Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DA			SURVEY PLETED	
		HSA-0005	B. WING		08/0	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST.	ATE, ZIP CODE		
VISITING	ANGELS			UE, NW, SUITE 409		
()(1)	CHMMADV CT	ATEMENT OF DEFICIENCIES	TON, DC 2	PROVIDER'S PLAN OF CORRECTION		(VE)
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R 000	9900 General Provis	sions	R 000	Please begin typing responses her	e:	
	virtually 08/02/2021, 08/05/2021 to determ	tial survey was conducted 08/03/2021, 08/04/202, and mine compliance with Title 22B The Home Support Agency		R 135: SoD 1-4		11/30/21
	provided care for 16 to include profession sample of ten active records was selecte	clients and employed 29 staff nal and administrative staff. A client records and 13 personnel d for review. The findings of the on client and administrative		What corrective action(s) will be accomplished to address the iden deficient practice.	tified	
	record reviews, the agency's response to complaints and incidents received and three client and staff interviews. Listed below are abbreviations used throughout the body of this report: CNA- Certified Nursing Assistant			All Employees providing service to our DC clients will complete hiring documents compliant with DC HSA regulations.		
				Because we cannot retrospectively of their hire dates, we have initiated a properties of their hire dates.		
	HHA - Home Health HSA - Home Suppo RN - Registered Nu SOC - Start of Care	rt Agency		Existing MD employees interested in in DC will go through the entire hiring process for DC before being assigned clients	g	
R 135	9909.2c Personnel		R 135	What measures will be put into pla	ace or	
	checklist, and prior e	cation, training certificates, skills employment, and evidence of ation and in-service training, ars;		what systemic changes you will mensure that the deficient practice not recur.	nake to	
	support agency (HS personnel records to participation in orien	riew and interview, the home A) failed to maintain accurate of include employee's tation for four of ten certified CNAs) included in the sample #8).		Protocol will be put in place to reduc chances of using existing Employees have not been cleared to work in DC will include but not limited to better documentation and communication to HR and Case management.	s who c. This	
	Findings included: A review of the ager	ncy's personnel records		At the conclusion of orientation, they classified under the DC location in or scheduling software for easy identified	ur	

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

PRINTED: 09/01/2021 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING **HSA-0005** 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE, NW, SUITE 409 **VISITING ANGELS** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R 135 Continued From page 1 R 135 How the corrective action(s) will be conducted on 08/03/2021 at 10:41 AM, and monitored to ensure this deficient practice 08/05/2021 at 10:32 AM, revealed the following: will not recur; what quality assurance program will be implemented. 1. CNA #1 was hired on 05/10/2021 with an orientation packet dated 10/24/2018. The personnel We will run reports monthly to ensure record showed that the CNA was certified in the proper classification of employees. state of Maryland. During the exit conference on 08/05/2021 at 1:30 PM, the Director stated that the employee was previously working for the agency in File audits will be conducted every other another jurisdiction and acknowledged the finding. month to ensure compliance. 2. CNA #2 was hired on 05/28/2021 with an orientation packet dated 08/30/2018. The personnel record showed that the CNA was certified in the state of Maryland. During the exit conference on 08/05/2021 at 1:30 PM, the Director stated that the employee was previously working for the agency in another jurisdiction and acknowledged the finding. 3. CNA #5 was hired on 06/16/2021 with an orientation packet dated 09/19/2018. The personnel record showed that the CNA was certified in the state of Maryland. During the exit conference on 08/052021 at 1:30 PM, the Director stated that the employee was previously working for the agency in another jurisdiction and acknowledged the finding. 4. CNA #8 was hired on 07/28/2021 with an orientation packet dated 07/26/2019. The personnel record showed that the CNA was certified in the state of Maryland. During the exit conference on 08/05/2021 at 1:30 PM, the Director stated that the

employee was previously working for the agency in another jurisdiction and acknowledged the finding.

