STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCA-0059	A. BUILDING: _____ B. WING _____	04/18/2017

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MEDSTAR VISITING NURSE ASSOCIATION, INC	4301 CONNECTICUT AVENUE, SUITE 441 WASHINGTON, DC 20008

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H 000	INITIAL COMMENTS An annual licensure survey was conducted from April 6, 2017 through April 18, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (home care agencies regulations). The home care agency provides home care services to four hundred-ten (410) patients and employs sixty (60) staff. The findings of the survey were based on a review of administrative records, eighty-eight (88) complaints, twenty-two (22) active patient records, three (3) discharged patient records, ten (10) employee records, five (5) home visits and (10) telephone interviews with patients/family and staff. The following are abbreviations used within the body of this report: ADL - activities of daily living CPR - cardio-pulmonary resuscitation DNR - do not resuscitate HCA - home care agency HHA - home health aide POC - plan of care RN - registered nurse SN - skilled nurse	H 000	Received 6/13/17 Revised CAP	
H 054	3903.2(c)(2) GOVERNING BODY The governing body shall do the following: (c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following: (2) The evaluation shall include a review of all complaints made or referred to the agency,	H 054		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cynthia M Ardura — TITLE: VP Quality — (X6) DATE: 6/13/17

original submission was 6/7/17; edits made per conversation w/ Ms. Stringfield on 6/9/17. CW

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H 054	Continued From page 1 including the nature of each complaint and the agency's response thereto. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to provide evidence that the governing body reviewed all complaints received and documented the agency's response for fifteen (15) of eighty-eight (88) complaints during the governing body's annual evaluation of the agency for 2016. The finding includes: On April 6, 2017, beginning at 12:12 p.m., a review of the agency's complaints revealed that the agency had eighty-eight (88) complaints referred to the agency since the previous survey, (February 16, 2016). On April 7, 2017, at 10:41 a.m., the surveyor was provided with a copy of HCA's board of directors meeting minutes held on October 12, 2016. The minutes failed to provide evidence that all of the agency's complaints had been reviewed. Interview with the quality specialist on April 12, 2017, at 12:55 p.m. revealed that the agency has separate committees, (the quality council and the professional advisory committees), established to review the quality of the services provided including the review of all complaints. The committees however, included only partial representation of the board. At the time of the survey, the agency failed to provide evidence that all of the complaints received were reviewed by the entire governing body.	H 054	**3903.2(c)(2)** The HCA failed to provide evidence that the Governing Body reviewed all complaints, including the nature of each complaint and the response. As evidenced by the quarterly Professional Advisory Committee and Annual Board Meeting minutes, complaints are reviewed with the governing body, including the nature of each complaint in an aggregated and categorized manner. **Provider's Plan of Correction:** A process will be put into place to ensure that all complaints are reviewed annually with the governing body. The review will include the nature of the complaint and the resolution. This process will be changed by 7/7/17 and implemented with the next annual board meeting. **Measures to prevent recurrence:** The complaint review process will include the nature and resolution of each complaint and will be established as a standing agenda topic for review at all future annual governing body meetings. **Quality Assurance Monitoring:** The VP of Quality will ensure that that the review occurs and is documented within the governing body's meeting minutes	7/7/17

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H 123	Continued From page 2	H 123		
H 123	3906.1(d) CONTRACTOR AGREEMENTS If a home care agency offers a service that is provided by a third party or contractor, agreements between the home care agency and the contractor for the provision of home care services shall be in writing and shall include, at a minimum, the following: (d) The procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports; This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to include the procedure for submitting clinical and progress notes in its contractor agreement for one (1) of one (1) contractor agreements in the sample. (Contractor #1) The finding includes: On April 14, 2017, at 11:34 a.m., review of Contractor #1's contract agreement revealed no documented evidence of a procedure for submitting clinical and progress notes in his contract. An interview with the vice president for nursing and the assistant regional director, at 11:25 a.m., was conducted to ascertain more information regarding the contract agreement for Contractor #1. The interview revealed that the consultant (physical therapist) was provided through a managed service provider agreement. The assistant regional director indicated that he was not certain about where in the contract the surveyor would find that kind of specific information regarding procedures for submitting clinical and progress notes, but would get back to	H 123	**3906.1(d)** The HCA failed to include the procedure for submitting clinical and progress notes in its contractor agreement for one contractor. **Provider's Corrective Action Plan:** The contractor agency agreement will be amended to include the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports. **Measures to prevent recurrence:** Each contractor will receive the expectations set forth in the contract amendment for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports. These measures are anticipated to be in place by 8/30/17. **Quality Assurance Monitoring:** The VP of Quality will ensure that the amendment is maintained with subsequent contract renewals.	8/30/17

