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STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PRO/IDER/S			E CONSTRUCTION	(X3) DATE S	SURVEY PLETED
		HSA-001	4	B. WING		06/1	1/2021
NAME OF P	ROV DER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
нна ног	ME CARE, LLC D/B/A	SMITHLIEE HOM	_ 4000 ALB	ERMARLE S	TREET, NW		
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R 208	Continued From particles of the client service plandings included: 1. On 06/08/2021 #2 s Assessment & Client had diagnose and a pacemaker. (showed that the clies at risk for falls. For a section titled "funding luded the following bowel/bladder (Incorparalysis, endurance blind, and dyspneaths section was left support agency falls in ensuring client sactiont's functional limitation of the continual limitation of the c	ations of the cliview and staff ir cy (HSA) failed "functional limit an for four of siz 2, #3, #4, and # at 10:30 AM, re Care Plan shows that included Continued review at ambulates wurther review of ctional limitation goptions: ampntinence) contree, ambulation, swith minimal exblank. Additional dots direct the lifety by failing to the fety by failing to the lifety by f	terview, the to include ations" section of client records 5). view of Client ved that the high cholesterol vof the form showed s." This section utation, acture hearing, peech, legally ertion, however, lly, the home ome health aide identify the ew of Client #3's lat the client had terol and view of the form th a walker and rum. Further titled included the l/bladder paralysis, ally blind, and ever, this	R 208	1) Our Registered Nurse was 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 the RN and she signed it acknowledge that she understood. 3) As part of our monthly quality assut to spot check at least 5 Client records Initial Assessments capture all the new control of the control o	n her initial n that was n written and ging the tra urance, our s to ensure	assessments missing, I reviewed wit- ining and DON agreed that new

Health Regulation & Licensing Administratio 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 HONE WASHINGTON, DC 20016 SUMMARY STATEMENT CF DEFICIENCIES ACH DEFICIENCY MUST BE PRECE⊃ED BY FULL REC OR LSC IDENTIFYING I■FORM, TION) (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE FULL REGULATORY TAG TAG DEFICIENCY) R 208 Continued From page 12 R 208 1) Our Registered Nurse was informed that additional falled to direct the home heath aide in ensuring information was not being captured in her initial assessments client safety by failing to identify the client 's of Clients. She added the information that was missing, re-visiting the Clients as necessary. functional limitations. 3. On 06/09/2021 at 8:30 AM, review of Client #4's Assessment & Care Plan showed that the client had diagnoses documented in her record. The client 2) A new RN Admissions policy was written and reviewed with the RN and she signed it acknowledging the training and that she understood. uses a wheelchair for ambulation. Further review of the form showed a section tited "functional" 3) As part of our monthly quality assurance, our DON agreed to spot check at least 5 Client records to ensure that new limitations." This section included the following Initial Assessments capture all the necessary information. options: amputation, bowel/b adder (Incontinence), contracture hearing, paralysis, endurance, 7/06/2021 ambulation, speech, legally blind, and dyspnea with minimal exertion, however, this section was left blank. Additionally, the home support agency failed to direct the home health aide (HHA) in ensuring client safety by failing to iden ify the client's functional limitations. On 06/09/2021 at 10:35 AM, review of Client #5 s Assessment & Care Plan showed that the client had diagnoses that included high cholesterol. hypertension Diabetes mellitus. Continued review of the form showed that the client ambulates with a walker. Further review of the form showed a section titled "functional limitations." This section included the following options: amputation, blowel/bladder (Incontinence), contracture hearing paralysis, endurance, ambulation, speech, legally blind, and dyspnea with minimal exertion, however, this section was left blank. Additionally, the home support agency failed to direct the home health aide (HHA) in ensuring client safet, by failing to identify the client's functional limitations. On 06/10/2021 at 3:00 PM during an interview with the Clinical Director, she acknowledged the delicient practice and stated that the agency will review and update the care plan to reflect the

Health Regulation & Licensing Administration

