


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2015
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NAME OF PROVIDER OR SUPPLIER MEDSTAR VISITING NURSE ASSOCIATION, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 CONNECTICUT AVENUE, SUITE 441 WASHINGTON, DC 20008
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H 000 INITIAL COMMENTS	<p>H 000</p> <p>On September 25, 2015, the Department of Health, Health Regulations and Licensing Administration was made aware, via email which included a link to a TV news report from channel 4 NBC, of an incident that alleged a nurse from a home care agency was charged with first degree sexual assault.</p> <p>Due to the nature of the complaint, on September 28, 2015, the Intermediate Care Facilities Division initiated an investigation, to verify compliance with the basic standards of practice and Title 22 B, Chapter 39 (Home Care Agencies Regulations). The findings of the investigation were based on record review and interviews.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Deoxyribonucleic Acid - DNA Director of Nursing - DON Home Care Agency - HCA Joint Commission on the Accreditation of Healthcare Organization - JCAHO Licensed Practical Nurse - LPN Metropolitan Police Department - MPD Plan of Care - POC Registered Nurse - RN</p> <p>Allegation #1: Patient #1 was sexually assaulted by LPN #1, who was assigned to give care to Patient #1's post surgical wounds.</p> <p>Finding: Based on MPD report, DNA (semen) was retrieved from the scene of the crime, found on cotton balls that were used by LPN #1 to wipe his penis and Patient #1's leg after the incident. On August 6, 2015, a superior court judge ordered LPN #1 to submit his DNA, via a buccal</p>	 <p>HCA was notified on 1/20/15 by the MPD that Patient #1 had reported a sexual assault by LPN#1. HCA initiated an internal investigation on 1/20/15. On 1/21/15, LPN#1 was suspended pending our internal investigation. On 1/29/15, HCA was notified by LPN #1's attorney that LPN #1 would not be participating in internal investigation. LPN #1's employment was terminated on 1/30/15 as a result of his refusal to participate in investigation. The internal investigation could not be completed at that time due to lack of cooperation by LPN #1. The HCA cooperated with MPD; per their request, HCA provided all files regarding the incident. At this time the investigation was fully in the hands of the MPD authority. (continued on page 2)</p>
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



STATE FORM

0899

6X1V11

TITLE

President

(X8) DATE

10/29/15

If continuation sheet 1 of 9

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H 000 Continued From page 1
swab, for testing. On September 4, 2015, a forensic case report documented that the DNA profile obtained from the cotton balls was a DNA match to the buccal swab.

Conclusion: LPN #1's employment was terminated on January 30, 2015. On September 23, 2015 the MPD placed LPN #1 on supervision and electronic monitoring.

H 000

The home care agency (HCA) was notified on 9/25/15 by the media of the 9/24/15 arrest of LPN #1, and the media provided HCA an affidavit document from MPD at that time. HCA was provided no information on the status of the investigation prior to HCA's 9/25/15 notification by the media. On 10/9/15, the HCA's Board of Directors was fully apprised of the status of the incident and that the HCA was awaiting the outcome of the DOH survey.

H 291 3912.2(a) PATIENT RIGHTS & RESPONSIBILITIES

Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:

H 291

(a) To be treated with courtesy, dignity, and respect;

This Statute is not met as evidenced by: Based on a record review and interview, it was determined that the HCA failed to develop policies and procedures to address the patient's right to be treated with courtesy, dignity, and respect for one (1) of one (1) patients included in the investigation. (Patient #1)

The finding includes:

The home care agency's records regarding the allegation of abuse filed against LPN #1 was reviewed and revealed a document, dated January 25, 2015, entitled "Interview of [RN #1's Name]." The interview documented a written

Policy RI 18.0 "Patient Rights and Responsibilities" (attached) states patients will be treated with courtesy, dignity and respect. This policy is discussed at orientation with all new hires and will be reinforced with all staff via a training inservice by 11/15/15. In addition, a mandatory review of the patient rights policy and procedure will be conducted annually. The HCA will proceed with progressive disciplinary action as defined in Human Resources "Performance Management Policy" for any substantiated investigation of an alleged violation of courtesy, dignity, or respect. Compliance with policy and procedure will be monitored via inservice attendance records and Human Resources records review for individual trends.

