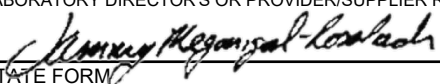


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 04/11/2022, 04/12/2022, 04/13/2022, 04/14/2022, 04/18/2022, and 04/19/2022 to determine compliance with the District of Columbia Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency employed 60 staff and provided services to 567 patients. The findings of the survey were based on a review of administrative records, 29 active patient records, five discharged patient records, 25 employee records, eighteen telephone patient interviews, and a review of the agency's response to complaints and incidents received.</p> <p>Below are abbreviations used throughout this survey report.</p> <p>SN - Skilled Nurse DON - Director of Nursing</p>	H 000	<p>3914.3(m) HCA failed to include emergency protocols in the Plan of Care (POC) for two of 29 patients in the sample (Patients #5, and #14).</p> <p>Provider Plan of Correction: Leadership to ensure emergency protocols are included in the plan of care for CHF patients unless unable to weigh safely.</p> <p>Education of clinical managers and clinical care team around: Establishing protocols for emergency interventions based on weight parameters for CHF patients.</p>	6/13/22
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined the home care agency (HCA) failed to include emergency protocols in the Plan of Care (POC) for two of 29 patients in the sample (Patients #5, and #14).</p> <p>Findings included:</p> <p>1. A review of Patient #5's clinical record on 04/13/22 at 9:45 AM showed a Plan of Care (POC) with a duration period of 02/13/2022</p>	H 364	<p>Measures to prevent recurrence: Ongoing education around the importance of establishing emergency protocols for CHF patients to ensure patient safety.</p> <p>Quality Assurance Monitoring: Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.</p>	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE AVP Compliance/Regulatory	(X6) DATE 05/05/2022
---	---	--------------------------------

