Revised Plan of Correction 8/18/23

Health R	egulation & Licensing	g Administration	1		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		
		HCA0108	B. WING		06/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
MEDSTA	R VNA, INC DBA MED			VENUE, NW SUITE 2ND FLOOR	
	SI IMMARY ST		GTON, DC 2	PROVIDER'S PLAN OF CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
H 000	INITIAL COMMENT	ſS	H 000		
	06/05/2023, 06/06/2 06/09/2023, 06/12/2 determine compliant Chapter 39 (Home C Home Care Agency 380 patients and en the survey were bas administrative recor five discharged pati records, and a revie complaints and inci- findings were also b patients' phone int Listed below are a this report: ADL - Activities of D DON- Director of Ne HHA - Home Health HCA - Home Care / IADL- Instrumental MCG - Microgram MG - Milligram	bbreviations used throughout Daily Living ursing n Aide Agency Activities of Daily Living nal Therapist re Aide			
	PT - Physical Thera	apist			
	ation 9 Liconsis - Administ				
LABORATORY		X/SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE
\mathcal{O}^{2}	muy Megan sal-los	Vach	A	VP Quality/Regulatory Compliance	8/18/23
STATE FORM	ЛК		6899	H74U11	If continuation sheet 1 of 27

Health R	egulation & Licensing	Administration				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION		. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA0108		B. WING		06/13/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MEDSTAI	R VNA, INC DBA MED	STAR HEALTH		NECTICUT A TON, DC 20	VENUE, NW SUITE 2ND FLOOR 1008	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEDED BY FULL F NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
H 000	Continued From pag	ge 1		H 000		
	RN - Registered Nu	rse				
	SN - Skilled Nurse	e				
	SOC - Start of Care					
H 362	3914.3(k) PATIENT	PLAN OF CARE		H 362	3914.3(k): Agency failed to ensure that the care (POC) included safety measures to p	
	The plan of care sha	all include the follow	ing:		the patient from injury for one of 25 patien sample (Patient #8).	
	(k) Safety measures from injury;	required to protect	the patient		Provider Plan of Correction: Agency will reeducate clinical managers a on need to include oxygen safety measure	es, to 9/15/23
	This Statute is not	met as evidenced b	y:		protect the patient from injury, in the plan for all disciplines.	of care
	Based on record rev care agency (HCA) to care (POC) included patient from injury for the sample (Patient	failed to ensure that I safety measures to or one of 25 active p	the plan of protect the		Pt#8 was discharged by physical therapy with reinforcement of oxygen safety on the discharge visit; oxygen was added to the medication record. Clinical team was coac the importance of including oxygen and or safety in the plan of care.	e hed on
	Findings included:					
	On 06/07/2023 at 01 clinical record show duration period of 04 for skilled nursing (S	ed a plan of care (P 4/20/2023 through 0	OC) with a 6/18/2023,		Measures to prevent recurrence: Quali Review Nurse team to ensure oxygen safe measures included in plan of care for all o patients.	sty xygen
	(HHA) services, phy medical social work evaluate, and treat. included hyperlipide	sical therapy (PT) s (MSW) services to The patient's diagno	ervices, and assess, oses		Quality Assurance Monitoring: Quarter (10 random charts per quarter) will be co by Quality team or designee to ensure cor	nducted
	disease, generalized abnormalities of gait breast cancer. Conti	d muscle weakness, t and mobility, and a inued review of the o	history of			
	record showed that to 05/09/2023 and doc cigarette smoke and	umented having sm	elled			
	could not be					

6899

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY MPLETED
		HCA0108	B. WING		/13/2023
	ROVIDER OR SUPPLIER R VNA, INC DBA MEI	STAR HEALTH 4201 CO	DDRESS, CITY, ST NNECTICUT A GTON, DC 2	AVENUE, NW SUITE 2ND FLOOR	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 362	Again on 05/24/202 and documented th oxygen. Reminded oxygen and stated Further review of th POC failed to inclu measures required Please note, the lic documenting the pa nursing visits and in 2liters of oxygen. On 06/08/2023 at 0 Director was made going to investigate At the time of the s failed to include in	se while on 2liters of oxygen. 23, the HHA visited the patient the following: "On 2L [liter] of ther about smoking in home with that [she] understood safety." the clinical records including the de oxygen and its safety to protect the patient from injury censed practical nurse was atient's oxygen level during included that patient was on 04:21 pm, the Quality Assurance aware of the findings. She was	s	 3914.3(m): Agency failed to include emergency protocols specific to patient's diagnoses in the plan of care (POC) for three of 25 active patients included in the sample (Patients #2, 5, and #9). Provider Plan of Correction: Leadership to ensure emergency protocols are included in the plan of care based on diagnosis for congestive heart failure (CHF) (unless unable to weigh), diabetes mellitus (DM) and patients on oxygen (or with respiratory disease processes). Education of clinical managers and clinical care team around: establishing protocols for emergency interventions. Action taken on patients identified: Patient #2: physician communication entered that patient did not monitor blood sugar or weight; patient had no further visits after 5/31/23 and was discharged from service. Patient #5: Agency provided scale for this patient; RN educated the patient on importance of monitoring and reporting necessary weight changes to physician. The team was coached on the need to the service. 	
H 364	3914.3(m) PATIEN The plan of care sh (m) Emergency pro This Statute is no Based on record re determined that the	nall include the following:		 include emergency protocols in the plan of care. Patient #9: At the time of discharge on 6/5/23, the patient was instructed on importance of SPO2 monitoring and reporting to the physician. Coaching provided to clinicians on the importance of monitoring SPO2 for patients on oxygen (or with respiratory disease process). Measures to prevent recurrence: Ongoing education around the importance of establishing emergency protocols for CHF, DM, patients using oxygen, and/or other respiratory patients, to ensure patient safety. Quality Review Nurse team to ensure emergency protocols are included on POC based on aforementioned diagnoses. 	9/15/23
0 2 5	diagnoses in the pl	an of care (POC) for three of 25 uded in the sample (Patients #2,		Quality Assurance Monitoring: Quarterly audits (10 random charts per quarter) will be conducted by Quality team or designee to ensure compliance.	,

H74U11

If continuation sheet 3 of 27

Health R	egulation & Licensing	Administration					
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATIO		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COM	SURVEY PLETED
		HCA0108		B. WING		06/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
MEDSTA	R VNA, INC DBA MED	STAR HEALTH		NECTICUT A	AVENUE, NW SUITE 2ND FLOOR 0008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENC BE PRECEDED BY FULL NTIFYING INFORMATION	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
H 364	Continued From page 1. On 06/06/2023 at #2's clinical record s with a duration period 07/01/2023. The pate congestive heart fail asthma, constipation emphysema, glauco myocardial infarction muscle weakness. The patient was receiving Prednisone 10mg tw and then one tablet review of the POC la protocols related to congestive heart fail weight and blood glage emergency interven 2. On 06/07/2023 at #5's record showed duration period of 04 The patient's diagnon failure, gastrointestind dependence, hypoted diabetes mellitus, condition fibrillation, thrombood abuse, methicillin re POC showed that the 49mg-51mg tablet of oral every day, and every day for heart failure (e.g., weight) emergency interven 3. On 06/05/2023 at #9's record showed	10:57 am, review showed a Plan of C od of 05/03/2023 th tient's diagnoses in lure, type II diabete n, chronic kidney d oma, hyperlipidemia n, schizoaffective of The POC showed t g Lasix 40mg oral vo tablets daily for oral for one week. acked evidence of the patient's diagn ure and diabetes r ucose ranges that tions). 10:12 am, review plans of care (POC 4/30/2023 through oses included acute nal hemorrhage, al ension, lymphedem ongestive heart fail cytopenia, anemia, sistant staphyloco railure. Continued n ce of emergency put 's diagnosis of com parameters that m tions). 12:55 pm, review	Care (POC) rrough ncluded es mellitus, lisease, a, old disorder, and hat the daily and one week Continued emergency oses of nellitus (e.g., may require of Patient C) with a 06/28/2023. e kidney loohol na, type II ure, atrial alcohol ccus. The eiving Entresto rdiance 25mg al one tablet review of the rotocols ngestive heart ay require of Patient				
Health Regula	ation & Licensing Administr	ation					