Health Regulation & Licensing Administratio 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 HONE WASHINGTON, DC 20016 EIENCIES CO THAMATER YRAMMUS PALLERE DE PRECEDED BY FULL RE PRECEDED BY FULL RE PROFUND (NOIT MON) (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE DATE PRÉFIX TAG FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **TAG** DEFICIENCY) R 208 Continued From page 13 R 208 1) Our Registered Nurse was informed that additional information was not being captured in her initial assessments functional limitations of all cli∋nts. of Clients. She added the information that was missing, re-visiting the Clients as necessary. R 209 9913.3d Client Service Plan R 209 2) A new RN Admissions policy was written and reviewed with the RN and she signed it acknowledging the training and (d) Activities permitted; and that she understood. Based on record review and staff interview, the home support agency (HSA) failed to include 3) As part of our monthly quality assurance, our DON agreed re evant data on the "activities permitted" section of to spot check at least 5 Client records to ensure that new the client service plan for one of six client records Initial Assessments capture all the necessary information. reviewed (Client #4) 7/06/2021 Findings included: On 06/09/2021 at 8:30 AM, review of Client #4's Assessments & Care Plan showed that the client had diagnoses documented in her record. Continued review of the form showed that the client uses a wheelchair for ambulation. Further review showed a section titled "activ-ties permitted." This section identifies the activities allowed during care such as transfers, ambulation, weight bearing. bedrest, up as tolerated, or no restrictions. This section was left blank. Review of the plan also revealed that the registered rurse tailed to identify client centered activities, to direct the home health aide (HHA) in assisting the clent to achieve their highest practicable quality of ife. Or 06/10/2021 at 3:00 PM during an interview with the Clinical Director, she acknowledged the deficient practice and stated that the agency will review and update the care plan to reflect the ac ivities permitted for the client. R 211 99 13.4 Client Service Plan R 211 9913.4 A registered nurse shall review and evaluate the service plan at least every ninety

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: HSA-0014 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 HONE WASHINGTON, DC 20016 SUMMARY STATEMENT C= DEFICIENCIES ACH DEFICIENCY MUST BE PRECE JED BY FULL RE OR LSC IDENTIFYING IT FORM/TION) (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG TAG DEFICIENCY) R 211 Continued From page 14 R 211 1) Our Registered Nurse was informed that additional information was not being captured in her initial assessments (9**b**) davs. Based on record review and nterview the home of Clients. She added the information that was missing, re-visiting the Clients as necessary. support agency (HSA) failed to ensure that the registered nurse (RN) reviewed and evaluated the service plan at least every ninety (90) days for three 2) A new RN Admissions policy was written and reviewed with the RN and she signed it acknowledging the training and of the six clients in the sample (Clients #2, #4, and that she understood. #(1). 3) As part of our monthly quality assurance, our DON agreed Findings included: to spot check at least 5 Client records to ensure that new Initial Assessments capture all the necessary information. 1. On 06/08/2021 at 10:30 AM, rev ew of Client #2's Service Agreement and Assessment & Care Plan 7/06/2021 showed a start of care date of 02/11/2021. Further review of the record showed that at the time of survey, the nurse had not reviewed and evaluated the service plan as required by the regulation, at least every ninety (90) days. 2. On 06/09/2021 at 8:30 AM review of Client #4's Service Agreement and Assessment & Care Plan showed a start of care date of 02/11/2021. Further review of the record showed that at the time of survey, the nurse had not reviewed and evaluated the service plan as required by the regulation, at least every ninety (90) days. 3. On 06/09/2021 at 1:30 PM review of Client #6's Service Agreement and Assessment & Care Plan showed a start of care date of 10/20/2020. Further review of the record showed that at the time of survey, the nurse had not reviewed and evaluated the service plan as required by the regulation, at least every ninety (90) days. During interview on 06/10/2021 at 3:00 PM, the Clinical director stated that the home support agency (HSA) will follow-up with the RN to ensure that service plans are reviewed and evaluated every 90 days as required by the regulation.

