

Health Regulation & Licensing Administration

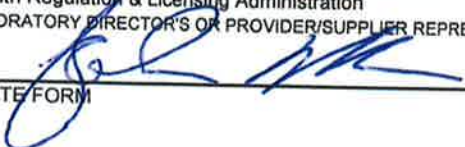
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2021
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NAME OF PROVIDER OR SUPPLIER ASHCNC ENTERPRISES, LLC D/B/A	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 NEW MEXICO AVENUE, NW, SUITE 214 WASHINGTON, DC 20013
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R 000	<p>9900 General Provisions</p> <p>9900 General Provisions An unannounced annual licensure survey was conducted virtually, 08/24/2021, 08/25/2021, 08/26/2021 and 08/27/2021 to determine compliance with Title 22B DCMR, Chapter 99. The Home Support Agency provided care to eight clients and employed 20 staff to include professional and administrative staff. The findings of the survey were based on the review of administrative records, eight active patient records, three discharged patient records, 13 personnel records and the agency's response to complaints and incidents received. The survey findings were also based on the completion of five patient telephone interviews.</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>CNA- Certified Nursing Assistant HHA - Home Health Aide HSA - Home Support Agency RN - Registered Nurse SOC - Start of Care.</p>	R 000	<p>Please begin typing your responses here:</p>	
R 135	<p>9909.2c Personnel</p> <p>(c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;</p> <p>Based on record review and interview, the home support agency (HSA) failed to maintain accurate personnel records to include employee's participation in orientation for four of six certified nursing assistants (CNAs), four of four home health aides (HHAs), and three of three Staffing Coordinators included in the sample (CNAs #1, #2, #3, and #4, and HHAs #1, #2, and #3, and</p>	R 135	<p>R135</p> <p>As of 10/3/2021 all CNAs and HHAs records have been updated to reflect the completion of orientation. Moving forward all CNA and HHA personnel records will contain documentation reflecting completion of orientation, as stated in our policies and procedures. The Director of HR will oversee and maintain this task in real time.</p>	10/3/2021

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



TITLE
CEO

(X6) DATE
9/27/21

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R 135	<p>Continued From page 1</p> <p>Staffing Coordinators #1, #2, and #3).</p> <p>Findings included:</p> <p>A review of the agency's personnel records conducted on 08/24/2021 at 11:08 AM, and 08/25/2021 at 11:28 AM, revealed the following:</p> <ol style="list-style-type: none"> 1. CNA #1 began providing services for the HSA on 07/27/2021 with an orientation packet dated 08/22/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2019, the facility had a home care agency (HCA) license in which CNA #1 was an employee. 2. CNA #2 began providing services for the HSA on 08/14/2021 with an orientation packet dated 10/05/2017. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2017, the facility had a HCA license in which CNA #2 was an employee. 3. CNA #3 began providing services for the HSA on 08/01/2021 with an orientation packet dated 04/11/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2019, the facility had a HCA license in which CNA #3 was an employee. 4. CNA #4 began providing services for the HSA on 08/23/2021 with an orientation packet dated 10/13/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2019, the facility had a HCA license in which CNA #4 was an employee. 5. HHA #1 began providing services for the HSA on 08/05/2021 with an orientation packet dated 03/04/2017. During an interview on 08/25/2021 	R 135		

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R 135	<p>Continued From page 2</p> <p>at 10:04 AM, the Director of Human Resources acknowledged that in 2017, the facility had a HCA license in which HHA #1 was an employee.</p> <p>6. HHA #2 began providing services for the HSA on 08/23/2021 with an orientation packet dated 02/14/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2019, the facility had a HCA license in which CNA #1 was an employee.</p> <p>7. HHA #3 began providing services for the HSA on 08/17/2021 with an orientation packet dated 03/23/2017. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2017, the facility had a HCA license in which CNA #1 was an employee.</p> <p>8. Staffing Coordinator #1's personnel record showed that she was hired on 03/08/2020. There was no documented evidence that she participated in orientation for the HSA program.</p> <p>9. Staffing Coordinator #2's personnel record showed that she was hired on 08/09/2016 as an employee for the facility's home care agency. There was no documented evidence that she participated in orientation for the home support agency, which was licensed in 2020.</p> <p>During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that the facility had a HCA license in 2016 in which Staffing Coordinator #2 was an employee.</p> <p>10. Staffing Coordinator #3's personnel record showed that she was hired on 03/11/2019 as an employee for the facility's home care agency. There was no documented evidence that she participated in orientation for the home support</p>	R 135		