Health F	Regulation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HCA0108	B. WING		06/13/2023	
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
MEDSTA	R VNA, INC DBA MED		ONNECTICUT NGTON, DC	AVENUE, NW SUITE 2ND FLOOR		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES " BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
H 364	of 05/01/2023 throug diagnoses included obstructive pulmona hyperlipidemia, schi dependence on sup systolic heart failure showed that the pati 24mg-26mg tablet o Sulfate HCA 90 mcg daily, Budesonide-F two puffs via inhalat supplemental oxyge continuously. Contir evidence of emerge patient's diagnosis of chronic obstructive p On 06/05/2023 at 02 Director was made a provided a note from 05/10/2023 indicatin to be weighed becau However, there was alternative measure patient's heart failure At the time of survey to ensure that the patient	gh 06/29/2023. The patient's type II diabetes mellitus, chro ury disease, atrial fibrillation, zophrenia, cataract, plemental oxygen, chronic , and osteoarthritis. The POC ient was receiving Entresto ral every 12 hours, Albuterol g two puffs via inhalation twice ormoterol HFA 160mcg-4.5m ion twice a day, and in, two liters via nasal canula nued review of the POC lacked ncy protocols related to the of congestive heart failure and bulmonary disease. 2:23 pm, the Quality Assurance aware of the findings. She in the physical therapist dated ing the following: "Patient unab use of above knee amputation no documented evidence of s put in place to address the e. y, the home care agency failed atient's plan of care included s specific to patient's diagnosi	e e ."			
	a physician within th care; provided, how	nall be approved and signed b irty (30) days of the start of ever, that a plan of care for services only may be approve lvanced practice				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SURVEY COMPLETED	
		HCA0108	B. WING		06/1	3/2023
	ROVIDER OR SUPPLIER R VNA, INC DBA MED	STAR HEALTH 4201 CON		ATE, ZIP CODE AVENUE, NW SUITE 2ND FLOOR 20008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
H 366	registered nurse. If revised by a telepho shall be immediately be signed by the pho- This Statute is not Based on record rev care agency (HCA) patient's plan of car signed by a physicia days of the start of o patients in the samp #18). Findings included: Review of the home records beginning 0 showed that the age plans of care (POC) #18 were reviewed and/or designee wit (SOCs). On 06/09/2023 at 4 Director acknowledor challenges in getting the POCs despite m At the time of surve to ensure that the P	a plan of care is initiated or one order, the telephone order y reduced to writing, and it shall ysician within thirty (30) days. met as evidenced by: view and interview, the home failed to ensure that each e (POC) was approved and an and/or designee within 30 care (SOC) for five of 25 active ole (Patients #3, 6, 8, 13, and e care agency's (HCA) clinical 06/05/2023 through 06/13/2023 ency failed to ensure that the o for Patients #3, 6, 8, 13, and and signed by a physician hin 30 days of the start of cares c 08 PM, the Quality Assurance ged the findings. She expressed g some of the physicians to sign nultiple attempts. y, the home care agency failed OCs for Patients #3, 6, 8, 13, d by the patient's physician	H 366	3914.4: Agency failed to ensure that e plan of care (POC) was approved and physician and/or designee within 30 d start of care (SOC) for five of 25 active the sample (Patients #3, 6,8, 13, and # Provider Plan of Correction: Orders the provider for signature once comple not returned are refaxed. If not returned days, Document Specialist partners w staff to obtain signature. All patients noted have plans of care the by the provider and are uploaded to complete movider signature order trends not ref 30 days to leadership monthly to mitig enlisting the support of physician liaise Quality Assurance Monitoring: Wee will be analyzed for all outstanding/un by document tracking team and follow be made with non-compliant providers	signed by a ays of the e patients in #18). are sent to eted. Orders ed prior to 30 ith provider back signed nart. ubmit urned within ate issues by on. ekly reports signed orders up calls will	9/15/23
H 432	3916.2(b) SKILLED	SERVICES GENERALLY	H 432			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HCA0108	B. WING		06/1	3/2023
	ROVIDER OR SUPPLIER	4201 CO	DDRESS, CITY, ST	TATE, ZIP CODE AVENUE, NW SUITE 2ND FLOOF	R	
		WASHIN	IGTON, DC 2	20008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
H 432	policies for document provision of different include, at a minimu (b) Communicating personnel and ident meet patient needs; This Statute is not Based on clinical re- it was determined th failed to communical personnel and ident the patient needs for the sample (Patients Findings included: 1. On 6/6/23 at 01:3 Patient #3's clinical (POC) with a duration that indicated skilled that indicated skilled therapy (PT) services (OT) services for dis treatment. The patien failure with hypoxia, III chronic kidney dis hyperplasia, hyperling gastro-esophageal n and long-term use of records showed tha 05/06/2023 and disor	ency shall develop written nting the coordination of the t services. Written policies shal im, the following: patient needs to agency ifying other agencies that can met as evidenced by: cord review and staff interview, nat the licensed professionals the patient needs to agency ify other agencies that can mee r three of 25 active patients in s #3, 13, and #18). 6 pm at 10:58 AM, review of record showed a plan of care on period of 4/26/23 to 6/24/23 d nursing services (SN), physica es, and occupational therapy sease management and ent's diagnoses included chronic ary disease, acute respiratory congestive heart failure, stage sease, benign prostatic	et al c	3916.2(b): Statute not met as evid licensed professionals failed to co- patient needs to agency personne other agencies that can meet the three of 25 active patients in the s #3, 13, and #18) Provider Plan of Correction: Le educate all clinical leaders and st Coordination of Services, to re-en- expectations related to both interr necessary to meet patient needs, with other agencies providing carr effective coordination of related s Education to include expectation and timeliness of communication. Measures to prevent recurrence education regarding importance of effective communication and coor patient needs both within the orgation other agencies providing care. Quality Assurance Monitoring: (10 random charts per quarter) with by Quality team or designee to er	ommunicate el and identify patient needs for sample (Patients adership to re- aff on PC 44.0_ force nal referrals and coordination e to the patient for ervices. on documentation et: Ongoing of timely and rdination of anization and all Quarterly audits ill be conducted	9/15/23

