

Received 3/22/13

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division

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FORM APPROVED

Health Regulation & Licensing Administration

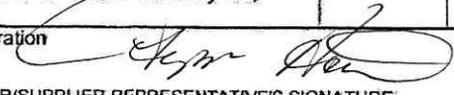
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0054	(X2) MULTIPLE BUILDING LOCATION: A. BUILDING NUMBER AND STREET ADDRESS, CITY, STATE, ZIP CODE: 899 North Capitol St., N.E. Washington, D.C. 20002 B. WING _____	(X3) DATE SURVEY COMPLETED: C 03/07/2013
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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 000	<p>INITIAL COMMENTS</p> <p>On February 27, 2013, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) was notified by the Office of Health Care Ombudsman and Bill of Rights via e-mail, that a patient (#1) receiving services from your agency was dissatisfied and requested assistance regarding her care. The Office of Health Care Ombudsman and Bill of Rights referred the complaint to DOH/HRLA for further investigation and determination of citations.</p> <p>On February 27, 2013, at approximately 12:10 p.m., the Intermediate Care Facilities Division made contact via telephone call with Patient #1 to ascertain additional information. According to the patient she has been without a home health aide (HHA) for several days and is currently without food has no food. She stated she is dependent on the aides assistance because she is totally blind, has a seizure disorder and requires the use of oxygen and liquid oxygen daily.</p> <p>On February 27, 2013, a home visit was conducted. The findings of the investigation were based on observations, interviews with Patient #1, the home care agency's director of nursing (DON) and the review of patient, administrative records.</p> <p>During a face to face interview with Patient #1, the following concerns were identified:</p> <p>Allegation #1: The home health aide (HHA) had not provided service in the last 3 to 4 days.</p> <p>Findings: During a face to face interview with the patient on February 27, 2013, at approximately 2:00 p.m., she stated the last time the HHA provided service for her was on February 22,</p>	H 000	<p>The VMT Home Health Agency makes its best efforts to operate in substantial compliance with both Federal and State law. A Statement of Deficiency (SOD) does not constitute an admission or agreement by any party, its Officers, Directors, employees, or agents as the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies Report. This SOD is prepared and/or executed solely because it is required by Federal and State law.</p> <p>H000 Allegation 1</p> <ol style="list-style-type: none"> The beneficiary requested on Sunday, February 24, 2013, that she did not want an aide for Monday, February 25, 2013. The beneficiary indicated that she would be with family and friends on Monday, February 25, 2013. Based on this confirmed request the aide was not sent to the beneficiary. The beneficiary was notified by the staffing coordinator that an aide would be there on Tuesday, February 26, 2013. On Tuesday, February 26, 2013, the assigned home health aide had car trouble notified VMT that she was running late to the beneficiary's home. The beneficiary was contacted by VMT with this information and the beneficiary declined the services and stated that she was still with family and friends and would not need assistance until Thursday, February, 28, 2013. Based on her request the home health aide was notified not to go to the beneficiary's home. 	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: 