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H 123	Continued From page 3 me. On April 14, 2017, at 11:30 a.m., interview with one of the agency's therapy care manager revealed that during the contractor's orientation information regarding the submission of clinical progress notes was discussed. Review of Contractor #1's personnel record on April 14, 2017, at 11:45 p.m., verified the contractor's orientation sheet dated January 3, 2017. Further review of the orientation sheet revealed that "visit note documentation" was required for the contractor, however, at the time of the survey, there was no documented evidence of the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits, and other designated reports in the agency's contractor agreement. It should be noted that this deficiency was also cited on March 16, 2010.	H 123		
H 227	3909.2 DISCHARGES TRANSFERS & REFERRALS Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of: This Statute is not met as evidenced by: Based on interview and record review, the facility	H 227		

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H 227	Continued From page 4 failed to ensure that each patient received written notification prior to discharge at least seven (7) calendar days prior to the action for three (3) of 3 discharged patients. (Patients #1, #2 and #3) The findings include: I. On April 6, 2017, at 11:49 a.m., review of Patient #1's medical record failed to document that the patient received notification prior to being discharged from the agency. II. On April 6, 2017, at 12:16 a.m., review of Patient #3's medical record failed to document that the patient received notification prior to being discharged from the agency. Review of the nursing visits revealed that the patient has missed home care appointments on March 17, 18, and 19, 2017. The record also revealed that the patient received nursing services on March 20, 2017. The patient was then discharged from nursing services March 25, 2017. On April 6, 2017, at 2:59 p.m., the quality specialist stated that Patient #3 was discharged due to missed appointments. Furthermore, even though the patient received services on March 20, 2017, that the agency had a policy that patients can be discharged for missing too many appointments. Review of the agency's discharge policy, on April 6, 2017, at 3:04 p.m., revealed that patient would be discharge after 3 missed visits. The policy also documented that written notice will be sent to the patient and doctor. There was no documented evidence that the patient had been notified of a pending discharge.	H 227	**3909.2** The facility failed to ensure that each patient received written notification prior to discharge at least 7 calendar days prior to the action. **Provider's Corrective Action Plan:** Discharge Policy has been amended to state that each patient will receive written notice of discharge at least 7 days in advance of discharge. **Measures to Prevent Recurrence:** Updated "Discharge Notification and Instructions" in Patient Guide now includes date of notification and patient signature and date and staff has been educated about the requirement and process (See Attachment 1). **Quality Assurance Monitoring:** Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.	5/31/17

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H 227	Continued From page 5 III. On April 7, 2017, starting at 9:45 a.m., presented the surveyor with discharge notification for Patient #2. The discharge notification, dated March 7, 2017, documented that Patient #2's services would end on March 9, 2017, two (2) days after the notification. On April 6, 2017, at 12:01 p.m., interview with the quality specialist confirmed that the Patients #1, #2 and #3 had not been notified of their discharge at least seven days prior.	H 227	**3914.3(g)** Plan of Care I. The HCA failed to ensure patient's POCs included all diagnoses. **Provider's Corrective Action:** As of 6/13/17, pertinent diagnoses have been included in the 9 charts cited as deficient. MVNA will develop and implement a process for identifying all pertinent diagnoses by 7/31/17. **Measures to prevent recurrence**: The following information, including but not limited to, physician orders and documentation, available assessments, and medical history will be used by internal and vendor coders to identify pertinent diagnoses in collaboration between agency personnel and the physician and patient. **Quality Assurance Monitoring:** Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.	
H 358	3914.3(g) PATIENT PLAN OF CARE The plan of care shall include the following: (g) Physical assessment, including all pertinent diagnoses; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the POCs included: I. all pertinent diagnoses for two (2) of twenty-two (22) active patients (Patients #9 and #25) , and II. parameters for blood glucose and vital sign monitoring, as part of the physical assessment for nine (9) of 22 active patients in the sample. (Patients #3, #7 #9, #14, #16, #22, #23 #24, and #25) The findings include: I. The HCA failed to ensure patients' POCs included all diagnosis for each patient, as evidenced by the following: On April 7, 2017, at 12:37 p.m., review of Patient #25's medication profile document revealed that	H 358		6/13/17 7/31/17

