



MedStar Visiting Nurse Association

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July 28, 2014

Staci Mason, Supervisory Health Services Program Specialist
District of Columbia Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol Street, NE, 2nd Floor
Washington DC 20002

Re: Revised Plan of Correction

Dear Ms. Mason,

Enclosed please find the revised Plan of Correction and the Patient Emergency Plan for MedStar Visiting Nurse Association District of Columbia office survey conducted on 02/26/2014. The revisions were made to the original Plan of Correction sent on 3/24/2014 per your request. An email along with the enclosed documents attached has also been sent to your attention.

Should you have any questions or concerns please contact me directly at (240) 832-0631.

Sincerely,

Jeanette Cosgrove, RN, BS
AVP Quality & Compliance

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 02/26/2014
NAME OF PROVIDER OR SUPPLIER MEDSTAR VISITING NURSE ASSOCIATION, IN		STREET ADDRESS, CITY, STATE, ZIP CODE 4301 CONNECTICUT AVENUE, SUITE 441 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 survey was conducted from February 19, 2014, through February 26, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to four hundred thirteen (413) patients and employs sixty (60) employees to include professional and administrative staff. The findings of the survey were based on observation, record reviews and interviews with current patients and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Congestive Heart Failure (CHF) Discontinue (D/C) Home Care Agency (HCA) Physical Therapist (PT) Plan of Care (POC) Range of Motion (ROM) She or He (s/he)</p>	H 000	<p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p>RECEIVED JUL 28 2014</p>	
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following: (m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the POC included an emergency protocol for twenty (20) of twenty patients (20) in the sample. (Patients' #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and</p>	H 364	<p>H 364 3914.3(m) Patient plan of care The plan of care shall include the following: (m) Emergency protocols</p> <p>Provider's Plan of Correction: The plan of care will include the following phrasing for emergency protocols: "Clinician to create/instruct on a patient emergency plan". This phrasing will be in addition to the current plan of care "the clinician will call 911 when needed in the home". The patient specific emergency plan addendum to the plan of care will be completed by the clinician and sent to the physician.</p>	8/4/14

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

Jeanette Caspore ASSISTANT Vice President Quality Compliance *8/4/14*

STATE FORM

6899

3JWO11

If continuation sheet 1 of 5

Amended 7/28/14 Jeanette Caspore

Health Regulation & Licensing Administration

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H 364	Continued From page 1. #20) The finding includes: Record review on February 19, 2014, through February 21, 2014 of patient #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20's records revealed that their POC's indicated staff would call 911 when needed in home, however, it did not include the detailed emergency protocol. During an interview on February 20, 2014, at approxiamtely 11:00 a.m. with the quality and compliance specialist, s/he indicated that all patients are provided with an admission packet that contains the emergency protocol upon admission. Additionally, all patients and/or family member are instructed on the emergency protocol.	H 364	Continued From page 1 Operations Directors/ Educator will Clinicians will explain the change to the plan of care and emergency plan document including rationale by 4/14/14. Compliance in completing the plan of care and emergency plan document will be monitored by the Operations Directors, Educator and/or Quality Specialist. The Regional Operations Director and AVP Quality and Compliance have approved the emergency protocol correction plan and education. Amended 7/28/2014 Implement 8/4/2014	8/4/14
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 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. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure patients POC's were approved and signed by a physician within thirty (30) days	H 366	H 366 3914.4 Patient Plan of Care Each plan of care shall be approved and signed by a physician within thirty days of the start of care. Provider's Plan of Correction: The VNA's process to assure that orders are signed within 30 days of the Start of Care or receipt of a verbal order is monitored on a weekly basis. The VNA will re-educate staff on the requirement to have orders signed within 30 days.	3/3/14