Health R	egulation & Licensing	Administration					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	R· ,		N	(X3) DATE SI COMP	URVEY PLETED
		HCA0108	B. WING			06/13	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STF	REET ADDRESS, CIT	Y, STATE, ZIP CODE			
MEDSTA	R VNA, INC DBA MED	SIAR HEALTH	01 CONNECTIC ASHINGTON, DO		SUITE 2ND FLOOR		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULA NTIFYING INFORMATION)	TORY PREF TAG	X (EAC	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD S-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
H 432	on 05/09/2023 while notification on 05/10 was still in the hospi documented a misse 05/13/2023 with the the hospital even the care assessment on On 06/07/2023 at 11 Director was made a interview, she confir the hospital on 05/10 spoken with PT, who by to the patient's ho He assumed that pa The records failed to communication of pa personnel. 2. On 06/08/2023 at #13's clinical record with a duration perio 06/12/2023 that indi (SN), physical thera occupational therapy management and the diagnoses included pulmonary disease, gastro-esophageal r pain, spinal stenosis embolism. Continue showed a missed vis 04/21/2023." There that OT followed up Furthermore, the record	PT documented a misse /2023 assuming that patie tal. Furthermore, OT ed visit notification on assumption that patient wo bugh PT did a resumption the patient on 05/12/2023 1:14 am, the Quality Assu aware of the findings. Dur- med that the patient was 0/2023 or 05/13/2023. Sho bindicated having done a ome and there was no ansi- tient was still in the hospir o show documented evide atient's needs among age 03:00 pm, review of Patie showed a plan of care (P d of 04/14/2023 through cated skilled nursing servi- py (PT) services, and y (OT) services for diseas eatment. The patient's included chronic obstructi- hypertension, eflux disease, gout, chror a, and history of pulmonar d record review of the rec- sit note from OT dated g "unable to reach patient eassign for the week of was no documented evide with the patient that week cord showed that the patient 04/28/2023 with resumpti	ent vas in of 3. rance ing not in e had drive swer. tal. ence of ency ent POC) ices se ive hic y cords t on ence c. ent				
Health Regula	ation & Licensing Administr	ation					

Health R	Regulation & Licensing	Administration					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COM	SURVEY PLETED
		HCA0108		B. WING		06/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
MEDSTA	R VNA, INC DBA MED	STAR HEALTH		NECTICUT A	VENUE, NW SUITE 2ND FLOOR 0008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENC BE PRECEDED BY FULL NTIFYING INFORMATION	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
H 432	indicating among oth treatment for activitie instrumental ADL tra adaptive equipment and home exercise received OT service hospitalization and a hospital. On 06/09/2023 at 01 Director was intervite OT failed to evaluate 04/28/2023. She ind speaking with the nu did not know OT did #13 was discharged 06/05/2023. The re documented evident needs among agend 3. On 06/09/2023 at #18's record showed of 04/26/2023 throug physical therapy (PT therapy (OT) services (MSW) services for treatment. The patie sclerosis, trigeminal hemiplegia, constipa myelopathy. The pat therapy (OT) evalua one week, two times	hers "OT evaluatio es of daily living (A aining, balance trai training, therapeut program. Patient # s as ordered befor after his discharge 1:30 pm, the Qualit exed. She acknowl e the patient as orce licated the followin- urse case manager not reschedule the from the agency a ecords failed to sho ce of communication cy personnel. 10:37 am, review d a POC with a dur gh 06/24/2023 that c) services, occupa es, and medical so disease managem ent's diagnoses incl neuralgia, prediab ation, and spondylo tient was ordered o tion and treatment s for two weeks, an	DL) training, ning, ic exercise, 13 never e the from the y Assurance ledged that dered on g after ". "The nurse e visit. Patient as of ow on of patient's of Patient ration period indicated ational cial work ent and luded multiple etes, spastic osis without occupational one time for id one time	H 432			
	for one week effective records showed a "r indicating the follow Patient requested de of 05/25/2023. Sche patient/caregiver. Ne	nissed visit note" fi ing: "05/18/2023, n elay in OT evaluati dule coordinated v ext visit to be made	rom OT nissed visit. on until week vith				

BATERINANCO-CONSTRUCTION (P1) (PC) MUNIPERINAL (P2) MULTIPE CONSTRUCTION	Health R	egulation & Licensing	Administration						
NAME OF PROVIDER OR SUPPLIE STREET ADDRESS. CITY. STATE. JP CODE MEDSTAR VNA, INC DBA MEDSTAR HEALTH 301 CONNECTCUT AVENUE, WR SUITE 2ND FLOOR MAIL BUMMARY STATEMENT OF DEPCHACES IP MED EXAMPLEY STATEMENT IP IP MED EXAMPLEY STATEMENT IP IP MED EXAMPLEY STATEMENT IP IP IP DSIZES/2023 at 1023/2023 at 0140 EXAMPLEY STATEMENT IP					· ,		(X3		
BUILDENT AND THE ADD TO THE PERFORMANT ON DO 2000 Image: Transmission of the second s			HCA0108		B. WING			06/13/20	023
Multiple WASHINGTON, DC 2008 Main Transmission Summary STREEME TO ENCODEND and ALL REGULATION UNDER TABLE DE INCLUSES IN AN OF CORRECTION UNDER TABLE DEFINITION UNDER TABLE DEFINITED UNDER TABLE DEFINITION	NAME OF PF	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
Preprint TAG IEACH DEFICIENCY MUST BE PRECIDENCE WPLLL RECLATIONY DUBCIDENTY MULTING MARTING DUBCIDENTY MULTING MARTING DUBCIDENTY MULTING MARTING DUBCIDENTY MULTING DUBCIDENTY MULTING DUBCIDENT ALLOR MULTING DUBCIDENTY MULTING DU	MEDSTA	R VNA, INC DBA MEDS	STAR HEALTH				.OOR		
05/25/2023Faxed to NP [nurse practitioner].* Continued review of the records lacked documented evidence that the OT evaluated the patient on 05/25/2023 or any follow-up with the patient. On 06/07/2023 at 12:54 pm, the Quality Assurance Director was made aware of the findings. On 06/13/2023, the agency president provided a missed visit notification that was sent to the physician from OT dated 06/01/2023 and indicating the following: "Missed Visit. Client requested visit for later date. Next visit to be made on 06/08/2023." Patient #18 was evaluated on 06/08/2023. WOT. Patient #18's record showed recurrent falls documented by OT on 06/18/2023. The records failed to show documented evidence of communication of patient's needs among agency personnel. A phone interview with the patient on 06/08/2023 and 06/08/2023. and 06/08/2023. The records and was pleased with the OT. However, the patient stated Show do'id not think she delayed the OT services." On 06/13/2023 at 03:30 pm, the Quality Assurance Director and the leadership learn was made aware of the findings. H 433 H 433 3916.2(c) SKILLED SERVICES GENERALLY H 433 H 433 3916.2(c) SKILLED SERVICES GENERALLY H 433	PRÉFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FUL	L REGULATORY	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE O THE APPROPRIAT		OMPLETE
policies for documenting the coordination of the Health Regulation & Licensing Administration		05/25/2023Faxed Continued review of evidence that the O 05/25/2023 or any fo 06/09/2023 at 12:54 Director was made a 06/13/2023, the age missed visit notificat physician from OT d the following: "Misse later date. Next visit Patient #18's record documented by PT o 05/29/2023, 06/06/2 was evaluated by O failed to show docur communication of pa personnel. A phone 06/15/2023 at 11:02 on 06/08/2023 and w However, the patien delayed the OT serv On 06/13/2023 at 03 Director and the lead of the findings. At the time of the su failed to ensure com among agency perso #18.	to NP [nurse prac the records lacked F evaluated the pro- pollow-up with the pro- provident pro- ion that was sent ated 06/01/2023 ed visit. Client req to be made on 06 luated on 06/08/2 showed recurren on 05/02/2023, 05 023, and 06/08/2 T on 06/18/2023. nented evidence atient's needs am e interview with the AM confirmed O was pleased with t stated she "did prices." 3:30 pm, the Qual dership team was rvey, the home ca imunication of pati- onnel for Patients SERVICES GEN	ed documented atient on patient. On Assurance ngs. On wided a to the and indicating uested visit for 6/08/2023." 2023 by OT. at falls 5/09/2023, 023. Patient The records of ong agency ne patient on T evaluation the OT. not think she ity Assurance are agency tient's needs 5 #3, 13, and ERALLY					
		policies for documer	nting the coordina						
	-	-	auon		6899	H74U11	lf c	continuation she	et 10 of 27