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H 358	Continued From page 6 the patient was prescribed an anti-epileptic drug. On the same day, review of Patient #25's POC, with a certification period of March 25, 2017 to May 27, 2017, failed to evidence seizures as part of the patient's diagnoses. On April 7, 2017, at 3:20 p.m., review of Patient #9's medication profile document revealed that the patient was prescribed a medication used to treat enlargement of the prostate gland. On the same day, review of Patient #9's POC, with a certification period of February 18, 2017 to April 18, 2017, failed to evidence benign prostatic hyperplasia (BPH) as part of the patient's diagnoses. On April 7, 2017, at 12:45 p.m., interview with the quality specialist revealed that the coding for diagnoses on the POC was outsourced to a different agency. She further stated that the agency would collaborate with the other company to ensure that all diagnoses would be included on the POC. At the time of this survey, the HCA failed to include all of the patient's diagnoses on the POC. II. The HCA failed to ensure patients' POCs included parameters for blood glucose and vital sign monitoring, as evidenced by the following: A. On April 6, 2017 to April 11, 2017, from 9:00 a.m. to 4:30 p.m., review of Patients' (#3, #7 #9, #14, #16, #22, #23 #24, and #25) POCs indicated that each had diagnoses including Diabetes Mellitus. The POCs lacked documented evidence of parameters for blood glucose. On April 6, 2017, at 2:59 p.m., interview with the quality specialist revealed that some of the	H 358	**3914.3(g)** Plan of Care II. The HCA failed to ensure patients' POCs included parameters for monitoring blood glucose and vital signs. **Provider's Corrective Action:** Orders for blood glucose parameters will be documented on diabetic patients. Parameters will be assigned within the patient record. **Measures to prevent recurrence:** Clinicians will be educated to obtain blood glucose parameters for diabetic patients and when to notify physician when results fall outside of parameters. EMR will be modified to require entry of parameters. These measures will be put into place by 6/30/17. **Quality Assurance Monitoring:** Quarterly audits of 10 randomly chosen charts will be conducted to ensure compliance.	6/30/17

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H 358	Continued From page 7 physicians will write in the parameters for blood glucose on the initial orders, but it does not always happen. At the time of the survey, the HCA failed to include parameters for blood glucose levels on the POC.	H 358	**3914.3(m)** Plan of Care The HCA failed to ensure emergency protocols were specific to the patient's health care needs including CPR or DNR status. POCs indicated that a nurse or therapist would call 911, however the POCs did not document that a Home Health Aide would call 911 or that clinicians would initiate CPR in the absence of a DNR order. **Provider's Corrective Action:** Modify plan of care (POC) to include the Home Health Aide in the emergency protocol. Modify POC to include CPR initiation in the absence of a DNR order. As of 6/13/17 this has been corrected on the 22 charts cited and the process will be put into place for all patients by 6/30/17. **Measures to prevent recurrence:** Change POC to state "All agency staff providing direct care in the home are to activate 911 and initiate CPR when needed in the home in the absence of a DNR." This measure to be put into place by 6/30/17. **Quality Assurance Monitoring:** Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.	6/13/17 6/30/17
H 364	3914.3(m) PATIENT PLAN OF CARE The plan of care shall include the following: (m) Emergency protocols; and... This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure emergency protocols were specific to patient's health care needs including their CPR or DNR status for 22 of 22 active patients' POCs reviewed. (Patients #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24 and #25) The findings include: On April 6, 2017 through April 11, 2017, starting at 9:00 a.m. through 4:30 p.m., review of Patients' (#4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24 and #25) POCs indicated that during an emergency situation, the nurse or the therapist would call 911. The POCs, however, did not document that the HHA would call 911, and lacked detailed information of what patient-specific emergencies warranted a call to 911. Continued review of the POCs lacked documented evidence that the HHA or clinician would initiate CPR in the absence of a	H 364		