11/15/15

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H 291	<p>Continued From page 2</p> <p>conversation between Employee #2 and RN #1 that revealed that Patient #1 was not treated with dignity and respect as evidenced below:</p> <p>RN #1 visited the patient for wound treatment, sometime after the sexual abuse allegation (exact date unknown). While the nurse was dressing the wound to the patient's middle back, the patient asked the nurse if she knew [LPN #1]." The nurse replied "yes, he's one of our best male nurses." The patient informed the nurse that he sexually assaulted her. The nurse stated "What? This is a married man, good guy." The patient informed the nurse that "he stuck his finger up my rear. I have his DNA on gloves."</p> <p>The document further revealed a statement given to the interviewer by RN#1 that the "patient's rear end was covered by layers of fat; and therefore, her allegations would not be possible." RN #1 also informed the interviewer that she was "very sarcastic in the way she challenged the patient." As a result, the patient screamed for her aunt to come into the room and she told her aunt that "they're all against me." The nurse finished dressing the wound and left the home.</p> <p>On October 1, 2015, at approximately 10:45 a.m., the surveyor requested the agency's policies and procedures that addressed the patient's right to be treated with courtesy, dignity, and respect. The agency provided a policy entitled "Rights and Responsibilities." Review of the policy failed to provide evidence of procedures to be implemented that would ensure patients are treated with courtesy, dignity, and respect. Additionally, the HCA provided their agency's handbook given to their patients at the time of admission. Review of the handbook revealed a list of patient's rights that included the right to "be</p>	H 291	<p>If a suspected violation of patient rights is reported or identified or a trend is recognized related to any employee of the home care agency (HCA) regarding violation patient rights, there will be HR actions of re-education of the policy, performance improvement plan for the employee and/or the employee will be placed in the HCA progressive disciplinary action program. The regional directors and the VP of Quality will be responsible for monitoring trends and actions taken as they occur and a monthly review of all patient right violations will be identified and actions taken will be discussed monthly at the regulatory meeting.</p> <p>Evidence of these procedures aimed at ensuring the right to be treated with courtesy, dignity, and respect are included in Policy RI 18.0: All staff are informed, at the time of orientation, of the Patient Rights and Responsibilities and the procedure for educating the patient regarding patient rights and responsibilities described below:</p>	
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H 291	<p>Continued From page 3</p> <p>treated with dignity without regard to age, race, color, gender, sexual orientation, national origin, disability, religion, economic status political beliefs or diagnosis." The handbook, however, failed to provide evidence of procedures on how the agency was to ensure these rights. At the time of the investigation, the HCA failed to ensure policies and procedures were developed to protect Patient #1 from physical and mental abuse.</p>	H 291	<p>Procedure: Upon admission to service, all patients will receive a copy of the Patient's Bill of Rights, which will be reviewed and discussed with them by the staff member prior to beginning patient care. The patient or their representative will sign the consent for services to verify receipt and explanation of their rights and responsibilities after it has been explained and discussed with them by staff.</p> <p>In addition, staff will receive patient rights education inservice by 11/15/15 and annually as part of HCA's mandatory training. Compliance with policy and procedure will be monitored via review of 100% of admission documents to ensure that the rights and responsibilities policy has been provided and discussed upon admission. In addition, inservice attendance records will be monitored for staff attendance (initially and annually)</p>	11/15/15
H 305	<p>3912.2(i) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(i) To be free from mental and physical abuse, neglect, and exploitation by agency employees or contract personnel;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency failed to develop policies and procedures to ensure patient's right to be free from mental and physical abuse for one (1) of one (1) patients included in the investigation. (Patient #1)</p> <p>The findings include:</p> <p>1. On September 25, 2015, the Intermediate Care Facilities Division was made aware of an allegation that LPN #1 had been charged with first degree sexual assault.</p> <p>Review of an "Affidavit in Support of an Arrest</p>	H 305	<p>Evidence of this policy and procedure aimed at ensuring these rights are included in Policy RI 18.0: All staff are informed, at the time of orientation, of the Patient Rights and Responsibilities and the procedure for educating the patient regarding patient rights and responsibilities, including the patient's right to be free from physical and mental abuse, described below.</p> <p>Procedure: Upon admission to service, all patients will receive a copy of the Patient's Bill of Rights, which will be reviewed and discussed with them by the staff member prior to beginning patient care. The patient or their representative will sign the consent for services to verify receipt and explanation of their rights and responsibilities, including the patient's right to be free from physical and mental abuse, after it has been explained and discussed with them by staff.</p> <p>In addition, staff will receive patient rights education inservice by 11/15/15 and annually as part of HCA's mandatory training. Compliance with policy and procedure will be monitored via review of 100% admission documents to ensure that the rights and responsibility policy has been provided and discussed upon admission. In addition, inservice attendance records will be monitored for staff attendance (initially and annually)</p>	11/15/15

