Receive Department of Health

Health Regulation & Licensing Administration Intermediate Care Facilities Division

PRINTED: 05/20/2013 FORM APPROVED

Administration 899 North Capitol St. N E

(X1) PROVIDER/SUPPLIES SHINGTON, IDENTIFICATION NUMBER: 1X2 STRUCTION

A. BUILDING:

A. BUILDING: Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION B. WING 05/09/2013 HCA-0054 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 000 H 000 INITIAL COMMENTS The VMT Home Health Agency makes its best efforts to operate in An annual survey was conducted at your agency substantial compliance with both from May 8, 2013, Federal and State law. A Statement of through May 9, 2013, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Deficiency (SOD) does not constitute Agencies Regulations). The findings of the survey an admission or agreement by any were based on a random sample of ten (10) party, its Officers, Directors, clinical records based on a census of three employees, or agents as the truth of the hundred seventy-two (372) patients and ten (10) facts alleged or the validity of the personnel files based on a census of three conditions set forth on the Statement hundred-seventy-nine (379) employees. of Deficiencies Report. This SOD is Observations and interviews were conducted in prepared and/or executed solely the patient homes during four (4) home visits and six (6) telephone calls were made to current because it is required by Federal and patients. State law. H 364 H364 3914.3 Patient Plan of Care H 364 3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: 1. VMT has developed a template for the emergency plan to be included (m) Emergency protocols; and... on the plans of care. (See attachment A). This Statute is not met as evidenced by: 2. The new emergency plan will be Based on record review and interview the home included on the POC for any new care agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for admissions, and recertifications nine (9) of ten (10) patients in the sample. beginning June 1, 2013. (Patients #2, #3, #4, #5, #6, #7, #8, #9 and #10) The findings include: Review of the following POCs on May 8, 2013, between 11:30 a.m. and 5:00 p.m., revealed no documented evidence that the POCs included an emergency protocol as evidenced below: 1. Patient #2's POC with a certification period of May 24, 2012 through November 23, 2013, failed to include an emergency protocol.

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Q2E911

TITLE CLIMICS / Adminster T(X6) DATE

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-0054 05/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 364 H 364 Continued From page 1 2. Patient #3's POC with certification period of 3. VMT will conduct quarterly audits March 23, 2013 through May 21, 2013, failed to of clinical records to monitor the include an emergency protocol. compliance of the inclusion of the emergency protocol on the new and Patient #4's POC with certification period of recertified plan of cares, beginning January 15, 2013 through July 14, 2013 failed to include an emergency protocol. the third quarter of 2013, beginning July 1, 2013. A sample size of 10% 4. Patient #5's POC with a certification period of will be assessed to determine February 3, 2013 through August 4, 2013, failed compliance and will be the benchmark to include an emergency protocol. for any modification of the audits going forward. This audit will be overseen 5. Patient #6's POC with a certification period of April 9, 2013 through June 8, 2013, failed to directly by the Clinical Administrator include an emergency protocol. and the Director of Nursing or their designee. The results will be discussed 6. Patient #7's POC with a certification period of in the quarterly Professional Advisory November 17, 2012 through May 26, 2013, failed Committee meetings. to include an emergency protocol. August 1, 2013 7. Patient #8's POC with a certification period of March 21, 2013 through May 19, 2013, failed to include an emergency protocol. 8. Patient #9's POC with a certification period of March 19, 2013 through May 17, 2013, failed to include an emergency protocol. 9. Patient #10's POC with a certification period of March 29, 2013 through April 27, 2013, failed to include an emergency protocol. During a face to face interview with the administrator on May 8, 2013, at approximately 4:40 p.m., it was acknowledged the POC did not include an emergency protocol for Patient's #2, #3, #4, #5, #6, #7, #8, #9 and #10. The administrator indicated that the agency would

