| AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A BUILDIN | IPLE CONSTRUCTION NG: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER | STREET | IDDBESS CITY | Y, STATE, ZIP CODE | 06/14/2017 |
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| VMT HOME HEALTH AGENCY | | IGTON, DC | | |
| (X4) ID SUMMARY STAT | EMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORR | ECTION |
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| 2017, through June compliance with Title (Home Care Agency care agency provides three hundred and for employs six hundred findings of the survey administrative record records, five (5) discrete. | as conducted from June 7, 14, 2017, to determine 22B DCMR, Chapter 39 as Regulations). The home is home care services to orty-eight (348) patients and sixty-nine (669) staff. The ware based on a review of s, fifteen (15) active patient parged patient records, a records, five (5) home at telephone interviews and | H 000 | VMT Home Health Agency makes its b to operate in substantial compliance wi and State law. A Plan of Correction(PC constitute an admission or agreement I it's officers, directors, employees or ag of the facts alleged or the validity of the set forth on the Statement of Deficience. The Plan of Correction is prepared sole is required by Federal and State Law. | th Federal IC) does not by any party, ents as truth conditions es Report. |
| ADL - Activities of Dai CPR - Cardiopulmona DON - Director of Nur HCA - Home Care Ag HHA - Home Health A IADL - Instrumental Ad MD - Medical Doctor POC - Plan of Care PPD - Purified Proteir PRN - As needed SN - Skilled Nurse SOC - Start of Care H 053 3903.2(c)(1) GOVERN The governing body sh (c) Review and evaluat policies governing the | ary Resuscitation raing ency ide ctivities of Daily Living r in Derivative | H 053 | H053 3903.2 (c) (1) Governing VMT Home Health Agency holds a Profe Advisory Committee(PAC) meeting quar patient records and policies & procedure agency. The meeting is attended by at le two members of the VMT Home Health A Governing Body(i.e. Board of Directors), the next PAC meeting the Governing Bo that a minimum of 10% of the total client to determine the extent to which services | essional terly to review s of the east Agency Effective dy will assure s are evaluated |
| patient care that is app effective and efficient. Regulation & Licensing Administrativatory DIRECTOR'S OR PROVIDERS | This review and evaluation | Arure // | patient care that is appropriate,adequate and efficient. | (X6) DATE |

| Health Regulation & Licens | ing Administration | | | ORWIAPPROVED |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | FIPLE CONSTRUCTION NG: | (X3) DATE SURVEY COMPLETED |
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| H 053 Continued From pa | ige 1 | H 053 | | |
| must include the fo | llowing: | | | |
| representative sam percent (10%) of to patients or forty (40 | shall include feedback from a ple consisting of either ten tal District of Columbia) District of Columbia patients, egarding services provided to | | | |
| Based on record rev failed to include feed sample consisting o the District of Colum | met as evidenced by: view and interview, the HCA aback from a representative f either ten percent (10%) of bia patients or forty (40) patients, whichever is less, | | H 053 Giverning Body 3902.2(c)(1) | continue |
| regarding services p its annual review and The finding includes Review of the agency Meeting" minutes dangument per 19, 2016, 7, 2017, beginning at evidence that feedbate patient sample regard had been included in evaluation. Interview with the Adra at 4:19 p.m. revealed disseminated to patie agency. Further interviewed feedback from Continued discussion | rovided to those patients in d evaluation. y's "Board of Directors ted August 9, 2016, and April 27, 2017, on June 3:23 p.m. failed to provide ck from a representative ding the provision of services the annual review and ministrator on June 7, 2017, that satisfaction surveys are nts by an outside service view revealed that the HCA am only one patient. with the administrator | | To assure that this deficient practice does not reoccur, VMT has generated its own client sa See attachment #1 that will be mailed out to al quarterly. By Surveying clients quarterly VMT receive feedback from at least 10% of our client The out come of the survey results will be recoreported during the PAC meetings. VMT's Bot Directors will discuss the survey out come duri board meetings to assure that this goal is bein | Il our clients is confident it will nt population. orded and ard of ing the |
| revealed that she wou service agency to see feedback from any ad services. It should be | if contact the outside if they could provide ditional patients receiving noted that feedback from a | | | |

