

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/14/2017
NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
(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 June 7, 2017, through June 14, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to three hundred and forty-eight (348) patients and employs six hundred sixty-nine (669) staff. The findings of the survey were based on a review of administrative records, fifteen (15) active patient records, five (5) discharged patient records, twenty (20) employee records, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>ADL - Activities of Daily Living CPR - Cardiopulmonary Resuscitation DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide IADL - Instrumental Activities of Daily Living MD - Medical Doctor POC - Plan of Care PPD - Purified Protein Derivative PRN - As needed SN - Skilled Nurse SOC - Start of Care</p>	H 000	<p>VMT Home Health Agency makes its best efforts to operate in substantial compliance with Federal and State law. A Plan of Correction(POC) does not constitute an admission or agreement by any party, it's officers, directors, employees or agents as truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies Report. The Plan of Correction is prepared solely because it is required by Federal and State Law.</p>	
H 053	<p>3903.2(c)(1) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(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</p>	H 053	<p>H053 3903.2 (c) (1) Governing Body</p> <p>VMT Home Health Agency holds a Professional Advisory Committee(PAC) meeting quarterly to review patient records and policies & procedures of the agency. The meeting is attended by at least two members of the VMT Home Health Agency Governing Body(i.e. Board of Directors). Effective the next PAC meeting the Governing Body will assure that a minimum of 10% of the total clients are evaluated to determine the extent to which services promote patient care that is appropriate,adequate, effective and efficient.</p>	

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

STATE FORM

ESJG11

If continuation sheet 1 of 12

Health Regulation & Licensing Administration
STATE FORM

Health Regulation & Licensing Administration

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H 053	Continued From page 2 representative patient sample regarding the provision of services was not provided before the exit conference on June 9, 2017.	H 053		
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, including the nature of each complaint and the agency's response thereto. This Statute is not met as evidenced by: Based on record review, the HCA failed to provide evidence that the governing body reviewed all complaints received and documented the agency's response for thirty-five (35) of thirty-five (35) complaints for 2016. The findings include: On June 7, 2017, beginning at 3:27 p.m., review of the agency's complaints revealed that the agency had thirty-five (35) complaints referred to the agency since the previous survey, (June 22, 2016). Review of the HCA's governing body minutes dated August 9, 2016, December 19, 2016, and April 27, 2017, on June 7, 2017, beginning at 3:23 p.m., revealed that only the number of complaints and a brief description of	H 054	H 054 Governing Body 3903.2(c)(2) Monitoring of complaints is a key element of the Agency's Performance Improvement Plan. Results of complaint tracking is shared at the quarterly PAC meetings and with the Board of Directors, who provide input and direction as how the agency can reduce the number of complaint, improve the handling and responses to complaints and improve service as a result of complaints and complaint investigation. To assure that this deficient practice does not reoccur VMT will follow this procedure 1. All complaints will be addressed within 5 to 10 business days and VMT will attempt to resolve the issue within 30 days of the receipt of the complaint. 2. The complaint will be logged in the complaint log. The Complaint Log will be maintained to document complaint and resolution. All Complaints would included specific details and nature/type of complaints. a. The complaint log will be maintained to document complaints and resolutions. b. Once the complaint has been resolved, the agency response will be logged in the log as well.	

Health Regulation & Licensing Administration

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H 054	Continued From page 3 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 054	H 054 3903.2 (c)(2) continue from page 3 3. All written complaints will be reviewed and investigated by the Administrator. The Administrator will investigate the complaint with the staff implicated and associated with the complaint. The resolution of the complaint will be documented into the complaint log.	08/20/2017
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; This Statute is not met as evidenced by: Based on record review, the HCA failed to ensure each personnel record included evidence of current CPR certification for one (1) of twenty (20) employees included in the sample. (HHA #18) The finding includes: On June 9, 2017, at 12:17 p.m., review of HHA #18's personnel record revealed a copy of a CPR card with an expiration date of November 30, 2016. At the time of the survey, the HCA failed to ensure HHA # 18's personnel record had documented evidence of current CPR certification.	H 148	H 148 3907.2 (d) Personnel Current CPR certification for HHA #18 was submitted to VMT, June 13, 2017 see attachment # 2 To ensure VMT is in compliance with all employee records, HR is conducting audits and identifying any missing or expired health certifications. Any staff member outside of compliance will be removed from their current client case load until they become compliant. This audit will be done quarterly.	08/20/2017

