STATEMENT	egulation & Licensing OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SURVEY COMPLETED
		HSA-0001	B. WING		09/07/2021
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	
SENIOR H	OMECARE SERVICE	S DBA RIGHTAT	W YORK AVE GTON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES " BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
R 000	9900 General Provis	sions	R 000		
	conducted virtually (09/06/2021, and 09/ compliance with Title Home Support Ager and employed 100 s administrative staff. records and 25 pers review. The findings client and administra agency's response t received and five cli	inual licensure survey was 09/02/2021, 09/03/2021, 07/2021 to determine e 22B DCMR, Chapter 99. The ncy provided care for 119 clients staff to include professional and A sample of ten active client onnel records was selected for of the survey were based on ative record reviews, the o complaints and incidents ent and staff interviews.		Please begin typing your respon	ses here:
	(CDC) - Centers for	Disease Control and Preventio	n	Corrective Action	11/16/21
	CEO - Chief Executi	ive Officer		The manager of the recruiting team will i	eview personnel
	HHA - Home Health HSA - Home Suppo			records of all employees and will require	
	RN - Registered Nul SOC - Start of Care	rse		any employee who was not screened six	months
	SOC - Start of Care			immediately preceding the date of hire t immediately to make sure they are free f	
				Communicable diseases and will make s	sure all new
R 150	9909.6 Personnel		R 150	employees to be screened within six mo	nths prior
	support agency shal within the six month	of initial employment, the home Il verify that the employee, s immediately preceding the en screened for and is free of al ases.		Immediately the date of hire. Measures that will be taken:	
	support agency (HS employee was free of within the six month- employee's date of h Operations, two of th	view and interview, the home A) failed to verify that each of all communicable diseases s immediately preceding the hire for the Director of wo Recruiter Coordinators,			
BORATORY		ation /SUPPLIER REPRESENTATIVE'S SIGNATUI	RE	TITLE	(X6) DATE
noham	ed sharif			President/CEO	10/15/2

ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HSA-0001	B. WING		09/0	7/2021
	ROVIDER OR SUPPLIER	1818 NFW	DRESS, CITY, ST			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRC DEFICIENCY)	D BE	(X5) COMPLETI DATE
R 150	and three of 20 horr the sample (Directo Coordinators #1 and Findings included: A review of the ager conducted on 09/02 09/03/2021 at 11:50 1. The Director of 0 4/14/2010 when the home care agency of employed once the as of 09/30/2020. Further review of he documented eviden Operations was ever from any communic immediately preced 2. Recruiter Coordi 05/20/2021. Recruit record showed ther that she was screer communicable disea immediately preced 3. Recruiter Coordi 07/27/2020. Recruit record showed that evidence that she w from any communic immediately preced During an interview	he health aides (HHAs) included r of Operations, Recruiter d #2, HHAs #16, #19, and #20). hcy's personnel records (2021 at 4:40 PM and 0 AM revealed the following: Departions was hired on e agency was operating as a (HCA) and continued to be agency was licensed as a HSA er personnel record revealed no ce that the Director of er screened and certified free table diseases within six months ing her date of hire for the HSA. nator #1 was hired on ter Coordinator #1's personnel e was no documented evidence hed and certified free from any ases within six months ing her date of hire. nator #2 was hired on ter Coordinator #2's personnel there was no documented vas screened and certified free able diseases within six months	R 150	After the recruiting manager ascertains to new caregivers were properly screened are free from communicable diseases, it be reviewed by the HR director before the employee is brought on board Monitoring Corrective actions: Right at Home will put in place and assurance program that will review new recruits on a monthly basis to sure the credentials of all employed valid and up to date.	and will e quality v all make	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMPI	
		HSA-0001	B. WING		09/07/2021	
	ROVIDER OR SUPPLIER	S DBA RIGHT AT	ADDRESS, CITY, STATI EW YORK AVENU NGTON, DC 2000	E, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
R 150	agency's office staff screened and certifi diseases, because t HSA's clients. 4. HHA #16 was him review of HHA #16's she was screened a communicable disea and five days after th 5. HHA #19 was him review of HHA #19's she was screened a communicable disea and ten days after th 6. HHA #20 was him review of HHA #20's she was screened a communicable disea and ten days after th 6. HHA #20 was him review of HHA #20's she was screened a communicable disea and two weeks after Review of the HSA PM showed that a p required and should of harm or commun within 6 months of a At the time of the su that the Director of 0 Coordinators #1 and #20 were screened communicable disea their date of hire.	were not required to be ed free of communicable they had no contact with the ed on 05/18/2021. Further s personnel record showed that and certified free from ases on 07/23/2021, two month her date of hire. red on 06/02/2021. Further s personnel record showed that and certified free from ases on 08/12/2021, two month her date of hire. red on 08/12/2020. Further s personnel record showed that and certified free from ases on 08/12/2020. Further s personnel record showed that and certified free from ases on 10/26/2020, two month r her date of hire. 's policy on 09/08/2021 at 2:00 whysical examination was I state that the individual is free icable disease and must be applying. revey, the HSA failed to ensure Operations, Recruiter d #2, and HHAs #16, #19 and	ns t ns t			