Review of the agency's policies and procedures

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R 135	Continued From pag	je 2	R 135				
	orientation program acknowledging that the agency are under At the time of the su maintain accurate per surface of the surface	rvey, the agency failed to ersonnel records to reflect ce of employee participation in				11/30/21	
R 150	9909.6 Personnel	09.6 Personnel		R150: SoD 1 – 8.			
	support agency shall within the six months date of hire, has been communicable diseased on record revisupport agency (HS employee was free of within the six months employee's date of hursing assistants (0)	riew and interview, the home A) failed to verify that each of all communicable diseases immediately preceding the hire for seven of ten certified CNAs) and one of five home included in the sample (CNAs)		What corrective action(s) will be accomplished to address the ider deficient practice. Going forward, HR will ensure that a documentation for PPD and Chest will be dated within six months of an employee's date of hire. What measures will be put into pl what systemic changes you will nensure that the deficient practice not recur.	all <-rays ace or nake to does		
	conducted on 08/03, at 8:32 AM revealed 1. CNA #2 was hired personnel record shired of hire.	ncy's personnel records /2021 at 10:41 AM and 08/05/21 the following: d on 05/08/2021. The CNA's owed an X-ray dated ears and one month prior to her		Employees presenting with docume are dated prior to six months will be to provide screening signed off by a qualified health care provider. Employees will not be oriented unlesscreening is current.	required		
	2. CINA #3 was nired						

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	HSA-0005		B. WING		08/05/2021	
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R 150	02/19/2020, one year date of hire. 3. CNA #4 was hired personnel record should be personnel record sh	ge 3 ar and four months prior to her d on 11/22/2020. The CNA's owed an X-ray dated ar and two months prior to her d on 06/16/2021. The CNA was ny communicable diseases on ays after her date of hire. d on 07/20/2020. The CNA's owed an X-ray dated ears and six months prior to her d on 06/06/2021. The CNA's owed an X-ray dated ears and three months prior to d on 07/28/2021. The CNA's owed an X-ray dated rears and six months prior to her d on 06/27/2021. The CNA's owed an X-ray dated rs and one month prior to her d on 06/27/2021. The CNA's owed an X-ray dated rs and one month prior to her d on 06/27/2021 at 1:30 s not familiar with the	R 150	How the corrective action(s) will I monitored to ensure this deficien will not recur what quality assura program will be implemented. All documents will be reviewed prior orientation for compliance. File audits will be conducted every of month to ensure compliance.	t practice nce	

STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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R 150			R 150			
	verifying that each e communicable disea	s the agency is responsible for mployee was free of all ses within the six months ng the employee's date of hire.				
R 151	9909.7 Personnel		R 151	R 151: SoD 1-7		11/30/21
	communicable diseasissued by the federa and Prevention, and communicable disease Based on record revisupport agency faile was free from all cor accordance with guice Centers for Disease for six of the ten certincluded in the samphome health aide (Herindings included: 1. Review of the recommunications.	iew and interview, the home d to verify that each employee nmunicable diseases in delines issued by the federal Control and Prevention (CDC) ified nursing assistants (CNA) ble (CNAs #2, 3, 4, 6, 7, #8 and HA) #3).		What corrective action(s) will be accomplished to address the ider deficient practice. Employees documents will be review periodically to ensure compliance we section 9909.7. Documents will be added to the reme system in the company software to five tracking of expiring documents. File audits will be conducted to ensure compliance.	wed ith HAS inder facilitate ure	
	hired on 05/28/2021 showed that she was free from communication. 2. Review of the rechired on 06/05/2021 showed that she was free from communication. 3. Review of the recommunication.	The CNA's personnel record is last screened and certified able diseases on 05/25/2019. Ords showed that CNA #3 was in the CNA's personnel record is last screened and certified able diseases on 02/09/2020. Ords showed that CNA #4 was in the CNA's personnel		what systemic changes you will nensure that the deficient practice not recur. HR will use tickler system in the sch software to alert for renewals. Reminders will be set for 30 days prexpiration to give employees ample rescreen and update their records. In addition, HR will set automatic meto be sent to employees 1 week price expiration date.	does eduling rior to time to	

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derivatives (PPDs). The surveyor referred the Director to the regulation that requires employees to be screened certified free from communicable diseases in accordance with the guidelines

