

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2021
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NAME OF PROVIDER OR SUPPLIER VISITING ANGELS	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE, NW, SUITE 409 WASHINGTON, DC 20012
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R 000	<p>9900 General Provisions</p> <p>An unannounced initial survey was conducted virtually 08/02/2021, 08/03/2021, 08/04/202, and 08/05/2021 to determine compliance with Title 22B DCMR, Chapter 99. The Home Support Agency provided care for 16 clients and employed 29 staff to include professional and administrative staff. A sample of ten active client records and 13 personnel records was selected for review. The findings of the survey were based on client and administrative record reviews, the agency's response to complaints and incidents received and three client and staff 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 responses here:</p> <p>R 135: SoD 1-4</p> <p>What corrective action(s) will be accomplished to address the identified deficient practice.</p> <p>All Employees providing service to our DC clients will complete hiring documents compliant with DC HSA regulations. Because we cannot retrospectively correct their hire dates, we have initiated a plan of correction moving forward.</p> <p>Existing MD employees interested in working in DC will go through the entire hiring process for DC before being assigned to DC clients</p>	11/30/21
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 ten certified nursing assistants (CNAs) included in the sample (CNAs #1, 2, 5, and #8).</p> <p>Findings included:</p> <p>A review of the agency's personnel records</p>	R 135	<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>Protocol will be put in place to reduce the chances of using existing Employees who have not been cleared to work in DC. This will include but not limited to better documentation and communication between HR and Case management.</p> <p>At the conclusion of orientation, they will be classified under the DC location in our scheduling software for easy identification.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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R 135	<p>Continued From page 1</p> <p>conducted on 08/03/2021 at 10:41 AM, and 08/05/2021 at 10:32 AM, revealed the following:</p> <ol style="list-style-type: none"> 1. CNA #1 was hired on 05/10/2021 with an orientation packet dated 10/24/2018. 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. 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 08/05/2021 at 1:30 PM, the Director stated that the employee was previously working for the agency in another jurisdiction and acknowledged the finding. 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. <p>Review of the agency's policies and procedures</p>	R 135	<p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur; what quality assurance program will be implemented.</p> <p>We will run reports monthly to ensure proper classification of employees.</p> <p>File audits will be conducted every other month to ensure compliance.</p>	

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R 135	Continued From page 2 showed that employees are required to attend an orientation program and sign appropriate forms acknowledging that the policies and procedures of the agency are understood. At the time of the survey, the agency failed to maintain accurate personnel records to reflect documented evidence of employee participation in orientation for CNAs #1, #2, #5 and #8.	R 135		11/30/21
R 150	9909.6 Personnel 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. 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 seven of ten certified nursing assistants (CNAs) and one of five home health aides (HHAs) included in the sample (CNAs 2, #3, #4, #5, #6, #7, #8 and HHA #3). Findings included: A review of the agency's personnel records conducted on 08/03/2021 at 10:41 AM and 08/05/21 at 8:32 AM revealed the following: 1. CNA #2 was hired on 05/08/2021. The CNA's personnel record showed an X-ray dated 04/09/2018, three years and one month prior to her date of hire. 2. CNA #3 was hired on 06/05/2021. The CNA's personnel record showed an X-ray dated	R 150	R150: SoD 1 – 8. What corrective action(s) will be accomplished to address the identified deficient practice. Going forward, HR will ensure that all documentation for PPD and Chest X-rays will be dated within six months of an employee's date of hire. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. Employees presenting with documents that are dated prior to six months will be required to provide screening signed off by a qualified health care provider. Employees will not be oriented unless their screening is current.	

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R 150	<p>Continued From page 3</p> <p>02/19/2020, one year and four months prior to her date of hire.</p> <p>3. CNA #4 was hired on 11/22/2020. The CNA's personnel record showed an X-ray dated 09/14/2019, one year and two months prior to her date of hire.</p> <p>4. CNA #5 was hired on 06/16/2021. The CNA was certified free from any communicable diseases on 06/24/2021, eight days after her date of hire.</p> <p>5. CNA #6 was hired on 07/20/2020. The CNA's personnel record showed an X-ray dated 01/17/2017, three years and six months prior to her date of hire.</p> <p>6. CNA #7 was hired on 06/06/2021. The CNA's personnel record showed an X-ray dated 03/17/2014, seven years and three months prior to her date of hire.</p> <p>7. CNA #8 was hired on 07/28/2021. The CNA's personnel record showed an X-ray dated 01/02/2019, two years and six months prior to her date of hire.</p> <p>8. HHA #3 was hired on 06/27/2021. The CNA's personnel record showed an X-ray dated 05/10/2019, two years and one month prior to her date of hire.</p> <p>Review of the agency's policy indicated that prior to the first day of work the applicant must have successfully completed the health requirements.</p> <p>During the exit conference on 08/05/2021 at 1:30 PM, the Director was not familiar with the</p>	R 150	<p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur what quality assurance program will be implemented.</p> <p>All documents will be reviewed prior to orientation for compliance.</p> <p>File audits will be conducted every other month to ensure compliance.</p>	