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H 366	<p>Continued From page 2</p> <p>of the start of care, for two (2) of twenty (20) patients in the sample. (Patients # 5 and #7)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On February 20, 2014, at approximately 8:50 a.m., a review of Patient #5's POC, with a documented certification period of January 15, 2014 to March 15, 2014, revealed that the POC failed to evidence approval by and signature of a physician. 2. On February 20, 2014, at approximately 9:50 a.m., a review of Patient #7's POC with a documented certification period of January 10, 2014 to March 10, 2014 revealed the POC failed to evidence approval by and signature of a physician. <p>During an interview with the quality assurance specialist on February 20, 2014, at approximately 2:45 p.m., s/he indicated the POC's had not been approved or signed by the patients' physicians.</p>	H 366	<p><i>Continued From page 2</i></p> <p>The Operations Directors will also work with the VNA staff to be sure all processes are in place for timely signing of orders. In addition, we will continue to work with physician offices to be sure that orders are signed within thirty days. When appropriate, The VNA's Medical Director will be involved to help with physicians who are non-compliant. The process review and education with appropriate actions will be completed by 3/31/14. The Regional Operations Director and AVP Quality and Compliance have approved the process review and education.</p>	3/31/14
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for one (1) of twenty (20) patients</p>	H 453	<p>H 453 3917.2 (c) Skilled Nursing Services</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>Review of the record revealed nursing notes that failed to document the weight of the patient on five dates as noted on the statement of deficiency.</p>	4/7/14

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H 453	<p>Continued From page 3 in the sample. (Patient #13)</p> <p>The finding includes:</p> <p>On February 21, 2014, at approximately 10:07 a.m., review of Patient #13's POC, with documented certification period of January 21, 2014 to March 21, 2014, revealed that the skilled nurse was to visit the patient three times a week for two weeks, then two times a week for four weeks, then one time a week for three weeks to "perform daily or each visit a general system assessment including vital signs, signs and symptoms of disease process, safety pain status, instruct patient caregiver to weight patient daily, notify physician for weight gain greater than two pounds in twenty-four hour period or greater than 5 pounds in one week...". The patient had a diagnosis of CHF.</p> <p>Further review of the record revealed nursing notes that failed to document the weight of the patient for the following dates: January 21, 2014, January 23, 2014, January 25, 2014, January 28, 2014 and February 1, 2014.</p> <p>During an interview with the quality and assurance specialist on February 21, 2014, at approximately 10:27 a.m., the quality and compliance specialist stated, "The family member is responsible for the daily weights and I will look for additional notes to see if they included weights."</p> <p>It should be noted that on February 24, 2014, the quality and assurance specialist faxed DOH/HRLA a nursing note dated February 21, 2014, in which the nurse documented " upon the start of care the patient did not have a scale both</p>	H 453	<p>Continued From page 3</p> <p>Provider's Plan of Correction: Operations Directors and Educator will re-educate clinicians on accurately documenting the patient's weight each visit when patient/caregiver instruction on daily weights is listed on the plan of care. Education guidance for skilled nursing visits will be to record the weight done by the patient/caregiver that visit day, or weigh the patient and record the weight if not done. The physician should be notified and documented if it is not possible to weigh the patient at home. Education on accurately documenting the patient's weight will be completed by 4/7/14. Compliance in documenting the patient weight will be monitored by the Operations Directors, Educator and/or Quality Specialist. The education and oversight has been approved by the Regional Operations Director and the AVP Quality and Compliance.</p>	4/7/14

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H 453	Continued From page 4 patient and patient guardian were advised to obtain a scale for daily weights rationale for request was provided. [patient] did not receive a scale until February 1, 2014 (which was eight days after the start of care)...."	H 453			
H 458	3917.2(h) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (h) Reporting changes in the patient's condition to the patient's physician; This Statute is not met as evidenced by: Based on record review and interview, the skilled nurse failed to inform a physician of a change in the patient condition for one (1) of twenty (20) patients in the sample. (Patient #13) The finding includes: On February 21, 2014, at approximately 10:07 a.m., review of Patient #13's POC with documented certification period of January 21, 2014 to March 21, 2014, revealed that the skilled nurse was to visit the patient three times a week for two weeks, then two times a week for four weeks, then one time a week for three weeks to "perform daily or each visit a general system assessment including vital signs, signs and symptoms of disease process, safety pain status, instruct patient caregiver to weight patient daily, notify physician for weight gain greater than two pounds in twenty-four hour period or greater than 5 pounds in one week..." The patient had a diagnosis of CHF.	H 458	H 458 3917.2 (h) Skilled Nursing Services (h) Reporting changes in the patient's condition to the patient's physician; Based on record review and interview, the skilled nurse failed to inform a physician of a change in the patient condition for one of twenty patients in the sample. Provider's Plan of Correction: Operations Directors and Educator will re-educate clinicians on the requirement to notify the physician when there is a change in the patient condition in comparison to the patient baseline condition or start of care assessment. The described education will be completed by 4/7/14.	4/7/14	

