

Received  
3/30/18

PRINTED: 03/14/2018  
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B WING: _____	(X3) DATE SURVEY COMPLETED  03/08/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  VNA OF MARYLAND, LLC D/B/A VNA OF DC	STREET ADDRESS, CITY, STATE, ZIP CODE 840 FIRST STREET NE WASHINGTON, DC 20002
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	--	--------------------

H 000	INITIAL COMMENTS  An initial licensure survey was conducted from March 7, 2018 through March 8, 2018 to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to five (5) patients and employs three (3) staff. The findings of the survey were based on a review of administrative records, five (5) active patient records and three (3) personnel records. The findings were also based on one (1) home visit and one (1) telephone interview.  The following are abbreviations that may appear throughout the body of this report.  HCA - Home Care Agency POC - Plan of Care SN - Skilled Nurse	H 000		
H 363	3914.3(f) PATIENT PLAN OF CARE  The plan of care shall include the following:  (f) Identification of employees in charge of managing emergency situations;  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the POC identified the employees in charge of managing emergency situations for five (5) of five (5) active patients in the sample (Patient #1, 2, 3, 4 and 5).  Findings included:  Review of the clinical records for Patients #1-5 on 3/7/18 showed POCs that failed to contain a statement identifying the employees within the	H 363	H 363  The agency's computer software will be modified to include identification of employees in charge of managing situation.  Audit POC for 10% of the agency's census initially x1 month assessing presence of identification of employees in charge of managing emergency situations  Target threshold is 100%. Once threshold is met, we will continue to audit 10% of charts quarterly then yearly to monitor compliance.	4/5/18

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Director of Clinical Mgt DATE: 3/20/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA -0091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2018</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>VNA OF MARYLAND, LLC D/B/A VNA OF DC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>840 FIRST STREET NE WASHINGTON, DC 20002</b>
---	--

(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 363 Continued From page 1  
agency who are in charge of managing emergency situations.  
  
During an interview on 3/7/18 at 3:00 PM, the Clinical Manager said that a statement will be added to all POCs to identify the Clinical Manager or Administrator as the employees in charge of managing emergency situations.

H 363

H 364 3914.3(m) PATIENT PLAN OF CARE  
The plan of care shall include the following:  
(m) Emergency protocols; and...

H 364

**H364**  
The agency's computer software will be modified to include emergency protocol.  
  
Audit POC for 10% of the agency's census, initially x 1 month assessing presence of emergency protocols.

4/5/18

This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that POCs included emergency protocols for five (5) of five (5) patients in the sample (Patients #1, 2, 3, 4 and 5).

Findings included:

Review of the clinical records for Patients #1-5 on 3/7/18 showed POCs that failed to include emergency protocols.

During an interview with the Clinical Manager on 3/7/18 at 3:00 PM, the Clinical Manager said that the HCA's computer software will be modified to include emergency protocols on all POCs.

Target threshold is 100%. Once threshold is met, agency will continue to audit 10% of charts quarterly, then yearly to monitor compliance.

H 459 3917.2(i) SKILLED NURSING SERVICES

H 459

Duties of the nurse shall include, at a minimum, the following:

(i) Patient instruction, and evaluation of patient

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA -0091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>VNA OF MARYLAND, LLC D/B/A VNA OF DC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>840 FIRST STREET NE WASHINGTON, DC 20002</b>	
(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 Continued From page 2  
instruction; and

This Statute is not met as evidenced by:  
Based on record review and interview, the SN failed to document the specific level of the patient's understanding of the instructions given for one (1) of the five (5) active patients in the sample (Patient #5).

Findings included:

1. On 3/7/18 at 10:15 AM, a review of Patient #5's clinical record revealed a late entry nursing note dated 3/7/18 at 9:36 AM which indicated that a nursing visit was conducted on 2/21/18. Continued review of the nursing note revealed that the SN instructed the patient on the following: "Lovenox dose, rational for use, side effects, symptoms of adverse reactions..." Further review of the nursing note failed to evidence an evaluation of the patient's understanding of the instructions as it pertained to the above mentioned teaching.

During an interview with the Clinical Manager on 3/7/18 at 3:00 PM, the Clinical Manager said that that the nurse will be in-serviced to document the patient's level of understanding following teaching.

H 459 H459

Staff was educated, and future staff will be educated that there must be evidence in the patient's record of the instruction and evaluation of the patients understanding of the instruction as it pertains to their teaching.

Audit 10 % of agency's census initially x 1 month assessing presence of complete documentation.

Target threshold is 80%, once threshold is met agency will continue to audit quarterly and then yearly to monitor for compliance.

3/8/18