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SURVEY COMPLETED	
		HCA0108	B. WING		06/	13/2023
	ROVIDER OR SUPPLIER	STAR HEALTH 4201 CON		TATE, ZIP CODE AVENUE, NW SUITE 2ND FLOOR 20008		
X4) ID REFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
H 433	include, at a minimu (c) Coordinating ser actively involved in t written communicati conferences, in acco needs; and This Statute is not Based on record rev determined that the coordination of serv	t services. Written policies shall m, the following: vices with other agencies the patient's care, through on and/or interdisciplinary ordance with the patient's met as evidenced by: view and interview it was agency failed to document ices with other agencies ee of 25 active patients in the	H 433	3916.2(c): Agency failed to docume coordination of services with other a providing care to three of 25 active sample (Patients #12, 22, and #25) Provider Plan of Correction: Lead educate all clinical leaders and staf Coordination of Services, and the e coordinate services with other agen care to the patient for effective care and continuity of related services. E include expectation on documentati timeliness of communication. Measures to prevent recurrence education regarding importance of effective communication and coordin patient needs with all other agencies care. Quality Assurance Monitoring: Q audits (10 random charts per quarter conducted by Quality team or design	agencies patients in the dership to re- f on PC 44.0_ xpectation to iccies providing coordination Education to icon and : Ongoing timely and ination of is providing uarterly er) will be	9/15/23
	1. On 06/08/2023 at #12's clinical record with a duration perio 07/14/2023. The PC for skilled nursing vi and physical therapy weeks, once a week week for four weeks records showed an indicating the follow [personal care aide] on caregiver for all A living/ instrumental a review of the record evidence of coordina providing personal care and continuity of care	12:31 pm, review of Patient showed a plan of care (POC) od of 05/16/2023 through OC included a physician's order sits once a week for nine weeks y services twice a week for two for one week, and twice a Continued review of the OASIS note dated 05/16/2023 ing: "Patient lives alone, PCA present. Patient is dependent ADLS/IADLS [activity of daily activity of daily living]." Further s failed to show documented ation of services with the agency care services to ensure safety re. On 06/08/2023 at 12:54 pm, ce Director acknowledged the		compliance.		

