	egulation & Licensing	Administration				
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED	
		HCA0108	B. WING		04/1	9/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S ⁻	TATE, ZIP CODE		
MEDSTA	R VNA, INC DBA MED	SIAR HEALTH	NECTICUT /	AVENUE, NW SUITE 2ND FLOOR		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
H 000	An annual licensure 04/11/2022, 04/12/2 04/18/2022, and 04/ compliance with the Agency Regulations The Home Care Age provided services to the survey were bas records, 29 active p patient records, 25 of telephone patient in agency's response to received.	survey was conducted on 2022, 04/13/2022, 04/14/2022, 719/2022 to determine District of Columbia Home Care a (Title 22 B DCMR Chapter 39). Ency employed 60 staff and 567 patients. The findings of sed on a review of administrative atient records, five discharged employee records, eighteen terviews, and a review of the to complaints and incidents	H 000	 3914.3(m) HCA failed to include emergencies in the Plan of Care (POC) 29 patients in the sample (Patients # #14). Provider Plan of Correction: Leader ensure emergency protocols are inclute plan of care for CHF patients unlunable to weigh safely. Education of clinical managers and care team around: Establishing protocemergency interventions based on we parameters for CHF patients. 	for two of 5, and ership to uded in ess clinical pools for reight	6/13/22
	 (m) Emergency prot This Statute is not Based on record rev determined the hom include emergency (POC) for two of 29 #5, and #14). Findings included: 1. A review of Pati 04/13/22 at 9:45 AW with a duration period 	all include the following: cocols; and met as evidenced by: view and interview, it was le care agency (HCA) failed to protocols in the Plan of Care patients in the sample (Patients	H 364	Measures to prevent recurrence: O education around the importance of establishing emergency protocols for patients to ensure patient safety. Quality Assurance Monitoring: Qu audits (10 random charts per quarter conducted to ensure compliance.	r CHF arterly	
	ation & Licensing Administr	SUDDUED DEDRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
hu	wy Kegan, sal-lo	wach		pliance/Regulatory	05/05/	2022
STATE FORM	N V V		6899	41Y311	If continua	tion sheet 1 of 8

Health	Regulation & Licensing	Administration						
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUM	IBER.	(2) MULTIPLE . BUILDING:	CONSTRUCTION	(X3) DATE SU COMP	JRVEY LETED
	HCA0108		B.	B. WING			04/19	9/2022
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRES	SS, CITY, STA	FE, ZIP CODE			
MEDST	AR VNA, INC DBA MED	SIAR HEALTH	4201 CONNE WASHINGTO		VENUE, NW SUITE 2ND FLOO 008	R		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGI INTIFYING INFORMATION)	JLATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD B		(X5) COMPLETE DATE
H 364	through 04/13/22. F showed the patient I Hypertensive Heart POC also showed a nursing visits two tim one time a week for assessments, obser patient managemen notify the physician is less than 90 or gre blood pressure is les physician must also less than 60 or grea review of the Plan o was treated with Ca times a day, and Sp for heart failure. Cor lacked evidence of e the patient's heart fa parameters such as emergency interven 2. On 04/14/2022 a #14's Plan of Care (03/22/2022 through had diagnoses to ind Hypertensive Heart Chronic Obstructive included orders for a week for one week, and one time a wee skilled assessments teach the patient ma process and notify th blood pressure is less or diastolic blood pre 90. The physician m	urther review of the PC had diagnoses that incl Disease with Heart Fai physician order for ski nes a week for two wee seven weeks to condu vation of all systems, to t of the disease proces (MD) if systolic blood p eater than 165, or diast ss than 50 or greater 90 be notified if the pulse ter than 110. A continu f Care showed that the rvedilol 6.25 milligrams ironolactone 25 milligrams ironolactone 25 milligrams attinued review of the Po emergency protocols re ailure diagnoses e.g., weight gain that may w	PC uded lure. The lled eks and ct skilled each the s and ressure tolic 0. The rate is ed patient two ams daily OC elated to warrant Patient eriod from e patient f, lure, and he POC he time a ne week, duct tems, se stolic in patient f, se patient f, fure, and he POC he time a ne week, duct tems, se stolic for greater he pulse	H 364				
Health Reg	llation & Licensing Administr	ation						