add an addendum to the POC to include the

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-0054 05/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **TAG** DEFICIENCY) H 364 H 364 Continued From page 2 H454 3917.2(d) Skilled Nursing Services aforementioned requirement for the physician's After the survey, VMT purchased signature. weight scales for the nursing staff. H 454 H 454 3917.2(d) SKILLED NURSING SERVICES 2. On May 13, 2013, VMT notified the nursing staff to begin weighing and Duties of the nurse shall include, at a minimum, documenting beneficiary's weights the following: on the monthly nurses notes. The weights (d) Implementing preventive and rehabilitative will be done on any beneficiary that has a nursing procedures; diagnosis that requires monthly weight management and that can safely stand on the scale provided. If unable to weigh the beneficiary, the staff will This Statute is not met as evidenced by: Based on interview and record review, the home document the last reported weight care agency's (HCA)skilled nursing staff failed to from the beneficiary, if known, on provide evidence that preventive and the monthly visit note. rehabilitative nursing procedures were afforded to patients related to their health conditions, for one 3. VMT will conduct quarterly audits (1) of ten (10) patients in the sample. (Patient of clinical records to monitor the **#5**). compliance of the inclusion of the The finding includes: monthly weights on the monthly visit notes beginning the third Review of Patient #5's plan of care (POC) dated quarter of 2013, beginning February 3, 2013 through April 4, 2013, on May 8, July 1, 2013. A sample size of 2013, at approximately 3:10 p.m., revealed 10% will be assessed to determine Patient #5 had diagnoses that included morbid compliance and will be the benchmark obesity, diabetes mellitus type II, hypertension, lymphedema, asthma and left eye blindness. for any modification of the audits going forward. This audit will be Review of Patient #5's Initial Health/Psychosocial overseen directly by the Clinical Assessment Form (IH/PAF) dated February 7, Administrator and the Director of 2011, on May 8, 2013, at approximately 3:15 Nursing or their designee. The results p.m., revealed that the patient was five (5) feet, will be discussed in the quarterly six (6) inches tall and weighed three hundred Professional Advisory Committee (300) pounds. August 1, 2013 Meetings.

Review of Patient #5's Nursing Visit Note/Aide Supervisory Visit (NVN/ASV) documents dated

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-0054 05/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 454 Continued From page 3 H 454 April 29, March 14 and February 15, 2013, on May 8, 2013, between 3:15 and 3:30 p.m., revealed no documented evidence that the nurse actually weighed Patient #5 or recorded the patient's reported weight during the physical assessment. During a face to face interview with the administrator and director of nursing (DON) on May 8, 2013, at approximately 5:45 p.m., it was acknowledged at the time of the survey there was no documented evidence that the nurse actually weighed Patient #5 or recorded the patient's reported weight during the physical assessment. Further interview revealed that the POC would be updated to include instructions for the nursing staff to weigh the patient or record the patient's reported weight from the primary care physician. Also the nursing staff would be re-trained on how to weigh and document the actual or reported H459 3917.2 (i) weight on the IH/PAF and NVN/ASV. **Skilled Nursing Services** H 459 3917.2(i) SKILLED NURSING SERVICES H 459 And H564 3923.3 (c) Duties of the nurse shall include, at a minimum, **Physical Therapy Services** the following: 1. A mandatory in-service has been (i) Patient instruction, and evalutaion of patient scheduled for June 7th and June instruction; and 12th, 2013, with the current Professional staff to include, RNs, LPNs, PT, and OT. This in-service will This Statute is not met as evidenced by: reinforce that the staff should identify Based on interview and record review, the home what was taught to the beneficiary care agency's (HCA)skilled nursing staff failed to on each visit, the beneficiary's response provide evidence that instructions were afforded to the teaching and/or the beneficiary's to patients related to their health conditions, for ability to do a repeat demonstration of the four (4) of the ten (10) patients in the sample