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H 364	Continued From page 8 DNR order. On April 6, 2017, at 12:40 p.m., interview with the quality specialist stated that all aides and clinicians were CPR certified. She further stated that it was assumed that the staff in the home would start CPR, and that they were trained to do so. At the time of the survey, the agency failed to ensure that the emergency protocol and resuscitation for CPR was patient specific.	H 364	3917.2(c) The nurse shall ensure patient needs are met in accordance with plan of care. I. SN failed to ensure patient received all ordered HHA hours; delay in ordered services and insufficient physician, patient, and caregiver notification **Provider's Corrective Action:** Amend authorization process to include communication steps which ensure the patient's needs are met in accordance with the plan of care. **Measures to prevent recurrence:** Change process to provide follow up actions when there is a delay in care, to include notification to the patient, caregiver, and physician. Educate all involved personnel to ensure compliance with process. Measures to be put into place by 6/30/17. **Quality Assurance Monitoring:** Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.	6/30/17
H 453	3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in accordance with the plan of care; This Statute is not met as evidenced by: Based on record review and interview, it was determined that SN failed to ensure that the patient's needs were met in accordance with their POC for one (1) of twenty-two (22) active patients and one (1) of three (3) discharge patients in the sample. (Patients #25 and #26) The findings include: I. On April 7, 2017, at 11:39 a.m., review of Patient #25's clinical record revealed a POC with a SOC of March 25, 2017, and a certification period from March 25, 2017 through May 27, 2017. The POC indicated that the patient had diagnoses of gastro-esophageal reflux disease and a fractured cervical vertebrae. According to	H 453		

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H 453	Continued From page 9 the POC, the patient was to receive HHA services 2 times per week for 1 week, then 3 times per week for 2 weeks to provide ADL assistance. On April 7, 2017, at 11:47 a.m., review of the home care visit notes for Patient #25 failed to evidence that the patient received HHA services. On April 7, 2017, at 12:07 p.m., interview with the quality specialist revealed that the patient was not authorized by insurance to receive HHA services at the start of care. She further stated that the patient would begin receiving HHA services on April 12, 2017. On April 18, 2017, at 11:35 a.m., during a home visit with Patient #25, the patient's spouse stated that Patient #25 has never had an aide and did not know that the patient was supposed to have one. On April 18, 2017 at 12:00 p.m., interview with the agency's administrator revealed that Patient #25 was authorized to have an HHA. She further stated that she did not know why there was a delay in service. On April 18, 2017 at 4:21 p.m., interview with the quality specialist revealed that Patient #25 would start to receive HHA services starting April 19, 2017, twenty-five (25) days after the SOC. At the time of survey, the agency failed to ensure the patient received all ordered HHA hours. II. On April 6, 2017, at 3:32 p.m., review of the HCA's complaints revealed a complaint dated December 5, 2016. According to the complaint, SN #9's supervisor (operational director) received an email from a clinical consultant at a local	H 453		