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R 135	Continued From page 3 agency. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that the facility had a home care agency (HCA) license in 2019 in which Staffing Coordinator #3 was an employee. At the time of the survey, the agency failed to ensure CNAs #1, #2, #3 and #4, HHA #1, #2, and #3, and Staffing Coordinators #1, #2, and #3's personnel records were maintained to include evidence of participation in orientation.	R 135		
R 143	9909.2k Personnel (k) A position description signed by the employee; Based on record review and interview, the home support agency (HSA) failed to maintain personnel records to include current position descriptions for five of six certified nursing assistants (CNAs) and three of four home health aides (HHAs) included in the sample, (CNAs #1, #3, and #6, and HHAs #2, #3, and #4). Findings included: A review of the agency's personnel records conducted on 08/24/2021 at 11:08 AM, and 08/25/2021 at 11:28 AM, revealed the following: 1. CNA #1 was hired on 08/22/2019. Continued review of CNA #1's personnel record showed she signed a position description on 08/22/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2019, the facility was licensed as a home care agency (HCA) in which CNA #1 was an	R 143	R143 As of 10/3/2021 all personnel records for CNAs and HHAs listed in R 143 have been updated to include acknowledgement of updated job description. Moving forward all CNAs and HHAs personnel records will contain current job descriptions, as reflected in our policies and procedures. The Director of HR will oversee and maintain this task in real time.	10/3/2021

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R 143	<p>Continued From page 4</p> <p>employee. Further interview revealed that the CNA began providing services for the home support agency on 07/27/2021.</p> <p>2. CNA #3 was hired on 04/11/2019. Continued review of CNA #3's personnel record showed the position description was signed on 04/11/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2019, the facility was licensed as a home care agency, in which CNA #3 was an employee. Further interview revealed that the CNA began providing services for the home support agency on 08/17/2021.</p> <p>3. CNA #6's personnel record showed that the CNA was hired on 06/14/2018. Continued review of CNA #6's personnel record showed a copy of a position description signed on 06/14/2018. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2018, the facility was licensed as a home care agency, in which CNA #1 was an employee. Further interview revealed that the CNA began providing services for the home support agency on 08/03/2021.</p> <p>4. HHA #1's personnel record showed that the HHA was hired on 02/14/2019. Continued review of HHA #2's personnel record showed a copy of a position description signed on 02/14/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2019, the facility was licensed as a home care agency, in which HHA #2 was an employee. Further interview revealed that the aide began providing services for the home support agency on 08/23/2021.</p> <p>5. HHA #3's personnel record showed that the</p>	R 143		
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R 143	<p>Continued From page 5</p> <p>HHA was hired on 03/23/2017. Continued review of HHA #3's personnel record showed a copy of a position description signed on 03/23/2017. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2017, the facility was licensed as a home care agency, in which HHA #3 was an employee. Further interview revealed that the aide began providing services for the home support agency on 08/17/2021.</p> <p>6. HHA #4's personnel record showed that the HHA was hired on 06/06/2017. Continued review of HHA #4's personnel record showed a copy of a position description signed on 02/14/2019. During an interview on 08/25/2021 at 10:04 AM, the Director of Human Resources acknowledged that in 2017, the facility was licensed as a home care agency, in which HHA #4 was an employee. Further interview revealed that the aide began providing services for the home support agency on 08/06/2021.</p>	R 143		
R 150	<p>9909.6 Personnel</p> <p>9909.6 At the time of initial employment, the home support agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of all communicable diseases.</p> <p>Based on record review and interview, the home support agency (HSA) failed to verify that each employee was free of all communicable diseases within the six months immediately preceding the employee's date of hire for three of three Staff Coordinators included in the sample (Staffing Coordinators #1, #2, and #3).</p> <p>Findings included:</p>	R 150	<p>R150</p> <p>As of 10/3/21 personnel records for staffing coordinators #1, #2, and #3 contain documentation verifying they are free of communicable disease. Moving forward, we will require all new employees to provide such documentation, not only those with direct patient contact, as stated in our policies and procedures. The director of HR will oversee and maintain this task in real time.</p>	10/3/2021