(Patient #2, #3, #4 and #8). Additionally, the HCA

failed to provide evidence that the instructions

Q2E911

information taught.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION X1 PROVIDER SUPPLIER X2 MULTIPLE CONSTRUCTION A BUILDING: X5 DATE SURVEY COMPLETED	Health F	Regulation & Licensir	ng Administration								
NAME OF PROVIDER OR SUPPLIER WITHOME HEALTH AGENCY SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) THE findings include: The findings include: The agency failed to ensure training and/or the evaluation of the training had been completed as prescribed. 1. Review of Patient #2's medical record on May 8, 2013, at approximately 11:30 a.m. revealed a RN Monthly Visit Record/ Supervisory Visit Form (RNMVR/SVF) dated February 2, 2013. The document indicated that the nurse provided training on medication compliance with the associated risks and benefits. Additionally, review of a RNMVR/SVF dated January 11, 2013, indicated the patient was taught alternative pain techniques. The nurse however, failed to document the specific aspective training's taught to the	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI			1 * *		COMPLETED					
VMT HOME HEALTH AGENCY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 459	HCA-0054				B. WING						
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 459 Continued From page 4 given were understood, for two (2) of the 10 patients in the sample. (Patient #3 and #4) The findings include: The agency failed to ensure training and/or the evaluation of the training had been completed as prescribed. 1. Review of Patient #2's medical record on May 8, 2013, at approximately 11:30 a.m. revealed a RN Monthly Visit Record/ Supervisory Visit Form (RNMVR/SVF) dated February 2, 2013. The document indicated that the nurse provided training on medication compliance with the associated risks and benefits. Additionally, review of a RNMVR/SVF dated January 11, 2013, indicated the patient was taught alternative pain techniques. The nurse however, failed to document the specific aspects of the aforementioned respective training's taught to the	NAME OF PROVIDER OR SUPPLIER STREET AL										
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) H 459 Continued From page 4 given were understood, for two (2) of the 10 patients in the sample. (Patient #3 and #4) The findings include: The agency failed to ensure training and/or the evaluation of the training had been completed as prescribed. 1. Review of Patient #2's medical record on May 8, 2013, at approximately 11:30 a.m. revealed a RN Monthly Visit Record/ Supervisory Visit Form (RNMVR/SVF) dated February 2, 2013. The document indicated that the nurse provided training on medication compliance with the associated risks and benefits. Additionally, review of a RNMVR/SVF dated January 11, 2013, indicated the patient was taught alternative pain techniques. The nurse however, failed to document the specific aspects of the aforementioned respective training's taught to the	VMT HOME HEALTH AGENCY										
given were understood, for two (2) of the 10 patients in the sample. (Patient #3 and #4) The findings include: The agency failed to ensure training and/or the evaluation of the training had been completed as prescribed. 1. Review of Patient #2's medical record on May 8, 2013, at approximately 11:30 a.m. revealed a RN Monthly Visit Record/ Supervisory Visit Form (RNMVR/SVF) dated February 2, 2013. The document indicated that the nurse provided training on medication compliance with the associated risks and benefits. Additionally, review of a RNMVR/SVF dated January 11, 2013, indicated the patient was taught alternative pain techniques. The nurse however, failed to document the specific aspects of the aforementioned respective training's taught to the	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY	FULL	PREFIX	(EA	CH CORRECTIVE ACTION SHOULD SERVED TO THE APPRO	LD BE	COMPLETE		
patient and the patient's specific level of understanding with the aforementioned health teachings. 2. Review of Patient #3's medical record on May 8, 2013, at approximately 11:50 a.m. revealed a Skilled Nursing Visit Note (SNVN) dated May 1, 2013. The document indicated that the nurse provided training on fall precautions. The nurse however, failed to document the specific aspects of the aforementioned training taught to the patient and the patient's specific level of understanding with the aforementioned health teaching. 3. Review of Patient #4's medical record on May 8, 2013, at approximately 12:50 p.m. revealed Nursing Visit Note/Supervisory Visit (NVN/SV) documents dated April 29 and February 16, 2013.	H 459	given were underst patients in the sam. The findings included the patients of the traprescribed. 1. Review of Patients, 2013, at approximal RN Monthly Visit Responsible to the patients of a RNMVR/SVF of indicated training on medicate associated risks and of a RNMVR/SVF of indicated the patient techniques. The nutrodocument the special forementioned responsible to the patient and the patient and the patient and the patient and the patients and the patients and the patients of the aforemention patient and the patients and the pa	ood, for two (2) of the ple. (Patient #3 and #3 e: o ensure training and aining had been commately 11:30 a.m. revecord/ Supervisory Ved February 2, 2013. If that the nurse provision compliance with distentian benefits. Additional lated January 11, 20 at was taught alternatives however, failed to iffic aspects of the spective training's taught indicated that the respective training the aforementioned at #3's medical record the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent's specific level of the aforementioned that the respective training taught to ent	d/or the pleted as d on May vealed a fisit Form The ded the ally, review 13, tive pain ought to the health d on May vealed a d May 1, nurse e nurse c aspects the finealth d on May vealed (N/SV)	H 459	tools staff docu will profet teach relat process. VM' clini that in the that each third yull come any This Clini Nursell discontrol of the teach third come any this come any this clini Nursell come and the teach third come any this come any this clinical come and the teach third come any this come any this clinical come and the teach third come any this clinical come and the teach third come any this clinical come and the teach third come any this clinical come and the teach third come and the teach the teach third come and the teach third come and the teach third	s were provided to the profest that included resource webst amentation examples. These aide in systematically guiding ressional staff to individualize thing for each beneficiary as test to their specific disease tests (es), medications, diet, etc. The will conduct quarterly audical records to monitor the control of the professional staff is monitored to the professio	ssional sites and tools ng the te the it etc. dits of compliance ore specification of the aching and at gin the coing forward to the c	ard.		