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H 453	Continued From page 10 hospital regarding Patient #26 on December 2, 2016. Further review of the complaint revealed the patient's caregiver stated that SN #9 was in her home on November 25, 2016, but failed to perform a dressing change for her husband. The caregiver also stated that the nurse was informed that Patient #26 was experiencing itching of his/her wound the night before. The complaint revealed that SN #9 commented that the wound was fine and that someone would return the next day (November 26, 2016), to change the dressing on the wound. Further review of the complaint revealed that the caregiver's niece was in the home on November 27, 2016, and noticed that the patient's dressing required changing. During the process of attending to Patient #26's wounds, (leg and foot), the complaint documented that the niece found "maggots crawling and falling out of the wound." As a result of the aforementioned finding, the patient's family contacted 911 to secure emergency medical services. Continued review of the complaint revealed documented evidence that SN #9 failed to ensure Patient # 26's needs were met in accordance with his/her POC. In the section of the complaint entitled," Intervention/Resolution/Comments", it was documented that the operational director (SN #9's supervisor), and one of the agency's wound care nurses spoke to SN #9 on December 2, 2016 by telephone. It should be noted that further review of the complaint revealed that SN #9 also provided wound care services for Patient #26 on November 22, 2016, but, she failed to follow the wound care orders. Review of the wound care orders documented on Patient #26's POC (Cerification period November 22, 2016 through January 19, 2017), on April 11, 2017, at 11:30 a.m., revealed that the following	H 453	3917.2(c) II. SN failed to ensure patient needs are met in accordance with plan of care (Patient #26). **Provider's Corrective Action:** Reeducate clinicians on ensuring patient needs are met in accordance with plan of care by following wound care orders. **Measures to prevent recurrence:** Education, competency assessment, and counseling have been provided to the clinician involved in this case (See Attachments 2, 3, and 4). Agency-wide education related to wound management and following wound care orders has been initiated and will be completed by July 31, 2017. (See Attachment 1) **Quality Assurance Monitoring:** Quarterly focused wound care audits (10 random charts per quarter) will be conducted to ensure compliance. Audit selection will include a sample of this clinician's patients and other patient records.	7/31/17

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MEDSTAR VISITING NURSE ASSOCIATION, IN(	4301 CONNECTICUT AVENUE, SUITE 441 WASHINGTON, DC 20008

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H 453	Continued From page 11 should occur: "wash with soap and water, rinse with normal saline, apply medihoney, cover with gauze and apply pressure dressing." On April 7, 2017, at 3:54 p.m., interview with the operations director that supervised SN #9 verified that Patient #26 was not provided wound care services on November 25, 2016, because the nurse failed to follow the patient's wound care order. The interview also revealed that although the nurse provided wound care on November 22, 2016, she failed to apply the medihoney as ordered. At the time of the survey, the agency failed to ensure SN #9 provided wound care services for Patient #26 according to his POC.	H 453		
H 454	3917.2(d) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (d) Implementing preventive and rehabilitative nursing procedures; This Statute is not met as evidenced by: Based on interview and record review, the HCA's skilled nursing staff failed to provide evidence that preventive nursing procedures were afforded to patients related to their health conditions, for three (3) of twenty-two (22) active patients in the sample. (Patients #6, #7, and #23) The findings includes: 1. On April 6, 2017, starting at 9:33 a.m., review	H 454		

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H 454	Continued From page 12 of Patient #6's POC with a certification period of March 18, 2017 to May 16, 2017, revealed a SOC date of November 18, 2016. The patient was diagnosed with diabetes mellitus type II, hypertension, lymphedema, hyperlipidemia, left leg ulcer, morbid obesity and transient ischemic attack. Further review of the POC revealed that the SN was to assess comorbidities, and notify the doctor of more than a 2-pound weight loss or 5-pound weight gain in 1 week. On April 6, 2017 at 9:41 a.m., review of the SN visit notes for the following dates was performed: March 21, 2017; March 24, 2017; March 28, 2017; March 31, 2017; and April 4, 2017. Documentation for the aforementioned SN visits failed to evidence that the SN assessed the patient's weight. 2. On April 6, 2017, starting at 3:06 p.m., review of Patient #23's POC with a certification period of April 1, 2017 to May 30, 2017, revealed a SOC date of April 1, 2017. The patient was diagnosed with diabetes mellitus type II, asthma, hypertension, myocardial infarction, dialysis, congestive heart failure, and a left below-the-knee amputation. Further review of the POC revealed that the SN was to assess comorbidities. However, review of the initial visit, dated April 1, 2017 and a nurse visit, dated April 3, 2017 failed to evidence that the SN assessed the patient's weight or blood glucose. 3. On April 7, 2017, starting at 11:01 a.m., review of Patient #7's POC with a certification period of March 10, 2017 to May 8, 2017, revealed a SOC	H 454	3917.2(d) Implementing Preventive and Rehabilitative Nursing Procedures The HCA's skilled nursing staff failed to provide evidence that preventive nursing procedures were afforded to the patient related to their health condition. **Provider's Corrective Action:** Clinicians will document the patient's weight each visit when identified on plan of care and assess comorbidities and obtain orders for weights and other parameters when appropriate. Clinicians will be educated to obtain blood glucose parameters for diabetic patients and when to notify physician when results fall outside of parameters. EMR will be modified to require entry of parameters. These measures will be put into place by 6/30/17. **Measures to prevent recurrence:** Clinicians will be educated to obtain weights and orders for weights and other monitoring parameters on pertinent comorbidities. EMR will be modified to require entry of weights for pertinent comorbidities or as appropriate. **Quality Assurance Monitoring:** Quarterly audits (10 random charts per quarter) will be conducted to ensure compliance.	6/30/17

