

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DC HOME HEALTH HOLDING DBA VMT HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 PENNSYLVANIA AVE SE SUITE 200 WASHINGTON, DC 20003</b>		
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual licensure survey was conducted on 07/24/2023, 07/25/2023, 07/26/2023, and 07/28/2023, to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 209 patients and employed 320 staff. The findings of the survey were based on the review of administrative records, 11 active patient records, three discharged patient records, 30 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of 10 patient phone interviews and three home visits.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>HCA - Home Care Agency HHA - Home Health Aide POC - Plan of Care</p>	H 000		
H 350	<p><b>3914.1 PATIENT PLAN OF CARE</b></p> <p>Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to develop a written plan of care (POC) for two of 11 active patients in the sample (Patients #6, and #8).</p> <p>Findings included:</p>	H 350	<p>3914.1 VMT's Administrator reviewed the patient's charts #6 and #8. VMT Acknowledges the findings and cannot retrospectively develop the previous year's Plan of care. Moving forward, VMT has and will take the following steps to ensure all patient's Plans of Care are developed within 24-72 business hours.</p>	

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

TITLE

(X6) DATE

*[Signature]* Administrator 8/28/23

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H 350	<p>Continued From page 1</p> <p>1. On 07/26/2023 at 10:45 AM, a review of Patient #6's record showed a start of care date of 09/28/2020, and a Plan of Care (POC) with a duration period of 12/01/2021, through 08/31/2022. The POC contained a physician's order for a skilled nursing visit one time every month and as necessary (PRN) for eight months for supervision of the home health aides (HHA) and updating the care plan as necessary, conducting a skilled assessment of the patient and notify the physician of changes in the patient's condition, teach disease management and medication reconciliation. The Plan of care also contained a physician order for HHA service five hours a day, seven days a week for eight months to provide personal care, and showed the patient's diagnoses included Diabetes Mellitus and Congestive Heart Failure.</p> <p>The surveyor then requested a copy of the POC from 09/01/2022 to the current and was told by the Quality Assurance Coordinator that the agency had no current POC from 09/01/2022 to the current time. This was also confirmed by the Administrator. A continued review of the clinical record showed that the Registered Nurse conducted monthly skilled nursing visits to supervise the HHA and monitor the patient's Diabetes and Congestive Heart failure from 01/13/2023 through 06/12/2023. Additionally, the HHA provided personal care eight hours a day, seven days a week from 05/01 2023 through 07/14/2023, without an active POC and physician order.</p> <p>2. On 07/26/2023 at 11:55 AM, a review of Patient #8's record showed a start of care date of 04/29 2020, and a Plan of Care (POC) with a duration period of 04/01/2023, through 03/31/2024. The POC contained a physician's</p>	H 350	<p>3914.1 continues</p> <p>VMT has developed a Smartsheet (VMT Client Status) with date alerts. VMT's information specialist is alerted two months before the Plan of Care expires. The Information Specialist schedules the monthly RN to conduct the recertification visit through VMT's EMR system. Once the monthly RN completes the recertification visit, it is approved by VMT's QA manager, who then will develop the Plan of care. The Information Manager will be alerted that the Plan of Care is ready to be faxed by VMT's EMR system to fax the Plan of Care to the MD. VMT's QA and Clinical Manager will reeducate the clinical team on the recertification and Plan of care processes by 09/30/2023. VMT's Clinical Manager/QA Manager will conduct quarterly audits to monitor compliance in this area to monitor compliance. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modifications of audits going forward. The audit outcome will be reported, discussed, and reported at the quarterly Quality Assurances Performance Improvement(QAPI) meeting.</p>	

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H 350	Continued From page 2  order for a skilled nursing visit one time every month and as necessary (PRN) for 12 months for supervision of the home health aides (HHA) and updating the care plan as necessary, conducting a skilled assessment of the patient and notify the physician of changes in the patient's condition, teach disease management and medication reconciliation. The Plan of care also contained a physician order for HHA service eight hours a day, seven days a week for 12 months to provide personal care, and showed the patient's diagnoses included Diabetes Mellitus and Congestive Heart Failure.  The surveyor then requested a copy of the POC prior to 04/01/2023 and was told by the Quality Assurance Coordinator that the agency had no POC prior to 04/01/2023. This was confirmed by the Administrator.  A continued review of the clinical record showed that the Registered Nurse conducted monthly skilled nursing visits to supervise the HHA and monitor the patient's Diabetes and Congestive Heart failure on 01/13/2023, 02/01/2023, and 03/14/2023, without an active POC and physician order. The agency provided care to the patients without a physician's order.  At the time of the survey, the agency failed to develop a current written plan of care for Patients #6, and #8.  On 07/28/2023, at 3:00 PM, the administrator and quality assurance coordinator confirmed the findings.	H 350		
H 366	3914.4 PATIENT PLAN OF CARE  Each plan of care shall be approved and signed by a physician within thirty (30) days of the start	H 366	3914.4 VMT acknowledges the findings and cannot retrospectively correct documentation that the plans of Care were signed by the physicians within 30 days. VMT is utilizing an in-house tracking smart sheet that alerts VMT's Information Specialist two weeks before the 30-day allowed signing period.	