FORM APPROVED 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-0054 05/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 459 Continued From page 5 H 459 The documents, indicated that the nurse provided training on medication management, Additionally, review of a NVN/SV dated March 25, 2013, indicated the nurse instructed the patient to use a walker at all times to avoid falling. The nurse however, failed to document the specific medications taught to the patient and the patient's specific level of understanding with the respective aforementioned health teachings. 4. Review of Patient #5's medical record on May 8, 2013, at approximately 1:40 p.m. revealed a NVN/SV dated April 29, 2013. The document indicated that the nurse provided training on infection control related to the transmission of the influenza virus. The nurse however, failed to document which aspect of the aforementioned health teaching was understood by the patient/caregiver. There was no documented evidence that the nurse provided health teaching instructions to the patient/caregiver on March 19 and February 15, 2013. 5. Review of Patient #6's POC with a certification period of April 9, 2013 through June 8, 2013, on May 8, 2013, at approximately 2:55 p.m. revealed that the skilled nurse (SN) was to teach the patient/caregiver how to perform wound dressing in the absence of the nurse if needed. Review of SNVN dated April 15, 2013, indicated that the nurse provided training on wound care. The nurse however, failed to document the specific aspects of the wound care training that was taught to the patient and the patient's specific level of understanding with the respective aforementioned health teachings.

6. Review of Patient #7's medical record on May 8, 2013, at approximately 4:55 p.m. revealed SNVNs dated May 1, April 29, April 26, April 24