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H 454	Continued From page 13 date of March 10, 2017. The patient was diagnosed with diabetes mellitus type II, hypertension,end-stage renal disease with dialysis, venous insufficiency, and heart failure. Further review of the POC revealed that the SN was to assess comorbidities. On April 7, 2017 at 11:13 a.m., review of the SN visit notes for the following dates was performed: March 10, 2017; March 20, 2017; March 24, 2017; and April 3, 2017. Documentation for the aforementioned SN visits failed to evidence that the SN assessed the patient's weight. Additionally, the visits dated March 10, 2017 and March 20, 2017 failed to evidence that the SN assessed the patient's blood sugar.	H 454	**3917.2(h)** SN failed to inform the physician of a change in a patient's condition. **I. Patient #8** Review of the patient record revealed that all nursing visits were made by the same clinician who is a wound specialist. Even though there was minimal change to the depth (0.5 cm), there were no other signs of wound deterioration. All wound characteristics remained the same with the exception of drainage, which improved from a "large amount" to a "moderate amount." In addition, our wound expert documented on the 4/3/17 visit "wound is essentially unchanged clinically" After further consulting with the WOCN to clarify the definition of wound deterioration, it was identified the WOCN Society has no definitive definition. Wound assessment is subjective with many variables and includes consideration of pertinent diagnoses and co-morbidities to determine if there is wound deterioration. In this case, the wound specialist made a professional determination that this change was not significant. WOCNs use wound reports/WAT scores to monitor all wounds throughout the agency. This process identifies potential deterioration based on the assessment findings and a WAT score change of 4 or more. In this case, the WAT score changed one point and did not meet the criteria for potential wound deterioration. When wound deterioration is identified it is communicated to the physician.	
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, it was determined that the SN failed to inform the physician of a change in a patient's condition, for three (3) of twenty-two (22) active patients in the sample. (Patient #8, #9 and #23) The findings include:	H 458		