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R 150	<p>Continued From page 6</p> <p>A review of the agency's personnel records conducted on 08/03/2021 at 10:41 AM and 08/05/21 at 11:28 AM revealed the following:</p> <ol style="list-style-type: none"> 1. Staffing Coordinator #1 was hired on 03/08/2020 before the home support agency was licensed. The Staffing Coordinator's personnel record showed no documented evidence that she had been screened and certified free from communicable diseases within six months immediately preceding her date of hire. 2. Staffing Coordinator #2 was hired on 08/09/2016, before the home support agency was licensed. The Staffing Coordinator's personnel record showed no documented evidence that she had been screened and certified free from communicable diseases within six months immediately preceding her date of hire. 3. Staffing Coordinator #3 was hired on 03/11/2019 before the home support agency was licensed. The Staffing Coordinator's personnel record showed no documented evidence that she had been screened and certified free from communicable diseases within six months immediately preceding her date of hire. <p>Review of the agency's policy on 08/27/2021 at 11:15 AM, showed that "all employees must verify that they have been screened and are free of communicable disease no more than six months from the date of hire for any employee that is in contact with clients."</p> <p>At the time of the survey, the agency failed to ensure that Staffing Coordinators #1, #2, and #3 were screened and certified free from</p>	R 150		

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R 150	Continued From page 7 communicable diseases.	R 150		
R 151	<p>9909.7 Personnel</p> <p>9909.7 Each employee shall be screened for communicable diseases according to the guidelines issued by the federal Centers for Disease Control and Prevention, and shall be certified free of communicable diseases.</p> <p>Based on record review and interview, the home support agency (HSA) failed to verify that each employee was free from all communicable diseases in accordance with guidelines issued by the federal Centers for Disease Control and Prevention (CDC) for three of the three Staffing Coordinators included in the sample (Staffing Coordinators #1, #2, and 3).</p> <p>Findings included</p> <p>Cross reference; Title 22B DCMR, Chapter 99, §9909.6</p>	R 151	<p>R151</p> <p>As of 10/3/21 personnel records for staffing coordinators #1, #2, and #3 contain documentation verifying they are free of communicable disease. Moving forward, we will require all employees to provide such documentation, not only those with direct patient contact, as stated in our policies and procedures. The director of HR will oversee and maintain this task in real time.</p>	10/3/2021
R 171	<p>9910.4 Admissions</p> <p>9910.4 Each home support agency shall conduct an initial assessment by a registered nurse to ensure that the client does not require services outside of the scope of personal care services. The assessment shall include a home visit and a review of information provided by the prospective client or the client representative and any other pertinent data and shall take place prior to the time that personal care services are initially provided to the client. The assessment must determine whether the home support agency has the ability to provide the necessary services in a safe and consistent manner.</p> <p>Based on record review and interview it was</p>	R 171	<p>R171</p> <p>Due to the public health emergency, on 3/12/2020 we received a letter from the DC Department of Health stating "we understand that your plans for care and services may require flexibility in state regulatory and licensure requirements while maintaining patient/resident safety." The letter also encourages us "to be innovative during your planning processes and to contact DC Health (specifically Sharon Mebane or Veronica Longstreth) if your plans may require the regulatory agency to review changes in your operations, modes delivery of services."</p>	03/13/2020

