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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/	SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION		ATE SURVEY COMPLETED
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R 000	9900 General Provis	sions		R 000			
	9900 General Prov	/isions					
	An unannounced ini	tial licensure s	urvey was				
	conducted virtually ( 06/10/2021 and 06/	06/08/2021, 06 11/2021 : o det	/09/2021,				
	compliance with the	Home Suppor	t Agency				
	Regulations, Title 22	2B DCMR, Cha	pter 99.				
	The Home Support	Agency provid	ed care for six				
	clents and employe	d 54 personne	, to include				
	professional and add sample of six active						
	personnel records w	ere selected f	r review. The				
	fir dings of the surve	y were based	on client and				
	administrative record staff interviews.	a review, and o	n six client and				
	Listed below are abb	oreviatio∎s use	d throughout the				
	body of this report:						
	DDN - Director of Nu HHA - Home Health	ursing Aido					
	HSA - Home Suppor						
	RN - Registered Nur						
	CPR - Cardiopulmor	nary Resuscitat	ion				
R 143	9909.2k Personnel	×		R 143			
	(k A position descr	iption sicned b	y the employee;				
	Based on record rev	iew and ntervi	ew, the home				
	support agency (HS/ personnel records to	A) failed to ma	ntain accurate				
	of current position de						
	personnel records re	viewed (Direct	or of Nursing				
	(DON), Director of C Health Aides (HHAs)		itions, and Home				
		, ii i uliu 72.					
	Findings included:						
lealth Regula	tion & Licensing Administra DIRECTOR'S OR PROVIDER/S	ation	NITATIVE CONTACTO		- I		(V0) 5.77
ABURATURY	I I I I I I I I I I I I I I I I I I I	SUPPLIER FEPRES	NTATIVE'S SIGNATURE	000	OL OLI I S		(X6) DATE

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showed a position Nursing. Further rend signature and not signed and dated by the showed that she was no documente description had be signed and dated by the signed and dated	ility's personnel of 8/2021 beginning 12:04 PM reveal of Nursing's personate description entities of the terminal of the the terminal of the the the employ 1/2018. It should be the the terminal of the termi	g at 2:25 PM, led the following: onnel record led Director of cription revealed lations position ree signed the lid be noted that id not receive a .  personnel file 2/2020. There a position ewed and/or personnel file cription on the Home live a provisional lat 12:10 PM, the nder the las previously she did not have lired for the new SA).  support agency el records for the	R 143	1) The corrective action taken was all Job Description signatures to refl after we applied for the license for C and Caregivers so that they are reserflect the date after June 2020.  2) In the future, if we apply for a new License type in DC, we will ensure to Descriptions are signed with the date for that new License type. All emplowhen apply for a new license.  3) The quality assurance program the will include a review of all Job Description and they are signed after the date the should we apply for a licenses in the	lect the data  Office position  Value License of the license of th	e ons or different Job applied e rehired mplemented ensure was applied fo

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRCVIDER/SUPPLIER/CLIA ID=NTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: \_ B. WING HSA-00 4 06/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBERMARLE STREET, NW HHA HOME CARE, LLC D/B/A SMITHLIFE HOME WASHINGTON, DC 20016 SUMMARY STATEMENT Œ DEFICIENCIES ACH DEFICIENCY MUST BE PRECE⊃ED BY FULL REGULATORY OR LSC IDENTIFYING I⊯FORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG TAG DEFICIENCY) R 145 Continued From page 2 R 145 1) The HR policy for hiring was reviewed with our current HR Manager, and she signed it again R 145 9909.2m Personnel R 145 acknowledging what was to be included in a complete hiring record. Documentation of acceptance or 2) A workflow for onboarding was created as a cheat declination of the Hepatitis Vaccine: and Based on record review and nterview, the home sheet for the HR Manager to review, in addition. we have since implemented an electronic application support agency (HSA) failed to maintain accurate personnel records to include current documentation process to capture all documents required. of acceptance or declination of the Hepatitis 3) As part of our monthly quality assurance reviews accine for four of 11 personnel records reviewed done in the organization, now Employee files will (Administrator, Director of Community Relations, also be reviewed and spot checked. Home Health Aides (HHAs) #2 and #3). 07/06/2021 Findings included: A review of the facility's personnel records was conducted on 06/08/2021 beginning at 2:25 PM. and 06/11/2020 at 12:04 PM revealed the following: 1. The Director of Community Relations signed her acceptance or declination of he Hepatitis Vaccine form on 06/06/2018. The HSA's Administrator signed her form on 09/14/2018, and HHA #2 signed her form on 11/02/2018. It should be noted that the H\$A did not receive their provisional license until 07/10/2020. HHA #3 failed to have any documented evidence of the Hepatitis Vaccine acceptance or declination completed and maintained in their personnel record. During an interview on 06/1°/2020 at 12:10 PM, Administrator stated that she was under the impression that since the agency was previously licensed as a Home Care Agency (HCA), she did not have to require past employees to be rehired for the new licensed Home Support Agency