	9909.7 Each emplo	waa shall ba caraanad far				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED
		HSA-0001	B. WING		09/07/2021
	ROVIDER OR SUPPLIER	S DBA RIGHT AT	DRESS, CITY, ST VYORK AVE DTON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
R 151	issued by the federa and Prevention, and communicable dises Based on record rev support agency (HS employee was free in accordance with g Centers for Disease for one of two Recru twenty home health sample (Recruiter C Findings included: 1. Recruiter Coordir 07/27/2020. The Re record showed no d was ever screened communicable dises 2. HHA #9 was hire personnel record sh	ases according to the guidelines al Centers for Disease Control d shall be certified free of ases. view and interview, the home GA) failed to verify that each from all communicable diseases guidelines issued by the federal e Control and Prevention (CDC) uiter Coordinators, and one of aides (HHAs) included in the Coordinator #2, and HHA #9).	R 151	Corrective Action: The manager of recruiting will review persore records of all employees and will make sure employees are screened and certified free from of all communicable diseases and will not hire any employee who is not certified free from all communicable diseases. Measures that will be taken: After the recruiting manager ascertains that all new employees were properly screened and certified and are free from communicable diseases, it will be reviewed by the HR director before the employee is brought on board.	n
R 171	diseases on 08/19/2 During the exit confe PM, the CEO acknown 9910.4 Admissions 9910.4 Each home an initial assessment ensure that the clier outside of the scope assessment shall in	ed free from communicable 2020. erence on 09/08/2021 at 2:30 owledged the findings. e support agency shall conduct of by a registered nurse to of does not require services e of personal care services. The clude a home visit and a review ded by the prospective	R 171	Monitoring Corrective actions: Right at Home will put in place a quality assurance program that will review all new recruits on a monthly basis to make sure the credentials of all employees are valid and up to date.	

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Health R	egulation & Licensing	Administration			I OINM	APPROVED
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>	E CONSTRUCTION	(X3) DATE S COMPL	
		HSA-0001	B. WING		09/0	7/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
SENIOR I	HOMECARE SERVICE	S DBA RIGHTAT	YORK AVEN TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
R 171	Continued From page	ge 4	R 171			
	client or the client repertinent data and s that personal care s the client. The asses the home support ag the necessary service manner. Based on record rev determined that the individually assess t services in a safe ar initial assessment for sample (Client #11 & Findings included: On 09/06/2021 at 10 record for Clients #1 showed a form that Assessments & Carr clinical record lacker assessments for Clie recorded a joint asse 12 [husband and wit recorded by the nurs patient at home with Patient's vitals stable family member conta writer educated fam understanding and s assess if she neede sign or symptom of noted walking with h assessment note ref 06/21/2021 read, "W with her husband an symptom of resp. [ref	presentative and any other hall take place prior to the time ervices are initially provided to ssment must determine whether gency has the ability to provide ces in a safe and consistent view and interview, it was registered nurse (RN) failed to he agency's ability to provide nd consistent manner during the or two of the ten clients in the		Corrective action: The RN will review the Care plan of all clie specially when the service is for a couple in household. The RN will make sure each ir in the household to have a separate and d plan. Measures that will be taken: After the RN develops the care plan, i reviewed by the director of operations afterwards by the administrator. This sure the care plan is complete and me plan and regulation requirements. Wh parties approve the plan, it will be re the software and provided a copy of the plan to the care giver. Monitoring Corrective actions: Right at Home will put in place a qua assurance program that will review all care plans on a quarterly basis.	nts, n the same idividual istinct care it will be s and will make ets all care ets all care corded on the care lity	
Health Regula	tion & Licensing Administr	ation				

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STATEMEN	egulation & Licensing T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HSA-0001	B. WING		09/07/2021	
	ROVIDER OR SUPPLIER	S DBA RIGHT AT	DRESS, CITY, ST	NUE, NE		
			GTON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
R 171	Continued From page	ge 5	R 171			