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R 151	1 Continued From page 6		R 151				
	issued by the Centers for Disease Control (CDC).						
R 171	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. Based on record review and interview, it was determined that the registered nurse (RN) failed to assess the agency's ability to provide services in a safe and consistent manner during the initial		R 171	R 171: SoD 1-10		11/30/21	
				What corrective action(s) will be accomplished to address the ident deficient practice.	tified		
				An in-home RN assessment will be conducted for all DC clients to assess level of care required and ensure that within the Agency's scope of services	t it is		
				What measures will be put into pla what systemic changes you will me ensure that the deficient practice do not recur.	ake to		
	assessment for ten 6 #1, 2, 3, 4, 5, 6, 7, 8 Findings included:	of ten clients sampled. (Clients, 9, and #10).		Case Management will get clearance the RN that an In-home assessment been completed before proceeding w start of care protocols and staffing.	has		
	record showed a Stadated 07/12/2020. T	10:45 AM, review of Client #1's art of Care (SOC) assessment he assessment is required to		Agency has instructed RNs to do In-h RN assessments not virtual assessm			
	support agency's (H consistently provide by the patient. Conti showed documentate	nt's needs exceed the home SA's) ability to safely and personal care services required nued review of the assessment ion by the RN that states, completed with son."		How the corrective action(s) will be monitored to ensure this deficient will not recur what quality assuran program will be implemented.	practice	,	
	The RN failed to cor determine if the clier	iduct an initial in-home visit to nt's needs exceeded the afely and consistently provide		Client Services Coordinator will review assessments for compliance. File audits will be conducted monthly			

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ensure compliance.

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- 3. On 08/02/2021 at 2:00 PM, a review of Client #3's record showed a Start of Care (SOC) assessment dated 07/12/2021. The assessment is required to determine if the client's needs exceed the home support agency's ability to safely and consistently provide personal care services required by the patient. Continued review of the assessment showed documentation by the RN that states, "Completed by phone for COVID precautions." 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.
- 4. On 08/03/2021 at 9:00 AM, a review of Client #4's record showed a start of care assessment dated 04/30/2021. The assessment is required to determine if the client's needs exceed the home support agency's ability to safely and consistently provide the personal care services required by the patient. Continued review of the assessment showed documentation by the registered nurse

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R 171	that states, "Phone adaughter." The RN failed to cordetermine if the clier agency's ability to sathe personal care set. 5. On 08/03/2021 at #5's record showed assessment dated 0 required to determine the agency's ability provide personal care patient. Continued reshowed documentar "Completed by phore The RN failed to cordetermine if the clier agency's ability to sathe personal care set. 6. On 08/03/2021 at #6's record showed assessment dated 0 required to determine the agency's ability provide personal care set. Continued reshowed documentar "Completed by phore The RN failed to cordetermine if the clier agency's ability to sathe personal care set. 7. On 08/03/2021 at #7's record showed assessment care set.	assessment completed with aduct an initial in-home visit to nt's needs exceeded the afely and consistently provide ervices. 10:45 AM, a review of Client a Start of Care (SOC) (3/25/2021. This assessment is er if the client's needs exceed to safely and consistently reservices required by the eview of the assessment clion by the RN that states, are due to COVID precautions." Induct an initial in-home visit to nt's needs exceeded the afely and consistently provide ervices. 12:15 PM, a review of Client a Start of Care (SOC) (1/1/12/2021. This assessment is er if the client's needs exceed to safely and consistently reservices required by the eview of the assessment clion by the RN that states, are due to COVID precautions." Induct an initial in-home visit to nt's needs exceeded the afely and consistently provide	R 171			

Health Regulation & Licensing Administration

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R 171	Continued From pag	je 9	R 171			
	is required to determ the home support ag consistently provide by the patient. Conti showed documentat "Completed by phon The RN failed to cordetermine if the clier agency's ability to sath personal care set. 8. On 08/02/2021 at record showed a sta 07/13/2020. This as determine if the clier support agency's ab provide the personal patient. Continued reshowed documentat "Completed by phon The RN failed to cordetermine if the clier agency's ability to sath personal care set. 9. On 08/04/2021 at #9's record showed assessment dated 0 required to determine the home support agencyined by the patient assessment showed states, "Phone asses The RN failed to cordetermine if the clier agency if the clier assessment showed states, "Phone asses The RN failed to cordetermine if the clier	nine if the client's needs exceed gency's ability to safely and personal care services required nued review of the assessment ion by the RN that states, he due to COVID precautions." Induct an initial in-home visit to not's needs exceeded the afely and consistently provide exvices. 3:05 PM a review of Client #8's art of care assessment dated sessment is required to not's needs exceed the home illity to safely and consistently a care services required by the eview of the assessment ion by the RN that states, he due to COVID precaution and the personal care services. 8:45 AM, a review of Client a Start of Care (SOC) 7/29/2020. The assessment is e if the client's needs exceed gency's ability to safely and the personal care services and continued review of the documentation by the RN that assment completed with wife and consistently provide afely and consistently provide afely and consistently provide and the personal care services and completed with wife and consistently provide afely and consistently provide afely and consistently provide afely and consistently provide afely and consistently provide				