Health Regulation & Licensing Administration

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	Continued From page #3 's records including Plan form, showed the agency on 03/30/202 evidence of the date accepted by the honservices. 4. On 06/09/2021 at records including the form, showed the clie or 02/11/2021. The fof the date of service by the home support 5. On 06/09/2021 at records including the form, showed the clie on 05/06/2021. The form, showed the clie on 05/06/2021 at records including the form, showed the clie on 10/20/2020. The form the date of service by the home support. During an interview of clinical Director said were the date they be clients. At the time of survey, failed to ensure that it date of service inquire none support agency.	g the Assessment client was a 21. The form fa of service inque support age 8:30 AM, reviews admitted to perform failed t	dmitted to the illed to provide uiry, and the date ncy to receive W of Client #4's & Care Plan" ed to the agency rovide evidence he date accepted eive services. ew of Client #5's & Care Plan ed to the agency rovide evidence he date accepted eive services. w of Client #6's & Care Plan ed to the agency rovide evidence he date accepted eive services. w of Client #6's & Care Plan ed to the agency rovide evidence he date accepted eive services. at 3:00 PM, the on the forms services to the port agency ds contained cepted by the	R 217		that addition in the initial as initial as in the initial as in the initial as in the initial as initial as in the initial as initial as in the initial as in the initial as in the initial as in the initial as i	ssessments ssing, eviewed with ng and ON agreed nat new

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нна но	ME CARE, LLC D/B/A	SMITHLIFE HO	4000 ALB	ERMARLE S	TREET, NW		
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R 217	Continued From page of the six clients in t	_	2, 3, 4, 5, and	R 217	Our Registered Nurse was informed information was not being captured in h of Clients. She added the information th re-visiting the Clients as necessary.	er initial as	sessments
R 218	9914.2b Client Reco	ral;		R 218	2) A new RN Admissions policy was wri the RN and she signed it acknowledging that she understood.	tten and re the trainir	viewed with ng and
	Based on record rev Support Agency (HS records contained the Home Support Agen sample (Client #5).	SA) failec to er ne source of re	sure that client ferral to the		As part of our monthly quality assurar to spot check at least 5 Client records to Initial Assessments capture all the necessity.	ensure th	at new mation.
	Findings included:						7/06/2021
	1. On 06/09/2021 at records including the form failed to provide of referral. Further reshowed that the Asswas completed on 5 date that the client's decumented evidence erral to the agence.	e Assessments e evidence of t eview of he cli essments & C /07/2021, whic services bega ce of the client	& Care Plan ne client's source ent's record are Plan form n was also the n. There was no				
	During an interview of Cl nical Director state documentations and all the required client assessments to inclute the agency.	ed that the HS ensure f hat th t informa:ion d	A will review their e nurses capture Iring their				
	At the time of survey failed to ensure that the the source of referral clients in the sample	the clienfs rec I to the agency	ords contained				
	9914.2i Client Record	ds		R 225			
olth Dogula	tion P Liconaina Administra	11					

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STATEMENT C DEFINENCES AND PLAY OF DORRECTON (IN PROVIDER SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 4000 ALBERMARLE STREET, NW WASHINGTON, DC 20016 RACH DEFINATION OF DEFINITION OF DEFINITIO	AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (A2) MOLTIFIE CONSTRUCTION A. BUILDING: (A2) MOLTIFIE CONSTRUCTION COMPLETE CONSTRUCTION A. BUILDING: (A2) MOLTIFIE CONSTRUCTION COMPLETE CONSTRUCTION CA2) MOLTIFIE CONSTRUCTION A. BUILDING: (A2) MOLTIFIE CONSTRUCTION COMPLETE CONSTRUCTION CAMPACION COMPLETE CONSTRUCTION CAMPACION CAMPACION	ZO21 (X5) COMPLETE