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| H 053 | Continued From pa | ge 2 | H 053 | | |
| | representative patie provision of service exit conference on . | ent sample regarding the s was not provided before the June 9, 2017. | | | |
| Ⅎ 054 | 3903.2(c)(2) GOVE. The governing body | RNING BODY shall do the following: | H 054 | H 054 Governing Body 3903. | 2(c)(2) |
| | patient care that is a effective and efficier must include the following must include must inclu | | | Monitoring of complaints is a key element of Agency's Performance Improvement Plan. | Results of |
| | complaints made or | hall include a review of all referred to the agency, of each complaint and the nereto. | | complaint tracking is shared at the quarterland with the Board of Directors, who providirection as how the agency can reduce the complaint, improve the handaling and responding the complaints and improve service as a result complaints and complaint investigation. | y PAC meetings de input and e number of onses to |
| (| evidence that the gov complaints received : | iew, the HCA failed to provide perning body reviewed all and documented the perturbative (35) of thirty-five | 9 | To assure that this deficient practice does VMT will follow this procedure 1. All complaints will be addressed within 5 | i to 10 |
| - | The findings include: | | | buisness days and VMT will attempt to result within 30 days of the receipt of the compla | olve the issue iint. |
| ti 22 n 2 | of the agency's compagency had thirty-five the agency since the 1016). Review of the ninutes dated August 1016, and April 27, 20 eginning at 3:23 p.m. | ginning at 3:27 p.m., review laints revealed that the (35) complaints referred to previous survey, (June 22, e HCA's governing body to 9, 2016, December 19, 2017, on June 7, 2017,, revealed that only the and a brief description of | | The complaint will be logged in the complaint Log will be maintained to docum and resolution. All Complaints would includ and nature/type of complaints. a. The complaint log will be maintained complaints and resolutions. b. Once the complaint has been resolve response will be logged in the log as v | ent complaint ed specific details to document ed , the agency |

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| | NT OF DEFICIENCIES NOF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | PLE CONSTRUCTION G: | (X3) DATE SURVEY COMPLETED |
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| | the complaints were included in the aforementioned minutes, however there was no documented evidence of the agency's response to the complaints. At the time of the survey, although the complaints were reviewed and included in the governing body's minutes, there was no documented evidence that all complaints reviewed included the HCA's response. H 148 3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required; | | H 054 | H 054 3903.2 (c)(2) continue from page 3 3. All written complaints will be reviewed and investigated by the Administrator. The Admin will investigate the complaint with the staff im and assocciated with the complaint. The resocomplaint will be documented into the complaint has been been decided in the reveiwed annually during the log book will be reveiwed annually will be reveiwed annually will be reveiwed annually will be reveiwed | istrator plicated 08/20/2017 lution of the iint log. g VMT Home omplaints |
| | | | | H 148 3907.2 (d) Personnel | |
| | each personnel recon current CPR certificat employees included The finding includes: | net as evidenced by: iew, the HCA failed to ensure rd included evidence of tion for one (1) of twenty (20) in the sample. (HHA #18) | | Current CPR certification for HHA #18 was submitted to VMT, June 13, 2017 see attachn | nent#2 |
| ; ; | #18's personnel reco card with an expiratio 2016. | rd revealed a copy of a CPR on date of November 30, evey, the HCA failed to be ersonnel record had | | To ensure VMT is in compliance with all employee records, HR is conducting audits an identifying any missing or expired health certif Any staff member outside of compliance will the from their current client case load until they be compliant. This audit will be done quarterly. | ications. pe removed |

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| H 152 | Continued From pa | age 4 | H 152 | | |
| H 152 | 3907.2(h) PERSON | NNEL | H 152 | | |
| | personnel records, following information | gency shall maintain accurate which shall include the on: leted annual evaluations; | | H152 3907.2(h) Personnel HHA #13 was evaluated on 06/17/2016 s attachment #3. At the time of survey the shad not been filed in the employees charl | evaluation |
| | Based on record re- failed to maintain ac which included docu | met as evidenced by: view and interview, the agency ccurate personnel records, umentation of completed for one (1) of twenty (20) umple_HHA (#13). | | | tem(tickler) evalutions completed y. s |
| 1 | review of HHA #13's that he/she was hire review of the record evidence of an annu | eginning at 10:00 a.m., personnel record revealed d on April 13, 2016. Further revealed no documented | | will be conducted over a three month period (April, May, and June) of each year by the staffing coordinators and HR manager. All HR files will be audited periodically by the agen staff and every three months by HR, using an aud tool. The outcome will be reviewed by the Board a action will be taken when necessary. | |
| r a r a n c p li | numan resources mascertain information responsible for performentioned HHA manager indicated the coordinators that had performance evaluate interview with one of coordinator on June evealed that performance development on ducted annually. | anager was conducted to a regarding who was brance evaluations for the A. The human resources that it was the HCA's staffing of the responsibility to conduct tions for each of the HHAs. The agency's staffing 9, 2017 at 11:53 a.m., mance evaluations are | | | |