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R 171	71 Continued From page 10 10. On 08/04/2021 at 11:10 AM, a review of Client #10's record showed a Start of Care (SOC) assessment dated 07/13/2020. This assessment is required to determine if the client's needs exceed the home support agency's ability to safely and consistently provide personal care services required		R 171			
	by the patient. Continued review of the assessment showed documentation by the registered nurse that states, "Assessment completed by phone due to COVID restrictions"					
	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. During an interview with the Clinical Service Director and the Director of Services on 08/05/2021 at 12:30 PM, they both acknowledged the findings. The Director stated that it was the agency's policy for the RN to perform an initial assessment and document the needs of each client. The Director said that due to the pandemic, they had to avoid face to face contacts with the clients, but will start doing that now.					
	failed to provide doc conducted an initial	rvey, the home support agency cumentation that the RN home visit to assess if the le services to each client safely essment.				
R 202	9913 Client Service	Plan	R 202	R202: SoD 1-10 What corrective action(s) will be	11/30/21	
		view and interview, the Home		accomplished to address the idea deficient practice.	ntified	
		SA) failed to ensure client ied scope and types of services, tion of services to		Corrective action will include contact Generations software support to inc		

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Health	ealth Regulation & Licensing Administration					
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R 202	Continued From pag	ue 11	R 202			
202	be provided, includir transportation requir services provided, client, activities per required to protect the	ng any diet, equipment, and ed, parameters related to functional limitations of the mitted; and safety measures ne client from injury for ten of led in the sample, (Clients #1, 2,	202	means to update electronic assess plan of care forms to ensure informational clearly identifiable and eliminate unutabs for increased clarification of documented assessment data and delegated tasks. What measures will be put into pl	ation is used ace or	
	Findings included: 1. On 08/02/2021 at 10:45 AM, review of Client #1's record showed that the client's diagnoses included hypertension, and back surgery. Continued review of the care plan showed that the client requires assistance with bathing, dressing, and toileting. Further review of the care plan revealed that the registered nurse failed to identify client centered activities permitted to direct the home health aide (HHA) in assisting the client to achieve their highest practicable quality of life. 2. On 08/02/2021 at 12:30 PM, a review of Client			what systemic changes you will rensure that the deficient practice		
				Agency will download assessment a of care forms to PDF for easier reviesurveyors. RNs will also be instructed to provid comments in the Frequency & Notes of the care plan for clarity in perform identified tasks and to provide bette guidance for the Caregivers.	ew for e more s section ing	
	#2's record showed included Prostate Ca Continued review of client was at risk for with ambulation, trar toileting, and dressir plan revealed that the to identify client cent direct the HHA in as highest practicable of 3. On 08/02/2021 at #3's record showed included atrioventric the service plan showself-transfer, dress in	that the client's diagnoses ancer with bone metastasis. the care plan showed that the falls and required assistance asfers, personal hygiene, ag. Further review of the care are registered nurse (RN) failed activities permitted, to sisting the client to achieve their		How the corrective action(s) will I monitored to ensure this deficien will not recur what quality assura program will be implemented. RN will review assessment form cor and accuracy before proceeding to client on the 90-day supervisory visit tracker. File audits will be conducted monthlensure compliance.	t practice nce mpletion add the t	