STATEMENT OF DERCENCES (**) PROVIDERSUMPLIERCULA IDENTIFICATION NUMBER (**) CONTRUCTION (**) CONTRUCTION A. BULDING 0.0132023	Health R	egulation & Licensing	Administration					
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121 CONNECTUZI JENUE, NV SUITE 2ND FLOG MASHINGTON, DC 20000 Construction SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FLUX REGULATORY DOI:SEC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FLUX REGULATORY DOI:SEC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FLUX REGULATORY DOI:SEC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FLUX REGULATORY DOI:SEC SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY) Deficiency (EACH DEFICIENCY) Deficiency (EACH DEFICIENCY) Deficiency (EACH DEFICIENCY) H 433 Continued From page 11 H 433 H 433 Continued From page 11 H 433 Continued From page 213 H 433 Continued review of PAC with a duration period of 05(0/2023 through 07/20/2023. The PCC included physician's orders for skilled running services, physical therapy (PT) services, and occupational therapy (PT) services. The records showed hat the patient had the diagnosis of end stage renal disease and was dependent to nelayosis Continued review of the records showed a PT note dated 05(0/5/2023 indicating that the patient was no diabysis three times a week and had a port on her left upper extremity. Further review of Patient #255 clinical record showed a PC with the dialysis context or the nephrologist to ensure that patient was no evidence of communication with the dialysis context or the nephrologist to ensure that patient was no evidence of communication with the dialysis context or the nephrologist to ensure that patient was no evidence of communication with the dialysis context or the nephrologist threat times extrements and no coupational therapy (PT) services, and occupational therapy (PT) services, and o			HCA0108	В. 1	WING		06/1	3/2023
Multiple WASHINGTON, DC 20006 Image: Transmitter of the construction of the consthe construction of the consthe construction of the c	NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRES	S, CITY, STA	TE, ZIP CODE		
PRETR TAG IEACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY DESCRETITIVES INFORMATION PRETR TAG IEACH DEFICIENCY MUST BE PRECEEDED TO HE PROPRIATE DEFICIENCY Continued From page 11 H 433 H 433 Continued From page 11 H 433 H 433 H 433 Continued From page 11 H 433 # 20 On 66/12/2023 at 02:00 pm, review of Patient #22's clinical record showed a POC with a duration period of 05/04/2023 through 07/02/2023. The POC included physician's orders for skilled nursing services, physical therapy (CT) services. The records showed that the patient had the diagnosis of end stage renal disease and was dependent on dialysis. Continued review of the records showed a PT note dated 05/05/2023 indicating that the patient was on dialysis three times a week and had a port on her left upper extremity. Further review of the records failed to show documented evidence of coordination of services with the dalaysis center to ensure safety and continuity of care. Of note, patient was on a diabetic, low cholesterol and salt diet, and there was no evidence of communication with the dialysis center or the nephrologist to ensure that patient was on the appropriate diet due to the diagnosis of renal failure. 3. On 06/12/2023 at 09:35 pm, review of Patient #25's clinical record showed a PC with a duration period of 04/12/2023 at 09:35 pm, review of the records failed to show documented evidence of coordination of services. Continued review of the records showed a PT note dated 04/13/2023 indicating the patient was receiving 15 hours of personal care aide services service agency (HCA) would normally coordinate care with the agency providing personal care services to ensure safety and continuity of care. On 61/02/3 at 10:51 am, the Quality Assurance Di	MEDSTA	R VNA, INC DBA MED						
 2. On 06/12/2023 at 02:00 pm, review of Patient #22's clinical record showed a POC with a duration period of 05/04/2023 through 07/02/2023. Thr POC included physician's orders for skilled nursing services, physical herapy (PT) services, and occupational therapy (PT) services. The records showed that the patient had the diagnosis of end stage renal disease and was dependent on dialysis. Continued review of the records showed a PT note dated 05/05/2023 dincating that the patient was on dialysis three times a week and had a port on her left upper extremity. Further review of the records failed to show documented evidence of coordination of services with the dialysis center to ensure safety and continuity of care. Of note, patient was on a diabetic, low cholesterol and salt diet, and there was no evidence of communication with the dialysis frailed to show documented evidence of coordination of services with the diagnosis of renal failure. 3. On 06/12/2023 at 09:35 pm, review of Patient #25's clinical records showed a PT note dated 07/05/2023 through 06/10/2023. The POC included physician's orders for skilled nursing services, physical therapy (PT) services, and occupational therapy (PT) services, and occupational therapy (PT) services, and occupational therapy (PT) services of the agency providing personal care services with a diagnosi of the agency providing personal care services with a service of the records failed to show documented evidence of coordination of services with the galexy providing personal care services and PT note dated 0/4/13/2023 incloring the patient was receiving 15 hours of persides it the sagency providing personal care services was the sagencies of the galexy providing personal care services was and ead ead end to the agency providing personal care services was to ensure safety and continuty of care. On 6/10/2023 through 0/13/2023 through 0/13/2023	PRÉFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGU	JLATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
tealth Regulation & Licensing Administration	H 433	 2. On 06/12/2023 at #22's clinical record period of 05/04/2023 included physician's services, physical th occupational therapy showed that the pati stage renal disease Continued review of dated 05/05/2023 in dialysis three times left upper extremity. failed to show docur of services with the and continuity of car diabetic, low cholest no evidence of com center or the nephro on the appropriate of failure. 3. On 06/12/2023 at #25's clinical record period of 04/12/2023 included physician's services, physical th occupational therapy review of the record 04/13/2023 indicatin hours of personal car week from [name of records failed to sho coordination of servic personal care servic continuity of care. O Quality Assurance E findings. She stated (HCA) would normatical contartion of services. 	02:00 pm, review of Pi showed a POC with a 3 through 07/02/2023. orders for skilled nursi erapy (PT) services, and y (OT) services. The re- ent had the diagnosis and was dependent or the records showed a dicating that the patien a week and had a port Further review of the r nented evidence of coo dialysis center to ensure e. Of note, patient was erol and salt diet, and munication with the dia logist to ensure that pa- iet due to the diagnosis 09:35 pm, review of Pi showed a POC with a 3 through 06/10/2023. orders for skilled nursi erapy (PT) services, and y (OT) services. Contin s showed a PT note da g the patient was recei- are aide services seven agency]. Further revi- w documented evidence ces with the agency pr es to ensure safety an- n 6/10/23 at 10:51 am, Director was made awa that the home care ag	atient duration The POC ing ind cords of end in dialysis. PT note t was on on her ecords ordination re safety a on a there was lysis atient was s of renal atient duration The POC ing ind jued ated iving 15 in days a ew of the ce of oviding d the re of the ency	1 433			
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Health R	egulation & Licensing	Administration			
	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		(X3) DATE SURVEY COMPLETED
		HCA0108	B. WING		06/13/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
MEDSTA	R VNA, INC DBA MEDS		NNECTICUT A	VENUE, NW SUITE 2ND FLOOR	
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H 433	Continued From pag	ge 12	H 433		
	evidence to support				
	coordinate services	rvey, the agency failed to with agencies actively involved Patients #12, 22, and #25.	1		
H 452		NURSING SERVICES	H 452	3917.2(b): Agency failed to ensure that the professionals coordinated care with the phy	ysician's
	Duties of the nurse s following:	shall include, at a minimum, th	e	office for two of 25 active patients in the sa (Patients #13 and #20).	mple
	(b) Coordination of c	care and referrals;		Provider Plan of Correction: Agency to re educate clinical staff on necessary physicia provider communication. To re-enforce all communication with the physician/provider	an/ required
	This Statute is not	met as evidenced by:		expectations on documentation and/or upd	ates to 9/15/23
		view and interview, the home		orders to ensure safe and appropriate care patient.	for the
		failed to ensure that the als coordinated care with the		Measures to prevent recurrence: Audit re	ecords to
	•	r two of 25 active patients in th	e	ensure adherence to the policy. Quality Assurance Monitoring: Quarterly	
	Findings included:			(10 random charts per quarter) will be cond by Quality team or designee to ensure com	lucted
	#13's clinical record with a duration perio 06/12/2023 for skille physical therapy (PT therapy (OT) service that included chronic disease, hypertensic disease, gout, chron history of pulmonary review showed resu 04/28/2023 that inclu	203:00 pm, review of Patient showed a plan of care (POC) od of 04/14/2023 through ed nursing services (SN), Γ) services, and occupational es. The patient had diagnoses c obstructive pulmonary on, gastro-esophageal reflux nic pain, spinal stenosis, and v embolism. Continued record mption of care orders dated uded home health aide service e patient with activities of daily v of the	s		
	tion 9 Liconoing Administr				

Health R	egulation & Licensing	Administration					
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBE	FR	LTIPLE CONSTR		(X3) DATE S COMF	URVEY PLETED
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MEDSTA	R VNA, INC DBA MED	SIAR HEALTH	201 CONNECTIO		E, NW SUITE 2ND FLOOR		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGUL NTIFYING INFORMATION)	ATORY PREI	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
H 452	records lacked evide provided as ordered the Quality Assurance She indicated after s manager that the par The nurse had forgo patient did not need entry notification dat physician that the par services. 2. On 06/08/2023 at #20's clinical record period of 05/10/2023 services, OT, and sp The patient had diag Parkinson's disease glaucoma, gastropat history of falling, mil- loss, and long-term Continued record re order dated 04/25/20 services to support to living. However, the order, and ultimately provided. On 06/08 Assurance Director that the physical the stated that the patien There was no docum record that the PT for regarding the HHA states At the time of the su	ence that HHA services w . On 06/09/2023 at 01:30 ce Director was interview speaking with the nurse of tient declined the HHA s often to document that the the services. As a result adient declined the HHA 01:23 pm, review of Pat showed a POC with a du through 07/08/2023 for beech therapy (ST) serving noses that included , type II diabetes mellitus resis, hypercholesteroler d cognitive impairment, h use of oral hypoglycemic view showed that the ref 023 included home healt the patient with activities POC failed to include the y there was no HHA serv 3/2023 at 01:30 pm, the 0 was interviewed. She include ant did not need HHA serv nented evidence in the c collowed up with the provide services.	0 PM, ved. case services. e t, a late t to the tient uration PT fces. s, mia, hearing c drugs. ferral th aide of daily e HHA vices Quality dicated and vices. Slinical der	2			
Health Regula	ation & Licensing Administra	ation	ł	I			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 06/13/2023	
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AME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, S	FATE, ZIP CODE		0/2020
IEDSTA	R VNA, INC DBA MED		NECTICUT) STON, DC 2	AVENUE, NW SUITE 2ND FLOOR 20008		
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H 453 H 453	 3917.2(c) SKILLED Duties of the nurses following: (c) Ensuring that para accordance with the This Statute is not Based on record rev care agency (HCA) services were provid patient's plan of care patients in the samp #25). Findings included: 1. On 06/07/2023 at #5's clinical record swith a duration period 06/28/2023 that indiservices twice a week for six weeks for six wee	NURSING SERVICES shall include, at a minimum, the tient needs are met in	1	DEFICIENCY) 3917.2(c): Agency failed to ensure a services were provided in accordan patient's plan of care (POC) for four patients (Patients #5, 12, 23, and #2 Provider Plan of Correction : Educe managers and clinicians around foll physician/provider orders established including assessing and documentin blood sugars on diabetic patients ead patient is monitoring their blood suggereporting abnormal findings to physi- determine if any interventions or up are necessary. Measures to prevent recurrence: by diagnosis of diabetes mellitis to pic clinician to assess and document ra- sugars each visit or properly document taken. Include reeducation on necesi- including notifying the physician/pro- abnormal findings. Quality Assurance Monitoring: Qf (10 random charts per quarter) will by by Quality team or designee to ensu-	ce with the of 25 active 25). cation of clinical owing ed by POC ng random ach visit (if a jars) and ician/provider to dated orders Optimize EMR prompt each andom blood tent reason not ssary actions wider of uarterly audits be conducted	9/15/23

