Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '		X3) DATE SURVEY COMPLETED	
			A. BUILDING:		
		HSA-0029	B. WING		11/09/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE	
NEW HC	PE SUPPORT AGENCY	r. INC	RGIA AVE, N TON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCYMUST I	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIATE	DBE COMPLETE
Fe 20109	Somirander Frances and sometimes for		R 808		
R 210	AND SENON PERMIT VOTUS INCLUSION OF THE PROPERTY OF THE PERMIT OF THE P	fused. Additionally, the record yent was receiving Home Health tiles a receiving Home Health Agency Health and staff interviews. Agency with the realth of the record desire and staff interviews. In a territorial was a review of Client and staff interviews. In a territorial was throughout the late 2:15 PM, a review of Client a document titled "Care Plan" of the red in a course titled "Care Plan" of the red in a client sed in a sistance to transfer eing forgetful, and having a ditionally, the record indicated leceving Home Health Aide and the client of daily living to a sing, to letting, and ambulation, and the red staffy having which he red staffy having the red staffy having having the red in a decument titled "Care Plan" by the registered hurse identified that a decument titled "Care Plan" by the registered hurse identified that a decument titled "Care Plan" by the registered hurse identified that a limitations include the client are or walker, having vision getful,	R 210	On 11/27/2021 at 4:00PM the HS the registered nurse, visited Clien Client #1's residence and conductor fresh assessment where and "Special Safety Instructions" sect "Care Plan" document was compaddition to other relevant sections "Care Plan" document. Upon completion, the registered nurse went over each of the "Special Safety Instructions" with HHA working with Client #1 and of the HHA to ensure the client's safe strictly adhering to the "Special Salnstructions" To ensure that this deficient praction recur, on 12/3/21, the HSA residue.	t #1 in ted a son of the leted in s of the detail of with the irected sety by afety

Health Regulation & Licensing Administration

SARATEATOR MDIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

SOURCE SUPPLIER REPRESENTATIVE S

H1YV11 TITLE

If continuation sheet 2 of 6

nurse had a refresher course on the HSA's policies and procedures manual with special emphasis on section 11 of the procedure: Policy on Client Service Plan.

To monitor this action to ensure deficient practice does not recur, the Director will review all "Care Plan" once completed to ensure that all relevant sections have been completed and that the HHA is directed on all relevant instructions including all "Special Safety Instructions" stated, to protect clients from injury. Any findings and action(s) taken will be documented. A summary log will be submitted at the Governing Body Meeting for review

Corrective action was completed on 11/27/21

11/27/21

On 11/30/2021 at 11AM the HSA's CSC, the registered nurse, visited Client #2 in Client #2's residence and conducted a fresh assessment where and "Special Safety Instructions" section of the "Care Plan" document was completed in addition to other relevant sections of the "Care Plan" document.

Upon completion of the Care Plan, the registered nurse went over each detail of the "Special Safety Instructions" with the HHA working with Client #2 and directed the HHA to ensure the client's safety by strictly adhering to the "Special Safety Instructions"