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| H 163 | 3907.7 PERSONNE | L | H 163 | | |
| | guidelines issued by | ase annually, according to the the federal Centers for d shall be certified free of | | H 163 3907.7 Personnel | |
| | ailed to ensure each | iew and interview, the HCA employee was screened for ses annually, for one (1) of | | As of 06/14/2017HHA#6 is no longe a client case until VMT receives a cu PPD/annual screening for communic | urrent |
| .# | 6's personnel record | 1:11 p.m., review of HHA I revealed that a PPD was mployee on May 1, 2016. | | All HR files will be reviewd by the HR any files that are not incompliance will aide removed until the file is brought | ll have the |
| in fa co m | nanager on June 9, 2 Iform him/her that HI Italied to evidence a communicable diseas Italiager stated that h | e. The human resources | | To ensure VMT is in compliance with all e HR is conducting audits as outlined in 390 The audit will be reviewed and presented PAC meetings and action will be taken wh | 7.2(h). at the guarterly |
| m | the time of the surv anager failed to sub | ad not been filed. However ey, the human resources mit evidence of HHA #6's communicable disease. | | H 355 3914.3(d) Patient Plan o | |
| | 914.3(d) PATIENT PI | | H 355 | A review of the POC for patients #6,# #11.#17,#18,#19 and #20 was conduc | 7,#8,9,#10, |
| Th | ne plan of care shall | include the following: | | DON. The POC showed that the expect | ted duration |
| du | A description of the cluding: the frequency ration; dietary required to the control of the contr | | | (in months) of SN and PCA services to was not indicated on the POC. Howeve (box3) on the POC shows the intended period. | er, section 3 |

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| H 355 | Continued From pa | age 6 | H 355 | H 355 3914.3(d) Plan of Ca | ro | |
| | administration, incli supplies; | uding dosage; equipment; and | | Continue from page 6 | ie | |
| | Based on record re failed to ensure each duration of the SN a provided, for ten (10 patients in the samp | , #9, #10, #11, #17, #18, #19 | | VMT is unable to retrospectively condocumentation on the (POC) for experiod. Moving forward, VMTwill enforce the POC is the expected duration (in muskilled nurse(SN) and PCA service (I) VMT's Clinical Manager has edure | ach certification nat-included in e onths) of the s to be provided ucated and ealth Information erating the POC vill include the | very |
| | Review of the clinical through June 9, 201 1. On June 8, 2017, Patient #6's clinical in certification period of 11, 2017. The POC is to be provided SN sets by the provided that the patient of the set of the set of the set of PCA services to a set of the provided SN sets by the provided SN set | al records on June 7, 2017, 7, revealed the following: , at 8:45 a.m., review of record revealed a POC with a of July 13, 2016, through July revealed that Patient #6 was ervices monthly and PRN for HA and to teach the patient int. Additionally, the POC tient was to receive PCA hours a day, seven (7) days se with ADL and IADL but expected duration of the SN be provided by the agency. | | expected duration (in months) of SN services on all POC's generated.(S#4) (II) Moving forward,VMT will perform audits on a sample size of POC;s of Clinical Manager and/or DON will paudits to ensure that the expected on the POC's. (III) A sample size of 10% will be as ensure continuous compliance and a benchmark for any modifications moving forward. continious audits wuntil 100% compliance is reached. The sample size audits will be over the Administrator or designated em | I and PCA see attachment m quality generated.VMT's perform the duration is ssesed to will serve as of audits vill be performed seen by | |
| F C F # F | Patient #7's clinical re ertification period of ebruary 5, 2018. The Twas to be provide PRN for supervision | at 9:40 a.m., review of ecord revealed a POC with a f March 2, 2017, through the POC revealed that Patient of SN services monthly and of the HHA and to teach the agement. Additionally, the | | | ľ | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | L . | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| H 355 Continued From pa | ge 7 | H 355 | | | |
| a week for assistan failed to include the and PCA services to 3. On June 8, 2017 Patient #8's clinical certification period of October 9, 2017. The |) hours a day, seven (7) days ce with ADL and IADL but expected duration of the SN to be provided by the agency. 7, at 10:30 a.m., review of record revealed a POC with a of October 10, 2016, through the POC revealed that Patient and SN services monthly and | | | | |
| PRN for supervision patient disease man POC indicated that the PCA services six (6) a week for assistant failed to include the | of the HHA and to teach the lagement. Additionally, the lagement was to receive hours a day, seven (7) days be with ADL and IADL but expected duration of the SN | | | | |
| and PCA services to 4. On June 8, 2017, Patient #9's clinical r certification period of June 21, 2017. The I was to be provided 8 for supervision of the patient disease mana POC indicated that the PCA services six (6) week for assistance to include the expect | at 11:40 a.m., review of record revealed a POC with a f June 23, 2016, through POC revealed that Patient #9 SN services monthly and PRN a HHA and to teach the agement. Additionally, the ne patient was to receive hours a day, five (5) days a with ADL and IADL but failed ed duration of the SN and provided by the agency. | | 22. | | |
| Patient #10's clinical a certification period August 5, 2017. The #10 was to be provide PRN for supervision apatient disease mana POC indicated that the | at 11:40 a.m., review of record revealed a POC with of August 7, 2016, through POC revealed that Patient ed SN services monthly and of the HHA and to teach the agement. Additionally, the e patient was to receive (12) hours a day, seven (7) | | | <i>34</i> 7 | |