MAME OF PROVIDER OR SUPPLIER HHA HOME CARE, LLC D/B/A SMITHLIFE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBERMARLE STREET, NW WASHINGTON, DC 20016 RACH DEPTOR IN SUMMARY STATEMENT OF DEP PIENCIES PARKET DEP PIENCIES PARKET DEPOSITION OF DEPENDENCE OF THE PIENCIES DEPOSITION OF DEPENDENCE DEPOSITION OF DEPOSITION OF DEPENDENCE DEPOSITION OF D	NAME OF PROVIDER OR SUPPLIER HHA HOME CARE, LLC D/B/A SMITHLIFE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBERMARLE STREET, NW WASHINGTON, DC 20016 (X4) ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY R 225 Continued From page 18 (i) History of sensitivities and allergies; Based on record review and intentiew, the home STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBERMARLE STREET, NW WASHINGTON, DC 20016 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1) Our Registered Nurse was informed that addition information was not being captured in her initial ass of Clients, She added the information that was miss	(X5) COMPLETE
MAKE OF PRODUCER OR SUPPLIER HHA HOME CARE, LLC D/B/A SMITHLIFE HO WASHINOTON, DC 20016 [XM] D PREDIX PREDIX PLAN OF CORRECTION OR LSC DENTIFYING WYORK AND 18 PRECEDED BY PILL REQUISATION? PREDIX PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OR LSC DENTIFYING WYORK AND 18 PRECEDED BY PILL REQUISATORY PREDIX PLAN OF CROSS-REFERENCE TO THE APPROPRIATE OR SEC DENTIFYING WYORK AND 18 PRECEDED BY PILL REQUISATORY R 225 Onttinued From page 18 (i) History of sensitivities and allergies; Based on record review and interview, the home support agency failed to ensure that the client's records contained history of sensitivities and allergies for one of six clients in the sample (Client ##). Findings included: 1 On 06/09/2021 at 10:35 AM, review of Client ##'s climate coord, showed an Assessment & Care Plan form dated 05/07/2021. Under the section for A Jergies, nothing was checked or focumented to indicate that the Client had or did not have any allergies. On 06/10/2021 at 5:00 PM during an inprove, the Climat Source of the occurrent that the nurses captured all the required client that or did not have any allergies of the sample #4. At the time of survey, the hone subport agency falled to ensure that the client records contained history of sensitivities and allergies during the initial assessment visits At the time of survey, the hone subport agency falled to ensure that the client records included all strict the tilent's current medications, for six of the six clients in the sample (Client #4.) R 226 (i) Medication list; Besed on record review and interview, the home subport agency (HSA) falled to onsure that each client records included all strict the the filent's current medications, for six of the six clients in the sample (Client #4.) Findings included: Or 0 3/31/2021, starting at 9/27 AM review of the	HHA HOME CARE, LLC D/B/A SMITHLIFE HOME 4000 ALBERMARLE STREET, NW WASHINGTON, DC 20016 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R 225 Continued From page 18 (i) History of sensitivities and allergies; Based on record review and interview, the home STREET ADDRESS, CITY, STATE, ZIP CODE 4000 ALBERMARLE STREET, NW WASHINGTON, DC 20016 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1) Our Registered Nurse was informed that addition information was not being captured in her initial ass of Clients, She added the information that was miss	(X5) COMPLETE
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SUMMARY STATEMENT OF DEPOLECIES PROPERTY WAS THE PRECEDED BY PLUE REJULATORY ORLSC DENTIFYING INFORMATION) R 225 Continued From page 18 (i) History of sensitivities and allergies; Eased on record review and interview, the home support agency failed to ensure that the client's ricords contained history of sensitivities and alergies for one of six clients in the sample (Client #4's chical record, showed an Assessment & Care Plan form dated 05/07/2021. Under the section for Alergies, nothing was checked or documented to indicate that the Cliental Services Director stated the agency will review their documentation and ensure that the nurses captured all the reduired client in ormation including sensitivities and allergies do no end service that the client assessment visits At the time of survey, the horne support agency faled to ensure that the client record contained history of sensitivities and allergies for one of seven clients in the sample #4. R 226 (i) Medication list; Based on record review and interview, the home support agency (HSA) failed to ensure that the client record contained history of sensitivities and allergies for one of seven clients in the sample #4. R 226 (ii) Medication list; Based on record review and interview, the home support agency (HSA) failed to ensure that the client record contained history of sensitivities and allergies for one of seven clients in the sample #4. R 226 (iv) Medication list; Based on record review and interview, the