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H 305	Continued From page 4	H 305	<p>Action taken since survey: On October 8, 2015, a meeting was held with HCA management, see sign-in sheet. The HCA regional director discussed patient rights and patient complaint process with the management. The management was instructed to ensure that the complaint process was followed and the patient rights were reviewed with the patients at admission, as well as the complaint process and the hotline numbers for the District's DOH. The patient rights are provided in the handbook and on the patient folder. Once the survey results were received, the president and vice president of quality of the HCA began meeting and reviewing the survey results. The patient rights policy was revised as well as the complaint policy, which are attached. These policies were distributed to the staff on 10/27/15 and the staff will be required to attend a formal in-service by 11/15/2015 to review patient rights policy and the complaint policy. The complaint policy has been added to the admission packet and provided to and reviewed with the patient on admission by the staff effective 10/27/15. The patient rights policy was revised on 10/28/2015 and resent to all HCA staff on 10/29/2015.</p> <p>The HCA was notified on 9/25/15 by the media of the 9/24/15 arrest of LPN #1, and the media provided HCA an affidavit document from MPD at that time. HCA was provided no information on the status of the investigation prior to HCA's 9/25/15 notification by the media. On 10/9/15, the HCA's Board of Directors was fully apprised of the status of the incident and that the HCA was awaiting the outcome of the DOH Survey.</p>	
	<p>Warrant" from the Superior court of the District of Columbia's Criminal Division dated September 15, 2015, revealed that LPN #1 allegedly inserted three fingers into the patient's vagina and one into her rectum during the assault. Reportedly, DNA (semen) was retrieved from the scene of the crime, found on cotton balls that were used by LPN #1 to wipe his penis and Patient #1's leg after the incident. The affidavit further documented that on August 6, 2015, a superior court judge ordered LPN #1 to submit his DNA, via a buccal swab, for testing. On September 4, 2015, a forensic case report documented that the DNA profile obtained from the cotton balls was a DNA match to the buccal swab. Attached to the affidavit was a document from the Superior Court of the District of Columbia dated September 23, 2015, that revealed that LPN #1 was placed on supervision and electronic monitoring on September 25, 2015.</p> <p>2. On October 1, 2015, the home care agency's records regarding the allegation of abuse filed against LPN #1 were reviewed. The records included a document, dated January 22, 2015 that detailed Patient #1's complaint of abuse as evidenced below:</p> <ul style="list-style-type: none"> • The patient complained to the investigator that the LPN #1 came to her home to provide care, but instead "violated" her. • LPN #1 called the patient to inform her that he was coming by her home. Ten (10) to fifteen (15) minutes later, LPN #1 arrived to the patient's home. The patient did not receive notification from the HCA or from her regular nurse (LPN #2) that she was not coming to provide care. 			