TITLE: *Clinical Administrator* (X8) DATE: *3/22/2013*

STATE FORM 6899 EIC711 If continuation sheet 1 of 5

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H 000	<p>Continued From page 1</p> <p>2013. Additionally, the patient indicated the HHA could no longer provide services for her due to babysitting issues. The patient also indicated she called the agency on Sunday (February 24, 2013) and left a message about the HHA not returning.</p> <p>During a telephone interview with the director of nursing (DON) on February 27, 2013, at approximately 1:45 p.m., he indicated the patient called and left a message that she did not need an HHA until February 28, 2013.</p> <p>On March 4, 2013, at approximately 1:00 p.m., a record review revealed a plan of care with certification period November 8, 2012 through May 7, 2013, signed and approved by the physician on November 9, 2012 that ordered: Home Health Aide Services, 16 hours a day, seven days a week.</p> <p>During a telephone conference with the DON on March 5, 2013, at approximately 2:00 p.m., it was revealed that the patient only wanted eight hours of service of home health aide service, seven days a week. Additionally, the DON stated there was no order to support the eight hours, seven days a week of home health aide services.</p> <p>Conclusion: This allegation was substantiated.</p> <p>Allegation #2: The patient had not eaten for 3 to 4 days.</p> <p>Findings: During a face to face interview with Patient #1 on February 27, 2013, at</p>	H 000	<p>Allegation 2</p> <ol style="list-style-type: none"> 1. Understanding that this allegation was not substantiated, VMT wants to bring the following to HRLA's attention: <ol style="list-style-type: none"> a. Under allegation #1, the beneficiary stated that she has not had an aide since Friday, February 22, 2013 b. Under allegation #2, the beneficiary speaks to the fact that aide purchased her rotisserie chicken, vegetables and an omelet on Sunday, February 24, 2013. <p>Therefore the beneficiary was mistaken on not having an aide since Friday, February 22, 2013.</p> <p>Allegation 3</p> <ol style="list-style-type: none"> 1. Withstanding the ongoing issue with the beneficiary not allowing both professional and non-professional staff to consistently provide care, the DON wrote a physician's order to the physician requesting a decrease in hours to accommodate the beneficiary's status of services being provided. VMT has approached the beneficiary regarding decreasing her hours and has been met with strong resistance. VMT in the past has communicated with the EPD Waiver Case manager to reassess and consider decreasing the hours needed based on the challenges with staffing the beneficiary consistently. The case manager has been contacted again regarding the challenges and VMT has requested that the case manager reassess and decrease the hours, if necessary. 	

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H 000	<p>Continued From page 2</p> <p>approximately 2:00 p.m., she stated she had been eating the rotisserie chicken the HHA purchased and the vegetable Frittata omelet the HHA prepared for her on February 24, 2013. She also indicated she had soup and frozen meals she could warm up in the microwave if she wanted something else to eat. Additionally, when the patient was asked if she wanted the new HHA, who was starting on February 28, 2013 to come on today (February 27, 2013) to prepare her something to eat, she stated no, further indicating the HHA called and said she would be here on the 28 th at 8:00 a.m. and that she would be fine until then.</p> <p>Conclusion: This allegation could not be substantiated.</p> <p>Allegation #3: HHA's are not properly trained to provide specific services she requires.</p> <p>Findings: During a face to face interview with the patient on February 27, 2013, at approximately 2:00 p.m., she indicated the HHA's are not trained to provide help for her. She stated she needs them to read all the ingredients on packages because she has lots of allergies. She further indicated that because she was totally blind, she had to constantly instruct the aides not to leave objects in her path.</p> <p>A telephone interview with the DON on February 27, 2013, at approximately 2:30 p.m., he stated he would ensure that the new HHA, who was to start on February 28, 2013, was instructed and trained to provide services specifically for the</p>	H 000	<p>Allegations 1, 2 and 3</p> <p>2. The staffing coordinators have done research to identify any other beneficiaries who are not consistently following the physician orders regarding their home health aide hours that are to be provided. Any beneficiaries identified will be contacted regarding their variance. Corrective action will then be taken based on the beneficiary's response, i.e. physician order to change hours or the beneficiary agreeing to be staffed per the physician orders. In the case of EPD Waiver beneficiaries, the case manager will participate in the coordination of care and services with VMT and the beneficiary.</p> <p>3. The staffing coordinators will report to the Clinical Administrator and/or her designee, real-time, any concerns or trends as it pertains to the home health aide hours not being provided to any beneficiary. A determination will be made real-time regarding speaking to the beneficiary directly and if needed, an order will be written and faxed to the physician for any changes in hours. In the case of EPD Waiver beneficiaries, the case manager will participate in the coordination of care and services with VMT and the beneficiary.</p> <p>4. Bi-weekly, the staffing coordinators will meet with the management team to discuss any scheduling conflicts as it relates to the scheduled services not provided. A determination will be made if further corrective action needs to be</p>	