Health Regulation & Licensing Administration

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 7826 EASTERN AVENUE, NW, SUITE 409 WASHINGTON, DC 2012 PRETIX TAG REACH DEFICIENCY SMUST BE PRECEDED BY FILL REGULATORY TAG RECOMPRETE COMPRISE PRECEDED BY FILL REGULATORY TAG REVEALED BY TAGE REVEALED BY TA		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER VISITING ANGELS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY TAGE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY TAGE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY TAGE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY TAGE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY TAGE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY TAGE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY TAGE (EACH DERICENCY) R 202 Continued From page 12 revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 4. On 08/03/2021 at 9:00 AM, a review of Client #4's record showed that the client stollates with a cane and required assistance with personal hygiene, bathing, and dressing. Further review of the service plan revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 5. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the care plan showed that the client stalied to identify client centered activities permitted to direct the home health aide in assisting the client to achieve their highest practicable quality of life. 6. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included short term memory, and hypertension.			HSA-0005	B. WING		08/05/2021		
WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREDITY TAG SUMMARY STATEMENT OF DEFICIENCIES PREDITY TAG SUMMARY STATEMENT OF DEFICIENCIES PREDITY TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 202 Continued From page 12 R 202 revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 4. On 08/03/2021 at 9:00 AM, a review of Client #4's record showed that the client's diagnoses included hypertension. Continued review of the service plan showed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 5. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the care plan showed that the client as history of falls and required assistance with bathing. Further review of the service plan revealed that the RN failed to identify client centered activities permitted to direct the home health aide in assisting the client to achieve their highest practicable quality of life. 6. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included short term memory, and hypertension.	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST <i>I</i>	ATE, ZIP CODE			
R 202 Continued From page 12 revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 4. On 08/03/2021 at 9:00 AM, a review of Client #4's record showed that the client ambulates with a cane and required assisting, and dressing. Further review of the service plan revealed that the RN failed to identify client to identify client to achieve their highest practicable quality of life. 5. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included hyperentia, and hypothyroidism. Continued review of the service plan revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 5. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the care plan showed that the client has history of falls and required assistance with bathing. Further review of the service plan revealed that the RN failed to identify client centered activities permitted to direct the home health aide in assisting the client to achieve their highest practicable quality of life. 6. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included short term memory, and hypertension.	VISITING ANGELS							
revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 4. On 08/03/2021 at 9:00 AM, a review of Client #4's record showed that the client's diagnoses included hypertension. Continued review of the service plan showed that the client ambulates with a cane and required assistance with personal hygiene, bathing, and dressing. Further review of the service plan revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 5. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the care plan showed that the client has history of falls and required assistance with bathing. Further review of the service plan revealed that the RN failed to identify client centered activities permitted to direct the home health aide in assisting the client to achieve their highest practicable quality of life.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE	
Continued review of the service plan showed that the client ambulates and is at risk for falls. Further review of the care plan revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 7. On 08/03/2021 at 2:05 PM, a review of Client #7's record showed that the client's diagnoses	R 202	revealed that the RN centered activities p assisting the client to practicable quality of 4. On 08/03/2021 at #4's record showed included hypertensic service plan showed cane and required a hygiene, bathing, and the service plan reveidentify client center the HHA in assisting highest practicable of 5. On 08/03/2021 at #5's record showed included Alzheimer's hypothyroidism. Conshowed that the clie required assistance the service plan reveidentify client center the home health aid achieve their highes 6. On 08/03/2021 at 6's record showed the client ambulates review of the care plan to identify client center the HHA in as highest practicable of 7. On 08/03/2021 at 7.	If failed to identify client ermitted to direct the HHA in a achieve their highest f life. 9:00 AM, a review of Client that the client's diagnoses on. Continued review of the that the client ambulates with a ssistance with personal ad dressing. Further review of ealed that the RN failed to ed activities permitted to direct the client to achieve their quality of life. 10:45 AM, a review of Client that the client's diagnoses s/Dementia, and on the care plan of the that the RN failed to ed activities permitted to direct end activities permitted to direct that the RN failed to ed activities permitted to direct end activities permitted to direct end assisting the client to the practicable quality of life. 12:25 PM, a review of Client that the client's diagnoses memory, and hypertension. The service plan showed that and is at risk for falls. Further an revealed that the RN failed the tered activities permitted to sisting the client to achieve their quality of life. 2:05 PM, a review of Client	R 202				

PRINTED: 09/01/2021 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING **HSA-0005** 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE, NW, SUITE 409 **VISITING ANGELS** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 202 Continued From page 13 R 202 short-term memory impairment. Continued review of the service plan showed that the client ambulates and is at risk for falls. Further review of the care plan revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. 8. On 08/04/2021 at 8:15 AM, a review of Client #8's record showed that the client's diagnoses included hypertension, generalized weakness, rheumatoid arthritis, and unsteady gait. Continued review of the service plan showed that the client ambulates with a walker and needs assistance with toileting, bathing, and dressing. Further review of the service plan revealed that the RN failed to identify client centered activities permitted, to direct

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the home health aide in assisting the client to achieve their highest practicable quality of life.

their highest practicable quality of life.

Continued review of the service

10. On 08/04/2021 at 12:45 PM, a review of Client #10's record showed that the client's diagnoses included Parkinson's disease and hypertension.