	an individualized init to determine if the c agency's ability to s the personal care se During an interview 09/07/2021 at 2:30 findings, and said th supposed to be for o At the time of the su provide documentat conducted an individ	agency's RN failed to conduct tial assessment for each client lient's needs exceeded the afely and consistently provide ervices. with the administrator on PM, he acknowledged the nat the assessment was only one person, Patient #11. urvey, the agency failed to cion that the registered nurse dual initial assessment to ency could provide services to				
R 206	 9913.3a Client Serv (a) The scope and and duration of serv any diet, equipment Based on record rev Support Agency (HS service plans includ clients receiving ser #1 and #8). Findings included: 1. On 09/02/2021 at record showed that Pulmonary Sarcoide disease (HLD) Oste the Assessment & O client was at risk for 	types of services, frequency vices to be provided, including , and transportation required; view and interview, the Home SA) failed to ensure that client ed diet types for two of the ten vices from the agency (Clients' the client's diagnoses included basis, Hypersensitivity lung coarthritis. Continued review of Care plan form showed that the falls and required assistance by living. Further review of the	R 206	Corrective action: It was our misunderstanding that if the client only regular diet, It did not have to be stipula care plan. Knowing now what the requirements are no review the care plan of all clients and make sure all diet types are included and stated in the care plan even if it is a regular diet.	ated in the	

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If continuation sheet 6 of 14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E SURVEY PLETED
		HSA-0001	B. WING	09	/07/2021
	ROVIDER OR SUPPLIER	S DBA RIGHT AT	DRESS, CITY, ST	TATE, ZIP CODE NUE, NE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	GTON, DC 20	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
R 206	However, the section blank. The registered type of diet the client health aide in assist appropriate diet. 2. On 09/03/2021 at #8's record showed included arthritis, dia Continued review of form showed that the required assistance Further review of the client required assist however the section blank. The registered type of diet the client health aide in assist appropriate diet. During interview on Executive Officer was At the time of surver failed to ensure that #1 and #8 specified by the home health	ge 6 tance with meal preparation. n for diet on the form was left ad nurse failed to identify what at required, to direct the home ing the client to prepare an a 10:30 AM a review of Client that the client's diagnoses abetes, anxiety, and depression the Assessment & care plan e client was at risk for falls and with activities of daily living. e care plan revealed that the tance with meal preparations, n for diet on the form was left ad nurse failed to identify what at required, to direct the home ing the client to prepare an 09/07/2021, at 2 PM, the Chief as informed of the findings. y, the home support agency client service plans for Clients the type of diets to be preapred aides, to help the client's at practicable quality of life.		Measures that will be taken: After the RN develops the care plan, it will be reviewed by the director of operations and afterwards by the administrator. This will mal sure the care plan is complete and meets all ca- plan and regulation requirements. When all parties approve the plan, it will be recorded of the software and provided a copy of the care plan to the care giver. Monitoring Corrective actions: Right at Home will put in place a quality assurance program that will review all existin care plans on a quarterly basis.	ke are on
R 218		al; <i>v</i> iew and interview, the home	R 218	Corrective Action:	11/16/2
	sources of referral fe	A) failed to document the or each client, for ten of the ten ne sample, (Clients #1, 2,		Right at Home will make sure referral of all new clients are documented.	

Health Regulation & Licensing Administration STATE FORM

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If continuation sheet 7 of 14

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SUR COMPLETE		
		HSA-0001	B. WING		09/07/2	07/2021	
ME OF PF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	FATE, ZIP CODE			
ENIOR H	HOMECARE SERVICE	S DBA RIGHT AT	W YORK AVE GTON, DC 20	•			
(X4) ID		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG		T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETE DATE	
R 218	Continued From page	ge 7	R 218				
	3, 4, 5, 6, 7, 8, 9, ar	-		Measures that will be taken:			
		la #10).		After the client is brought on board, it			
	Findings Included:			reviewed by the director of operation sure the referral information of the clie			
	On 09/02/2021 thru	09/07/2021, review of the home		properly documented.			
	support agency's re	cords for Clients #1, 2, 3, 4, 5,					
		vas conducted. The records the clients were referred to the		Monitoring Corrective actions:			
	agency.			Right at Home will put in place a quali	ity		
				assurance program that will review all			
		on 09/07/2021, at 2. 30PM the formed of the findings. The		referral information on a monthly basis	s.		
		ney record it "somewhere."					