Health Regulation & Licensing Administration

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H 152	Continued From page 4	H 152		
H 152	3907.2(h) PERSONNEL	H 152		
	Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on record review and interview, the agency failed to maintain accurate personnel records, which included documentation of completed annual evaluations for one (1) of twenty (20) employees in the sample. HHA (#13).		H152 3907.2(h) Personnel HHA #13 was evaluated on 06/17/2016 see attachment #3. At the time of survey the evaluation had not been filed in the employees chart. VMT will streamline the internal evaluation process. HR personnel will maintain a tracking system(tickler) to ensure that all employees have annual evaluations completed timely and filed in thier personnel charts. All HR files are being audited for accuracy. The Home Health Agency staff evaluations 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 agency staff and every three months by HR, using an audit tool. The outcome will be reviewed by the Board and action will be taken when necessary.	
	The finding includes: On June 8, 2017, beginning at 10:00 a.m., review of HHA #13's personnel record revealed that he/she was hired on April 13, 2016. Further review of the record revealed no documented evidence of an annual evaluation. On June 9, 2017, at 10:29 a.m., interview with the human resources manager was conducted to ascertain information regarding who was responsible for performance evaluations for the aforementioned HHA. The human resources manager indicated that it was the HCA's staffing coordinators that had the responsibility to conduct performance evaluations for each of the HHAs. Interview with one of the agency's staffing coordinator on June 9, 2017 at 11:53 a.m., revealed that performance evaluations are conducted annually. At the time of the survey, the HCA failed to provide documented evidence that HHA #13 had an annual evaluation.			08/20/2017

Health Regulation & Licensing Administration

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H 163	3907.7 PERSONNEL Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each employee was screened for communicable diseases annually, for one (1) of twenty (20) employees in the sample. (Employee #6)	H 163	H 163 3907.7 Personnel As of 06/14/2017 HHA#6 is no longer assigned to a client case until VMT receives a current PPD/annual screening for communicable disease.	
	The finding includes: On June 8, 2017, at 4:11 p.m., review of HHA #6's personnel record revealed that a PPD was administered to the employee on May 1, 2016. The surveyor met with the human resources manager on June 9, 2017, at 11:37 a.m., to inform him/her that HHA #6's personnel record failed to evidence a current screening for communicable disease. The human resources manager stated that he/she would check among the documents that had not been filed. However at the time of the survey, the human resources manager failed to submit evidence of HHA #6's annual screening for communicable disease.		All HR files will be reviewed by the HR manager and any files that are not in compliance will have the aide removed until the file is brought into compliance. To ensure VMT is in compliance with all employee files, HR is conducting audits as outlined in 3907.2(h). The audit will be reviewed and presented at the quarterly PAC meetings and action will be taken when necessary.	08/20/2017
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication	H 355	H 355 3914.3(d) Patient Plan of Care A review of the POC for patients #6, #7, #8, #9, #10, #11, #17, #18, #19 and #20 was conducted by the DON. The POC showed that the expected duration (in months) of SN and PCA services to be provided was not indicated on the POC. However, section 3 (box3) on the POC shows the intended certification period.	