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R 171	<p>Continued From page 8</p> <p>determined that the Home Support Agency failed to ensure the registered nurse conducted a home visits during initial assessments in five of eight client records reviewed (#2, 3, 4, 6 and #8).</p> <p>Findings included:</p> <p>1. On 08/24/2021 at 1:45 PM a review of Client #2's record showed a start of care assessment dated 06/14/2021. This assessment is required to determine if the client's needs exceed the agency's ability to safely and consistently provide personal care services required by the patient, and to prepare a care plan for the home health aides to follow while providing personal care. Continued review of the assessment form showed a documentation that the initial assessment was conducted virtually.</p> <p>The RN failed to conduct an initial in-home visit to determine if the client's needs exceeded the agency's ability to safely and consistently provide the personal care services.</p> <p>2. On 08/25/2021 at 7:30 AM a review of Client #3's record showed a start of care assessment dated 08/13/2021. This assessment is required to determine if the client's needs exceed the agency's ability to safely and consistently provide personal care services required by the patient, and to prepare a care plan for the home health aides to follow while providing personal care. Continued review of the assessment form showed a documentation that the initial assessment was conducted virtually.</p> <p>The RN failed to conduct an initial in-home visit to determine if the client's needs exceeded the agency's ability to safely and consistently provide the personal care services.</p>	R 171	<p>After receipt of this letter, we contacted Sharon Mebane with an innovative solution of virtual nurse assessments to reduce number of in person contacts with a vulnerable population. She acknowledged this and signed off on this plan on 3/13/2020. We have attached copies of both the letter and correspondence for viewing.</p> <p>For this reason, nurse assessments were conducted virtually until the declaration of the end of the public health emergency on 7/25/2021. Since 7/26/2021 we have resumed in home nurse assessments and will continue to conduct nurse assessments in this way. Our director of nursing will ensure this happens.</p>	7/26/2021

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R 171	<p>Continued From page 9</p> <p>3. On 08/25/2021 at 11:00 AM a review of Client #4's record showed a start of care assessment dated 08/18/2021. This assessment is required to determine if the client's needs exceed the agency's ability to safely and consistently provide personal care services required by the patient, and to prepare a care plan for the home health aides to follow while providing personal care. Continued review of the assessment form showed a documentation that the initial assessment was conducted virtually.</p> <p>The RN failed to conduct an initial in-home visit to determine if the client's needs exceeded the agency's ability to safely and consistently provide the personal care services.</p> <p>4. On 08/26/2021 at 9:00 AM a review of Client #6's record showed a start of care assessment dated 08/01/2021. This assessment is required to determine if the client's needs exceed the agency's ability to safely and consistently provide personal care services required by the patient, and to prepare a care plan for the home health aides to follow while providing personal care. Continued review of the assessment form showed a documentation that the initial assessment was conducted virtually.</p> <p>The RN failed to conduct an initial in-home visit to determine if the client's needs exceeded the agency's ability to safely and consistently provide the personal care services.</p> <p>5. On 08/26/2021 at 1:45 PM a review of Client #8's record showed a start of care assessment dated 07/28/2021. This assessment is required to determine if the client's needs exceed the agency's ability to safely and consistently provide</p>	R 171		

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R 171	<p>Continued From page 10</p> <p>personal care services required by the patient, and to prepare a care plan for the home health aides to follow while providing personal care. Continued review of the assessment form showed a documentation that the initial assessment was conducted virtually.</p> <p>The RN failed to conduct an initial in-home visit to determine if the client's needs exceeded the agency's ability to safely and consistently provide the personal care services.</p> <p>During an interview on 08/27/2021 at 2:30 PM with the Clinical Services director (DON), she acknowledged the findings.</p> <p>At the time of survey, the Home Support Agency failed to ensure the registered nurse conducted in-home visits during initial assessments.</p>	R 171		
R 204	<p>9913.2 Client Service Plan</p> <p>9913.2 A registered nurse shall develop a service plan on admission based upon the initial assessment of the client and in accordance with Section 9917.4.</p> <p>Based on record review and interview, the Home Support Agency failed to ensure that client service plans included dietary requirements, functional limitations, and activities permitted, for five of the eight clients sampled (Clients #2, 3, 4, 6, and #8).</p> <p>Findings included:</p> <p>1. On 08/24/2021 at 1:45 PM a review of Client #2's record showed that the client's diagnoses included memory loss, and unsteady gait. Continued review of the service plan showed that</p>	R 204	<p>R 204</p> <p>As of 10/3/2021 the Client service document has been updated in include a specific question regarding dietary requirements. Moving forward the Client Service Plan will be completed thoroughly including the dietary requirements, functional limitations and activities permitted sections, by one of our RNs directly following nurse assessments. This policy is reflected in our policies and procedures. Our Director of Nursing will oversee and monitor this task.</p>	10/3/2021