9. On 08/04/2021 at 10:00 AM, a review of Client #9's record showed that the client's diagnoses included dementia, cerebrovascular accident, and hypertension. Continued review of the service plan showed that the client ambulates with a walker and needs assistance with personal hygiene, bathing, and toileting. Additionally, the service plan showed that the client was at risk for falls and required assistance with transfers and dressing. Further review of the service plan revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION (X3)	DATE SURVEY COMPLETED	
	HSA-0005		B. WING		08/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
VISITING	VISITING ANGELS 7826 EAS WASHING			JE, NW, SUITE 409 0012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE		
R 202	plan showed that the client ambulates with a wheelchair and needs assistance with all activities of daily living. Additionally, the care plan showed that the client had neck injury from a fall in February 2021. Further review of the care plan revealed that the RN failed to identify client centered activities permitted to direct the HHA in assisting the client to achieve their highest practicable quality of life. During an interview on 08/05/2021, at 2:00 PM, the Service Director and Clinical Services Director were informed of the findings. At the time of survey, the home support agency failed to ensure that each client's service plan specified client centered activities to assist clients to achieve their highest practicable quality of life.		R 202			
R 216	following information Based on record revergistered nurse (RI and education given caregivers for six of sample (Clients #1, Findings Included: 1. On 08/02/2021 at record showed that hypertension, and bof the records show virtual care coordina 06/22/2021. Further review of the	record shall include the name related to the client: view and interview, the N) failed to document training to the client and the client's the ten clients included in the	R 216	What corrective action(s) will be accomplished to address the identified deficient practice. Corrective action will include educating supervising RNs to include documentation of education and training provided to caregivers and clients on Caregiver Supervisory form. What measures will be put into place what systemic changes you will make ensure that the deficient practice does not recur. Caregiver Supervisory form will be edited include dialogue box for documenting provided education and training.	or e to s	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MAIN OF CORRECTION Main PROVIDER SUPPLIERCIAL DENTIFICATION NUMBER: MRX-0005 B. WING DRESS. CITY. STATE, ZIP CODE PROVIDER OR SUPPLIER TAGE PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE PROVIDER OR SUPPLIER PR	Health R	Health Regulation & Licensing Administration					
NAME OF PROVIDER OR SUPPLIER VISITING ANGELS 7826 EASTERN AVENUE, NW, SUITE 409 WASHINGTON, DC 20012 R 216 Continued From page 15 education provided to the client and the client's caregivers during the visit. 2. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's caregivers during the visit. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's caregivers during the visit. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included Alzhende diented evidence of training and education provided to the client and the client's caregivers during the visit. 8. On 08/03/2021 at 10:25 PM, a review of Client 6's record showed that the client's diagnoses included short term memory, and hypertension. Continued review of the records showed that the Client's diagnoses included short term memory, and hypertension. Continued review of the records failed to show any documented evidence of training and education provided to the client's caregivers during the visit. 4. On 08/03/2021 at 2:05 PM, a review of Client #7's record showed that the client's diagnoses of the client's caregivers, during the visit.							
VISITING ANGELS T826 EASTERN AVENUE, NW, SUITE 409 WASHINGTON, DC 20012	HSA-0005		HSA-0005	B. WING		08/0	5/2021
(A4 ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R 216 Continued From page 15 education provided to the client and the client's caregivers during the visits. 2. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the records showed that the client's caregivers during the visit. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included short term memory, and hypotrension. Continued review of the client's diagnoses included short term memory, and hypotrension. Continued review of the client's caregivers during the visit. 4. On 08/03/2021 at 2:05 PM, a review of Client #7's record showed that the client's caregivers, during the visits. 4. On 08/03/2021 at 2:05 PM, a review of Client #7's record showed that the client's caregivers, during the visits.	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
R 216 Continued From page 15 education provided to the client and the client's caregivers during the visits. 2. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the client's diagnoses during the visit. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the client's caregivers during the visit. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included short term memory, and hypertension. Continued review of the records showed that the RN conducted a virtual supervisory visit no 04/13/2021 and 07/10/2021. Further review of the client's caregivers during the visit. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included a virtual supervisory visit no 04/13/2021 and 07/10/2021. Further review of the records showed that the RN conducted a virtual supervisory visit no 04/13/2021 and 07/10/2021. Further review of the client's records failed to show any documented evidence of training and education provided to the client and the client's caregivers, during the visits. 4. On 08/03/2021 at 2:05 PM, a review of Client #7's record showed that the client's diagnoses	VISITING ANGELS						
education provided to the client and the client's caregivers during the visits. 2. On 08/03/2021 at 10:45 AM, a review of Client #5's record showed that the client's diagnoses included Alzheimer's/Dementia, and hypothyroidism. Continued review of the records showed that the RN conducted a virtual supervisory visit on 06/25/2021. Further review of the client's records failed to show any documented evidence of training and education provided to the client and the client's caregivers during the visit. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses included short term memory, and hyportension. Continued review of the records showed that the RN conducted a virtual supervisory visit on 04/13/2021, Further review of the client's records failed to show any documented evidence of training and education provided to the client's records failed to show any documented evidence of training and education provided to the client's records failed to show any documented evidence of training and education provided to the client's records failed to show any documented evidence of training and education provided to the client's caregivers, during the visits. 4. On 08/03/2021 at 2:05 PM, a review of Client #7's record showed that the client's diagnoses	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE
short-term memory impairment. Continued review of the records showed that the RN conducted a virtual supervisory visit on 04/13/2021 and 07/10/2021. Further review of the client's records failed to show any documented evidence of training and education provided to the client and the client's caregivers, during the visit. 5. On 08/04/2021 at 8:15 AM, a review of Client #8's record showed that the client's diagnoses included hypertension, generalized weakness,	R 216	education provided to caregivers during the 2. On 08/03/2021 at #5's record showed included Alzheimer's hypothyroidism. Corshowed that the RN visit on 06/25/2021. Further review of the any documented eviprovided to the clien during the visit. 3. On 08/03/2021 at 6's record showed thincluded short term in Continued review of RN conducted a virting 04/13/2021 and 07/17 Further review of the any documented eviprovided to the clien during the visits. 4. On 08/03/2021 at #7's record showed included hypertensic short-term memory if the records showed supervisory visit on Further review of the any documented eviprovided to the clien during the visit. 5. On 08/04/2021 at #8's record showed included to the clien during the visit.	to the client and the client's e visits. 10:45 AM, a review of Client that the client's diagnoses s/Dementia, and attinued review of the records conducted a virtual supervisory e client's records failed to show dence of training and education t and the client's caregivers 12:25 PM, a review of Client at the client's diagnoses memory, and hypertension. the records showed that the ual supervisory visit on 10/2021. E client's records failed to show dence of training and education t and the client's caregivers, 2:05 PM, a review of Client that the client's diagnoses on, high cholesterol, and mpairment. Continued review of that the RN conducted a virtual 04/13/2021 and 07/10/2021. E client's records failed to show dence of training and education t and the client's caregivers,		completion of documentation of edu and training on each completed supvisit form. How the corrective action(s) will I monitored to ensure this deficien will not recur what quality assura program will be implemented. Supervisory visit forms will be monit Client Services Coordinator to make education and training has been documented. File audits will be conducted quarter	cation ervisory De t practice nce ored by e sure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
HSA-0005		B. WING		08/05/2021					
NAME OF PROVIDER OR SUPPLIER STREET ADDR			DRESS, CITY, STATE, ZIP CODE						
VISITING ANGELS 7826 EASTERN AVENUE, NW, SUITE 409 WASHINGTON, DC 20012									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
R 216	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		R 216	R 218 What corrective action(s) will be accomplished to address the ider deficient practice. Visiting Angels will ensure that all cl have a referral source documented system. What measures will be put into pl	ients in the ace or				
	6, 7, 8, 9, and #10). Findings Included:			what systemic changes you will n ensure that the deficient practice not recur.					