Health Regulation & Licensing Administration								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		HCA0108	B. WING			9/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE				
MEDSTAR VNA, INCIDBA MEDSTAR HEALTH			NECTICUT A	VENUE, NW SUITE 2ND FLOOR				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
H 364	Continued From pag	je 2	H 364					
H 435	review of the Plan of was treated with Cat times a day, and Sp for heart failure. Cor lacked evidence of the patient's heart fa parameters such as emergency intervent The home care ager Patients' #5 and #14 signs/parameters that intervention as it relat During interview on 04/14/2022 at 9:20 / acknowledged the fit 3916.3 SKILLED SE Skilled services shal with a plan of care, a This Statute is not Based on record rev care agency failed to were provided in acc for three of 29 active (Patients #1, #14, ar Findings included: 1. On 04/12/2022 at	f Care showed that the patient rvedilol 3.125 milligrams two ironolactone 25 milligrams daily the POC emergency protocols related to illure diagnoses e.g., weight gain that may warrant tion. hey (HCA) failed to ensure the a plans of care (POC) included at may warrant emergency ates to heart failure diagnoses. 04/13/22 at 9:45 AM, and AM, the Director of Compliance ndings. ERVICES GENERALLY Il be provided in accordance as outlined in section 3914. met as evidenced by: riew and interview, the home of ensure that skilled services cordance with the plan of care a patients in the sample nd #19). 12:00 PM, a review of Patient OC) with a service period from	H 435	 3916.3 HCA failed to ensure that ski services were provided in accordance the plan of care for three of 29 active in the sample (Patients #1, #14, and #19). Provider Plan of Correction: Leader ensure skilled services are provided accordance with the POC; will include education for all skilled disciplines to established parameters to assess are blood glucose levels for applicable dipatients to ensure patient safety and necessary physician notification. Measures to prevent recurrence: Ceducation of staff around the importation monitoring blood glucose levels for applicable diabetic patients to ensure safety and necessary physician notification. Quality Assurance Monitoring: Qualits (10 random charts per quarter conducted to ensure compliance. 	ership to in le follow nd record iabetic any Dongoing ance of e patient ication.	6/13/22		
lealth Regul	ation & Licensing Administra	ation						

Health Regulation & Licensing Administration								
STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HCA0108		B. WING		04/1	9/2022	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE			
MEDSTA	R VNA, INC DBA MED	STAR HEALTH	4201 CONN WASHINGT		VENUE, NW SUITE 2ND FLOOR			
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	Diabetes Mellitus, P The POC included of services one time a a week for one week three weeks to evalue physical therapy pla contained orders for record vital signs an that fall outside of th parameters: a body greater than 100.4, a than 110, and rando or greater than 300. was being treated w two times a day for A continued review of that the physical the 01/26/2022, 02/03/2	had diagnoses to include yelonephritis and Hy orders for physical the week for one week, a second two times a we uate/assess and deven of care. Additionall the licensed profess d report to the physic e following establish temperature below 9 a pulse less than 60 orn blood glucose of le It must be noted tha ith Metformin 1000 n diabetes control. of the clinical record rapist visited the pati 022, 02/07/2022, and ed to document the p	pertension. erapy zero times eek for elop a y, the POC ional to cian any ed 5 or or greater ess than 60 t the patient nilligrams showed ent on d on					
Health Regula	to assess and record be able to inform the warrant physician no 2. On 04/14/2022 a #14's Plan of Care (03/22/2022 through had diagnoses to ind Hypertensive Heart Chronic Obstructive also contained order time a week for one services two times a evaluate/assess and	ist (licensed profession d the patient's blood e physician of results otification. at 9:20 AM, a review POC) with a service 05/20/2022 showed clude Diabetes Mellit Disease with Heart F Pulmonary Disease. rs for a skilled nursin week and physical the week for three week d develop a physical nally, the POC conta	glucose to that may of Patient period from the patient us, Failure, and The POC g visit one herapy ks to therapy					

Health Regulation & Licensing Administration								
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		/BER·	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	HCA0108			B. WING		04/1	9/2022	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	DDRESS, CITY, STATE, ZIP CODE				
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H 435	professional to recomphysician any that farestablished parameters 95 or greater than 110, and than 60 or greater than 110, and than 60 or greater than 110, and than 60 or greater than 110, and the patient was being milligrams daily and for diabetes control. A continued review of that the physical the assessment on 03/2 03/25/2022, 03/29/2 04/08/2022, and faill blood glucose during. The physical therapit to assess and recomplevel, to be able to in that may warrant phenergy and the second	rd vital signs and repor- all outside of the follow ters: a body temperatu 00.4, a pulse less than ad random blood gluco han 300. It must be not g treated with Metform Jardiance ten milligran of the clinical record sh rapist conducted an in 22/2022, visited the pat 022, 04/05/2022, and ed to document the pat g the visits.	ing ire below 60 or se of less ed that in 500 ms daily nowed itial ient on tient's nal) failed ucose results	H 435				
Health Regul	04/02/2022 through had diagnoses to ind Hypertensive Heart, Failure, and Hyperlin contained orders for a week for four week management of Dial medication manage Services one time a an assessment and and Occupational Th assessment and eva services. Additional	05/31/2022 showed the clude Diabetes Mellitus and Kidney Disease wo bidemia. The POC also a skilled nursing visit ks to teach the patient betes, Heart Failure, a ment. Physical Therap week for one week to evaluation for therapy herapy service to cond aluation for occupation y, the POC contained ional to record vital sig an any that fall	ne patient s, vith Heart o one time nd y conduct services luct an al therapy orders for					