home support agency (HSA) failed to ensure that the client's current medications, for six of the six clients in the sample (Client #4, 3, #4, #5, and #6) Fird dings included: Or 03/31/2021, starting at 9:27 AM review of the	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEF CIENCIES OR LSC IDENTIFYING INFORMATION) R 225 Continued From page 18 (i) History of sensitivities and allergies; Based on record review and interview, the home BUD PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 225 1) Our Registered Nurse was informed that addition information was not being captured in her initial ass of Clients. She added the information that was miss	(X5) COMPLETE DATE
R 225 Continued From page 18 (i) History of sensitivities and allergies; Based on record review and interview, the home sipport agency failed to ensure that the clients and allergies for one of six clients in the sample (Client #4's chical records, showed an Assessment & Care Plan form date 04507/2021. Under that the Client #4's chical record, showed an Assessment & Care Plan form date 04507/2021. The hard that or did do thave any alergies, nothing was checked or locumented to indicate that the Clinical Services Director stated the agency will review their documentation and ensure that the murses captured all the reduired client inormation including sensitivities and allergies during the initial assessment wisits. At the time of survey, the horne support agency faled to ensure that the client record contained history of sensitivities and allergies for one of seven clents in the sample (Client #4.2). R 225 1) Our Registered Nurse was informed that additional information was not being captured in her initial assessment or clients. She added the information that was limitish assessment and linder reviewed we then known that the second or outlined of the contained history of sensitivities and allergies during the initial assessment visits. At the time of survey, the horne support agency faled to ensure that the client record contained history of sensitivities and allergies for one of seven clents in the sample (Clients #4.1, 2, 2, 4, 4, 4, 5, ard #6) Findings included: Or 03/31/2021, starting at 9:27 AM review of the	PREFIX TAG PREFIX TAG PREFIX OR LSC IDENTIFYING NFORMATION) PREFIX TAG PRE	(X5) COMPLETE DATE
(i) History of sensitivities and allergies; Based on record review and interview, the home support agency failed to ensure that the client's records contained history of sensitivities and allergies for one of six clients in the sample (Client #1). Findings included: 1 On 06/09/2021 at 10:35 AM, review of Client #4's clinical record, showed an Assessment & Care Plan form dated 05/07/2021. Under the section for Allergies, nothing was checked or hocumented to indicate that the Client had or did not have any alergies. On 06/10/2021 at ::0.0 PM during an inlerview, the Clinical Services Director stated the agency will review their documentation and ensure that the nurses captured all the required client in formation including sensitivities and allergies during the initial assessment visits At the time of survey, the horne support agency faled to ensure that the client record contained history of sensitivities and allergies for one of seven clients in the sample #4. R 226 9514.2j Client Records (j) Medication list; Based on record review and interview, the home support agency (HSA) failed to ensure that each client records included a list of the elient's current medications, for six of the six clients in the sample (Clients #1, #2, #3, #4, #5, ard #6) Findings included: Or 03/31/2021, starting at 9:27 AM review of the	(i) History of sensitivities and allergies; Based on record review and interview, the home 1) Our Registered Nurse was informed that addition information was not being captured in her initial ass of Clients. She added the information that was miss	
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AND PLA	N OF CORRECTION	(X1) I	PROVIDER IDENTIFI	/SUPPLIER/CLIA CATION NUMBER:		IPLE CONSTRUCTION IG:	(X3) DATE	
			HSA-00	14	B. WING _			
	PROVIDER OR SUPP DME CARE, LLC		.IFE HOI	1E 4000 AL	BERMARLE	STATE, ZIP CODE STREET, NW	06/	11/2021
(X4) ID PREFIX TAG	, I I I I I I I I I I I I	IMARY STATEMENT NCY MUST BE PREC R LSC IDENTIFYING	CEDED DA	IENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	CHOILD DE	(X5) COMPLE DATE
