

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-9946	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2010
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NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016
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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 at your agency from August 31, 2010 through September 1, 2010, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of ten (10) clinical records based on a census of forty-seven (47) patients, ten (10) personnel files based on a census of three hundred-ninety-one (391) employees and three (3) home visits.

H 000

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF HEALTH  
 HEALTH REGULATION ADMINISTRATION  
 225 NORTH CAPITOL ST., N.E., 2ND FLOOR  
 WASHINGTON, D.C. 20002  
 9.22.10

H 053 3903.2(c)(1) GOVERNING BODY

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.

This Statute is not met as evidenced by:  
Based on a record review and interview, it was determined that the agency failed to include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto in its annual evaluation.

The finding includes:

H 053

Response to H 053 3903.2(c)(1):

- Quality Surveys are sent to all clients on a quarterly basis.  
See attached samples of surveys from DC clients  
Example #1 Attached
- Capital City Nurses Policies and Procedures provide the following:  
  
*Chapter Quality Assurance Program:  
Process Review; Page 106:  
# 4. Each quarter the Operations Committee will review quarterly quality surveys and incident reports for the preceding quarter. Policy or procedure changes and recommendations will be documented and referred to management for approval prior to implementation.*

Health Regulation Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE President	(X6) DATE 9/17/10
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2010
NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016		
(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
			<p><i>Continuation of Response to H 053 3903.2(c)(1):</i></p> <p>3. Capital City Nurses Policies and Procedures provide the following:</p> <p><i>Chapter Quality Assurance Program: Process Review; Pgs 105-106.</i></p> <p><i>Process Review Policy Delivery of thorough and exceptional client services is essential to promoting client and caregiver satisfaction as well as the reputation of the Company. An Operations Committee will be established and charged with the responsibility to review processes. The Operations Committee will meet on a regular basis. The Operations Committee will discuss and review client care and needs, caregiver services, provide internal training, education and learning opportunities for staff, as well as review client recommendations. All of which will enhance client services, identify exceptional caregivers, and improve the community's recognition of CCNHS as exceeding expectations.</i></p> <p><i>Procedure Operations Committee meetings will be held at least on a bi-weekly basis. The Director of Nursing will Chair the meeting.</i></p> <p><i>Participants will consist of representative Coordinator from each location; Clinical Nursing staff representative, and Management personnel.</i></p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0040	(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(03) DATE SURVEY COMPLETED  09/01/2010
NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI		STREET ADDRESS, CITY, STATE, ZIP CODE 4810 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20018		
(04) 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)	(05) COMPLETE DATE
			<p><i>Continuation of Response to H 053 3903.2(c)(1):</i></p> <p><i>1. A review of client, caregiver, and management topics will be discussed for each location.</i></p> <p><i>a. Clients Topics will include admissions, new cases, hospitalized clients, discharges/cases ended, client incidents and potential clients as well as a review of the New Client Audit and discharge file audit.</i></p> <p><i>b. Caregiver Topics: Caregiver issues, Caregiver incidents, Santrax utilization, submission of notes &amp; timecards as well as introduction of new caregivers</i></p> <p><i>c. Management Topics will include review of new or revised procedures, new forms or provide training on various subjects, regulations or</i></p> <p><i>2. Each quarter the Operations Committee will review quarterly quality surveys and incident reports for the preceding quarter. Policy or procedure changes and recommendations will be documented and referred to management for approval prior to implementation.</i></p> <p><i>3. The Operations Committee will review the Employee Satisfaction Surveys annually.</i></p> <p><i>4. Systemic Changes: A specific Operations Committee meeting will be scheduled quarterly to review feedback/ complaints/incidents each March, June, September and December. Results of this review will summarized and recommendations identified and provided to management for implementation.</i></p> <p><i>Quarterly review meeting will be scheduled by September 30, 2010</i></p>	<p>9/30/10</p> <p>9/30/10</p>

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H 053	Continued From page 1  A record review on August 31, 2010, at 11:05 a.m., revealed no documented evidence of all complaints made or referred to the agency including the nature of each complaint and the agency's response.  A face to face interview with the Director of Operations (DOO) on August 31, 2010, at 11:30 a.m. confirmed the findings.	H 053		
H 120	3906.1(a) CONTRACTOR AGREEMENTS  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (a) A description of the services to be provided;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the description of services for one (1) of two (2) contract agreements reviewed.  The findings include:  Record review on August 31, 2010, at approximately 11:40 a.m. revealed the Home Care Agency contract agreement with a local hospital failed to provide a description of the services to be provided for one (1) of two (2) contract agreements reviewed.  A face to face interview with the Director of	H 120	Response to H 120 3906.1(a):  1. At time of review only the Business Agreement was available for auditors review as opposed to Contract/Agreement between (Blank) Hospital and Agency.  2. Contract/Agreement provides a description of services to be provided on Page 1. Scope of Services: "Scope of Services. Agency shall use its best efforts to provide "Blank" Hospital with qualified temporary Healthcare Professionals, according to the costs and procedures detailed in this Agreement."  3. Systemic Change: Agency will have available at each location a copy of complete Business Agreements and Contracts for service Provision.	10/15/10

