Health Regulation & Licensing STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED 05/21/2013	
NAME OF F	ROVIDER OR SUPPLIER	0	STREET AL	DRESS, CITY,	STATE, ZIP CODE			
MEDSTA	R VISITING NURSE A	ASSOCIATION, IN		NNECTICUT GTON, DC 2	AVENUE, SUITE 441 20008			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
H 000	through May 21, 20 4301 Connecticut A D.C., 20008, Suite a with Title 22 DCMR Agencies Regulatio were based on a ra clinical records base hundred-seven (407 personnel files base (52) employees. Ob were conducted in t	onducted on May 20, 13, at your new local venue, N.W., Washi 441 to determine cort, Chapter 39 (Home ens). The findings of findom sample of fifteed on a census of for patients and fifteed on a census of fifteer on a census of the patient homes during the patient homes	tion at ington, mpliance Care the survey en (15) ur n (15) fty-two views uring four	Н 000	Received 6/5 Department of Health Health Regulation & Licensing Adm Intermediate Care Facilities I 899 North Capitol St., N. Washington, D.C. 2000	inistration Division E.		
	were made to current patients.  H 450 3917.1 SKILLED NURSING SERVICES  Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care.  This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC) for one (1) of fifteen (15) patients in the sample. (Patient # 15)		H 450	Operations Directors and Educator will re-educate clinicians on accurately documenting patient/caregiver instruction to weigh the patient daily when listed on the plan of care. Education guidance for skilled nursing visits will be to record the weight done by the patient/caregiver that visit day, or weigh the patient and record if	egiver patient plan of for be to y the it day, or	<i>6</i>  21 13		
	April 2, 2013, throug 2013, at approximate patient had diagnose ulcers on the hip and II, hypertension and nurse was to instruct	ew of Patient #15's plan of care (POC) dated 2, 2013, through May 31, 2013, on May 20, , at approximately 5:05 p.m., revealed the nt had diagnoses that included decubitus s on the hip and heel, Diabetes Mellitus Type pertension and West Nile fever. The skilled e was to instruct the patient/caregiver to			not done. The physician seem to the notified and document is not possible to weight patient at home or when the patient/caregiver is noncomin weights.  Continues on page	should red if it he he ompliant		
ith Regula	tion & Licensing Administ	Jan Co	Cosas	low	SIR DIRECTOR E Emplos	113	(X6) DATE	
ORATORY	DIRECTOR'S OR PROVIDE	DICHES DEPOS DE LA CONTRACTOR DE LA CONT	T		SR TO 2- Proce of	1/0		

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 05/21/2013 HCA-0059 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4301 CONNECTICUT AVENUE, SUITE 441 MEDSTAR VISITING NURSE ASSOCIATION, IN WASHINGTON, DC 20008 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 450 H 450 Continued From page 1 6/21/13 Education on accurately documenting patient/caregiver weigh the patient every day. instruction to weigh the patient Review of Patient #15's Skilled Nurse Revisit daily will be completed by Licensed Practical Nurse (SNRLPN) documents 6/21/13. dated April 3, 5, 8, 10, 12, 17, 19, 22, 24, 26 and 29, 2013 and May 3, 6, 9, 10 and 13, 2013, on Compliance in documenting the May 20, 2013, between 5:05 p.m. to 5:25 p.m., revealed no documented evidence the SN individualized patient teaching instructed the patient/caregiver to weigh the will be monitored by the patient every day. Additionally there were no Operations Directors, Educator actual or reported weights documented on the and/or Quality Specialist. The aforementioned documents. education and oversight has been approved by the Regional During a face to face interview with the assistant regional manager on May 20, 2013, at Operations Director and the Sr. approximately 7:05 p.m., it was acknowledged Director Compliance/Regulatory. that the SN had not instructed the patient/caregiver to weigh Patient #15 every day according to the POC. Further interview revealed that the nursing staff would be re-trained on how to provide SN services in accordance with Patient #15's POC. Operations Directors and H 459 3917.2(i) SKILLED NURSING SERVICES H 459 6/21/13 Educator will re-educate clinicians on accurately Duties of the nurse shall include, at a minimum, the following: documenting individualized patient teaching that is listed on (i) Patient instruction, and evalutaion of patient the plan of care. The instruction; and patient/caregiver teaching will take place each visit and the quantity of teaching during the This Statute is not met as evidenced by: skilled nursing visit will be Based on interview and record review, the home dependent on patient/caregiver care agency's (HCA)skilled nursing staff failed to needs and their ability to learn or provide evidence that instructions were afforded retain the information. In to patients related to their health conditions, for addition, the documented three (3) of the fifteen (15) patients in the sample (Patient #2, #3 and #10). Additionally, the HCA