	At the time of our of	w the home support econom					
		y, the home support agency t the records for Clients #1, 2, 3,					
		#10 included the source of					
R 221	9914.2e Client Reco	ords	R 221	Corrective Action:	11	/16/21	
		ves (living will and durable or health care), if applicable;		Registered Nurse will review the care plan of clients and make sure all advanced directive			
	Based on record rev	view and interview, the home					
	support agency's re	gistered nurse (RN) failed to		the clients are documented in the care plan			
	ten sampled clients	nced directive status for two of (Client's #2, & #3).		Measures that will be taken:			
	·	(, _,,		After the RN develops the care plan, it			
	Findings Included:			reviewed by the director of operations			
	1. On 09/02/2021 at	t 11:45 AM, review of Client #2's	s	afterwards by the administrator. This v sure the care plan has all the information			
	record showed that	the client's diagnoses included		for the advance directive. When all			
		nsion. Continued review of the		parties approve the plan, it will be rece			
		t the RN completed the client's ent and care plan on		the software and provided a copy of the	ne care		
	03/26/2021. Further	review of the assessment form		plan to the care giver.			
		vanced directive section was					
	checked as unknow	/ 1.					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	.E CONSTRUCTION (X	(X3) DATE SURVEY COMPLETED 09/07/2021	
		HSA-0001	B. WING			
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		/_0_!
ENIOR I	HOMECARE SERVICE	S DBA RIGHT AT	W YORK AVE	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETE DATE
R 221		ge 8 document the clients advanced assessment as required by	R 221	Monitoring Corrective actions: Right at Home will put in place a quality assurance program that will review all e care plans on a quarterly basis.		
	record showed that Post traumatic stress stenosis, insomnia, review of the record completed the client care plan on 02/22/ assessment form slid directive section wat The nurse failed to directive during the regulation. During interview on executive officer wat At the time of surve registered nurse (R	t 11:45 AM, review of Client #3's the client's diagnoses included as disorder, depression, spinal and alcohol abuse. Continued ds showed that the RN t's admission assessment and 2021. Further review of the howed that the advanced as checked as unknown. document the clients advanced assessment as required by 09/07/2021, at 2 PM, the Chief as informed of the findings. y, the home support agency's N) failed to document the status for two of the ten sample				
R 233	to the client and the Based on record re registered nurse (R and education given	of training and education given				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		DATE SURVEY COMPLETED	
		HSA-0001	B. WING		09/07/2021	
	ROVIDER OR SUPPLIER	S DBA RIGHT AT	DRESS, CITY, ST V YORK AVE GTON, DC 20	NUE, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 233	record showed that Post traumatic stres	11:45 AM, review of Client #3's the client's diagnoses included s disorder, Depression, Spinal	R 233	Corrective Action: Registered Nurse will review all the Supervisory visits done so far and make sure tr	11/16/21 aining	
	review of the record conducted a supervi Further review of the any documented evi	and Alcohol abuse. Continued s showed that the RN isory visit on 03/23/2021. e client's records failed to show idence of training and education it and the client's caregivers		and educational Information are provided when applicable Right at Home will also make sure Training and educational information are provid ongoing basis when Supervisory visits are done	ed on	
	#5's record showed included Gout, Hype eye. Continued revie the nurse conducted 12/30/2020 (virtual), site. Further review of the	t 1:45 PM, a review of Client that the client's diagnoses ertension, Glaucoma of the left ew of the records showed that a supervisory visit on 03/09/2021 and 06/09/2021 on e client's records failed to show		Measures that will be taken: After the supervisory visits are done, it wireviewed by the director of operation to resure all training and educational document given to the client and the client caregiver Monitoring Corrective actions: Right at Home will put in place a quality	nake ts are s	
	provided to the clien during the visit. 3. On 08/03/2021 at 6's record showed th included Diabetes, H and Blindness. Cont showed that the RN visit on 02/12/2021 (08/05/2021 onsite. Further review of the	idence of training and education at and the client's caregivers 12:25 PM, a review of Client hat the client's diagnoses Hypertension, Stroke, Arthritis, tinued review of the records conducted a virtual supervisory (virtual) and 04/05/2021 and e client's records failed to show idence of training and education		assurance program that will review all exi supervisory visits on a monthly basis.	sting	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION (X3) DATE S COMPL		
		HSA-0001	B. WING	09/0	09/07/2021	
	(EACH DEFICIENCY MUS	S DBA RIGHT AT	REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE			
R 233	During interview on Administrator was in At the time of surve failed to ensure that	ge 10 09/07/2021 at 2:30 PM, THE nformed of the findings. y, the home support agency t the RN documented training in to the client and/or the client's	R 233	DEFICIENCY)		