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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						
		HSA-0005	B. WING		08/05/2021						
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STATE, ZIP CODE								
VISITING ANGELS 7826 EASTERN AVENUE, NW, SUITE 409											
WASHINGTON, DC 20012											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE						
R 218	Continued From page 17		R 218								
	On 08/02/2021 thru 08/05/2021, review of the home support agency's records for Clients #1, 2, 3, 4, 5, 6, 7, 8, 9, and #10 was conducted. The records failed to show how the clients were referred to the agency.			Staff taking the inquiry call will collect the referral source before the assessment. Failing that, the RN will collect that inform during the in-home assessment. To minimize the possibility of omission, the state of the stat							
	During an interview on 08/04/2021, the Director of Services was informed of the findings.			RN will enter the referral source before uploading client assessments.							
	At the time of survey, the home support agency failed to ensure that the records for Clients #1, 2, 3, 4, 5, 6, 7, 8, 9, and #10 included the source of referral.			How the corrective action(s) will monitored to ensure this deficien will not recur what quality assura program will be implemented.	t practice						
R 310	10 9918.2 Personal Care Services		R 310	File audits will be conducted monthly to ensure compliance.							
	9918.2 Each home health aide shall be supervised by a registered nurse. On-site supervision of personal care services shall take place at least once every ninety (90) days.										
Based on record review				R 310: SoD1-6		11/30/21					
	registered nurse (RN) failed to conduct on-site supervision of personal care services at least once every ninety (90) calendar days for six of the ten clients in the sample receiving care from the agency (Clients #1, 5, 6, 7, 8, and #9).			What corrective action(s) will be accomplished to address the ider deficient practice.	ntified						
	Findings Included:			On-site supervision of services will l conducted by RN every 90 days.							
	record showed that included hypertensic review of the record conducted a virtual sand 06/22/2021.	10:45 AM, review of Client #1's the client had diagnoses that on, and back surgery. Continued a showed that the RN supervisory visit on 03/08/2021,		What measures will be put into please what systemic changes you will rensure that the deficient practice not recur.	make to						
Further review of the client's records showed that the RN failed to conduct on-site supervision of personal care services at least once every ninety (90) calendar days.			RNs have instructed to do on-site sup visits every 90 days.	pervisory							