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H 120	Continued From page 2  Operations on August 31, 2010, at approximately 11:50 a.m. confirmed the contract failed to provided a description of the services to be provided.	H 120		
H 121	<p><b>3906.1(b) CONTRACTOR AGREEMENTS</b></p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(b) The location where services are to be provided;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the location where services are to be provided for one (1) of two (2) contract agreements reviewed.</p> <p>The findings include:</p> <p>Record review on August 31, 2010, at approximately 11:40 a.m. revealed the contract agreement with a local hospital failed to include the location where services are to be provided.</p> <p>A face to face interview with the Director of Operations on August 31, 2010 at approximately 11:50 a.m. confirmed the contract agreement for one (1) of two (2) contracts reviewed failed to include the location where services are to be provided.</p>	H 121	<p><i>Response to H 121 3906.1(b):</i></p> <ol style="list-style-type: none"> <li>1. At time of review only the Business Agreement was available for auditors review as opposed to Contract/Agreement between (Blank) Hospital and Agency.</li> <li>2. Contract/Agreement states "Blank" Hospital in maintaining acceptable staffing limits "within its facility." Agency does not provide Home Care Services for "Blank Hospital."</li> <li>3. All services are provided at hospital.</li> <li>4. Systemic Change: Agency will have available at each location a copy of complete Business Agreements and Contracts for service Provision.</li> </ol>	10/15/10

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NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016		
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H 122	Continued From page 3	H 122		
H 122	<p><b>3906.1(c) CONTRACTOR AGREEMENTS</b></p> <p>If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(c) The manner in which services will be controlled, coordinated and evaluated by the primary home care agency.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the Home Care Agency (HCA) failed to include the manner in which services will be controlled, coordinated and evaluated by the primary home care agency for one (1) of two (2) contract agreements.</p> <p>The finding includes:</p> <p>A record review on August 31, 2010, at approximately 11:40 a.m., revealed the HCA had a contract agreement with a local hospital. Review of the contract revealed that there was no documented evidence of the manner in which services would be controlled, coordinated and evaluated by the primary home care agency. The Director of Operations (DOO) confirmed the findings on August 31, 2010 at approximately 11:50, a.m.</p>	H 122	<p><i>Response to H 122 3906.1(c):</i></p> <p>1. At time of review only the Business Agreement was available for auditors review as opposed to Contract/Agreement between (Blank) Hospital and Agency.</p> <p>2. Contract/Agreement provides for stated Responsibilities and Obligations:</p> <p>"Blank" Hospital" will designate a "Blank" employee to act as contact person who will remain available as a liaison to agency for coordinating and scheduling services to be provided under this Agreement.</p> <p>"Blank" Hospital" will provide supervision to health professionals. "Blank" Hospital will maintain responsibility for clinical supervision and direction to professionals with regard to day to day staffing and nursing objectives.</p> <p>3. Systemic Change: Agency will have available at each location a copy of complete Business Agreements and Contracts for service Provision.</p>	10/15/10
H 123	<p><b>3906.1(d) CONTRACTOR AGREEMENTS</b></p> <p>If a home care agency offers a service that is provided by a third party or contractor,</p>	H 123		