Health R	egulation & Licensing	Administration					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COM	SURVEY PLETED
		HCA0108		B. WING		06/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
MEDSTA	R VNA, INC DBA MED	STAR HEALTH		NECTICUT A	VENUE, NW SUITE 2ND FLOOR 0008		
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H 453	Continued From page 07/14/2023. The pate included hypertensive failure, congestive he mellitus, chronic paie cardiomyopathy, lond and long-term use of physician's order for week for nine weeks implementation of in reinforcement of dis the POC included are and report to the phy- levels less than 60 of review of records she patient weekly as or assessing the patier interventions were we 3. On 06/07/2023 at #23's clinical record with a duration period 06/08/2023 that india and skilled nursing se management and tre diagnoses included osteoarthritis, hyper gastro-esophageal re morbid obesity, and hypoglycemic drugs an order for the licer report to the physicial less than 60 or great records showed that ordered every week the patient's blood se interventions were we 4. On 06/12/2023 at #25's clinical record	ient had the diagno ve heart disease wi eart failure, type II n, hyperlipidemia, is g term use of antic f insulin. The POC skilled nursing visi a for assessment, terventions, teachin ease management. n order for the nurs ysician random bloo or greater than 300. owed that the nurs dered with no evident's blood sugar to do varranted. 02:48 pm, review of showed a plan of co do f 04/10/2023 the cated physical ther services for disease eatment. The patient type II diabetes me tension, asthma, eflux disease, lymp long-term use of of an random blood su ter than 300. Further the nurse visited t with no evidence of ugar to determine i varranted. 09:35 pm, review of	th heart diabetes schemic oagulants, included a its once a ng and . In addition, e to record od sugar . Further e visited the ence of determine if of Patient care (POC) rough apy services ent's ellitus, ohedema, ral DC included o record and ugar levels er review of he patient as of assessing f	H 453			
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUF			LE CONSTRUCTION	(X3)	DATE SURVEY COMPLETED	
		HCA0108		B. WING			06/13/2023	
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H 453	Continued From page with a duration perio 06/10/2023. The pate Alzheimer's disease hypothyroidism, type hypertension, and lo hypoglycemic drugs physician's order for week for one week a for assessment, imp teaching and reinfor management. In add order for the nurse to physician random bl greater than 300. Fu that the nurse visited with no evidence of sugar to determine i On 06/13/2023 at 03 Director and the lead of the findings. At the time of the su failed to ensure that provided in accordan Patients #5, 12, 23,	d of 04/12/2023 ient's diagnoses , delusional disor e II diabetes melli ong-term use of o . The POC incluc skilled nursing v and once a week lementation of in cement of diseas dition, the POC in o record and repo ood sugar levels urther review of re d the patient wee assessing the pa f interventions we B:30 pm, the Qua dership team was rvey, the home c skilled nursing so nce with the patief	included rders, itus, glaucoma, ral led a for four weeks terventions, se included an ort to the less than 60 or ecords showed kly as ordered tient's blood ere warranted. lity Assurance s made aware are agency ervices were	H 453				
H 550	3922.1 OCCUPATION If a home care agen therapy services, it s accordance with the	cy provides occu shall provide thos	pational se services in	H 550				
Health Regula	This Statute is not Based on interview a care agency (HCA) therapy (OT) service tion & Licensing Administra	and record reviev failed to ensure c es were provided	w, the home					
STATE FORM				6899	H7/II11	If co	ntinuation sheet 17 of 27	7

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION (X3) D	ATE SURVEY COMPLETED
		HCA0108	B. WING		06/13/2023
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H 550	accordance with the seven of 25 active p #2, 3, 8, 13, 18, 22, Findings included: 1. On 06/06/2023 at #2's clinical record s period of 05/03/2023 included physician's (OT) services once week for two weeks effective 05/14/2023 patient's diagnoses failure, type II diabe constipation, stage emphysema, glauco myocardial infarction muscle weakness. Of failed to show evide provided as ordered On 06/15/2023 at 1° conducted with the having received OT was not sure when provided the agency regarding the OT se pm, the Quality Ass aware of the patient she would call the p 2. On 06/06/2023 at of Patient #3's clinic (POC) with a duration that indicated skilled services and occupa	e patient's plan of care (POC) for patients in the sample (Patients	H 550	 3922.1: Agency failed to ensure occupational ther (OT) services were provided in accordance with t patient's plan of care (POC) for seven of 25 active patients (Patients #2, 3, 8, 13, 18, 22, and #25). Provider Plan of Correction: Leadership to ensus skilled services are provided in accordance with t POC; will include education for all skilled discipline performing SOC ensure ordered disciplines are added to the 485 for assessment/evaluations or document order changes (or delay in service) in collaboration w/ the patient/patient rep/provider-physician. Leadership to review and implement schedule process updates to ensure all ordered disciplines assess/evaluate the patient, orders updated if necessary at time of SOC/ROC or any subsequer visit. Education will be provided to clinicians and schedulers to implement process updates. Measures to prevent recurrence: Ongoing education of staff around the importance of follow POC, ensuring all ordered disciplines are assessfor need and orders included on POC, or address properly w/ physician and patient communication. Quality Assurance Monitoring: Quarterly audits (10 random charts per quarter) will be conducted Quality team or designee to ensure compliance. 	re le es 9/15/23 t t