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| | | WASHINGTON, | DC 20001 | |
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| H 355 Continued F | rom page 8 | H 35 | 5 | |
| but failed to SN and PC/agency. 6. On June Patient #11's a certificatio August 13, 2 #11 was to be PRN for suppatient disease POC indicate PCA service days a week | s for assistance with ADI include the expected du a services to be provided as a 2017, at 11:40 a.m., a clinical record revealed period of August 15, 2017. The POC revealed period of SN services ervision of the HHA and as emanagement. Addited that the patient was to sixteen (16) hours a differ assistance with ADI nolude the expected during a sixteen during the sixteen dur | review of la POC with 016, through that Patient monthly and to teach the ionally, the preceive ay, seven (7) | | |
| agency. 7. On June 19 Patient #17's a certification August 15, 2 #17 was to b PRN for supe patient disea POC indicate PCA services a week for as failed to inclu and PCA services | 9, 2017, at 8:30 a.m., reclinical record revealed a period of August 17, 20017. The POC revealed e provided SN services ervision of the HHA and se management. Additional that the patient was to eight (8) hours a day, firststance with ADL and I de the expected duration vices to be provided by the expected duration of the expected duration vices to be provided by the expected duration of the expected duration vices to be provided by the expected duration vices and vices to be provided by the expected duration vices to be provided by the expected duration vices and vices are vices as a vice vices and vices are vices as a vice vices are vices as a vice vices and vices vices are vices vices as vices vices are vices vice | view of a POC with 016, through that Patient monthly and to teach the onally, the o receive ve (5) days ADL but n of the SN he agency. | | |
| Patient #18's a certification January 31, 2 #18 was to be PRN for supe patient diseas | , 2017, at 10:00 a.m., reclinical record revealed period of May 2, 2017, 2018. The POC revealed provided SN services revision of the HHA and the management. Addition that the patient was to | a POC with through that Patient monthly and o teach the anally, the | | |

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| PCAs days but fa SN ar agence 9. Or Patier a cert throug Patier month to tead Addition was to day, so ADL a duration | a week for assiled to include and PCA service by. I June 9, 2017 at #19's clinical ification period by July 20, 201 at #19 was to be be the patient of the | O) hours a day, seven (7) sistance with ADL and IADL the expected duration of the es to be provided by the , at 11:15 a.m., review of a record revealed a POC with of November 29, 2016, 7. The POC revealed that be provided SN services or supervision of the HHA and disease management. C indicated that the patient services eight (8) hours a a week for assistance with tiled to include the expected and PCA services to be | H 355 | | | |
| Patien a certii throug Patien monthl to teac Additio was to day, se ADL ar duratio provide On Jun DON re duratio | t #20's clinical fication period h July 20, 201 t #19 was to be and PRN for the patient of the POC receive PCAs even (7) days and IADL but fain of the SN ared by the agentie 9, 2017, at 3 evealed that the of services a | 7, at 2:00 p.m., review of record revealed a POC with of November 29, 2016, 7. The POC revealed that e provided SN services resupervision of the HHA and lisease management. Condicated that the patient services eight (8) hours a week for assistance with eight of include the expected and PCA services to be cy. 3:00 p.m., interview with the e POCs always included the and he/she would ensure it is OCs in the future. | | | | |