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R 150	Continued From page 4 regulation that states the agency is responsible for verifying that each employee was free of all communicable diseases within the six months immediately preceding the employee's date of hire.	R 150		
R 151	9909.7 Personnel 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. Based on record review and interview, the home support agency 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 six of the ten certified nursing assistants (CNA) included in the sample (CNAs #2, 3, 4, 6, 7, #8 and home health aide (HHA) #3). Findings included: 1. Review of the records showed that CNA #2 was hired on 05/28/2021. The CNA's personnel record showed that she was last screened and certified free from communicable diseases on 05/25/2019. 2. Review of the records showed that CNA #3 was hired on 06/05/2021. The CNA's personnel record showed that she was last screened and certified free from communicable diseases on 02/09/2020. 3. Review of the records showed that CNA #4 was hired on 11/22/2020. The CNA's personnel	R 151	R 151: SoD 1-7 What corrective action(s) will be accomplished to address the identified deficient practice. Employees documents will be reviewed periodically to ensure compliance with HAS section 9909.7. Documents will be added to the reminder system in the company software to facilitate tracking of expiring documents. File audits will be conducted to ensure compliance. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. HR will use tickler system in the scheduling software to alert for renewals. Reminders will be set for 30 days prior to expiration to give employees ample time to rescreen and update their records. In addition, HR will set automatic message to be sent to employees 1 week prior to the expiration date.	11/30/21

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R 151	<p>Continued From page 5</p> <p>record showed that she was last screened and certified free from communicable diseases on 09/4/2019.</p> <p>4. Review of the records showed that CNA #6 was hired on 07/20/2020. The CNA's personnel record showed that she was last screened and certified free from communicable diseases on 11/17/2017.</p> <p>5. Review of the records showed that CNA #7 was hired on 06/06/2021. The CNA's personnel record showed that she was last screened and certified free from communicable diseases on 03/17/2014.</p> <p>6. Review of the records showed that CNA #8 was hired on 07/28/2021. The CNA's personnel record showed that she was last screened and certified free from communicable diseases on 01/02/2019.</p> <p>7. Review of the records showed that HHA #3 was hired on 06/27/2021. The HHA's personnel record showed that she was last screened and certified free from communicable diseases on 05/10/2019.</p> <p>Review of the home support agency's policy showed that prior to the first day of work, employees must have successfully completed the health requirements.</p> <p>During the exit conference on 08/05/2021 at 1:30 PM, the Director said that she thought employees were required to have annual purified protein 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</p>	R 151	<p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur what quality assurance program will be implemented.</p> <p>HR will monitor expiration reminders weekly and notify employees to submit current screening documents.</p> <p>File audits will be conducted every other month to ensure compliance.</p> <p>Employees who do not update their documents will be taken off assignments.</p>	

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R 151	Continued From page 6 issued by the Centers for Disease Control (CDC).	R 151		
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 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 assessment for ten of ten clients sampled. (Clients #1, 2, 3, 4, 5, 6, 7, 8, 9, and #10).</p> <p>Findings included:</p> <p>1. On 08/02/2021 at 10:45 AM, review of Client #1's record showed a Start of Care (SOC) assessment dated 07/12/2020. The assessment is required to determine if the client's needs exceed the home support agency's (HSA'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, "Phone assessment completed with son." 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</p>	R 171	<p>R 171: SoD 1-10</p> <p>What corrective action(s) will be accomplished to address the identified deficient practice.</p> <p>An in-home RN assessment will be conducted for all DC clients to assess the level of care required and ensure that it is within the Agency's scope of services.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>Case Management will get clearance from the RN that an In-home assessment has been completed before proceeding with start of care protocols and staffing.</p> <p>Agency has instructed RNs to do In-home RN assessments not virtual assessments.</p> <p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur what quality assurance program will be implemented.</p> <p>Client Services Coordinator will review RN assessments for compliance.</p> <p>File audits will be conducted monthly to ensure compliance.</p>	11/30/21