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

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

H 364	<p>Continued From page 1</p> <p>through 04/13/22. Further review of the POC showed the patient had diagnoses that included Hypertensive Heart Disease with Heart Failure. The POC also showed a physician order for skilled nursing visits two times a week for two weeks and one time a week for seven weeks to conduct skilled assessments, observation of all systems, teach the patient management of the disease process and notify the physician (MD) if systolic blood pressure is less than 90 or greater than 165, or diastolic blood pressure is less than 50 or greater 90. The physician must also be notified if the pulse rate is less than 60 or greater than 110. A continued review of the Plan of Care showed that the patient was treated with Carvedilol 6.25 milligrams two times a day, and Spironolactone 25 milligrams daily for heart failure. Continued review of the POC lacked evidence of emergency protocols related to the patient's heart failure diagnoses e.g., parameters such as weight gain that may warrant emergency intervention.</p> <p>2. On 04/14/2022 at 9:20 AM, a review of Patient #14's Plan of Care (POC) with a service period from 03/22/2022 through 05/20/2022 showed the patient had diagnoses to include Diabetes Mellitus, Hypertensive Heart Disease with Heart Failure, and Chronic Obstructive Pulmonary Disease. The POC included orders for a skilled nursing visit one time a week for one week, two times a week for one week, and one time a week for two weeks to conduct skilled assessments, observation of all systems, teach the patient management of the disease process and notify the physician (MD) if systolic blood pressure is less than 90 or greater than 165, or diastolic blood pressure is less than 50 or greater 90. The physician must also be notified if the pulse rate is less than 60 or greater than 110. A continued</p>	H 364		
-------	---	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 364	Continued From page 2 review of the Plan of Care showed that the patient was treated with Carvedilol 3.125 milligrams two times a day, and Spironolactone 25 milligrams daily for heart failure. Continued review of the POC lacked evidence of emergency protocols related to the patient's heart failure diagnoses e.g., parameters such as weight gain that may warrant emergency intervention. The home care agency (HCA) failed to ensure the Patients' #5 and #14 plans of care (POC) included signs/parameters that may warrant emergency intervention as it relates to heart failure diagnoses. During interview on 04/13/22 at 9:45 AM, and 04/14/2022 at 9:20 AM, the Director of Compliance acknowledged the findings.	H 364		
H 435	3916.3 SKILLED SERVICES GENERALLY Skilled services shall be provided in accordance with a plan of care, as outlined in section 3914. This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to ensure that skilled services were provided in accordance with the plan of care for three of 29 active patients in the sample (Patients #1, #14, and #19). Findings included: 1. On 04/12/2022 at 12:00 PM, a review of Patient #1's Plan of Care (POC) with a service period from 01/11/2022 through 03/11/2022	H 435	3916.3 HCA failed to ensure that skilled services were provided in accordance with the plan of care for three of 29 active patients in the sample (Patients #1, #14, and #19). Provider Plan of Correction: Leadership to ensure skilled services are provided in accordance with the POC; will include education for all skilled disciplines to follow established parameters to assess and record blood glucose levels for applicable diabetic patients to ensure patient safety and any necessary physician notification. Measures to prevent recurrence: Ongoing education of staff around the importance of monitoring blood glucose levels for applicable diabetic patients to ensure patient safety and necessary physician notification. Quality Assurance Monitoring: Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.	6/13/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 435	<p>Continued From page 3</p> <p>showed the patient had diagnoses to include Diabetes Mellitus, Pyelonephritis and Hypertension. The POC included orders for physical therapy services one time a week for one week, zero times a week for one week, and two times a week for three weeks to evaluate/assess and develop a physical therapy plan of care. Additionally, the POC contained orders for the licensed professional to record vital signs and report to the physician any that fall outside of the following established parameters: a body temperature below 95 or greater than 100.4, a pulse less than 60 or greater than 110, and random blood glucose of less than 60 or greater than 300. It must be noted that the patient was being treated with Metformin 1000 milligrams two times a day for diabetes control.</p> <p>A continued review of the clinical record showed that the physical therapist visited the patient on 01/26/2022, 02/03/2022, 02/07/2022, and on 03/02/2022 and failed to document the patient's blood glucose during the visits.</p> <p>The physical therapist (licensed professional) failed to assess and record the patient's blood glucose to be able to inform the physician of results that may warrant physician notification.</p> <p>2. On 04/14/2022 at 9:20 AM, a review of Patient #14's Plan of Care (POC) with a service period from 03/22/2022 through 05/20/2022 showed the patient had diagnoses to include Diabetes Mellitus, Hypertensive Heart Disease with Heart Failure, and Chronic Obstructive Pulmonary Disease. The POC also contained orders for a skilled nursing visit one time a week for one week and physical therapy services two times a week for three weeks to evaluate/assess and develop a physical therapy plan of care. Additionally, the POC contained orders for the licensed</p>	H 435		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 435	<p>Continued From page 4</p> <p>professional to record vital signs and report to the physician any that fall outside of the following established parameters: a body temperature below 95 or greater than 100.4, a pulse less than 60 or greater than 110, and random blood glucose of less than 60 or greater than 300. It must be noted that the patient was being treated with Metformin 500 milligrams daily and Jardiance ten milligrams daily for diabetes control.</p> <p>A continued review of the clinical record showed that the physical therapist conducted an initial assessment on 03/22/2022, visited the patient on 03/25/2022, 03/29/2022, 04/05/2022, and 04/08/2022, and failed to document the patient's blood glucose during the visits.</p> <p>The physical therapist (licensed professional) failed to assess and record the patient's blood glucose level, to be able to inform the physician of results that may warrant physician notification.</p> <p>3. On 04/14/2022 at 12:00 PM, a review of Patient #19's Plan of Care (POC) with a service period from 04/02/2022 through 05/31/2022 showed the patient had diagnoses to include Diabetes Mellitus, Hypertensive Heart, and Kidney Disease with Heart Failure, and Hyperlipidemia. The POC also contained orders for a skilled nursing visit one time a week for four weeks to teach the patient management of Diabetes, Heart Failure, and medication management. Physical Therapy Services one time a week for one week to conduct an assessment and evaluation for therapy services and Occupational Therapy service to conduct an assessment and evaluation for occupational therapy services. Additionally, the POC contained orders for the licensed professional to record vital signs and report to the physician any that fall</p>	H 435		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