Health Regulation & Licensing Administration

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H 355	<p>Continued From page 6</p> <p>administration, including dosage; equipment; and supplies;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each POC included the expected duration of the SN and PCA services to be provided, for ten (10) of fifteen (15) active patients in the sample. (Patients #6, #7, #8, #9, #10, #11, #17, #18, #19 and #20)</p> <p>The findings include:</p> <p>Review of the clinical records on June 7, 2017, through June 9, 2017, revealed the following:</p> <p>1. On June 8, 2017, at 8:45 a.m., review of Patient #6's clinical record revealed a POC with a certification period of July 13, 2016, through July 11, 2017. The POC revealed that Patient #6 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services twelve (12) hours a day, seven (7) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency.</p> <p>2. On June 8, 2017, at 9:40 a.m., review of Patient #7's clinical record revealed a POC with a certification period of March 2, 2017, through February 5, 2018. The POC revealed that Patient #7 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive</p>	H 355	<p>H 355 3914.3(d) Plan of Care Continue from page 6</p> <p>VMT is unable to retrospectively correct documentation on the (POC) for each certification period. Moving forward, VMT will enforce that included in every POC is the expected duration (in months) of the skilled nurse (SN) and PCA services to be provided. (I) VMT's Clinical Manager has educated and reinforced this information to the Health Information Specialist who is charged with generating the POC's. The Health Information Specialist will include the expected duration (in months) of SN and PCA services on all POC's generated. (See attachment #4) (II) Moving forward, VMT will perform quality audits on a sample size of POC's generated. VMT's Clinical Manager and/or DON will perform the audits to ensure that the expected duration is on the POC's. (III) A sample size of 10% will be assessed to ensure continuous compliance and will serve as a benchmark for any modifications of audits moving forward. Continuous audits will be performed until 100% compliance is reached.</p> <p>The sample size audits will be overseen by the Administrator or designated employee.</p>	08/20/2017

Health Regulation & Licensing Administration

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H 355	Continued From page 7 PCA services six (6) hours a day, seven (7) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency. 3. On June 8, 2017, at 10:30 a.m., review of Patient #8's clinical record revealed a POC with a certification period of October 10, 2016, through October 9, 2017. The POC revealed that Patient #8 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services six (6) hours a day, seven (7) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency. 4. On June 8, 2017, at 11:40 a.m., review of Patient #9's clinical record revealed a POC with a certification period of June 23, 2016, through June 21, 2017. The POC revealed that Patient #9 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services six (6) hours a day, five (5) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency. 5. On June 8, 2017, at 11:40 a.m., review of Patient #10's clinical record revealed a POC with a certification period of August 7, 2016, through August 5, 2017. The POC revealed that Patient #10 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services twelve (12) hours a day, seven (7)	H 355		

Health Regulation & Licensing Administration

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STREET ADDRESS, CITY, STATE, ZIP CODE

VMT HOME HEALTH AGENCY

**901 1ST STREET NW
WASHINGTON, DC 20001**

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H 355	Continued From page 8 days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency. 6. On June 8, 2017, at 11:40 a.m., review of Patient #11's clinical record revealed a POC with a certification period of August 15, 2016, through August 13, 2017. The POC revealed that Patient #11 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services sixteen (16) hours a day, seven (7) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency. 7. On June 9, 2017, at 8:30 a.m., review of Patient #17's clinical record revealed a POC with a certification period of August 17, 2016, through August 15, 2017. The POC revealed that Patient #17 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services eight (8) hours a day, five (5) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency. 8. On June 9, 2017, at 10:00 a.m., review of Patient #18's clinical record revealed a POC with a certification period of May 2, 2017, through January 31, 2018. The POC revealed that Patient #18 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive	H 355		