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
		A. BUILDING:						
		HSA-0029 B. WING 11/09/		9/2021				
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE				
NEW HO	PE SUPPORT AGENCY	'. INC	RGIA AVE, N					
		WASHING	TON, DC 20	0012				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES 3E PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE I	DBE	(X5) COMPLETE DATE		
R 210	identified that the clinclude assistance to forgetful, and is hard record indicated that Health Aide service and Sunday to assist living to include battle ambulation, and inst Further review of the titled "Special safety Additionally, the Houto direct the Home In the client's safety by measures to protect 4. On 11/05/2021 #4's record showed that was completed the document, the return the client's functions with a walker, vision being hard of hearing indicated that the client with include bathing, dreand instrumental activities and instrumental activities of the care proposed in the client's functions. Agency (HSA) failed (HHA) in ensuring the identify safety measing injury. 5. On 11/05/2021 #5's record showed	ient's functional limitations to transfer from bed to chair, is dof hearing. Additionally, the at the client was receiving Home three hours a day, on Saturday at the client with activities of daily hing, dressing, toileting, and trumental activities of daily living. The care plan showed a section instructions that was left blank. The Support Agency (HSA) failed Health Aide (HHA) in ensuring a failing to identify safety the client from injury. If at 4:10 PM, a review of Client a document titled "Care Plan" by the registered nurse. Within egistered nurse identified that all limitations include ambulation in problems, being forgetful, and ing. Additionally, the record itent was receiving Home Health are a day, five days a week to a activities of daily living. Further lan showed a section titled functions that failed to outline Additionally, the Home Support at direct the Home Health Aide are client's safety by failing to sures to protect the client from the additionally and a review of Client a document titled "Care Plan"	R 210	To ensure that this deficient pract not recur, on 12/3/21, the HSA requires had a refresher course on the HSA's policies and procedures may with special emphasis on section the procedure: Policy on Client Seplan. To monitor this action to ensure dispractice does not recur, the Direct will review all "Care Plan" once conto ensure that all relevant sections been completed and that the HHA directed on all relevant instruction including all "Special Safety Instrustated, to protect clients from injuriting and action(s) taken will be documented. A summary log will be documented at the Governing Body for review Corrective action was completed and the HSA' the registered nurse, visited Client 11/30/21 On 12/03/2021 at 12PM the HSA' the registered nurse, visited Client Client #3's residence and conducting the sassessment where and "Special Safety Instructions" sectificare Plan" document was compleaddition to other relevant sections "Care Plan" document. Upon completion of the Care Plan registered nurse went over each of the "Special Safety Instructions" was the "Special Safety Instructions" was completed and the "Special Safety Instructions" was completed for the "Special Safety Instructions" was comp	gistered he anual 11 of ervice eficient for ompleted is have is sections" y. Any e de Meeting on section on the letted in section of the letted in	11/30/21		
	#5's record showed a document titled "Care Plan" that was completed by the registered nurse.			Upon completion of the Care Plan	letail of			

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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HSA-0029	B. WING		11/0	9/2021
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
NEW HO	PE SUPPORT AGENCY	'. INC	RGIA AVE, N TON, DC 20			
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	the client's functional could be up as toler indicated that the cl Aide service five ho assist the client with include bathing, dreand instrumental acreview of the care p "Special safety instructionally, the Hoto direct the Home Home Home Home Home Home Home Hom	at, the registered nurse identified al limitations to include the client ated. Additionally, the record ient was receiving Home Health urs a day, five days a week to a activities of daily living to ssing, toileting, and ambulation, tivities of daily living. Further lan showed a section titled ructions" that was left blank. The Support Agency (HSA) failed Health Aide (HHA) in ensuring a failing to identify safety the client from injury. 2:30 PM, during an interview with ent service coordinator, the nowledged.	R 210	HHA working with Client #3 and d the HHA to ensure the client's saf strictly adhering to the "Special Salnstructions" To ensure that this deficient praction recur, on 12/3/21, the HSA regnurse had a refresher course on the HSA's policies and procedures may with special emphasis on section the procedure: Policy on Client Seplan. To monitor this action to ensure dipractice does not recur, the Direct will review all "Care Plan" once conto ensure that all relevant sections been completed and that the HHA directed on all relevant instruction including all "Special Safety Instrustated, to protect clients from injurity findings and action(s) taken will be documented. A summary log will be submitted at the Governing Body for review Corrective action was completed to 12/03/21 On 12/13/2021 at 6:30PM the HSA the registered nurse, visited Client Client #4's residence and conduct fresh assessment where and "Special Safety Instructions" sections "Care Plan" document was compladdition to other relevant sections "Care Plan" document.	ety by afety ice does gistered he anual 11 of ervice eficient or empleted s have is s ctions" y. Any e oe Meeting on A's CSC, t #4 in ted a on of the eted in	12/03/21
	11/05/2021 at 1:00 F	PM, showed a client service				