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NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016
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H 123	<p>Continued From page 4</p> <p>agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports for one (1) of two (2) contractor agreements.</p> <p>The finding includes :</p> <p>A record review on August 31, 2010, at approximately 11:40 a.m., revealed a document entitled " Independent Contractor Agreement ". There was no documented evidence of the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports.</p> <p>During a face to face interview with the Director of Operations on August 31, 2010 at approximately 11:50 a.m., it was acknowledged that the agency failed to include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports for one (1) of two (2) contractor agreements.</p>	H 123	<p>Response H 123 3906.1(d)::</p> <ol style="list-style-type: none"> <li>1. Agency did not agree to provide "Blank Hospital" any Home Care Services. All services to "Blank Hospital" are provided at the hospital.</li> <li>2. However, Agency's, policies and procedures do provide for submission of clinical and progress notes as evidenced in Page 142, Section 5: Pay Practices:                     <p style="text-align: center;"><i>All time sheets, along with nursing notes, must be presented to the CCNHS office every Monday.</i></p> </li> <li>3. Scheduled Visits for Home Care Services are provided for in the Agency's Policies and Procedures on Page 84 in Section Nursing Visits and Assessments:                     <p style="text-align: center;"><i>Among the array of services provided by CCNHS are skilled nursing visits and assessments. The information listed below is intended to establish guidelines for visit and assessment frequency. As a private company, the specific frequency and type of nursing visits will ultimately be determined based on the individual needs of the client served, the professional judgment of the skilled nurse and any governing regulatory body or contractual requirements.</i></p> <p><i>Procedure:</i> <i>The client's needs and /or circumstances determine the specific assessment, visit and follow-up frequency to be established.</i></p> <p><i>Should a client's condition be deemed chronic and stable, the frequency guidelines listed below should be utilized to determine visit frequency. Clients, however, may request to increase the number of nursing visits at any time, regardless of the nursing recommendation.</i></p> </li> </ol>	
H 125	<p>3906.1(f) CONTRACTOR AGREEMENTS</p> <p>If a home care agency offers a service that is</p>	H 125		

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H 125	Continued From page 6  provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (f) The procedures used for managing and monitoring the work of personnel employed on a contractual basis;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the procedures used for managing and monitoring the work of personnel employed on a contractual basis in its contractor agreements for one (1) of two (2) contract agreements.  The findings include:  A record review on August 31, 2010, at approximately 11:40 a.m., revealed a document entitled "Independent Contractor Agreement". There was no documented evidence of the procedures used for managing and monitoring the work of personnel employed on a contractual basis.  During a face to face interview with the Director Of Operations (DOO) on August 31, 2010, at approximately 11:50 a.m., she acknowledged the finding and admitted that the agency failed to include the procedures used for managing and monitoring the work of personnel employed on a contractual basis in its contractor agreements for one (1) of two (2) contract agreements.	H 125	Response to H 125 3906.1(f):  1. Monitoring: Scheduled Visits for Home Care Services are provided for in the Agency's Policies and Procedures on Page 84 in Section Nursing Visits and Assessments:  <i>Among the array of services provided by CCNHS are skilled nursing visits and assessments. The information listed below is intended to establish guidelines for visit and assessment frequency. As a private company, the specific frequency and type of nursing visits will ultimately be determined based on the individual needs of the client served, the professional judgment of the skilled nurse and any governing regulatory body or contractual requirements.</i>  <i>Procedure:</i> <i>The client's needs and /or circumstances determine the specific assessment, visit and follow-up frequency to be established.</i>  <i>Should a client's condition be deemed chronic and stable, the frequency guidelines listed below should be utilized to determine visit frequency. Clients, however, may request to increase the number of nursing visits at any time, regardless of the nursing recommendation.</i>  2. Managing and Evaluating: a. The Agency employs all of its staff. The Agency does not utilize Independent Contractors.  b. The Agency's Policies and Procedures provide for the evaluation of all employees as written on Page 129 Section, Employee Evaluation. Process and procedures are as follows:	
H 126	3906.1(g) CONTRACTOR AGREEMENTS	H 126		

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NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI		STREET ADDRESS, CITY, STATE, ZIP CODE 4010 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016		
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			<p><i>Continuation of Response to H 125 3906.1(f):</i></p> <p><i>Employee Evaluation</i></p> <p><i>-Policy</i> CCNHS believes that feedback to employees is an essential building block in employee development and thereby providing excellent service to our clients. Employees of CCNHS will receive formal and informal feedback as opportunities arise during the normal course of business; and all active employees will receive a formal evaluation at least once per year.</p> <p><i>-Procedure</i> The DON or her delegate will evaluate all caregivers. Unsatisfactory evaluations will be discussed with the caregiver and then placed in the caregivers employee file.</p> <p>The DON or a delegate will complete a Supervisory Visit Record Form every time a site visit is conducted unless the visits are less than one month apart. These evaluations will be discussed with the caregiver and then placed in the caregivers employee file.</p> <p>Formal Performance Appraisals will be conducted once per year; and will begin in calendar year 2002.</p> <p>The DON or her appropriate Management delegate will conduct an annual performance appraisal for each active employee who has been assigned to a case within the specific calendar year being evaluated.</p> <p>Observation sheets, quality surveys, and complaint forms will be utilized when completing the annual performance appraisal.</p>	