Health Regulation & Licensing Administration

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0059 05/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4301 CONNECTICUT AVENUE, SUITE 441 MEDSTAR VISITING NURSE ASSOCIATION, IN WASHINGTON, DC 2000B PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 459 H 459 response to teaching will be Continued From page 2 accurate as related to the patient failed to provide evidence that the instructions teaching provided during the given were understood, for 3 of the 15 patients in the sample. (Patient #2, #3 and #15) specific skilled nursing visit. Education will be completed by The findings include: 6/21/13. The agency failed to ensure training and/or the Compliance in documenting the evaluation of the training had been completed as individualized patient teaching prescribed. The Operations Director. 1. Review of Patient #2's plan of care (POC) with Educator and/or Quality a certification period of May 5, 2013, through July Specialist will be responsible for 3, 2013, on May 20, 2013, at approximately 11:30 the ongoing review of a.m., revealed that the skilled nurse (SN) was to documented teaching for instruct the patient/caregiver on medication use. completeness of the information. oxygen therapy, wound care, signs and symptoms of deteriorating condition and disease The education and oversight has processes and pain management. Review of been approved by the Regional Patient #2's medical record on May 20, 2013, at Operations Director and the Sr. approximately 11:35 a.m., revealed a SN Revisit Director Compliance/Regulatory. Wound (SNRW) document dated May 8, 2013. The document indicated that the SN instructed the patient in wound care, signs and symptoms of infection and inflammation in the wound. Additionally, a review of a SNRW dated May 13,2013, revealed that the patient was instructed in congestive heart failure (CHF) management, activities, preparing a low sodium, fat, cholesterol diet, fluid restriction and safety management secondary to oxygen use in the home. The SN documented that the patient "stated understanding" of the aforementioned instructions. The SN however, failed to document the specific aspects of the aforementioned respective training's taught to the patient and the patient's specific level of understanding of the aforementioned health teachings. 2. Review of Patient #3's POC with a certification period of April 1, 2013, through May 30, 2013, on

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		tes mptoms at care, ation. n May 20, revealed 2013. The ted the dycemia, are. The e to tructions". e specific e and the retanding gh June ely 12:55 at the biratory t, signs and ement.		Operations Directors and Educator will reclinicians on accurately documenting indivipatient teaching that is listed on the plan of patient/caregiver teaching will take place equantity of teaching during the skilled nurs dependent on patient/caregiver needs and the learn or retain the information. In addition, documented response to teaching will be acrelated to the patient teaching provided durs killed nursing visit. Education will be confo/21/13.  Compliance in documenting the individual teaching The Operations Director, Educato Specialist will be responsible for the ongoing documented teaching for completeness of the education and oversight has been approximately documented teaching that is listed on the plan of opatient/caregiver teaching during the skilled nursing the documented response to teaching will be as related to the patient teaching provided during the skilled nursing visit. Education will completed by 6/21/13.	ridualized  foare. The ach visit and the ing visit will be heir ability to the courate as ing the specific apleted by  ized patient or and/or Quality ang review of he information. oved by the director  ducate dualized care. The ch visit and arsing visit and their ddition, accurate aring the	
	(SNRIWL) document document indicated to patient in medication and symptoms of infravenous (IV) meditemperature, nutrition and hydration. The Spatient was able to "vThe SN however, fail	that the SN instructed compliance, hydratic ection, handwashing lication, monitoring in to promote wound in documented that the treat that the treat and	d the on, signs after healing the ing".	j	Compliance in documenting the individualiz teaching The Operations Director, Educator Quality Specialist will be responsible for the review of documented teaching for complete information. The education and oversight has approved by the Regional Operations Director. Director Compliance/Regulatory.	and/or ongoing ness of the	

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(3) DATE SURVEY COMPLETED	
NAME OF !	DOWNER OF SUPPLIED	HCX-0039	STREET A		STATE ZID CODE	05/2	1/2013
MEDSTAR VISITING NURSE ASSOCIATION IN 4301 COM			DDRESS, CITY, STATE, ZIP CODE  DNNECTICUT AVENUE, SUITE 441  IGTON, DC 20008				
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	AR VISITING NURSE ASSOCIATION, IN  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		Co pate Ed res doce info bee	perations Directors and Educator ducate clinicians on accurately do dividualized patient teaching that e plan of care. The patient/caregill take place each visit and the quaching during the skilled nursing ependent on patient/caregiver need ility to learn or retain the informality to learn or retain the informalition, the documented response II be accurate as related to the patienting provided during the special resing visit. Education will be constant to the patient teaching The Operations Disponsible for the ongoing review examented teaching for completer promation. The education and over a approved by the Regional Operator and the Sr. Director impliance/Regulatory.	cumenting t is listed of iver teaching uantity of visit will be designed and the ation. In to teaching trient fic skilled inpleted by dividualized rector, will be of ness of the excipt has	ng l	
H 564	3923.3(c) PHYSICAL	. THERAPY SERVIC	ES	H 564			