Health R	egulation & Licensing	g Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SU COMPL	
		HCA0108	B. WING		04/19	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, ST	ATE, ZIP CODE		
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H 435	outside of the follow body temperature bo pulse less than 60 o blood glucose of les must be noted that t with Lantus Insulin & scale of Novolog Ins the blood glucose is 2 units. If the blood glucose the patient is to take between 201to 250 and if the blood gluco patient is to take 8 u doctor for glucose le A continued review that the skilled nurse 04/02/2022 and failed blood glucose. The initial assessment o document the patient The skilled nurse an professionals) failed patient's blood gluco the physician of resu notification. At the time of the su provide skilled servi Patients #1, #14, an During the record re Director of Complian 04/14/2022 at 9:20 /	ring established parameters: a elow 95 or greater than 100.4, a or greater than 110, and random as than 60 or greater than 300. It the patient was being treated 3 units at bedtime, and a sliding sulin as follows: before meals, if a 100 to 150 the patient is to take glucose is between 151 to 200 a 3 units. If the blood glucose is the patient is to take 6 units, cose is between 251 to 300, the units. The patient is to call the evels of over 300. of the clinical record showed e visited the patient on ed to document the patient's physical therapist conducted an n 04/05/2022 and failed to nt's blood glucose. and physical therapist (licensed at to assess and record the pose levels to be able to inform ults that may warrant physician urvey, the agency failed to ces as ordered on the POC for				
	tion & Liconsing Administ	ration				
neain Regula	ation & Licensing Administr	auon				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMF	URVEY PLETED
		HCA0108	B. WING		04/1	9/2022
		STAR HEALTH 4201 CON		ATE, ZIP CODE AVENUE, NW SUITE 2ND FLOOR 0008 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I		(X5) COMPLET
TAG		INTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		DATE
H 450	Continued From page	ge 6	H 450			
H 450	registered nurse, or under the supervision	JRSING SERVICES ices shall be provided by a by a licensed practical nurse on of a registered nurse, and in patient's plan of care.	H 450	3917.1: HCA failed to provide to prov skilled nursing services following the of Care for one of 29 active patients sample (Patient #6).	Plan	
	Based on record rev determined that the provide skilled nursi Care for one of 29 a (Patient #6). Findings included: A review of Patient = 04/13/2022 at 10:15 (POC) with a duratio 05/6/2022. Further of the patient has diag ulcer to right lower I chronic ulcer to left skin". The Plan of the "skilled nurse to soapy water, pat dry surrounding areas, a with 4X4 gauze, wra times a week". Continued record re Practical Nurse (LP 03/14/2022 at 2:12 the wound care by o soapy water, patting adaptic (non-adheri ordered by the phys	het as evidenced by: view and interview, it was home care agency failed to ng services following the Plan of active patients in the sample #6's clinical record on 6 AM, showed a plan of care on period of 03/8/2022 to review of the POC showed that noses that include, "chronic eg with necrosis of muscle, and lower leg limited to breakdown Care also contained orders for cleanse the wound with warm /, apply moisturizer to apply adaptic, alginate, cover ap with kerlix and ace wrap three eview showed that the Licensed N) visited the patient on PM and documented performing cleansing the wound with warm g the wound dry, and applying ng dressing) with no alginate as ician. The LPN failed to e according to the Plan of Care.		 Provider Plan of Correction: Provide reeducation to all clinical managers a RN/LPN staff around ensuring that we care is provided in accordance with the patient's plan of care. Measures to prevent recurrence: Ongoing education with RN/LPN star regarding following most recent would orders in the plan of care; monitoring: compliance via documentation audits Quality Assurance Monitoring: Quarterly audits (10 random charts prevent) will be conducted to ensure compliance. 	managers and uring that wound lance with the currence: RN/LPN staff recent wound care monitoring ation audits. itoring: om charts per	

Tioularity	egulation & Licensing	Administration			
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED
		HCA0108	B. WING		04/19/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
			CONNECTICUT A	VENUE, NW SUITE 2ND FLOOR	
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H 450	Continued From pag	je 7	H 450		
		rvey, the skilled nurse failed needs were met according to			
	Director of Compliar	view, and interview with the ace on 04/13/2022, at 10:15 / bliance acknowledged the	ΑМ,		
	ation & Licensing Administra				