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H 000	<p>Continued From page 3</p> <p>needs of the patient. He also revealed that the skilled nurse was instructed to meet the patient at her home on February 28, 2013 at 8:00 a.m. and provide specialized training.</p> <p>During a record review on March 7, 2013, at approximately 2:00 p.m., revealed a nursing note dated February 28, 2013 with the time of 0800. The note revealed that the HHA was trained on the patient's specific needs, such as patient diagnosis, sign and symptoms to monitor, clearing path ways and fire evacuation plan.</p> <p>Conclusion: This allegation was partially substantiated.</p> <p>Deficiencies were identified and cited in this report.</p>	H 000	<p>taken if the identified issue is not resolved. This information will be a part of the staffing coordinator's monthly report and will be discussed at the quarterly PAC meeting to assist in identifying any trends that need to be addressed. This process will begin March 25, 2013.</p>	
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency's (HCAs) nurse failed to ensure that patient needs are met in accordance with the plan of care (POC) for one (1) of (1) patients in the sample. (Patient #1)</p> <p>The finding includes:</p>	H 453	<p>H453</p> <ol style="list-style-type: none"> 1. A physician order was written and faxed to the physician to request a decrease in home health aide hours. The Case Manager was notified of the order sent to the physician. The case manager has communicated with the client of the change in hours. 2. The staffing coordinators have researched all current beneficiaries to identify any other beneficiaries who are not consistently following the physician orders on the plan of care regarding their home health aide hours that are to be provided. Any beneficiaries identified will be contact regarding their variance. Corrective action will then be taken based on the beneficiary's response, i.e. physician orders to change hours will be written and faxed or the beneficiary agreeing to be staffed per the physician orders. In the case of EPD Waiver beneficiaries, the case manager will participate in the coordination of care and services with VMT and the beneficiary. Any change in a physician order will be reflective on the new plan of care. No change in services will be initiated until the physician signs the order. 	

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H 453	<p>Continued From page 4</p> <p>During a face to face interview with the patient on February 27, 2013, at approximately 2:00 p.m., she stated the last time the home health aide (HHA) provided service for her was on February 22, 2013. Additionally, the patient indicated the HHA could no longer provide services due to childcare issues. The patient also indicated she called the agency on Sunday, February 24, 2013 and left a message about the HHA not returning.</p> <p>During a telephone interview with the director of nursing (DON) on February 27, 2013, at approximately 1:45 p.m., he indicated the patient called and left a message that she did not need an HHA until February 28, 2013.</p> <p>On March 4, 2013, at approximately 1:00 p.m., a record review revealed a plan of care with certification period November 8, 2012 through May 7, 2013, signed and approved by the physician on November 9, 2012 that ordered: Home Health Aide Services, 16 hours a day, seven days a week.</p> <p>During a a telephone conference with the DON on March 5, 2013, at approximately 2:00 p.m., it was revealed that the patient was receiving upon her request eight (8) hours of home health aide services, seven days a week. However, the DON revealed the physician's order required 16 hours, 7 days a week. There was no evidence that the HCA contacted the physician to assess the need to decrease HHA hours.</p> <p>Additionally, the DON stated there was no order to support the eight hours, seven days a week of home health aide services.</p>	H 453	<p>3. The staffing coordinators will report to the Clinical Administrator and/or her designee, real-time, any concerns or trends as it pertains to the home health aide hours not being provided to any beneficiary. A determination will be made real-time regarding speaking to the beneficiary directly and if needed, consultation with the nurse, case manager, and/or physician regarding the issue will be conducted. If needed, an order will be written and faxed to the physician for any changes in hours. In the case of EPD Waiver beneficiaries, the case manager will participate in the coordination of care and services with VMT and the beneficiary. VMT's Data Entry department will incorporate any schedule change orders into the next plan of care.</p> <p>4. VMT will conduct quarterly audits of the plans of care and home health timesheets to monitor the compliance for the providing the home health aide services ordered. A sample size of 10% will be assessed to determine compliance and will be the benchmark for any modification of the audits going forward. This audit will be overseen by the Clinical Administrator and the Director of Nursing or their designee. The results will be discussed in the quarterly Professional Advisory Committee meetings to ensure that ongoing compliance is met. This process will begin immediately and be reported at the second quarter of 2013.</p>	