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRGVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: HSA-00 4 B. WING 06/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBERMARLE STREET, NW HHA HOME CARE, LLC D/B/A SMITHLIFE HOME WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 145 Continued From page 3 R 145 1) The HR policy for hiring was reviewed with (HSA). our current HR Manager, and she signed it again acknowledging what was to be included in a complete the time of the survey, the HSA failed to maintain hiring record. accurate and current documentation of the acceptance or declination of the Hepatitis Vaccine 2) A workflow for onboarding was created as a cheat for the Administrator, the Director of Community sheet for the HR Manager to review, in addition, Relations and HHAs #2 and ≠3. we have since implemented an electronic application process to capture all documents required. R 150 9909.6 Personnel R 150 3) As part of our monthly quality assurance reviews done in the organization, now Employee files will 9909.6 At the time of initial employment, the home also be reviewed and spot checked. support agency shall verify that the employee, 07/07/2021 within the six months immediately preceding the date of hire, has been screered 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 wi hin the six months immediately preceding the employee's date of hire for seven of 11 personnel records reviewed (Director of Nursing (DON), Di ector of Community Relations, Agency Scheduler and Home Health Aides (HHAs) #2, #3, #4 and #5). Findings included: eview of the facility's personnel records was conducted on 06/08/2021 beginning at 2:25 PM. and 06/11/2020 at 12:04 PM evealed the following: The Home Support Agency's HSA) Director of rsing (DON) was hired on 05/05/2020. On 08 14/2019, nine months prio to her date of hire, DON was screened and certified free from any communicable disease. The Home Support Agency's Director of

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R 150	Continued From page Community Relation should be noted that ould be noted that (H SA) did not receiv 07/10/2020. Review showed a Tuberculir dated 06/28/2020. Tevidence that the Di was screened and communicable diseated that the agency's screened and communicable diseated that the agency's screened and certified free of any one of the communicable diseated that the agency's screened and certified free of any one of the communicable diseated 11/07/2020. Review showed two Tuberculated 11/07/2019 and communicated 11/07/2019 and certified free of a within six months prior to the communicated 12/18/2020. The communicated 12	ge 4  Is was hired or the horre supe a provisional of her personner Screening Quitere was no director of Commertified free from the se within six in the second second communicable er date of hire.  Ide (HHA #2 was any communication to their date of HHA's personer was no do so screening Quitere was no do so sc	05/17/2018. It port agency license until el record estionnaire ocumented nunity Relations many onths prior to duler was hired nted evidence reened for and disease within as hired on onnel record Questionnaires here was no screened for able disease of hire.  as hired on onnel record questionnaires here was no screened for able disease of hire.  as hired onnel record estionnaire cumented and certified within six months as hired nel record	R 150		d with d it again. in a comp ed as a che addition, ic applicatied.	lete eat on
8	da ed 12/18/2020. They dence that HHA # ce tiffed free of any c six months prior to the	4 was sc⁻eene ommuni <mark>c</mark> able	d for and disease within				