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H 355	<p>Continued From page 9</p> <p>PCA services ten (10) hours a day, seven (7) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency.</p> <p>9. On June 9, 2017, at 11:15 a.m., review of Patient #19's clinical record revealed a POC with a certification period of November 29, 2016, through July 20, 2017. The POC revealed that Patient #19 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services eight (8) hours a day, seven (7) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency.</p> <p>10. On June 9, 2017, at 2:00 p.m., review of Patient #20's clinical record revealed a POC with a certification period of November 29, 2016, through July 20, 2017. The POC revealed that Patient #19 was to be provided SN services monthly and PRN for supervision of the HHA and to teach the patient disease management. Additionally, the POC indicated that the patient was to receive PCA services eight (8) hours a day, seven (7) days a week for assistance with ADL and IADL but failed to include the expected duration of the SN and PCA services to be provided by the agency.</p> <p>On June 9, 2017, at 3:00 p.m., interview with the DON revealed that the POCs always included the duration of services and he/she would ensure it is again added to the POCs in the future.</p>	H 355		

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H 453	Continued From page 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 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 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)		A review of patient # 6 POC was conducted by VMT's DON. The POC has a diagnosis of heart failure unspecified. Further review of the monthly 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:	
	The findings include:		(I) VMTs DON and clinical Manager held an in-service/clinical meeting on 06/14/2017. The topic of Recording weight was emphasized with a highlight on CHF beneficiaries. The SN's were educated on the importance of weight measurement, especially on heart failure clients.	
	1. On June 8, 2017, beginning at 8:45 a.m., review of Patient #6's POC revealed a SOC date of April 21, 2013, and a certification period from July 13, 2016, through July 11, 2017. The POC indicated Patient #6 had a diagnosis of "Heart failure, unspecified". According to the POC, the SN was to conduct monthly visits to "teach client/caregiver to weigh client daily and record weight before breakfast" and, call MD if "weight is greater than two (2) to three (3) pounds in twenty-four (24) hours or greater than five (5) pounds in seven days."		(II) Moving forward, VMT has since given each SN updated scales to weigh beneficiary's during monthly visits; with reinforcement on beneficiary's who have a diagnosis on "heart failure".	
	Review of monthly nursing notes from December 8, 2016, through May 9, 2017, failed to reveal any documented evidence that the patient's weight was noted by the SN during his/her monthly visits.		(III) Moving forward, VMT will perform quality audits on sample size of 10% to measure compliance of weight recorded during SN monthly visits. Continuous audits will be performed until 100% of compliance is reached.	
	2. On June 8, 2017, beginning at 11:40 a.m., review of Patient #9's POC revealed a SOC date of February 28, 2011, and a certification period from June 23, 2016, through June 21, 2017. The		Quality audits will reinforce and include recorded weights on clients with a diagnosis of heart failure. VMT's Clinical Manager/or DON will perform the audits. Any findings during the audits will be addressed accordingly.	08/20/2017

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NAME OF PROVIDER OR SUPPLIER VMT HOME HEALTH AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW WASHINGTON, DC 20001		
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H 453	Continued From page 11 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). 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 that all SNs will be in-serviced about the importance of documenting blood glucose measurements during their monthly skilled assessments.	H 453	3917.2 (2) A review of patient #9 POC was conducted by VMT's DON. The POC has a diagnosis of "Type 2 Diabetes". Further review of the monthly visit notes from November 2016 through January 2017 did not include a recorded blood sugar on patient #9 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: (I) VMT's DON and Clinical Manager held an in-service/clinical meeting on 6/14/2017. The topic of diabetic protocols were discussed with an emphasis on BS monitoring. The SN's were educated on the importance of BS measurements during their monthly skilled assessments. (Please see attachment 5) (II) Moving forward, VMT's DON and/or Clinical manager; will continue to educate the nurses about the importance of blood glucose monitoring. (III) Moving forward, VMT will perform quality audits on a sample size of 10% to measure compliance with blood glucose recordings during SN monthly visits. Continuous audits will be performed until 100% of compliance is reached. Quality audits will reinforce and include blood glucose recording on clients with a diagnosis of "Type 2 diabetes mellitus". VMT's Clinical manager and DON will perform the audits. Any findings will be addressed accordingly.	08/20/2017