to review all potential deficiencies and correct them on a regular basis to reflect compliance with this standard.</p>	2/1/12

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