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NAME OF PROVIDER OR SUPPLIER MEDSTAR VISITING NURSE ASSOCIATION, II		STREET ADDRESS, CITY, STATE, ZIP CODE 4301 CONNECTICUT AVENUE, SUITE 441 WASHINGTON, DC 20008		
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H 458	Continued From page 5 Further review of the record revealed a nursing note dated February 4, 2014, in which the nurse informed the patient's daughter that the "patient complained of fatigue, lack of energy and needs further evaluation by primary care physician" During an interview with the quality and assurance specialist on February 21, 2014, at approximately 10:27 a.m., the quality and compliance stated, "I will look for any additional nursing notes." It should be noted on February 24, 2014, the quality and assurance specialist faxed DOH/HRLA a nursing note dated February 21, 2014, (which was a late entry nursing note from the February 4, 2014 visit) The nurse documented, "Findings [complaint of fatigue, lack of energy] did not warrant a call to the PCP [primary care physician] or cardiologist since this was no change in baseline arrangement finding since [the] start of care."	H 458	Continued From page 5 Compliance in documenting physician notification of a change in patient condition will be monitored by the Operations Directors, Educator and/or Quality Specialist. The education and oversight has been approved by the Regional Operations Director and the AVP Quality and Compliance.	4/7/14
H 560	3923.1 PHYSICAL THERAPY SERVICES If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care. This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure physical therapy services were provided in accordance with the patient's plan of care (POC) for two (2) of three (3) patients in the sample receiving physical therapy. (Patients #1 and #3)	H 560	H 560 3923.1 Physical Therapy Services If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care. The HCA failed to ensure physical therapy services were provided in accordance with the patient's plan of care for two of three patients in the sample receiving physical therapy.	4/7/14

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H 560	Continued From page 6 The findings include: 1. On February 19, 2014, at approximately 12:59 p.m., review of Patient #1's POC with documented certification period of January 8, 2014 to March 8, 2014, revealed that the PT was to visit the patient one time a week for one week, then two times a week for four weeks to instruct the patient in home program and therapeutic exercises including ROM and strengthening exercise with use of restrictive exercise with weights and other equipment as indicated to bilateral upper and lower extremities, transfer training, balance training... Further review of record failed to evidence the PT visited the patient two times for the week of January 19, 2014. During an interview with the regional director on February 19, 2014, starting at approximately 2:20 p.m., the regional director, indicated s/he would look for the missing PT note and have it available for on the morning of February 20,2014. It should be noted the surveyor was not provided the PT note for review during this survey. 2. On February 19, 2014, at approximately 1:30 p.m., review of Patient #3's POC with documented certification period of January 17, 2014 to March 17, 2014, revealed that the PT was to visit the patient one time a week for one week, then two times a week for five weeks for strengthen and gait training with wheeled walker, energy conservation pacing techniques's.... During an interview with the regional director on	H 560	Continued from page 6 The VNA will re-educate physical therapy staff to document a missed visit by writing a case communication note or entering a PN (physician notification) order with explanation. A physician order will be written if a change to the plan of care is appropriate. The described education will be completed by 4/7/14. Compliance in documenting a missed visit will be monitored by the Operations Directors, Educator and/or Quality Specialist. The education and oversight has been approved by the Regional Operations Director and the AVP Quality and Compliance.	4/7/14

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H 560	Continued From page 7 February 19, 2014, at approximately 2:20 p.m., the regional director, indicated that patient was discharged from PT services and s/he would look for the D/C order and have it available for on the morning of February 20,2014. It should be noted the surveyor was not provided the D/C order for review during this survey.	H 560			

Patient Emergency Plan

The patient and or caregiver have been instructed on the following emergency protocols:

1. Emergency medical response plan
2. Fire evacuation response plan
3. How to create a home emergency kit for natural and unforeseen disasters
4. To keep the telephone number of the poison control center with other emergency numbers near or on your telephone.
5. Pharmacy name and telephone number: _____
6. If applicable, Oxygen company and telephone number: _____

- I have received the Emergency Care Plan. A representative of the Agency has discussed it with me, I have been given an opportunity to ask questions and I understand the contents.

Patient Signature _____

Date _____