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING		(X3) DATE S COMF	URVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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H 550	obstructive pulmona failure with hypoxia, III chronic kidney dis hyperplasia, hyperlig gastro-esophageal r and long-term use o review of the record from OT dated 05/17 was in the hospital of was notified on 05/17 was discharged from and was seen by the There was no evidel evaluation of the par at 11:14 am, the Qu made aware of the f she confirmed that t hospital on 05/13/20 who indicated havin the patient on 05/12 not need OT services document it or notify dated 06/07/2023 at record showed a pla period of 04/20/2023 patient's diagnoses cancer, chronic kidn weakness, abnorma history of breast car 04/27/2023 physical therapy evaluations records showed a "r	Ary disease, acute respiratory congestive heart failure, stage sease, benign prostatic bidemia, gout, reflux disease, history of falling, f anticoagulants. Further s showed a missed visit note 7/2023 indicating that the patient on 05/13/2023 and the doctor 9/2023. However, the patient in the hospital on 05/08/2023 e skilled nurse on 05/09/2023. Ince of OT follow-up or tient as ordered. On 06/07/2023 ality Assurance Director was indings. During an interview, he patient was not in the 023. She had spoken with PT, g done a resumption of care on /2023 and that the patient did es. However, he did not v the physician. A late entry as completed and sent to the him that the patient did "not need cancel the order." 01:02pm, review of Patient #8's an of care (POC) with a duration 3 through 06/18/2023. The included hyperlipidemia, lung ey disease, generalized muscle dities of gait and mobility, and neer. The patient was ordered or therapy (PT) and occupational and treatments. Review of the nissed visit note" from ist (OT) indicating the following:				
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Health Regulation & L	icensing	Administration					
STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S	(X1) PROVIDER/SUP IDENTIFICATIO		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMF	SURVEY PLETED
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MEDSTAR VNA, INC D	BA MED	STAR HEALTH		NECTICUT A	VENUE, NW SUITE 2ND FLOOR 0008		1
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lacked evide did he/she e delay at the 01:36 pm, th aware of the OT and stat the reason f operation's of that OT was note and no 4.On 06/08/ #13's clinicat with a durati 06/12/2023 and treatme diagnoses in disease, hyp disease, got history of pureview of the from OT dat reach patien week of 04/2 evidence that week. Furth patient was resumption indicating an treatment foo instrumenta adaptive eq and home e 01:30 pm, th interviewed.	er." Cor ence that valuate time of se e Qualified findings ed the for or the m director is not need tify the co 2023 at il record for occu nt effect bertensid on perior for occu nt effect bertensid er do4/2° et an the 24/23." T at OT fol ermore, hospital of care of nong oth r activities is Qualified at OT fol ermore, hospital of care of nong oth r activities is Qualified She activities is Qualified at on the constant of the r activities is Acti	tinued review of t OT notified the or document the survey. On 06/0 ty Assurance Dire s. The latter cons ollowing: "OT did issed visit. The a reached out to PT eded. He was goin	physician, nor reason for the 7/2023 at ector was made outed with the not remember gency's T, who stated ng to write a of Patient f care (POC) through (OT) evaluation The patient's ve pulmonary ageal reflux enosis, and inued record ed visit note "unable to eassign for the cumented e patient that ed that the 23 with 88/2023 on and ADL) training, utic exercise, /09/2023 at ector was OT failed to				
Health Regulation & Licensing	Administr	ation					

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Health R	egulation & Licensing	Administration				
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	E CONSTRUCTION	(X3) DATE S COMF	URVEY PLETED
		HCA0108	B. WING		06/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
MEDSTA	R VNA, INC DBA MED		NECTICUT A TON, DC 20	VENUE, NW SUITE 2ND FLOOR 0008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
H 550	dated 06/09/2023 w there was "no OT ev declined OT service 5. On 06/09/2023 at #18's record showed of 04/26/2023 throug diagnoses included neuralgia, prediabet constipation, and sp The patient was ord evaluation and treat two times for two we effective 05/14/2023 a "missed visit note" following: "05/18/202 requested delay in O 05/25/2023. Schedu patient/caregiver. Ne 05/25/2023Faxed Continued review of evidence that the O 05/25/2023 or any fo #18 was evaluated of interview with the pat AM confirmed OT ev was pleased with the stated she "did not t services." 6. On 06/12/2023 at #22's clinical record period of 05/04/2023 included physician's services, physical the occupational therapy	esult, a late entry notification as sent to the physician that valuation scheduled, and patient s." 10:37 am, review of Patient d a POC with a duration period gh 06/24/2023. The patient's multiple sclerosis, trigeminal es, spastic hemiplegia, ondylosis without myelopathy. ered occupational therapy (OT) ment one time for one week, eeks, and one time for one week, a. Review of the records showed from OT indicating the 23, missed visit. Patient DT evaluation until week of le coordinated with ext visit to be made on to NP [nurse practitioner]." the records lacked documented T evaluated the patient on oblow-up with the patient. Patient on 06/08/2023 by OT. A phone tient on 06/15/2023 at 11:02 valuation on 06/08/2023 and e OT. However, the patient hink she delayed the OT				
L Health Regula	ation & Licensing Administr	ation		ļ		

Health R	egulation & Licensing	Administration					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NU	MDED.	2) MULTIPLE BUILDING: _	CONSTRUCTION	(X3) DATE S COM	URVEY PLETED
		HCA0108	В.	WING		06/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRES	SS, CITY, STA	TE, ZIP CODE		
MEDSTA	R VNA, INC DBA MED	STAR HEALTH	4201 CONNEC WASHINGTO		VENUE, NW SUITE 2ND FLOOR 008		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REC NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
H 550	hyperlipidemia, throngastro-esophageal r stage renal disease, of insulin, and deper Continued review of evidence that OT se ordered at the time of 03:12 pm, the Qualit aware of the findings on the POC should'y the need for OT as i orders. 7. On 06/12/2023 at #25's clinical record with a duration perio 06/10/2023. The PC for occupational the week for three week Continued review of dated 05/10/2023 in visit 05/04/2023 clin coordinated with pat made [blank]." Conti failed to show evide provided as ordered was no documented with the patient or th On 06/10/2023 at 10 Director was made at At the time of the su failed to provide doc occupational therapi	mbocytopenia, eflux disease heart fa hyperlipidemia, long ndence on renal dialys the records failed to s ervices were provided of survey. On 06/12/2 ty Assurance Director s. She indicated that to ve stated for PT to evan t was written on the re 09:35 pm, review of F showed a plan of care of 04/12/2023 throug C included physician' rapy (OT) services two s effective 04/16/2023 the records showed a dicating the following: ician unavailable. Sch itient/caregiver. Next v inued review of the re- nce that OT services the at the time of survey. I evidence that the OT the physician. 0:51 am, the Quality A aware of the findings. rvey, the home care a sumented evidence that ist provided services i plans of care for Pati	ilure, end term use sis. show as 2023 at was made he orders aluate for eferral Patient e (POC) gh s orders o times a 3. an OT note "Missed edule isit to be cords were There follow-up ssurance agency at the n	H 550			
Health Regula	ation & Licensing Administr	ation		I			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E SURVEY OMPLETED
		HCA0108	B. WING		6/13/2023
	ROVIDER OR SUPPLIER	STAR HEALTH 4201 COL		TATE, ZIP CODE AVENUE, NW SUITE 2ND FLOOR	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 560		-	H 560	3923.1: Agency failed to ensure physical therapy (PT) services were provided in accordance with the	
H 560		THERAPY SERVICES	H 560	patient's plan of care (POC) for four of 25 active patients (Patients #3, 5, 23, and #25).	
	If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.			Provider Plan of Correction: Provide reeducation to all clinical managers and PT staff around ensurin that all care ordered is provided in accordance with the patient's plan of care; and notification and/or	g 9/15/23
		met as evidenced by: and record review, the home		collaboration with the physician/provider when indicated.	
	care agency (HCA) (PT) services were patient's plan of car	failed to ensure physical therapy provided in accordance with the e (POC) for four of 25 active ole (Patients #3, 5, 23, and #25).		Measures to prevent recurrence: Ongoing education with PT staff regarding following all order in the plan of care and physician/provider notification when indicated.	s
	Findings included:			Quality Assurance Monitoring: Quarterly audits (10 random charts per quarter) will be conducted by	,
	Findings included: 1. On 6/6/23 at 01:36 pm at 10:58 AM, review of Patient #3's clinical record showed a plan of care (POC) with a duration period of 4/26/23 to 6/24/23 that indicated physical therapy services one time per week for one week, two times a week for four weeks, and one time a week for one week. The patient's diagnoses included chronic obstructive pulmonary disease, acute respiratory failure with hypoxia, congestive heart failure, stage III chronic kidney disease, benign prostatic hyperplasia, hyperlipidemia, gout, gastro-esophageal reflux disease, history of falling, and long-term use of anticoagulants. The physical therapy (PT) services included the following: evaluation, assessment, and treatment, patient instruction in transfer training for safe functional transfers, therapeutic exercise, functional mobility, and implementation of fall prevention program for safety. Further review of the records showed a missed visit note from PT dated 05/10/2023 indicating that the patient was in the hospital and the doctor was notified. However, the patient was discharged from the			Quality team or designee to ensure compliance.	