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H 126	Continued From page 6  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (g) The duration of the agreement, including provisions for renewal, if applicable; and...  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include the duration of the agreement, including provisions for renewal, if applicable in its contractor agreements for one (1) of two (2), contract agreements.  The findings include:  A record review on August 31, 2010, at approximately 11:40 a.m., revealed a document entitled " Independent Contractor Agreement. " There was no documented evidence of the duration of the agreement, including provisions for renewal.  During a face to face interview with the Director of Operations on August 31, 2010, at approximately 11:50 a.m., she acknowledged the finding and admitted that the agency failed to include the duration of the agreement, including provisions for renewal, if applicable in its contractor agreements for one (1) of two (2), contract agreements.	H 126	Response to H 126 3906.1(g):  1. At time of review only the Business Agreement was available for auditors review as opposed to complete Contract/Agreement between (Blank) Hospital and Agency.  2. Contract/Agreement provides for "Terms and Termination: This Agreement shall be come effective on the Effective date and shall continue for a one (1) year period. Following expiration of the initial (1) one year term, this Agreement shall automatically renew for successive (1) one year periods unless otherwise terminated by either party..."  3. Systemic Change: Agency will have available at each location a copy of complete Business Agreements and Contracts for service Provision.	10/15/10
H 127	3906.1(h)(1) CONTRACTOR AGREEMENTS  If a home care agency offers a service that is	H 127		

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H 127	<p>Continued From page 7</p> <p>provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:</p> <p>(h) Assurance that the contractor will comply with:</p> <p>(1) All applicable agency policies, including the assurance that contract personnel meet the qualifications and fulfill the responsibilities of agency employees as set out in these rules;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to include that the contractor will comply with all applicable agency policies, including the assurance that contract personnel meet the qualifications and fulfill the responsibilities of agency employees as set out in these rules in its contractor agreements for one (1) of two (2) contract agreements.</p> <p>The findings include:</p> <p>A record review on August 31, 2010, at approximately 11:40 a.m., revealed a document entitled "Independent Contractor Agreement". There was no documented evidence that the contractor complied with all applicable agency policies, including the assurance that contract personnel meet the qualifications and fulfill the responsibilities of agency employees as set out in these rules for one (1) of two (2) contractor agreements.</p> <p>During a face to face interview with the Director of Operations on August 31, 2010, at approximately 11:40 a.m., she acknowledged that</p>	H 127	<p>Response to H 127 3906.1(h):</p> <ol style="list-style-type: none"> <li>1. The Agency employs all of its staff. The Agency does not utilize Independent Contractors.</li> <li>2. Responsibilities, expectations, policies and procedures are reviewed with all employees at orientation and a various times through out the year and employment.</li> <li>3. This information is provided in Agency's Policies and Procedures as noted in the Employment Section , Pages 121-148 which include polices on the Hiring process. Drug Testing, Employee Evaluation, Terms of Employment, Employee Health Certificate, Disciplinary Guidelines, Termination of employment, Personnel Files, Pay Practices, ID cards, and Standards of Professional Behavior.</li> </ol>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2010
NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MASSACHUSETTS AVE NW #23 WASHINGTON, DC 20016		
(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 127	Continued From page 8  the agency failed to include that the contractor would comply with all applicable agency policies, including the assurance that contract personnel meet the qualifications and fulfill the responsibilities of agency employees as set out in these rules in its contractor agreements for one (1) of two (2) contract agreements.	H 127		
H 128	<b>3906.2(h)(2) CONTRACTOR AGREEMENTS</b>  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (h) Assurance that the contractor will comply with:  (2) Insurance and bonding requirements as set out in section 3901 of these regulations; and...  This Statute is not met as evidenced by: Based on a record review and interview, it was determined the agency did not include assurances that the contractor will comply with insurance and bonding requirements as set out in section 3901 of regulation in its "Contractual Agreement".  The findings include:  A record review on August 31, 2010, at approximately 11:40 a.m., revealed a form entitled "Cooperative Agreement". The form failed to disclose the assurance that the contractor will comply with insurance and bonding requirements as set out in section 3901 of these regulations for	H 128	<i>Response to H 128 3906.2(h)(2):</i>  1. The Agency has met and exceeded the requirements for Insurance and Bonding requirements as noted in 3901 of the regulations.  2. Please see attached Agency Certificate of Insurance. Example #2  3. At time of review only the Business Agreement was available for auditors review as opposed to Contract/Agreement between (Blank) Hospital and Agency.  4. Contract/Agreement provides for Indemnification and insurance on Pages 4 & 5 of Contract/Agreement. Agency and (Blank) Hospital shall each maintain general liability insurance of at least \$1,000,000. In addition, both shall maintain professional liability insurance on an occurrence basis in no less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate and Workers Compensation insurance for all Healthcare professionals in no less than the minimum provided by law....  5. Systemic Change: Agency will have available at each location a copy of complete Business Agreements and Contracts for service Provision.	10/15/10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/01/2010
NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI			STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016		
(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 129	Continued From page 9 one (1) of two (2) contracts reviewed.  During a face to face interview on August 31, 2010, at approximately 11: 50 a.m., with the Director of Operations (DOO), she acknowledged the findings.	H 129			
H 129	3906.2(h)(3) CONTRACTOR AGREEMENTS  If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following:  (h) Assurance that the contractor will comply with:  (3) All applicable federal and District laws and regulations.  This Statute is not met as evidenced by: Based on record review and interview it was determined that the agency failed to include the assurance that the contractor will comply with all applicable federal and District laws and regulations in its contractor agreements.  The findings include:  A record review on August 31, 2010, at approximately 11:40 a.m. revealed a document entitled " Independent Contractor Agreement ". There was no documented evidence that the contractor will comply with all applicable federal and District laws and regulations in its contractor agreements in its contractor agreements for one	H 129	Response to H 129 3906.2(h)(3):  1. It is the intent and objective of this Agency to comply with all federal and District laws.  2. The Agency employs all of its staff. The Agency does not utilize Independent Contractors.		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2010
NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERVI		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016		
(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 129	Continued From page 10  (1) of two (2) contract agreements.  During a face to face interview with the Director of Operations on August 31, 2010 at approximately 11:50 a.m., she acknowledged that the agency failed to include the assurance that the contractor will comply with all applicable federal and District laws and regulations in its contractor agreements.	H 129		
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, it was determined that the agency failed to ensure home health aides recorded, and reported on the patient's physical condition, behavior or appearance for ten (10) of ten (10) patients in the sample. ( Patient #1, Patient #2, Patient #3, Patient #4, Patient #5, Patient #6, Patient #7, Patient #8, Patient #9 and Patient #10).  The findings include:  Review of Patient #1, Patient #2, Patient #3, Patient #4, Patient #5, Patient #6, Patient #7, Patient #8, Patient #9 and Patient #10's medical record on August 31, 2010, approximately between 11:00 a.m. - 3:30 p.m., revealed the home health aide had not recorded and reported	H 411	Response to H 411 3915.11(f):  1. The Agency will provide for in-service education and training for home health aides to review documentation of daily notes to reflect home health aides ability to document their observation, recording, and reporting the patient's physical condition during their visit to client's home. In-service will be provided within a 60 day period and will be completed by November 20, 2010.  2. Systemic Changes:  a. Agency will include training on such documentation in its formal Orientation presentation.  b. The Skilled visit nurse will review documentation with Home health Aide upon her visits to patient.  c. Home Health Aides notes will be reviewed by nursing staff to ensure understanding and compliance with training.	11/20/10  10/12/10  10/15/10



Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/01/2010
NAME OF PROVIDER OR SUPPLIER  CAPITAL CITY NURSES HEALTH CARE SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 4010 MASSACHUSETTS AVE NW 323 WASHINGTON, DC 20016		
(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 459	<p>Continued From page 12</p> <p>documented teaching and the evaluation of instructions given to Patient #5 on her disease processes.</p> <p>2. Review of Patient # 6's nursing notes dated May 10, June 1, June 11 and July 7, 2010, on August 31, 2010, at approximately 12:20 p.m., revealed no evidence the nurse documented teaching and the evaluation of instructions given to Patient #6 on his disease processes.</p> <p>3. Review of Patient #7's nursing notes dated March 2, April 15, and June 18, 2010, on August 31, 2010, at approximately 12:40 p.m., revealed no evidence the nurse documented teaching and the evaluation of instructions given to Patient # 7 on his disease processes.</p> <p>4. Review of Patient # 10's nursing notes dated April 15, April 30, June 23 and July 15, 2010, on August 31, 2010, at approximately 12:20 p.m., revealed no evidence the nurse documented teaching and the evaluation of instructions given to Patient #10 on her disease processes.</p> <p>During a face to face interview with the Director of Operations on August 31, 2010, at approximately 3:45 p.m., the surveyor informed the provider of the above and it was acknowledged the nurse had not documented teaching and the evaluation of instructions given to Patients #5, #6, #7 and #10 on their disease processes.</p> <p>There was no documented evidence of teaching or the evaluation of instructions given to the patients in their medical records.</p>	H 459			