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R 171	<p>Continued From page 7</p> <p>the personal care services.</p> <p>2. On 08/02/2021 at 12:30 PM, a review of Client #2's record showed a Start of Care (SOC) assessment dated 06/10/2020. The 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. Continued review of the assessment showed documentation by the RN that states, "Phone assessment completed with daughter" 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>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.</p> <p>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</p>	R 171		

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R 171	<p>Continued From page 8</p> <p>that states, "Phone assessment completed with daughter." 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 08/03/2021 at 10:45 AM, a review of Client #5's record showed a Start of Care (SOC) assessment dated 03/25/2021. 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. Continued review of the assessment showed documentation by the RN that states, "Completed by phone due to 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.</p> <p>6. On 08/03/2021 at 12:15 PM, a review of Client #6's record showed a Start of Care (SOC) assessment dated 01/12/2021. 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. Continued review of the assessment showed documentation by the RN that states, "Completed by phone due to 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.</p> <p>7. On 08/03/2021 at 1:50 PM, a review of Client #7's record showed a Start of Care (SOC) assessment dated 01/12/2021. This assessment</p>	R 171		

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R 171	<p>Continued From page 9</p> <p>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 due to 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.</p> <p>8. On 08/02/2021 at 3:05 PM a review of Client #8's record showed a start of care 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 the personal care services required by the patient. Continued review of the assessment showed documentation by the RN that states, "Completed by phone due to COVID precaution" 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>9. On 08/04/2021 at 8:45 AM, a review of Client #9's record showed a Start of Care (SOC) assessment dated 07/29/2020. 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 RN that states, "Phone assessment completed with wife" 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		

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R 171	<p>Continued From page 10</p> <p>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 by the patient. Continued review of the assessment showed documentation by the registered nurse that states, "Assessment completed by phone due to COVID restrictions"</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 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.</p> <p>At the time of the survey, the home support agency failed to provide documentation that the RN conducted an initial home visit to assess if the agency could provide services to each client safely during the initial assessment.</p>	R 171		
R 202	<p>9913 Client Service Plan</p> <p>9913 Client Service Plan Based on record review and interview, the Home Support Agency (HSA) failed to ensure client service plans specified scope and types of services, frequency, and duration of services to</p>	R 202	<p>R202: SoD 1-10</p> <p>What corrective action(s) will be accomplished to address the identified deficient practice.</p> <p>Corrective action will include contacting Generations software support to inquire on</p>	11/30/21

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NAME OF PROVIDER OR SUPPLIER VISITING ANGELS	STREET ADDRESS, CITY, STATE, ZIP CODE 7826 EASTERN AVENUE, NW, SUITE 409 WASHINGTON, DC 20012
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R 202	<p>Continued From page 11</p> <p>be provided, including any diet, equipment, and transportation required, parameters related to services provided, functional limitations of the client, activities permitted; and safety measures required to protect the client from injury for ten of the ten clients included in the sample, (Clients #1, 2, 3, 4,5, 6, 7, 8, 9, and #10).</p> <p>Findings included:</p> <p>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.</p> <p>2. On 08/02/2021 at 12:30 PM, a review of Client #2's record showed that the client's diagnoses included Prostate Cancer with bone metastasis. Continued review of the care plan showed that the client was at risk for falls and required assistance with ambulation, transfers, personal hygiene, toileting, and dressing. Further review of the care plan revealed that the registered nurse (RN) failed to identify client centered activities permitted, to direct the HHA in assisting the client to achieve their highest practicable quality of life.</p> <p>3. On 08/02/2021 at 2:00 PM, a review of Client #3's record showed that the client's diagnoses included atrioventricular block. Continued review of the service plan showed that the client can self-transfer, dress independently and perform self-oral care. Further review of the service plan</p>	R 202	<p>means to update electronic assessment and plan of care forms to ensure information is clearly identifiable and eliminate unused tabs for increased clarification of documented assessment data and delegated tasks.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>Agency will download assessment and plan of care forms to PDF for easier review for surveyors.</p> <p>RNs will also be instructed to provide more comments in the Frequency & Notes section of the care plan for clarity in performing identified tasks and to provide better guidance for the Caregivers.</p> <p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur what quality assurance program will be implemented.</p> <p>RN will review assessment form completion and accuracy before proceeding to add the client on the 90-day supervisory visit tracker.</p> <p>File audits will be conducted monthly to ensure compliance.</p>	

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R 202	<p>Continued From page 12</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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. 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.</p> <p>7. 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</p>	R 202		