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H 458	Continued From page 14 I. On April 7, 2017, starting at 10:45 a.m., review of Patient #8's POC revealed a SOC date of May 20, 2015 and a certification period of March 10, 2017 through May 8, 2017. The POC indicated that Patient #8 had diagnoses that included paraplegia and sacral and lower extremity wounds. On April 7, 2017 at 11:00 a.m., review of the SN visit notes indicated that the measurements for the patient's thigh wound were (in cm) 3 x 0.5 x 0.5 on March 30, 2017. Further review of the visit notes revealed that on April 3, 2017, the patient's thigh wound measurements were 3.2 x 1 x 1.1. On April 7, 2017 at 11:16 a.m., review of the clinician communication notes failed to document that the physician was notified that the depth of the patient's wound had doubled in 4 days. II. On April 7, 2017, starting at 3:20 p.m., review of Patient #9's POC revealed a SOC date of February 18, 2017 and a certification period of February 18, 2017 through April 18, 2017. The POC indicated that Patient #9 had diagnoses that included diabetes and bilateral foot wounds. On April 7, 2017 at 3:10 p.m., review of the SN visit notes indicated that the measurements for the patient's right foot wound were (in cm) 4.2 x 2.2 x 0.2 on March 11, 2017. Further review of the visit notes revealed that on March 14, 2017, the patient's right foot wound measurements were 6.4 x 3.8 x 0.2. On April 7, 2017 at 3:26 p.m., review of the clinician communication notes failed to document that the physician was notified that the length and width of the patient's wound had considerably	H 458	**3917.2(h) I. Provider's Corrective Action:** MVNA will develop a process for defining wound deterioration and include this in ongoing education. Based on review of all clinical findings, when it is determined that there is a significant change in the wound, the clinician will notify the patient's physician of the change in condition. **Measures to prevent recurrence:** Develop education on wound care expectations. Conduct Agency-wide education related to wound management and when to notify physician of significant change in condition. **Quality Assurance Monitoring:** Quarterly focused wound care audits (10 random charts per quarter) will be performed to ensure compliance. **3917.2(h) II. Patient #9:** Review of the clinical record did not indicate wound deterioration based on the clinical wound assessment findings and WAT score. **II. Provider's Corrective Action:** Based on review of all clinical findings, when it is determined that there is a significant change in the wound, the clinician will notify the patient's physician of the change in condition. **Measures to prevent recurrence:** Develop education on wound care expectations. Conduct Agency-wide education related to wound management and when to notify physician of significant change in condition. **Quality Assurance Monitoring:** Quarterly focused wound care audits (10 random charts per quarter) will be performed to ensure compliance.	4/22/17 and ongoing 4/22/17 and ongoing

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H 458	Continued From page 15 increased in 3 days. III. On April 11, 2017, starting at 10:08 a.m., review of Patient #5's POC revealed a SOC date of January 10, 2017 and a certification period of March 11, 2017 through May 9, 2017. The POC indicated that Patient #5 had diagnoses that included lower extremity wounds. On April 11, 2017 at 10:26 a.m., review of the SN visit notes indicated that the measurements for the patient's left leg wound were (in cm) 1.2 x 1.1 x 0.1 on March 14, 2017. Further review of the visit notes revealed that on March 21, 2017, the patient's left leg wound measurements were 3.2 x 1.7 x 0.1. On April 11, 2017 at 10:33 a.m., review of the clinician communication notes failed to document that the physician was notified that the length and width of the patient's wound had increased considerably in 7 days. On April 7, 2017 starting at 11:21 a.m., interview with the quality specialists revealed that the agency did not have a wound care policy, but did follow documented procedures. She further stated that the agency's computer system was set up to alert the wound care nurse when there was a "significant change" in the wound. Furthermore, the alert to the wound care nurse would go to a different system that was not accessible at the time of survey. On April 7, 2017, at 4:40 p.m., review of the wound care procedures revealed, in the "cleansing/irrigation" section, under the subheading "after care", that the staff should "communicate with physician if patient has signs/symptoms of infection or wound	H 458	**III. Patient # 5:** Review of the patient record revealed that all nursing visits were made by the same clinician who is a wound specialist. His documentation states "Ulcer is minimally larger by measurement. No well-defined signs and symptoms of inflammation and/or infection." During the survey the Quality and Operations leads consulted with the specialist and he stated that the assessment findings were not considered significant enough to contact the physician. **Provider's Corrective Action:** Based on review of all clinical findings, when it is determined that there is a significant change in the wound, the clinician will notify the patient's physician of the change in condition. **Measures to prevent recurrence:** Develop education on wound care expectations. Conduct Agency-wide education related to wound management and when to notify physician of significant change in condition. **Quality Assurance Monitoring:** Quarterly focused wound care audits (10 random charts per quarter) will be performed to ensure compliance.	4/22/17 and ongoing

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H 458	Continued From page 16 deteriorating despite therapy". At the time of this survey the agency failed to ensure communication between the skilled nurse, the wound care nurse and physician involved in the patient's care.	H 458		