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H 366	<p>Continued From page 3</p> <p>of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's plan of care (POC) was approved and signed by a physician and/or medical team within 30 days of the start of care for three of 11 patients in the sample (Patients #2, #7, and #10).</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 07/24/2023 at 1:20 PM, a review of Patient #2's plan of care (POC) showed a duration period of 12/01/2022 through 11/30/2023. The POC contained physician orders for skilled nursing services and personal care services. A further review showed that the POC was not signed by the physician and/or designee at the time of the record review on 07/24/2023.</li> <li>On 07/25/2023 at 1:00 PM, a review of Patient #7's plan of care (POC) showed a duration period of 11/01/2022 through 10/11/2023. The POC contained physician orders for skilled nursing services and personal care services. A further review showed that the POC was not signed by the physician and/or designee at the time of the record review on 07/25/2023.</li> <li>On 07/28/2023 at 10:10 AM, a review of Patient #10's plan of care (POC) showed a</li> </ol>	H 366	<p>3914.4 continue Moving forward, VMT's Clinical Manager or designee appointed by the Clinical Manager will conduct a monthly audit to ensure all Plans of Care have been faxed, received, and signed by the Physician. If VMT is having difficulties receiving the plan of Care signed back by the physicians within 30 days, VMT will report the Physician to the Board of Medicine.</p> <p>VMT would like DOH to recognize that although agencies fax, mail, and e-mail the Plan of Care to the Physician 24-72 hours after the plan of Care is developed, the difficulties agencies have faced with the MDs returning the signed documents within 30 days.</p> <p>A sample size of 10% of the audits will be reported quarterly to the Administrator from the Clinical Manager. The audit outcome will be discussed and recorded at the quarterly Quality Assurance Performance Improvement (QAPI) meeting.</p>	09/30/2023

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H 366	Continued From page 4  duration period of 05/01/2022 through 04/30/2023. The POC contained physician orders for skilled nursing services and personal care services. A further review showed that the POC was not signed by the physician and/or designee at the time of the record review on 07/28/2023.  At the time of the survey, the home care agency failed to ensure that the plans of care were signed by the physician and/or medical team within 30 days of the start of the care.  During an interview with the Administrator and Quality Assurance Coordinator on 07/28/2023 at 3:00 PM, the findings were acknowledged.	H 366		
H 399	3915.10(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE  Personal care aide duties may include the following:  (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;  This Statute is not met as evidenced by:  Based on record review and interview, the home care agency (HCA) failed to ensure home health aides (HHA) observed, recorded, and/or reported the patient's physical condition, behavior, or appearance for 11 of 11 active patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11).  Findings included:  During the agency's survey on 07/24/2023,	H 399	3915.10(f) VMT's Administrator reviewed all HHA EVV observed patient records #1-11. VMT acknowledged the findings and cannot retrospectively correct the HHA-reported duties/task within the EVV submission to include the patient's physical condition, behavior, or appearance.  VMT acknowledges the difficulties surrounding reporting this information via Electronic Visit Verification (EVV). VMT's Administrator will work with our software vendor to develop an option within the software for the aides to report the observation of the patient's physical condition, behavior, or appearance during the HHA's assigned shifts.	

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H 399	<p>Continued From page 5</p> <p>07/25/2023, 07/26/2023, and 07/28/2023, between the hours of 9:00 AM, and 5:00 PM, a review of clinical records for Patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, revealed home health aide timesheets indicating that the patients were receiving personal care services. There was no documented evidence in the clinical records that the assigned aides observed, recorded, and/or reported the patient's physical condition, behavior or appearance during assigned shifts.</p> <p>On July 28, 2023, at 3:00 p.m., interview with the Administrator and Quality Assurance Coordinator confirmed the surveyor findings.</p>	H 399	<p>3915.10(f) continue.</p> <p>VMT will hold an in-house in-service for all HHAs to be trained on the newly added function and how to observe and report the patient's physical condition, behavior, or appearance when reporting the duties in the EVV system.</p> <p>VMT Staffing Supervisor or designee will monitor the HHA's daily EVV submission and report any change in the patient's condition to the Clinical Manager/assigned monthly RN. The monthly RN will conduct a PRN visit to assess the patient's condition and advise the patient accordingly. All condition changes will be recorded and tracked by VMT's Clinical Manager and reported to the Administrator quarterly. A sample size of 10% will be assessed to determine compliance. The audit outcome will be reported, discussed, and recorded at the quarterly Quality Assurance Performance Improvement (OAPI) meeting.</p>	09/30/2023	