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H 305	Continued From page 5	H 305		
	<ul style="list-style-type: none"> Upon arrival to the home, LPN #1 was observed by the patient to have "acid" and proceeded to place it on the gauze. He then approached the patient as if he was planning to dress the wound. 			
	<ul style="list-style-type: none"> LPN #1 asked the patient to lie on her side to better clean her "mounds [sic wounds]." He inserted three (3) fingers into Patient #1's vagina and one (1) finger into her anus. 			
	<ul style="list-style-type: none"> At no time during the visit did LPN #1 provide care as prescribed by the plan of care. LPN #1 did not check the patient's vital signs or clean and dress the patient's "mounds." [sic wounds] 			
	<ul style="list-style-type: none"> The patient informed her mother, who was in the home, of the incident. They called the police, after which LPN #1 ran out of the home. 			
	<ul style="list-style-type: none"> The patient was asked by the investigator if she felt "comfortable" with the other nurses (LPN #1 and RN#1) providing her care. She stated that she had "no problems" with the other nurses. 			
	<p>On October 1, 2015, at approximately 10:30 a.m., the surveyor requested the agency's policies and procedures that addressed the patient's right to be free from mental and physical abuse. The agency provided a policy entitled "Patient Rights & Responsibilities." Review of the policy failed to provide evidence of procedures to be implemented that would ensure the patient's rights to be free from physical and mental abuse. At the time of the investigation, the HCA failed to ensure policies and procedures were developed to protect Patient #1 from physical and mental abuse.</p>			

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H 335 Continued From page 6

H 335

H 335 3913.5 COMPLAINT PROCESS

H 335

The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.

This Statute is not met as evidenced by: Based on interview and record review, the HCA's complaint process failed to address the requirement to respond to complaints within 14 calendar days of receipt. The HCA also failed to inform the complainant of the results of the investigation for one (1) of one (1) Patients. (Patient #1)

The finding includes:

Employees #1 and #2 were interviewed separately on September 28, 2015, to ascertain the specific details of the allegations, the employment status of LPN #1, and the result of the agency's internal investigation.

Employee #1 was questioned concerning the HCA's incident/investigation log. She was informed that during the March 2015 annual licensure survey, the HCA's incident/log failed to include the sexual abuse complaint. The president indicated that the log did not include the complaint because the complaint was not made by the patient.

The home care agency's records regarding the allegation of abuse filed against LPN #1 was reviewed. The records included a document, dated January 22, 2015 that detailed Patient #1's complaint of abuse as evidenced below:

Evidence of compliance with DOH's compliant process requirements can be found in the policy "Patient and Caregiver Complaint Reporting" RI 18.1 (attached). The complaint reporting requirements policy will be provided to the patient and reviewed at the time of admission and throughout the episode of care. Staff will be educated on the complaint policy requirements by 10/30/15 and annually as part of mandatory education.

10/30/15

Evidence of compliance listed below:

The patient has the right to voice a complaint or other feedback in confidence and without fear of reprisal from the agency or agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint. The agency maintains processes for patient/caregiver reporting of complaints and for responding to those complaints:

- A. The agency maintains an internal complaint process which allows the patient or his or her representative to present a complaint to agency staff, contract personnel, or the leadership of the agency.