R 310	by a registered nurs personal care servic once every ninety (9 Based on record re- registered nurse fai supervision of perso every ninety (90) ca sampled clients. (Cl Findings Included: 1. On 09/03/2021 a record showed that included Pulmonary lung disease and O of the records show to the agency on 09 the first supervisory after the start of car Further review of th the registered nurse	e health aide shall be supervised se. On-site supervision of ces shall take place at least 20) days. view and interview, the led to conduct on-site onal care services at least once ilendar days for seven of ten ients #1,3, 4,5,6,7, and #9). t 10:45 AM, review of Client #1's the client had diagnoses that v Sarcoidosis, Hypersensitivity steoarthritis. Continued review red that the patient was admitted v/21/2020. The nurse conducted visit on 01/06/2021, 108 days e. e client's records showed that e failed to conduct on-site onal care services at least once	5	 Right at Home will make sure all Supervisory visits are done on site every 90 days going forward. The only reason Virtual supervisory visits were done in The past was due to COVID 19 pandemic. Measures that will be taken: The director of operation will make sure that The RN is doing the supervisory visits on site All the time. Monitoring Corrective actions: Right at Home will put in place a quality assurance program that will review all existing supervisory visits on a monthly basis. 	11/16/21	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED 09/07/2021	
		HSA-0001	B. WING			
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
ENIOR	HOMECARE SERVICE	S DBA RIGHT AT	W YORK AVENU	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
R 310	Continued From page	ge 11	R 310			
	record showed that included post traum Spinal stenosis, Ins. Continued review of patient was admitted The nurse conducted 08/24/2021, 6 mont Further review of the the registered nurse supervision of perso every ninety (90) ca 3. On 09/03/2021 at record showed that included Post traum hypertension, diabe Continued review of nurse conducted a t	t 2:25 PM, review of Client #4's the client had diagnoses that natic stress disorder, tes, left leg amputation. f the records showed that the telephone visit with the client rse failed to conduct an onsite	η,			
	the registered nurse	e client's records showed that e failed to conduct on-site onal care services at least once llendar days				
	record showed that included Gout, Hype Continued review of	t 8:30 AM, review of Client #5's the client had diagnoses that ertension, and Glaucoma. f the records showed that the telephone visit with the client				
	the registered nurse	e client's records showed that a failed to conduct on-site onal care services at least once llendar days				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0001 NAME OF PROVIDER OR SUPPLIER STREET ADDI			. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 09/07/2021	
		HSA-0001	B. WING				
		ADDRESS, CITY, STATE	I DRESS, CITY, STATE, ZIP CODE				
ENIOR I	HOMECARE SERVIC	ES DBA RIGHT AT		•			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	WASHI STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	Z PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE	
R 310	Continued From pa	age 12	R 310				
	record showed tha included Diabetes Arthritis, and Blind records showed th telephone visit with Further review of t the registered nurs supervision of pers every ninety (90) c	at 10:10 AM, review of Client #6 t the client had diagnoses that Type II, Hypertension, Stroke, ness. Continued review of the at the nurse conducted a the client 02/12/2021. The client's records showed that se failed to conduct on-site sonal care services at least once alendar days. at 12:30 PM, review of Client #7	9				
	included Hyperten review of the recor conducted a teleph 10/19/2020, and 0						
	the registered nurs	he client's records showed that se failed to conduct on-site sonal care services at least once alendar days	9				
	record showed that included Atrial Fibr Chronic Kidney Dis Continued review of patient was admitted The nurse conduct 03/23/2021, 5 mor other supervisory of	at 8:45 AM, review of Client #9's t the client had diagnoses that illation, Cardiac Pacemaker, sease, and Hypertension. of the records showed that the ed to the agency on 10/29/2020 red the first supervisory visit on ths after the start of care, and n visits subsequent to March, 23rd					
	the registered nurs	he client's records showed that se failed to conduct on-site sonal care services at least once alendar days.	e				

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-0001	B. WING		09/07/2021						
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE, ZIP CODE								
SENIOR HOMECARE SERVICES DBA RIGHT AT 1818 NEW YORK AVENUE, NE WASHINGTON, DC 20002											
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE						
R 310	Continued From pag	ge 13	R 310								
	executive Officer wa	09/07/2021 at 2 PM, the Chief as informed of the findings.									
	failed to ensure that	y, the home support agency the registered nurse conducted of personal care services at nety (90) days.									
Health Regula	ation & Licensing Administr	ation			I						