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PRINTED: 09/01/2021 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING **HSA-0005** 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE, NW, SUITE 409 **VISITING ANGELS** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX TAG PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 310 Continued From page 18 R 310 2. On 08/03/2021 at 10:45 AM, a review of Client How the corrective action(s) will be #5's record showed that the client's diagnoses monitored to ensure this deficient practice included Alzheimer's/Dementia, and will not recur what quality assurance hypothyroidism. Continued review of the records program will be implemented. showed that the RN conducted a virtual supervisory visit on 06/25/2021. Further review of the client's records showed that Client Services Coordinator will review RN the RN failed to conduct on-site supervision of assessments for compliance. personal care services at least once every ninety (90) calendar days. Periodically, QA calls will be made to confirm On-site supervisory visits. 3. On 08/03/2021 at 12:25 PM, a review of Client 6's record showed that the client's diagnoses File audits will be conducted quarterly to included short term memory, and hypertension. ensure compliance. Continued review of the records showed that the RN conducted a virtual supervisory visit on 04/13/2021and 07/10/2021. Further review of the client's records showed that the RN failed to conduct on-site supervision of personal care services at least once every ninety (90) calendar days. 4. On 08/03/2021 at 2:05 PM, a review of Client #7's record showed that the client's diagnoses included hypertension, high cholesterol, and short-term memory impairment. Continued review of the records showed that the RN conducted a virtual supervisory visit on 04/13/2021 and 07/10/2021. Further review of the client's records showed that the RN failed to conduct on-site supervision of personal care services at least once every ninety

(90) calendar days.

5. On 08/04/2021 at 8:15 AM, a review of Client #8's record showed that the client's diagnoses included hypertension, generalized weakness, rheumatoid arthritis, and unsteady gait. Continued

review of the record showed that the RN

PRINTED: 09/01/2021 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING **HSA-0005** 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE, NW, SUITE 409 **VISITING ANGELS** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 310 Continued From page 19 R 310 conducted a virtual supervisory visit on 06/28/2021. Further review of the client's records showed that the RN failed to conduct on-site supervision of personal care services at least once every ninety (90) calendar days. 6. On 08/04/2021 at 10:00 AM, a review of Client #9's record showed that the client's diagnoses included dementia, cerebrovascular accident, and hypertension. Continued review of the record showed that the RN conducted virtual supervisory visits on 10/19/2020, 01/27/2021, 04/29/2021, and 07/23/2021. Further review of the client's records showed that the RN failed to conduct on-site supervision of personal care services at least once every ninety (90) calendar days. During an interview on 08/05/2021, at 2:00 PM, the Service Director and Clinical Services Director were informed of the findings. At the time of survey, the home support agency failed to ensure that the registered nurse conducted on-site supervision of personal care services at least once every ninety (90) calendar days for Clients #1, 5, 6, 7, 8, and #9.

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