Health R	Regulation & Licensin	ng Administration					
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		Mischella Highermania -	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HCA-0054		B. WING		05/09/2013	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 00.00	
VMT HON	ME HEALTH AGENCY	r		STREET NW GTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE COMPLETE	
H 4 59	Continued From pa	age 6		H 459			
	the nurse provided the physician; howe document the specitraining that was provided. Review of Patient 8, 2013, at approximate SNVN dated April 2 indicated that the nupressure managem patient/caregiver; he		cribed by to d care /caregiver. rd on May ealed a ent ic blood				
H 564	administrator and di May 8, 2013, at app acknowledged at the no documented evic nursing staff ensure evaluation of the tra prescribed. Further nursing staff would document training a training in the patier 3923.3(c) PHYSICA The licensed physic (c) Monitor and asset therapy treats the id	AL THERAPY SERVIC cal therapist shall: sess the degree to wh dentified physical dysf sich pain associated w	there was cy's epleted as nat the v to of the	H 564	H459 3917.2 (i) Skilled Nursing Services And H564 3923.3 (c) Physical Therapy Services 1. A mandatory in-service has been scheduled for June 7 th and June 12 th , 2013, with the current Professional staff to include, RNs, LPNs, PT, and OT. This in-servic reinforce that the staff should iden what was taught to the beneficiary on each visit, the beneficiary's rest to the teaching and/or the beneficiar	ee will stify ponse	
	movement is reduce	3 u .			ability to do a repeat demonstration information taught.		

PRINTED: 05/20/2013 FORM APPROVED

		ng Administration		0/0/18/17/20	E O NICEPLICATION	OWN DATE	OHD) (E) (
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(2) S	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
is a second seco		A. BUILDING		The second section of the section of				
110A 0054			B. WING		05/0	0/0040		
HCA-0054			12 M25 C 1 M ON 2000 11 O MP C			9/2013		
NAME OF F	ROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE				
VMT HO	ME HEALTH AGENCY	<i>(</i>		STREET NW STON, DC 2				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
H 564	Based on interview care agency's (HCA to provide evidence treat the identified punderstood for two sample. (Patient #8 The findings included 1. Review of Patient a certification period May 19, 2013, on May 19, 2013, at approximate the priod of March 10 and a provided the aforementioned insight aforementioned insight aforementioned in the aforemention in the aforemention in the aforemention in the patient difficulty walking. For evealed that the Province is and fall prevention exercises and the aforementioned in the aforemention in the patient difficulty walking. For evealed that the Province is and fall prevention exercises and the aforementioned in the patient difficulty walking. For every supplied in the patient difficulty walking and fall prevention exercises and the patient difficulty walking.	met as evidenced by and record review, the Apphysical therapy state that the instructions obysical dysfunction (2) of ten (10) patients and #9) e: at #8's plan of care (Filed of March 21, 2013 May 8, 2013, at approximate the patient had diagonal frect hemiplegia. Fur revealed that the physto provide gait/balance mobility training, therafety and fall preventions of Patient #8's record at the PT provided that the PT provided	he home aff failed given to were ts in the POC) with through eximately noses ther visical ce apeutic on May 8, led and the to hading with extification 17, 2013, included POC balance me safety ic es.	H 564	 After the survey concluded, edit tools were provided to the profestaff that included resource well documentation examples. These will aide in systematically guid professional staff to individuality teaching for each beneficiary as relates to their specific disease process (es), medications, diet, VMT will conduct quarterly audiclinical records to monitor the contract that the professional staff is make in their teaching, the evaluation beneficiary's response to the teath that this information is document each visit. This audit will be begathird quarter of 2013, beginning July 1, 2013. A sample size of 1 will be assessed to determine compliance and will be the beneficial Administrator and the I Nursing or their designee. The rediscussed in the quarterly Profest Advisory Committee Meetings. 	essional estools ing the ze the it etc. dits of ompliance ore specific of the aching and oted, at gin the chmark for oing forwar ctly by the Director of esults will be ssional	rd.	

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: HCA-0054 B. WING _ 05/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 564 Continued From page 8 H 564 PTRNs dated May 3, April 22, April 15 and April 10, 2013. The documents indicated that the PT provided the aforementioned instructions; but failed to document the specific level of understanding with the aforementioned training. During a face to face interview with the administrator and director of nursing (DON) on May 8, 2013, at approximately 5:45 p.m.., it was acknowledged that the physical therapy staff would be re-trained on documenting the specific level of understanding of the aforementioned instructions given to Patient's #8 and #9.