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NAME OF PROVIDER OR SUPPUER NEW HOPE SUPPORT AGENCY, INC RATIO PROVIDER OR SUPPUR TAIL SUMMARY STATEMENT OF DEFICIENCES TAIL SCIENTIFY TAIL	STATEMENT OF DEFICIENCIES (24) PROVIDED/GLIDB/IED/GLIA		OVOLANII TIDI	5 OONOTRI IOTION	(V2) DATE CLID)/	/F.V	
NAME OF PROWIDER OR SUPPUER STREET ADDRESS, CITY, STATE, ZIP CODE 7813 GEORGIA AVE, NW WASHINGTON, DC 20012 R 319 CALLID PREFIX TAG CANDID PREFIX TAG CANDID PREFIX TAG CANDID PROWIDER SLANGE CORRECTION (EACH CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG R 319 Continued From page 4 client was to receive home health aide services nine hours a day, three to four days a week to assist with activities of daily living (ADL). Further review of the clinical record showed that the home health aide visited the patient four times a week from 09/04/2021, through 10/30/2021, and provided personal care and light housekeeping. There was no documentation evidencing the aide observed the patient sphysical condition, behavior, or appearance. 2. A review of Patient #2's clinical record on 11/05/2021 at 2:15 PM, showed a client service agreement dated 08/16/2021 indicating that the client was to receive home health aide services four hours a day, three days a week to assist with activities of daily living (ADL). Further review of the clinical record showed that the client reduced the home health aide visits to four hours a day, throe days a week to assist with activities of daily living (ADL). Further review of the clinical record showed that the client reduced the home health aide visits to four hours a day, throe days a week to assist with activities of daily living (ADL). Further review of the clinical record showed that the client reduced the home health aide visits to four hours a day, throe days a week to assist with activities of daily living (ADL). Further review of the clinical record showed that the client was to receive home health aide services agreement dated observed the patient's physical condition, behavior, or appearance. 3. A review of client #3's record on 11/05/2021 at 3:00 PM, showed a client service agreement dated 10/12/2020 indicating that the client was to receive home health aide services four hours a day, two days a week to assist with activities of daily li	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPUER NEW HOPE SUPPORT AGENCY, INC 1313 GEORGIA AVE, NW WASHINGTON, DC 2012 R 319 Continued From page 4 client was to receive home health aide services nine hours a day, three to four days a week to assist with activities of daily living (ADL). Further review of the clinical record showed that the home health aide visited the patient's physical condition, behavior, or appearance. 2. A review of Patient #2's clinical record on 11/05/2021 at 2:15 PM, showed a client service agreement dated 08/16/2021 indicating that the clinical record showed that the client reduced the home health aide visites of daily living (ADL). Further review of the clinical record showed that the client reduced the patient's physical condition, behavior, or appearance. 2. A review of Patient #2's clinical record on 11/05/2021 at 2:15 PM, showed a client service agreement dated 08/16/2021 indicating that the clinical record showed that the client reduced the home health aide visits to four hours a day, three days a week to assist with activities of daily living (IADL). Further review of the clinical record showed that the client reduced the home health aide visits to four hours a day, one day a week from 09/03/2021, through 10/27/2021, to provide personal care and light housekeeping. There was no documentation evidencing the aide observed the patient's physical condition, behavior, or appearance. 3. A review of client #3's record on 11/05/2021 at 3:00 PM, showed a client service agreement dated 10/12/2020 indicating that the client was to receive home health aide services four hours a day, two days a week to assist with activities of daily living (IADL). Further review of the client was to receive home health aide services four hours a day, two days a week to assist with activities of daily living (IADL). Further review of the client was to receive home health aide services four hours a day, two days a week to assist with activities of daily living (IADL). Further review of the client was to receive home health				A. BUILDING:			
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(IADL). Further review of the clinical record showed that the home health aide visited the patient two times a week from 09/04/2021, through 10/23/2021, and provided personal care and light housekeeping. There was no documentation evidencing the aide observed the patient's physical condition, behavior, or	R 319	client was to receive hours a day, three to activities of daily livi activities of daily livi clinical record show visited the patient for 09/04/2021, through personal care and lid documentation evid patient's physical coappearance. 2. A review of Pa 11/05/2021 at 2:15 Fagreement dated 08 client was to receive hours a day, three dactivities of daily livi activities of daily livi clinical record show home health aide via a week from 09/03/2 provide personal care there was no docur observed the patien or appearance. 3. A review of clied 3:00 PM, showed a 10/12/2020 indication home health aide sed days a week to assi (ADL) and instrume (IADL). Further reviet that the home health times a week from 0 and provided person There was no docur observed the patient of t	e home health aide services nine of four days a week to assist with ng (ADL) and instrumental ng (IADL). Further review of the ed that the home health aide our times a week from 10/30/2021, and provided ght housekeeping. There was no encing the aide observed the ordition, behavior, or tient #2's clinical record on PM, showed a client service 8/16/2021 indicating that the end home health aide services four lays a week to assist with lng (ADL) and instrumental ng (IADL). Further review of the ed that the client reduced the sits to four hours a day, one day 2021, through 10/27/2021, to use and light housekeeping. The mentation evidencing the aide the client service agreement dated in that the client was to receive ervices four hours a day, two st with activities of daily living and activities of daily living even of the clinical record showed in aide visited the patient two 109/04/2021, through 10/23/2021, and care and light housekeeping. The mentation evidencing the aide mentation evidencing the aide mentation evidencing the aide mentation evidencing the aide		registered nurse went over each of the "Special Safety Instructions" with HAA working with Client #4 and districtly adhering to the "Special Safety Instructions". To ensure that this deficient pract not recur, on 12/3/21, the HSA regionarse had a refresher course on the HSA's policies and procedures may with special emphasis on section the procedure: Policy on Client Seplan. To monitor this action to ensure dispractice does not recur, the Direct will review all "Care Plan" once conto ensure that all relevant sections been completed and that the HHA directed on all relevant instruction including all "Special Safety Instrustated, to protect clients from injurity findings and action(s) taken will be documented. A summary log will be documented. A summary log will be submitted at the Governing Body for review Corrective action was completed of 12/13/21 On 12/30/2021 at 4:30PM the HSA's CSC the registered nurse, visited Client #5 in Client #5's residence and conducted a fresh assessment where and	etail of ith the irected ety by ifety ce does pistered he anual 11 of rvice eficient or mpleted is have is sections" y. Any expendence is more meaning in the image of the i	13/21