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2021
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NAME OF PROVIDER OR SUPPLIER ASHCNC ENTERPRISES, LLC D/B/A	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 NEW MEXICO AVENUE, NW, SUITE 214 WASHINGTON, DC 20013
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R 204	<p>Continued From page 11</p> <p>the client was at risk for falls and required assistance with activities of daily living, meal preparation and light housekeeping. Further review of the service care plan revealed that the registered nurse failed to identify the client's diet, functional limitations and client centered activities permitted, to direct the home health aide in assisting the client to achieve their highest practicable quality of life.</p> <p>2. On 08/25/2021 at 8:30 AM a review of Client #3's record showed that the client's diagnoses included knee replacement and arthritis. Continued review of the service plan showed that the client had limited endurance and required assistance with transfers and meal preparation. Further review of the service care plan revealed that the registered nurse failed to identify the client's diet, functional limitations and client centered activities permitted, to direct the home health aide in assisting the client to achieve their highest practicable quality of life.</p> <p>3. On 08/25/2021 at 11:00 AM a review of Client #4's record showed that the client's diagnoses included impaired mobility. Continued review of the service plan showed that the client is non-ambulatory due to a recent fall and requires assistance with all activities of daily leaving and food preparation/feeding. Further review of the service care plan revealed that the registered nurse failed to identify the client's diet, functional limitations and client centered activities permitted, to direct the home health aide in assisting the client to achieve their highest practicable quality of life.</p> <p>4. On 08/26/2021 at 9:00 AM a review of Client 6's record showed that the client's diagnoses included dementia and end stage lung disease.</p>	R 204		
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R 204	<p>Continued From page 12</p> <p>Continued review of the service plan showed the client is non-ambulatory and requires total care. Further review of the service care plan revealed that the registered nurse failed to identify the client's diet, functional limitations and client centered activities permitted, to direct the home health aide in assisting the client to achieve their highest practicable quality of life.</p> <p>5. On 08/26/2021 at 1:45 PM a review of Client #8's record showed that the client's diagnoses included ataxia and unsteady gait. Continued review of the service plan showed that the client is at risk for falls, ambulates with a wheelchair and requires assistance with housekeeping and meal preparation. Further review of the service care plan revealed that the registered nurse failed to identify the client's diet, functional limitations and client centered activities permitted, to direct the home health aide in assisting the client to achieve their highest practicable quality of life.</p> <p>During an interview on 08/27/2021, at 2 PM, the Clinical Services Director and the Chief Executive Officer were informed of the findings.</p> <p>At the time of survey, the home support agency failed to ensure that client service plans specified dietary requirements, functional limitations and activities to assist clients to achieve their highest practicable quality of life.</p>	R 204		
R 226	<p>9914.2j Client Records</p> <p>(j) Medication list; Based on record and policy review and interview, the agency failed to ensure that each client's record contained a list of current medications, for five of five clients receiving care from the agency</p>	R 226	<p>R 226</p> <p>As of 10/3/2021 all nursing staff has been notified and that a medication list is required for all clients. Moving forward a medication list will be requested from the client at the time of assessment. The Director of Nursing will oversee and maintain this task.</p>	10/3/2021

Health Regulation & Licensing Administration

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R 226	<p>Continued From page 13 (Clients #, 3, 4, 6 and #8).</p> <p>Findings included:</p> <p>From 08/24/2021, through 08/27/2021, review of the records for Clients # 3, 4, 6 and #8 was conducted. The records lacked evidence of a list of the clients' medications.</p> <p>On 08/26/2021 at 4:47 PM, a review of the agency's policies was conducted. The policy for documentation in the health record showed that the record would contain all of the client's medications. It should be noted that the nurse's initial assessment form contained a designated area to list medications. Each client's assessment lacked documented evidence of their current medication(s).</p> <p>On 08/27/2021 at 2:00 PM during an interview, the Director and the Clinical Services Director acknowledged the findings.</p> <p>At the time of survey, the home support agency failed to ensure that each client's record contained a list of current medications.</p>	R 226		