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(	7. Home Health Air 08/17/2020. Review showed two Tubercudated 12/18/2020. The vidence that HHA # certified free of any on the six months prior to the other services.	of HHA's pers ulin Screening here was no d 4 was screend communicable	onnel record Questionnaire ocumented d for and disease within					
r c r c r c r c r c r c r c r c r c r c	99.10.4 Admissions  99.10.4 Each home support agend ar initial assessment by a registere ersure that the client does not requoutside of the scope of personal carrie assessment shall include a horeview of information provided by the client or the client representative aspertinent data and shall take place that personal care services are inititive client. The assessment must deture home support agency has the athe necessary services in a safe armanner.  Based on record review and intervive distered nurse failed to determine ability to provide services during the assessment for six of six clients (Climical procord showed an Assessment for six of six clients (Climical record showed an Assessment attended:  1. On 06/08/2021 at 8:35 AM, revicional record showed an Assessment action of the home service care plan for assessment lacked evidence of a home time that personal care services.		d nurse to ire services re services. me visit and a re prospective and any other prior to the time ally provided to termine whether bility to provide d consistent ew, the the agency's initial ents #1, #2, #3, ew of Client #1's ent and Care ome support d was their m. The ome visit prior to	R 171	1) Our Registered Nurse was informed information was not being captured in of Clients. She added the information tre-visiting the Clients as necessary.  2) A new RN Admissions policy was with the RN and she signed it acknowledging that she understood.  3) As part of our monthly quality assurated spot check at least 5 Client records Initial Assessments capture all the necessary.	her irritial a that was m ritten and ng th∈ trair ance, our l to ensure	assessments issing, reviewed with ning and DON agreed that new	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRCVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: B. WING HSA-0014 06/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBERMARLE STREET, NW HHA HOME CARE, LLC D/B/A SMITHLIFE HOME WASHINGTON, DC 20016 SUMMARY STATEMENT CF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING IMFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG TAG DEFICIENCY) R 171 Continued From page 6 R 171 in tially provided to the client and lacked a review of pertinent data related to the client and any in ormation provided by the prospective client or the 1) Our Registered Nurse was informed that additional client's representative. The nurse also failed to information was not being captured in her initial assessments of Clients. She added the information that was missing, document in the assessment if the agency was able re-visiting the Clients as necessary. to provide safe care, based on the client's needs. 2) A new RN Admissions policy was written and reviewed with On 06/08/2021 at 10:30 AM, review of Client the RN and she signed it acknowledging the training and #2's clinical records showed an Assessment and Care Plan" form dated 02/11\_2021 which the home that she understood. support agency's (HSA) Clinical Director said was 3) As part of our monthly quality assurance, our DON agreed their admission and Service care plan form. The to spot check at least 5 Client records to ensure that new assessment lacked evidence of a home visit prior to Initial Assessments capture all the necessar information. the time that personal care services were initially provided to the client and lacked a review of pertinent data related to the client and any 7/06/2021 information provided by the prospective client or the client's representative. The nurse also failed to document in the assessment if the agency was able to provide safe care, based on the client's needs. 3. On 06/08/2021 at 12:10 PM, review of Client #3's clinical records showed an Assessment and Care Plan Form dated 03/30/202, which the home support agency's (HSA) Clinical Director said was their admission and Service Care Flan form. The assessment lacked evidence of a home visit prior to the time that personal care services were initially provided to the client and lacked a review of pertinent data related to the client and any information provided by the prospective client or the client representative. The nurse also failed to document in the assessment f the agency was able to provide safe care, based on the client's needs. Dn 06/09/2021 at 8:30 AM<sub>-</sub> review of Client #4 ' s clinical records showed an Assessment and