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H 335	<p>Continued From page 7</p> <ul style="list-style-type: none"> The patient complained to the investigator that the LPN #1 came to her home to provide care, but instead "violated" her. LPN #1 called the patient to inform her that he was coming by her home. Ten (10) to fifteen (15) minutes later, LPN #1 arrived to the patient's home. The patient did not receive notification from the HCA or from her regular nurse (LPN #2) that she was not coming to provide care. Upon arrival to the home, LPN #1 was observed by the patient to have "acid" and proceeded to place it on the gauze. He then approached the patient as if he was planning to dress the wound. LPN #1 asked the patient to lie on her side to better clean her "mounds." [sic wounds] He inserted three (3) fingers into Patient #1's vagina and one (1) finger into her anus. At no time during the visit did LPN #1 provide care as prescribed by the plan of care. LPN #1 did not check the patient's vital signs or clean and dress the patient's wounds. The patient informed her mother, who was in the home, of the incident. They called the police, and after which LPN #1 ran out of the home. <p>Further review of the records on October 1, 2015, at 11:30 a.m., failed to include a response by the HCA to Patient #1's complaint allegation that she had been "violated" by LPN #1. According to Employee #1 and #2, on October 1, 2015, the investigation was not completed due to the MPD's criminal investigation. This determination to discontinue the investigation was not disclosed to Patient #1.</p>	H 335	<ol style="list-style-type: none"> The complaint process, including a listing of government agency and accrediting body contact information with which a patient may file a complaint, shall be provided to the patient or his or her representative upon acceptance or denial of services; and As applicable to the agency's location, the telephone number of the Home Health Hotline maintained by the Washington DC Department of Health shall be posted in the home care agency's operating office in a place where it is visible to all staff and visitors. A complaint may be presented orally or in writing. The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response. If the patient indicates that he or she is not satisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. As applicable to patients' location, the response shall include the telephone number and address of all government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline maintained by the jurisdiction's Department of Health. <p>Compliance with policy and procedure will be monitored via in-service attendance records and monthly review of complaint documentation by regional directors and VP of Quality.</p> <p>The regional directors and the VP of Quality will be responsible for monitoring trends and actions taken as they occur and a monthly review of all patient right violations will be identified and actions taken will be discussed monthly at the regulatory meeting.</p>	
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H 335	Continued From page 8 On October 1, 2015, at approximately 10:00 a.m., the HCA was requested to provide a copy of the agency's policy and procedure on their complaint process. The agency provided a policy entitled "JCAHO Related Policy(s) PI 01.01.01, EC 04.01.01." Review of this policy failed to identify a procedure to respond to the patient's complaint, in writing, within 14 calendar days. Additionally, the agency's policy failed to include information informing the patient of the telephone numbers and address of all District Government agencies with which a complaint may be filed.	H 335		
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Policies

Title: **Patient and Caregiver Complaint Reporting - JCAHO Related Policy. RI 01.07.01** **Section:** Rights and Responsibilities

Purpose: To define the process for informing the patient/caregiver of internal and external complaint reporting processes, and to establish follow-up and feedback processes, timelines, and documentation required for patient complaints **Number:** RI 18.1

Forms: **Effective** 10/30/15
Date of This Version:

Policy Statement

The patient has the right to voice a complaint or other feedback in confidence and without fear of reprisal from the agency or agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint. The agency maintains processes for patient/caregiver reporting of complaints and for responding to those complaints:

- A. The agency maintains an internal complaint process which allows the patient or his or her representative to present a complaint to agency staff, contract personnel, or the leadership of the agency.
1. The complaint process, including a listing of government agency and accrediting body contact information with which a patient may file a complaint, shall be provided to the patient or his or her representative upon acceptance or denial of services; and
 2. As applicable to the agency's location, the telephone number of the Home Health Hotline maintained by the Washington DC Department of Health shall be posted in the home care agency's operating office in a place where it is visible to all staff and visitors.

3. A complaint may be presented orally or in writing.
4. The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.
5. If the patient indicates that he or she is not satisfied with the response, the agency shall respond in writing within thirty (30) calendar days from the date of the agency's initial response. As applicable to patients location, the response shall include the telephone number and address of all government agencies with which a complaint may be filed and the telephone number of the Home Health Hotline maintained by the jurisdiction's Department of Health.

Scope Of Policy

This policy applies to all employees of the Company

Definitions

A complaint is defined as:

1. Any problem which is raised as a concern, verbally or in writing, to an associate or contractor of the agency by a patient or caregiver
2. Any alleged event reported to any law enforcement or regulatory agency will be a handled as a patient complaint,

Responsibilities

Employees are responsible for complying with the policy. Managers are responsible for ensuring adherence to the policy. Failure to comply with reporting and resolution of complaints according to policy may result in progressive disciplinary action.