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STATEMENT OF DEFIC AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER IDENTIFICATION NU		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COM	URVEY PLETED
		HCA0108		B. WING		06/1	3/2023
NAME OF PROVIDER O	R SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
MEDSTAR VNA, IN	NC DBA MED	STAR HEALTH		NECTICUT A TON, DC 20	VENUE, NW SUITE 2ND FLOOR		
(X4) ID PREFIX TAG	EFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC INTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
hospita nurse o On 06/0 Directo intervie the hos PT, who patient' assume did a re on 05/1 2. On 0 #5's clin period o indicate two we a week service assess transfer therape implem In addit therapis random than 30 PT visit and 05/ patient' were w docume sugar'' take [hi evidence 3. On 0 #23's cl	n 05/09/2023 or/2023 at 12 r was made a w, she confir pital on 05/1 o indicated h s home and ed that patier sumption of 2/2023. 6/07/2023 at nical record s of 04/30/2023 ed physical th eks, twice a w for one weel s included th ment, and tree training for s eutic exercise entation of fa ion, the POC st to record a blood sugar 0. Further re ed the patier 22/2023 with s blood sugar arranted. Ple ented the foll and on 05/24 s] sugar." Th ce that PT no 6/07/2023 at inical record	2)23 and was seen by t	ssurance During /as not in en with to the He tal. PT he patient Patient duration that a week for and once . The PT a, ction in rs, and for safety. the cian greater ed that the 7/2023, ssing the rentions 23, PT takes his juired to ed Patient	H 560			
lealth Regulation & Lice	ensing Administr	ation					

Health Regulation & Licensing Administration									
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
	HCA0108		B. WING		06/13/2023				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE					
MEDSTA	R VNA, INC DBA MED	SIAR HEALTH	NNECTICUT	AVENUE, NW SUITE 2ND FLOOR 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE				
H 560	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 24 that indicated physical therapy services two times per week for seven weeks for evaluation, assessment, and treatment, patient instruction in transfer training for safe functional transfers, therapeutic exercise, functional mobility, and implementation of fall prevention program for safety. The patient's diagnoses included type II diabetes mellitus, osteoarthritis, hypertension, asthma, gastro-esophageal reflux disease, lymphedema, morbid obesity, and long-term use of oral hypoglycemic drugs. In addition, the POC included an order for the therapist to record and report to the physician random blood sugar levels less than 60 or greater than 300. Further review of records showed that PT visited the patient as ordered every week with no evidence of assessing the patient's blood sugar to determine if interventions were warranted. 4. On 06/12/2023 at 09:35 pm, review of Patient #25's clinical record showed a POC with a duration period of 04/12/2023 through 06/10/2023. The POC included physician's orders for physical therapy (PT) services once a week for two weeks and two times a week for two weeks for two weeks and two times a week for two weeks for two as a function in transfer training for safe functional mobility, and implementation of fall prevention program for safety. The patient's diagnoses included Alzheimer's disease, delusional disorders, hypothyroidism, type II diabetes mellitus, glaucoma, hypertension, and long-term use of oral hypoglycemic drugs. In addition, the POC included an order for the therapist to record and report to the physician random blood sugar levels less than 60 or greater than 300. Further review of records showed that PT visited the patient as ordered every week with no evidence of assessing the patient's blood		e or d 2 v. e st ne						
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
	HCA0108		B. WING		06/13/2023				
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE				
MEDSTAR VNA, INC DBA MEDSTAR HEALTH 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008									
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES "BE PRECEDED BY FULL REC NTIFYING INFORMATION)	GULATORY	ID PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE DATE			
H 560	Continued From page 25 sugar to determine if interventions were warranted.		H 560						
	On 06/13/2023 at 03:30 pm, the Quality Assurance Director and the leadership team was made aware of the findings.								
	failed to ensure that	rvey, the home care a physical therapy serv nce with the plans of c nd #25.	rices were						
H 580	3925.1 SPEECH LANGUAGE PATHOLOGY SERVICES If speech language pathology services are provided, they shall be delivered in accordance with the patient's plan of care.		H 580	 3925.1: Agency failed to ensure speech therapy (ST) services were provided in accordance with the patient's plan of care (POC) for one of 25 active patients (Patient #20). Provider Plan of Correction: Provide reeducation to all clinical managers and ST staff around ensuring that all care ordered is provided in accordance with the patient's plan of care; and any deviation in frequency is reported to physician/provider timely. 		9/15/23			
	This Statute is not met as evidenced by:								
	Based on interview and record review, the home care agency (HCA) failed to ensure speech therapy (ST) services were provided in accordance with the patient's plan of care (POC) for one of 25 active patients in the sample (Patient #20). Findings included: On 06/08/2023 at 01:23 pm, review of Patient #20's clinical record showed a plan of care (POC) with a			 Measures to prevent recurrence: Ongoing education with ST staff regarding following all orders in the plan of care and reporting any deviation in frequency to provider timely. Quality Assurance Monitoring: Quarterly audits (10 random charts per quarter) will be conducted by Quality team or designee to ensure compliance. 					
Health Regula	duration period of 08 for speech therapy (for one week, two tin one time a week for The patient had diag	5/10/2023 through 07/ ST) services one time mes a week for one we one week to evaluate gnoses that included , type II diabetes melli resis,	08/2023 e a week eek, and e and treat.						

Health Regulation & Licensing Administration									
STATEMENT OF DEFICIENCIES (X1) PR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
HCA0108		B. WING	B. WING		06/13/2023				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE					
MEDSTAR VNA, INC DBA MEDSTAR HEALTH 4201 CONNECTICUT AVENUE, NW SUITE 2ND FLOOR WASHINGTON, DC 20008									
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE			
H 580	hypercholesterolemicognitive impairmenuse of oral hypoglyco of the clinical record speech therapy (ST) ordered during the v On 06/08/2023 at 07 Director was made a 06/09/2023 at 10:07 entry note dated 06/ the missed visit. At the time of the surfailed to ensure that	ge 26 ia, history of falling, mild at, hearing loss, and long-term cernic drugs. Continued review d failed to show evidence that) services were provided as week of May 21, 2023. 1:30 pm, the Quality Assurance aware of the findings. On 7 am, the latter submitted a late /08/2023 notifying the doctor of arvey, the home care agency is speech therapy services were nce with the plan of care for	H 580						
Health Regulation & Licensing Administration									