Health Regulation & Licensing Administration

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	(a) an Ba su correl rec #6 Fir	The scope and ty duration of service diet, equipment, a sed on record review oper agency (HSA) is sistent with the number of the reviewed (Clieb) of the first of their diagnostics of their diagnosti	rpes of service tes to be provious and transportate and intervious failed to inclustrational needs uses, in six of sents #1, #2, if the service and the service are the service and the service are the servi	ded, including tion required; ew, the home ide diets of clients, as it ix active #3, #4, #5 and	R 206			
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	Continued From page care date of 05/07/22 P an did not docume Further review of the "Meals" under which the duties to be performed section was left blank the form included die clent.  2. On 06/08/2021 at Assessment & Care date of 05/07/2021. did not document the review of the form shunder which you have duties to be performed "e.g." cooking and means left blank. There included dietary needs as left blank. There included dietary needs as left blank. There included dietary needs as left blank assessments & Care care date of 05/07/20 Plan form did not document the diet. "e.g." cooking a section was left blank the form included dietary needs as left blank the form included diet. "Assessments & Care care date of 05/07/20 Plan form did not document the form included diet. "Assessments & Care care date of 05/07/20 Plan form did not document the	021. The Assent the client's ent the client's ent the client's ent the client's ent the client of the hand meal preparation of the Assessment the client's diagnowed a section of the Assessment the client's diagnowed as the Assessment the client's diagnowed as the Assessment the client's diagnowed as the Assessment the client of the Assessment the Assessment the Client's Assessment the C	diagnosis. a section titled ecial diet, and dome Health aration. This to evidence that ecific to the diew of Client #2's a start of care nts & Care Planosis. Further n titled "Meals" al diet, and the e Health Aide, n. This section nee that the form ne client.  ew of Client #3's towed a start of saments & Care nt's diagnosis. a section titled or special diet, he Home Health aration. This to evidence that ecific to the grant work of Client #4's wed a start of saments & Care nt's diagnosis.	R 206	1) Our Registered Nurse was informed information was not being captured in of Clients. She added the information re-visiting the Clients as necessary.  2) A new RN Admissions policy was with the RN and she signed it acknowledge that she understood.  3) As part of our monthly quality assusto spot check at least 5 Client records Initial Assessments capture all the new control of the control of	written and ing the training to emsure	assessments nissing, reviewed with ning and  DON agreed that new

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R 206	C	ontinued From pag	je 10		R 206			
	5. A: ca Pi Fi Ai se	ave diet or special of a rformed by the Ho id meal preparation iere was no evider stary needs specifically on 06/09/2021 at sessments & Care re date of 05/07/20 an form did not door ther review of the leals" under which id the duties to be also at the duties to be also are defined in the included diesent.	ome Hearth Aid  n. This section  nce that the fo  ic to the client  10:35 A M, reve  Plan form sh  221. The Assecument the clie  form showed  you have diet  performed by  and meal prepk. There was re-	e, "e.g.," cooking was left blank. m included iew of Client #5's pwed a start of saments & Care ent's diagnosis. a section titled or special diet, he Home Health eration. This o evidence that		1) Our Registered Nurse was informed information was not being captured in him of Clients. She added the information the re-visiting the Clients as necessary.  2) A new RN Admissions policy was writhe RN and she signed it acknowledging that she understood.  3) As part of our monthly quality assurated spot check at least 5 Client records to Initial Assessments capture all the necessions.	er initial a. at was mi  tten and re the traini  nce, our D ensure the	ssessments ssing, eviewed with ng and ON agreed
	As ca Pli Fu an Aid see the clid	On 06/09/2021 at a sessments & Care e date of 05/07/20 an form did not door ther review of the eals" under which I the duties to be ple, "e.g.," cooking a tion was left blank form included diesent.  ring an interview of incal director stated ency will review the nurses capture all ing their assessment.	Plan form she 21. The Asse cument the clie form showed you have diet performed by t and med prep tary needs spe n 06/10/2021 d that the home ir documenta	wed a start of ssments & Care nt's diagnosis. a section titled or special diet, he Home Health aration. This pevidence that ecific to the at 3:00 PM, the e support ions and ensure dient information.				
		3.3c Client Service			R 208			
auth Populoi	non	Licensing Administrati						