(Human Resources Policy *Job Performance Management*)

Exceptions

Exceptions to this policy would be rare and should be reviewed on a case by case basis, by the company's president or designee.

What Constitutes Non-Compliance

Failure to meet the requirements of the policy.

Consequences Of Non-Compliance

Violations of this may result in corrective action, up to and including, termination of employment.

Explanation and Details/Examples

Requirements and Guidelines for Implementing the Policy

1. When a patient or caregiver lodges a complaint, the agency individual discovering the complaint will:

- A. Notify the Operations Director, and /or the AVP or VP of Quality immediately of any critical complaint. For complaints involving suspected patient abuse, the President , VP or Quality, or designee will report to the appropriate authorities.
- B. Follow-up with the patient, family/caregiver and/or patient's physician if indicated by clinical supervisor and/or designee.
- C. Maintain the confidentiality of the information.
- D. Operations Director or AVP will document the complaint within twenty-four hours of the incident.

The complaint documentation should include the following:

- 1. Pertinent patient information
- 2. Description of complaint in narrative form.
- 3. Name and contact information of the patient/family/caregiver lodging the complaint
- 4. Name of person(s) who requested follow-up or resolution notification; documentation to indicate who was notified, the time and by whom.

2. The manager or director will forward the complaint details to the VP of Operations and AVP/VP of Quality. Quality will retain the reports for analysis and tracking.

3. The AVP or VP of Quality or designee will review the complaints and conduct follow-up as indicated.

4. Complaints will be summarized and reviewed at Professional Advisory Committee and at the Annual Board Meeting

5. Complaints that conform to state or federal agency, Joint Commission or MedStar VNA definition of a sentinel event will be immediately reported to those agencies

Related Policies

Human Resources Policy *Job Performance Management*

Procedures Which Are Absolutely Linked To the Policy

N/A

Legal Reporting Requirements

See policy above

Reference to Laws or Regulations of Outside Bodies


Current applicable state and federal regulations, TJC standards, and Medicare Conditions of Participation.

Right To Change or Terminate Policy

The company's President or designee may change or modify all provisions herein with prior notice to all employees.

Original: 4/03

Revised: 5/13, 10/15

Reference:	
Approved By:	 _____ Traci K Anderson-Araujo, President
Additional Signature Information:	

▶ **Administration:**

▶ **Review Cycle Information**

Initiating Department:	
Affected Departments:	
Index:	
Next Review Date:	
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Date Retired:	
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Updated by: Nancy McClellan on 07/11/2003 03:56:36 PM
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Updated by: Roslyn Farley on 07/17/2003 02:04:24 PM
Updated by: Roslyn Farley on 07/17/2003 02:28:51 PM
Updated by: Roslyn Farley on 10/19/2005 05:26:21 PM
Updated by: Kelvin T Bell on 12/14/2005 02:58:30 PM
Updated by: Kelvin T Bell on 03/20/2006 12:22:13 PM
Updated by: Kelvin T Bell on 04/21/2006 10:48:01 AM
Updated by: Kelvin T Bell on 04/25/2006 11:17:16 AM
Updated by: Kelvin T Bell on 05/04/2006 11:01:34 AM
Updated by: Margaret A Terry on 10/04/2006 11:00:15 AM
Updated by: Kelvin T Bell on 12/27/2006 04:01:34 PM
Updated by: Kelvin T Bell on 05/01/2008 12:15:12 PM
Updated by: Kelvin T Bell on 05/01/2008 12:17:47 PM
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Updated by: Jeanette Cosgrove on 05/08/2014 11:29:05 AM
Updated by: CMAAnderson 10/21/15

Policies

Title: **Patient Rights & Responsibilities - Joint Commission Related Policy(s) RI 01.02.01, RI 01.01.03** **Section:** Rights and Responsibilities of the Individual