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

H 435	<p>Continued From page 5</p> <p>outside of the following established parameters: a body temperature below 95 or greater than 100.4, a pulse less than 60 or greater than 110, and random blood glucose of less than 60 or greater than 300. It must be noted that the patient was being treated with Lantus Insulin 8 units at bedtime, and a sliding scale of Novolog Insulin as follows: before meals, if the blood glucose is 100 to 150 the patient is to take 2 units. If the blood glucose is between 151 to 200 the patient is to take 3 units. If the blood glucose is between 201 to 250 the patient is to take 6 units, and if the blood glucose is between 251 to 300, the patient is to take 8 units. The patient is to call the doctor for glucose levels of over 300.</p> <p>A continued review of the clinical record showed that the skilled nurse visited the patient on 04/02/2022 and failed to document the patient's blood glucose. The physical therapist conducted an initial assessment on 04/05/2022 and failed to document the patient's blood glucose.</p> <p>The skilled nurse and physical therapist (licensed professionals) failed to assess and record the patient's blood glucose levels to be able to inform the physician of results that may warrant physician notification.</p> <p>At the time of the survey, the agency failed to provide skilled services as ordered on the POC for Patients #1, #14, and #19.</p> <p>During the record review, and interview with the Director of Compliance on 04/12/2022 at 12:00 PM, 04/14/2022 at 9:20 AM, and 04/14/2022 at 12:00 PM, the Director of Compliance acknowledged the findings.</p>	H 435		
-------	--	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 450 H 450	<p>Continued From page 6</p> <p>3917.1 SKILLED NURSING SERVICES</p> <p>Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care.</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 provide skilled nursing services following the Plan of Care for one of 29 active patients in the sample (Patient #6).</p> <p>Findings included: A review of Patient #6's clinical record on 04/13/2022 at 10:15 AM, showed a plan of care (POC) with a duration period of 03/8/2022 to 05/6/2022. Further review of the POC showed that the patient has diagnoses that include, "chronic ulcer to right lower leg with necrosis of muscle, and chronic ulcer to left lower leg limited to breakdown skin". The Plan of Care also contained orders for the "skilled nurse to cleanse the wound with warm soapy water, pat dry, apply moisturizer to surrounding areas, apply adaptic, alginate, cover with 4X4 gauze, wrap with kerlix and ace wrap three times a week".</p> <p>Continued record review showed that the Licensed Practical Nurse (LPN) visited the patient on 03/14/2022 at 2:12 PM and documented performing the wound care by cleansing the wound with warm soapy water, patting the wound dry, and applying adaptic (non-adhering dressing) with no alginate as ordered by the physician. The LPN failed to perform wound care according to the Plan of Care.</p>	H 450 H 450	<p>3917.1: HCA failed to provide to provide skilled nursing services following the Plan of Care for one of 29 active patients in the sample (Patient #6).</p> <p>Provider Plan of Correction: Provide reeducation to all clinical managers and RN/LPN staff around ensuring that wound care is provided in accordance with the patient's plan of care.</p> <p>Measures to prevent recurrence: Ongoing education with RN/LPN staff regarding following most recent wound care orders in the plan of care; monitoring compliance via documentation audits.</p> <p>Quality Assurance Monitoring: Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.</p>	6/13/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA--0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MEDSTAR VNA, INC DBA MEDSTAR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 450	<p>Continued From page 7</p> <p>At the time of the survey, the skilled nurse failed to ensure the patient's needs were met according to the POC.</p> <p>During the record review, and interview with the Director of Compliance on 04/13/2022, at 10:15 AM, the Director of Compliance acknowledged the findings.</p>	H 450		