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0059 05/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4301 CONNECTICUT AVENUE, SUITE 441 MEDSTAR VISITING NURSE ASSOCIATION, IN WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) The Rehab Operations Director H 564 Continued From page 5 H 564 and Educator will re-educate The licensed physical therapist shall: clinicians on accurately documenting individualized 6/21/13 (c) Monitor and assess the degree to which patient therapy, safety and fall therapy treats the identified physical dysfunction prevention teaching as relates to or the degree to which pain associated with the patient specific condition. movement is reduced. The patient/caregiver teaching will take place each therapy visit and will be dependent on This Statute is not met as evidenced by: patient/caregiver needs and their Based on interview and record review, the home ability to learn or retain the care agency's (HCA)physical therapy staff failed information. In addition, the to provide evidence that varied instructions were documented response to teaching given to treat the identified physical dysfunction will be accurate as related to the and were understood for two (2) of fifteen (15) patients in the sample. (Patient #7 and #8) specific patient teaching provided during the physical therapy visit. The findings include: Education will be completed by 6/21/13. The documentation survey 1. Review of Patient #7's plan of care (POC) with findings will be reviewed with a certification period of May 1, 2013 through June 29, 2013, at approximately 2:30 p.m., revealed the individual therapist and the patient had diagnoses that included difficulty education as described above by walking and was prescribed physical therapy (PT) 6/4/13 6/14/13. for once a week times one (1) week and then two (2) times a week for six (6) weeks. Additionally Compliance in documenting the the PT was to instruct the patient in the care and use of equipment, instruct in a home exercise individualized patient safety, fall program, provide training on safety and fall prevention and therapy teaching precautions, gait and transfer training and will be monitored by the Rehab strengthening exercises. Review of Patient #7's Operations Director, Educator medical record on May 20, 2013, between 2:35 and/or Quality Specialist. p.m. to 3:00 p.m., revealed PT Revisit (PTR) notes dated May 3,10,13 and May 17, 2013. Periodic on-going therapy However, on the aforementioned dates the PT did documentation review will be not vary the instructions during the visits. The PT completed on the individual PT also provided the same instructions verbatim to Continues on page 7 the patient on "safety and fall precautions".

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE S COMPLE	E SURVEY PLETED			
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NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
4301 CON			AVENUE, SUITE 441					
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H 564	Continued From page 6			H 564	noted in patient #7 and 8	Гће		
	Additionally the doc	cuments also reveal	ed that the	ļ	education and oversight has	nt has been		
		understanding of the		1	approved by the Regional		4	
		ining's but would nee			Operations Director and the	Sr.		
	instructions for independence". The PT failed to document the specific level of understanding of the aforementioned training's.				Director Compliance/Regul	atory.		
	2. Daview of Dation	1 #0's sign of sac. /f	200144				ŀ	
		t #8's plan of care (F d of May 21, 2013 th		The Rehab Operations Director and Educator will re-educate clinicians on accurately documenting				
	June 19, 2013, at approximately 3:10 p.m., revealed the patient had diagnoses that included		re-educate clinicians on accurately documenting individualized patient therapy, safety and fall					
	gait abnormality and			prevention teaching as relates to the patient specific				
1	therapy (PT) for fou			condition. The patient/caregiver teaching will take				
1	and then three (3) ti							
	Additionally the PT							
1	the care and use of	equipment, provide	training					
i	on safety measures		ement					
1	precautions, gait/tra							
}	strengthening exerc							
4	medical record on M			physical therapy visit. Education will be completed by 6/21/13.  The documentation survey findings will be reviewed with the individual therapist and education			i 1	
	p.m. to 3:55 p.m., re notes dated April 25	2013 and May 3.7	and 0				6/14/13	
	2013. However, on						-יורוןש	
1	PT did not vary the I			as d				
1	during the prescribe				and the same of th			
	the same instruction			Con	npliance in documenting the individu	alized	i	
Î	"safety, fall and joint replacement precautions".			patient safety, fall prevention and therapy teaching				
	Additionally, the doc				be monitored by the Rehab Operatio			
	patient "verbalized understanding of the			Director, Educator and/or Quality Specialist.				
	aforementioned train			Periodic on-going therapy documentation review				
	instructions for indep			will	be completed on the individual PT n	oted in	:	
	document the specif		aing of	patie	ent #7 and 8The education and ove	rsight has	i I	
1	the aforementioned	u airiirig s.	1	beer	approved by the Regional Operation	s Director	; 1	
1	During a face to face	interview with the s	ecictont	and	the Sr. Director Compliance/Regulat	ory.	i i	
	regional manager on		is sistering			4	1	
	approximately 7:00 p		that the				1	
	PT staff would be re-					1		
	instructions given to						1	
	dysfunctions and the		- Park tracking	1		1		

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Health Regulation & Licensing Administration								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATI	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		СОМ	COMPLETED			
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	HCA-0059			B. WING _		05/	21/2013	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	Y, STATE, ZIP CODE			
MEDSTAR VISITING NURSE ASSOCIATION, IN 4301 CON			NNECTICU STON, DC	T AVENUE, SUITE 441 20008				
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
H 564	Continued From pa	ge 7		H 564				
	understanding of the	e instructions given t	o treat		ţ		1	
)	the identified physic	al dysfunctions of Pa	atient #7		I		1	
	and #8.	•			Į.			
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