Purpose: To outline the process of informing, initially and periodically, all patients admitted to MedStar VNA of their rights and responsibilities, and of the Agency's policies. **Number:** RI 18.0

Forms: **Effective** 11/15/2015
Date of This Version:

Policy Statement

Patients are informed of their rights and responsibilities prior to being admitted on the initial visit and periodically during the length of service. Those rights and responsibilities include:

Patient and family/caregiver right to

- be treated with courtesy, dignity, and respect without regard to age, race, color, gender, sexual orientation, national origin, disability, religion, economic status, political beliefs or diagnosis.
- have information relayed in a language and at a comprehension level patient/caregiver understands.
- be involved in the implementation of the home healthcare plan, including its likely outcome, and in planning changes in care or treatment to the extent reasonably possible.
- be informed of the names, titles and qualifications of staff providing care.
- be informed of the responsible person supervising the patient's home healthcare and how that person may be contacted during regular working hours.
- have property treated with respect.
- privacy, including confidential treatment of patient records and the right to refuse the release of such information to any individual outside the Agency except as required by law or third-party payment contract, accrediting bodies, licensing or certifying agencies.
- be informed in advance of the care to be provided, frequency of visits, type of

staff providing care and changes in the plan of care.

- refuse treatment, services or medications and to be informed of the effect of the decisions on the outcome of the plan of care.
- make decisions and choices about patient's medical care.
- accept or refuse any portion of planned treatment without relinquishing other portions of the treatment plan, except where medical contraindications to partial treatment exist.
- choose a person who can make decisions about care and treatment if patient is a unable to make their wishes known. This is called a "Durable Power of Attorney" for healthcare.
- provide written instructions to healthcare providers about patient's wishes for medical care and treatment. These are called "Advance Directives" and "Living Wills."
- participate in the planning process for transfer, referral or discharge, and to be informed in advance of the date which services will end.
- receive information and instructions regarding treatment, how to contact the Agency and what to do in an emergency.
- appropriate assessment and management of pain.
- voice a complaint or other feedback in confidence and without fear of reprisal from the agency or agency personnel, in writing or orally, including an in-person conference if desired, and to receive a timely response to a complaint as provided in the Patient and Caregiver Complaint Policy RI 18.1
- be free from mental, physical, sexual or verbal abuse, neglect and exploitation.
- know what financial plan is covering the patient's care, patient's cost for receiving care and who is to be billed for services.
- be notified of changes in payment source or coverage in writing within 30 calendar days of the Agency becoming aware of the change.
- request a written statement of services offered, including frequency and unit charge.
- request fully itemized billing statements, including date of service and unit charge. •
- obtain a written disclosure of the organization's policy on uncompensated care.
- upon request, be provided with information on the identity of other healthcare providers with which the agency has contractual relationships, as they are related to your home healthcare.
- choose whether or not to participate in research, investigational or experimental studies, or clinical trials.

Patient and family/caregiver has the responsibility to

- remain under the care of a physician and to inform the Agency if a new physician has been selected
- take part in care by following the mutually agreed upon home care treatment plan to enable full benefit from home care services.
- inform Agency staff if patient/caregiver does not understand or if they are unable to take part in their care.
- arrange for a family member or friend who is willing, available and capable of providing care if patient is unable to care for self.
- inform the Agency of changes in patient condition, medications or treatments, including re-hospitalizations and doctor's appointments, as well as the need for home care visit schedule changes.
- recognize the responsibility of the Agency to reduce services as patient condition improves and discontinue services once the goals of care have been met.
- provide a safe environment in which care can be given.
- notify the Agency of any problems or dissatisfaction with care.
- inform Agency staff immediately of changes in insurance benefits.
- inform the Agency if patient is no longer homebound and, therefore, are no longer entitled to home care services under Medicare, if applicable

Scope Of Policy

This policy applies to all employees of the Company

Definitions

Responsibilities

Employees are responsible for complying with the policy. Managers are responsible for ensuring adherence to the policy.