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NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
NEW HO	DE CURRORT ACENCY	7813 GEO	RGIA AVE, N	ıw		
NEW HO	PE SUPPORT AGENCY	, INC WASHING	TON, DC 20	0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST E	ATEMENT OF DEFICIENCIES SE PRECEDED BY FULL REGULATORY OR TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE D	DBE	(X5) COMPLETE DATE
R 319	appearance. 4. A review of clid 4:10 PM showed a control of 09/03/2021 indicating home health aide set a week to assist with and instrumental act act act act act act act and instrumental act	ent #4's record on 11/05/2021 at client service agreement dated ag that the client was to receive rvices six hours a day, four days a activities of daily living (ADL) tivities of daily living (IADL). The clinical record showed that the sited the patient two times a 21, through 10/29/2021, and are and light housekeeping. The mentation evidencing the aide the physical condition, behavior, and the service agreement dated ag that the client was to receive expressive the hours a day, five st with activities of daily living that activities of daily living and activities of daily living the clinical record showed and activities of daily living the clinical record showed and activities of daily living and activi	R 319	document was completed in addition to other relevant sections "Care Plan" document. Upon completion of the Care Plan registered nurse went over each of the "Special Safety Instructions" well-HA working with Client #5 and double the HHA to ensure the client's safe strictly adhering to the "Special Salinstructions. To ensure that this deficient praction recur, on 12/3/21, the HSA regnurse had a refresher course on the HSA's policies and procedures may with special emphasis on section the procedure: Policy on Client Seplan. To monitor this action to ensure depractice does not recur, the Direct will review all "Care Plan" once conto ensure that all relevant sections been completed and that the HHA directed on all relevant instruction including all "Special Safety Instrustated, to protect clients from injuring findings and action(s) taken will be documented. A summary log will be submitted at the Governing Body for review Corrective action was completed of 12/30/21	detail of vith the irected ety by afety ice does gistered he anual 11 of ervice eficient for ompleted is have is sections" by. Any ee oe Meeting	12/30/21