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R 202	<p>Continued From page 13</p> <p>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.</p> <p>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 the home health aide in assisting the client to achieve their highest practicable quality of life.</p> <p>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 their highest practicable quality of life.</p> <p>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. Continued review of the service</p>	R 202		

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R 202	Continued From page 14 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	9914.2 Client Records 9914.2 Each client record shall include the following information related to the client: Based on record review and interview, the registered nurse (RN) failed to document training and education given to the client and the client's caregivers for six of the ten clients included in the sample (Clients #1, 5, 6, 7, 8, and #9). 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 records showed that the RN conducted a virtual care coordination visit on 03/08/2021, and 06/22/2021. Further review of the client's records failed to show any documented evidence of training and	R 216	R 216: SoD 1-6 What corrective action(s) will be accomplished to address the identified deficient practice. Corrective action will include educating all 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 or what systemic changes you will make to ensure that the deficient practice does not recur. Caregiver Supervisory form will be edited to include dialogue box for documenting provided education and training.	11/30/21

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R 216	<p>Continued From page 15</p> <p>education provided to the client and the client's caregivers during the visits.</p> <p>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.</p> <p>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 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 visits.</p> <p>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 failed to show any documented evidence of training and education provided to the client and the client's caregivers, during the visit.</p> <p>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,</p>	R 216	<p>Supervising RN will review forms for completion of documentation of education and training on each completed supervisory visit form.</p> <p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur what quality assurance program will be implemented.</p> <p>Supervisory visit forms will be monitored by Client Services Coordinator to make sure education and training has been documented.</p> <p>File audits will be conducted quarterly Ensure compliance.</p>	

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R 216	Continued From page 16 rheumatoid arthritis, and unsteady gait. Continued review of the record showed that the RN conducted a virtual supervisory visit on 06/28/2021. 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. 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 failed to show any documented evidence of training's and education provided to the client and the client's caregivers during the visits. At the time of survey, the home support agency failed to ensure that the RN documented training's and education given to the client and/or the client's caregivers for Clients #1, 5,6,7,8, and #9.	R 216		
R 218	9914.2b Client Records (b) Source of referral; Based on record review and interview, the home support agency (HSA) failed to document the source of referral for each client, for ten of ten clients included in the sample, (Clients #1, 2, 3, 4, 5, 6, 7, 8, 9, and #10). Findings Included:	R 218	R 218 What corrective action(s) will be accomplished to address the identified deficient practice. Visiting Angels will ensure that all clients have a referral source documented in the system. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.	11/30/21

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R 218	<p>Continued From page 17</p> <p>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.</p> <p>During an interview on 08/04/2021, the Director of Services was informed of the findings.</p> <p>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.</p>	R 218	<p>Staff taking the inquiry call will collect the referral source before the assessment. Failing that, the RN will collect that information during the in-home assessment.</p> <p>To minimize the possibility of omission, the RN will enter the referral source before uploading client assessments.</p> <p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur what quality assurance program will be implemented.</p>	
R 310	<p>9918.2 Personal Care Services</p> <p>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.</p> <p>Based on record review and interview, the 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).</p> <p>Findings Included:</p> <p>1. On 08/02/2021 at 10:45 AM, review of Client #1's record showed that the client had diagnoses that included hypertension, and back surgery. Continued review of the records showed that the RN conducted a virtual supervisory visit on 03/08/2021, and 06/22/2021.</p> <p>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.</p>	R 310	<p>File audits will be conducted monthly to ensure compliance.</p> <p>R 310: SoD1-6</p> <p>What corrective action(s) will be accomplished to address the identified deficient practice.</p> <p>On-site supervision of services will be conducted by RN every 90 days.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>RNs have instructed to do on-site supervisory visits every 90 days.</p>	11/30/21

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R 310	<p>Continued From page 18</p> <p>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 showed that the RN failed to conduct on-site supervision of personal care services at least once every ninety (90) calendar days.</p> <p>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 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.</p> <p>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.</p> <p>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</p>	R 310	<p>How the corrective action(s) will be monitored to ensure this deficient practice will not recur what quality assurance program will be implemented.</p> <p>Client Services Coordinator will review RN assessments for compliance.</p> <p>Periodically, QA calls will be made to confirm On-site supervisory visits.</p> <p>File audits will be conducted quarterly to ensure compliance.</p>	

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R 310	<p>Continued From page 19</p> <p>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.</p> <p>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.</p> <p>During an interview on 08/05/2021, at 2:00 PM, the Service Director and Clinical Services Director were informed of the findings.</p> <p>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.</p>	R 310		