Exceptions

Exceptions to this policy would be rare and should be reviewed on a case by case basis, by the company's president or designee.

What Constitutes Non-Compliance

Failure to meet the requirements of the policy.

Consequences Of Non-Compliance

Violations of this may result in corrective action, up to and including, termination of employment.

Explanation and Details/Examples

N/A

Requirements and Guidelines for Implementing the Policy

All staff are informed, at the time of orientation, of the Patient Rights and Responsibilities and the procedure for appropriate implementation.

Upon admission to service, all patients will receive a copy of the Patient's Bill of Rights, which will be reviewed and discussed with them by the staff member **prior to beginning patient care**. The patient or their representative will sign the consent for services to verify receipt and explanation of their rights and responsibilities after it has been explained and discussed with them by staff. Patients will also be given information about Advance Directives at this time. Additionally a copy of the signed consent is mailed to the patient.

Patient Rights and Responsibilities will be periodically reviewed with the patient by the staff as appropriate.

When the patient is admitted and as needed, professional staff will assess the patient and write the plan of care with participation and input from the patient and family as appropriate.

The professional staff will distribute to the patient and family written material explaining Agency services.

The professional staff will distribute to the patient and family written material concerning fees, charges, method of billing, and payment for services, including third party payers and payment sources.

The professional staff will discuss with the patient and family the Agency's fee and what services are or are not reimbursed by the payer.

The professional staff will provide patients with their name, title and Agency telephone number, as well as the office telephone numbers of appropriate supervisors and managers. Agency and contract staff will be properly identified by name badge.

The professional staff will inform the patient and family of the Agency procedure for handling problems and complaints. The state hotline number will be provided for complaints not satisfactorily resolved by the Agency.

All staff and contractual professional personnel will be either licensed or have certification in accordance with the professional standards of their particular discipline.

Related Policies Patient and Caregiver Complaint Policy RI 18.1
Procedures Which Are Absolutely Linked To the Policy

N/A

Legal Reporting Requirements

N/A

Reference to Laws or Regulations of Outside Bodies

Current applicable state and federal regulations, JCAHO standards, and Medicare Conditions of Participation.


Right To Change or Terminate Policy

The company's President or designee may change or modify all provisions herein with prior notice to all employees.

ORIGINAL: 01/90

REVISED: 04/98

01/00
04/00
04/02
05/03
5/15
10/15

Reference:	Lotus Notes: Policies & Procedures:filename: Patient Rights & Responsibilities
Approved By:	 Traci K Anderson-Araujo, President

Additional Signature Information:	
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▶ **Administration:**

▶ **Review Cycle Information**

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Affected Departments:	
Index:	
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OPERATION DIRECTOR MEETING

DATE: October 8, 2015

1. Nancy Bull - Regional Director
2. Christella Martin - Minor RW Case Manager
3. Madeline - Ops Dir (Lad)
4. John - Ops Dir (Pink)
5. Veron - RW WORK
6. B.J. Mary - RW Work nurse
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____



MedStar Visiting Nurse Association

7379 Washington Blvd.
Elkridge, MD 21075
410-540-4546 PHONE
410-540-4560 FAX
medstarvna.org

Traci Anderson
President

October 29, 2015

District of Columbia Department of Health
Health Regulation and Licensing Administration
899 North Capitol Street, NE, 2nd Floor
Washington, DC 20002

Re: 4301 Connecticut Avenue (HCA-0059)

Dear Mr. Teekasingh:

Please find enclosed our response to the October 1, 2015 complaint investigation at the MedStar Visiting Nurse Association facility above. Included please find:

- Plan of Correction
- Policy Attachments:
 - Patient Rights and Responsibilities Policy RI 18.0
 - Patient and Caregiver Complaint Reporting Policy RI 18.1
- Operations Director Meeting Sign-in Sheet

Please contact me with any questions.

Sincerely,

Traci K. Anderson-Araujo
President
MedStar Visiting Nurse Association