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| H 453 Continued From pa | ge 10 | H 453 | | | |
| H 453 3917.2(c) SKILLED | NURSING SERVICES | H 453 | | | |
| | | | H 453 3917.2(c) Skilled Nursing | Services | |
| Duties of the nurse the following: | shall include, at a minimum, | | | | |
| (c) Ensuring that pa accordance with the | tient needs are met in e plan of care; | | A review of patient # 6 POC was conduct VMT's DON. The POC has a diagnosis of failure unspecified. Further review of the | of heart monthly | |
| Based on record revidetermined the HCA needs were met in a two (2) of fifteen (15 | This Statute is not met as evidenced by: Based on record review and interview, it was determined the HCA failed to ensure the patient's needs were met in accordance with their POC for two (2) of fifteen (15) active patients in the sample. (Patient #6 and #9) | | visits notes from Dec, 2016-May 2017 did not include a recorded weight on patient #6 during the monthly visits conducted by the SN. VMT is unable to retrospectively correct documentation of a monthly visit note for any certification period. Moving forward, VMT has and will take the following actions. | | |
| review of Patient #6's of April 21, 2013, and July 13, 2016, through indicated Patient #6 failure, unspecified". SN was to conduct in client/caregiver to we weight before breaking greater that two (2) to twenty-four (24) hour pounds in seven days. Review of monthly nues, 2016, through May documented evidence. | beginning at 8:45 a.m., s POC revealed a SOC date d a certification period from the July 11, 2017. The POC had a diagnosis of "Heart According to the POC, the nonthly visits to "teach eigh client daily and record ast" and, call MD if "weight is to three (3) pounds in s or greater than five (5) | | (I) VMTs DON and clinical Manager held in-service/clinical meeteing on 06/14/201'. The topic of Recording weight was emphwith a highlight on CHF beneficiaries. The were educated on the importance of weigmeasurment, especially on heart failure of the control of | 7. asized a SN's ht lients. each during eficiary's lity compliance is. Continious ipliance is reached. corded tt | |
| On June 8, 2017, review of Patient #9's of February 28, 2011, | beginning at 11:40 a.m., POC revealed a SOC date and a certification period hrough June 21, 2017. The | | and a second motion will give | 08/20/2017 | |

| | Regulation & Licensin | | | | TORWAPPROVE |
|--------------------------|--|--|---------------|--|---|
| AND PLA | ENT OF DEFICIENCIES N OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | IPLE CONSTRUCTION IG: | (X3) DATE SURVEY COMPLETED |
| | · | HCA-0054 | B. WING_ | | 06/14/2017 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY | /, STATE, ZIP CODE | 1 00/14/2011 |
| VMT HO | ME HEALTH AGENCY | | TREET N | | |
| | MIL TILALITI AGLICT | WASHING | STON, DC | 20001 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D.BE COMPLETE |
| H 453 | Continued From pa | ge 11 | H 453 | | |
| | POC indicated Patie | ent #9 had a diagnosis of | | 3917.2 (2) | |
| | POC indicated Patient #9 had a diagnosis of "Type 2 Diabetes Mellitus". According to the POC, the SN was to conduct monthly visits to teach client/caregiver the signs and symptoms of high and low blood sugars, call the physician if blood sugar is less than sixty (60) or greater than two hundred (200). | | | A reveiw of patients #9 POC was conducted DON. The POC has a diagnosis of "Type Further review of the monthly vistis note: November 2016 through January 2017 dinclude a recorded blood sugar on patienthe monthly visits conducted by the SN. | e 2 Diabetes" s from id not |
| | Review of monthly nursing notes for November 3, 2016, December 27, 2016, and January 27, 2017, failed to reveal any documented evidence that the patient's blood sugar was noted by the SN during his/her monthly visits. On June 9, 2017, at 3:30 p.m., the DON stated | | | VMT is unable to retrospectively correct of a monthly visit note for any certification period. Moving forward, VMT has and with the following actions. (1) VMT's DON and Clinical Manager helin-service/clinical meeting on 6/14/2017. | n Il take d an |
| | that all SNs will be in | serviced about the | | of diabetic protocols were discussed with | an |
| | importance of docum | nenting blood glucose g their monthly skilled | | emphasis on BS monitoring. The SN's we educated on the importance of BS meaus during their monthly skilled assesments. (Please see attatchment 5) | |
| | | | | (II) Moving foward, VMT's DON and/or Cl manager; will continue to educate the nu the importance of blood glucose monitori | ses about |
| | | | | (III) Moving forward, VMT will perform quon a sample size of 10% to measure corblood glucose recordings during SN moncontinous audits will be performed until 1 compliance is reached. Quality audits will reinforce and include b glucose recording on clients with a diagnous "Type 2 diabetes mellitus". VMT's Clinica and DON will perform the audits. Any find be addressed accordingly. | npliance with thly visits 00% of lood psis of I manager |
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