	conducted. The medications for 06/10/202 policies was commentation that the health medications. It assessment at area to list medication of 06/10/2021 Clirical Service findings. At the time of s	the records lactor each of the lat 2:47 PM, conducted. The n in an electron record would to should be not care plans edications. Each ment their current at 4:00 PM des Director actively, the hore that each clieds current medical care plans estated as a late of the late	review e policy onic hea I contain the that contain ch client rent med I uning an kr owled	of the agency's for th record stated all the client's the agency's ed a designated s assessment ication list. Interview, the ged the ort agency ord contained a for city of the	R 226	1) Our Registered Nurse was in information was not being captu of Clients. She added the inform re-visiting the Clients as necess 2) A new RN Admissions policy the RN and she signed it acknow that she understood. 3) As part of our monthly quality to spot check at least 5 Client reInitial Assessments capture all the	ired in her initial a nation that was mary. was written and reviewed the training assurance, our Decords to ensure the necessary information that is necessary information.	ssessmer ssing, eviewed w ng and ON agree
I I I I I I I I I I I I I I I I I I I	9918.2 Persona 9918.2 Each ho by a registered a personal care se price every nine Based on record support agency conducted an or nealth aides (Hi- cample (Clients)	nome health aid nurse. On-site ervices shall to ety (90) days. d review and in (HSA) failed to n-site supervise HAS) for three #2, #4 and #6	d∈ shall e superv ake place nt∋rviev o ∍nsur si⊂n of th of the s	e at least the home that the RN	R 310	 The RN initiated the 90 day revithat were found to be missing their checked that all New Clients and owere on her Schedule in ClearCarfor a review. As part of her initial assessmer creating a re-occuring shift every for the RN visit. As part of the Clinical Quality As the DON will review and spot checked to ensure they have a supervisory 90 days. 	rs. In addition, she current Clients to every 90 days on their so assurance review now the client's charts in visit completed expressions.	chedule

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AND PLAN OF CORRECTION (C1) PROVIDENCE (C1) P	Health I	Regulation & Licensin	g Administrati	on			FOR	M APPROVED
MALE OF PRIC. HHA HOME CARE, LLC D/B/A SMITHLIFE HOME STREET AD DRESS, CITY, STATE, ZP CODE 4000 AL BERMARILE STREET, NW WASHINGTON, DC 20016 PACH DEFINITION WITH SEP PRECEDED BY FILL BEGULATORY TAG R 310 Continued From page 20 P an showed a start of care date of 02/11/2021. The Assessment & Care Pland in ont document the cent's diagnosis. Further review of the record slowed that the time of survey, the nurse had not ond conducted an onsite supervisory visit since the date of admission. 2 On 06/09/2021 at 8:30 AM, review of Client #4's Service Agreement and Assessment & Care Plan from documented that the client had diagnoses of high cholesterol and a peemaker. Further review of Bris Plan Septiment and peemaker. Further review of the remaining that the film of survey, the nurse had not on the date of admission. 2 On 06/09/2021 at 8:30 AM, review of Client #4's Service Agreement and Assessment & Care Plan from documented that the client had diagnoses of high cholesterol and a peemaker. Further review of the firm showed that the client was receiving service to 8 Rins 7 days a week. Further review of the firm showed that at the firm of survey, the nurse and nix conducted an onsite supervisory visit since the date of admission.	I STATEME	NT (F DEFICIENCIES	(X1) PFOVIDER	/SUPPLIER/CLIA			(X3) DATE	SURVEY MPLETED
HHA HOME CARE, LLC DISIA SMITHLIFE HOME SUMMAY STATEMENT OF DEPPEACES PACH ECCRETION WASHINGTON, DC 2016 R 310 Continued From page 20 Pan showed a start of care fate of 02/11/2021. The Assessment & Care Plan dic not occument the cent's diagnosis. Further review of the record showed that the client was receiving service to damission. 2. On 06/09/2021 at 8:30 AM, review of Client #4's Service Agreement and Assessment & Care Plan form documented that the client was deceiving service to Stare Plan form documented that the client was deceiving service to Stare Plan form documented that the client was received for Stare Plan form documented that the client was received for Stare Plan form documented that the client was received for Stare Plan form documented that the client was receiving services of Stare Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was receiving services for Start Plan form documented that the client was received to start the client was received to start the client was received to the plan form documented that the client was received to the plan form documented that the client was received to the plan form docume			⊦SA-0(14	B. WING		06/	11/2021
WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEP DENDINGES ACCH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OF THE DESTITYING NYORMATION.) R 310 Continued From page 20 Pan showed a start of care state of 02/11/2021. The Assessment & Care Plan dic not document the clerits diagnosis. Further review of the form showed that at the time of survey, the nurse had not conducted an onsiste supervisory visit since the date of arms and start of care date of 02/11/2021. The Assessment & Care Plan form documented that the client was receiving services for 2 thirty? Joys a work. Further review of the record showed that at the time of survey, the nurse had not conducted an onsiste supervisory visit since the date of an experiment of the properties of 02/11/2021. The Assessment & Care Plan form documented that the client was receiving services for 67 first 7 days a week. Further review of the remainded of the properties of 02/11/2021. The Assessment & Care Plan form documented that the client was receiving services for 67 first 7 days a week. Further review of the record showed that at the time of survey, the nurse and pit conducted an onsiste supervisory visit since the date of admission.	NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
PACH DEPICIENCY WASTE REPECTORS OF TYPILL REGULATORY PRIETRY TAG R 310 Continued From page 20 Plan showed a start of care state of 02/11/2021. The Assessment & Care Plan directive word fire record showed that the client was recolving service for showed that the client was received service words admission. 2. On 06/09/2021 at 8:30 AM, review of Client #4's Service Agreement and Assessment & Care Plan of the document of the client was received and a papemaker. Further review of the record showed that the client was received and a papemaker. Further review of the record showed that the client was received and a papemaker. Further review of the record showed that the client was received and a papemaker. Further review of the record showed that the client was received and a papemaker. Further review of the record showed that the client was received by services for 8hrs/ 7 days a week. Further review of the record showed that at the time of survey, the nurse had not commented that the client was receiving services for 8hrs/ 7 days a week. Further review of the record showed that at the time of survey, the nurse had not conducted an onsite supervisory visit since the date of admission.	нна но	ME CARE, LLC D/B/A	SMITHLIFE HO	ME 4000 ALB WASHING	ERMARLE S	TREET, NW		
Pan showed a start of care late of 02/11/2021. The Assessment & Care Plan dir. not document the client's diagnosis. Eurther review of the form showed that the client was receiving service for 24-hrs/7 days a week. Further review of the record showed that at the time of survey, the nurse had not conducted an onsite supervisory visit since the date of admission. 2. On 06/09/2021 at 8:30 AW, review of Client #4's Service Agreement and Assessment & Care Plan showed a start of care date of 02/11/2021. The Assessment & Care Plan form documented that the client was receiving services for 8hrs/7 days a week. Further review or the form showed that the client was receiving services for 8hrs/7 days a week. Further review of the record showed that the time of survey, the nurse and nbt conducted an onsite supervisory visit since the date of admission.	PREFIX	EACH DEFICIENCY MUS.	T BE PRECEDED BY	CIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES.)	D DE	COMPLETE
STATE FORM	lealth Regulatio	Pan showed a start Assessment & Care clent's diagnosis. Fit showed that the clie 24-hrs/7 days a week showed that at the tit conducted an onsite of admission. 2. On 06/09/2021 at Service Agreement a showed a start of call Assessment & Care client had diagnoses pacemaker. Further retient the client was receiving week. Further review the time of survey, the onsite supervisory visite supervis	of care date of Plan dic not curther review on twas receiving. Further review of survey, supervisory v. 8:30 AM, reviewed Assessment of the condition of high choles review or the fing services for of the record enurse had next since the date of the record enurse had next since the date of the	ocument the f the form g service for w of the record the nurse had not sit since the date w of Client #4's nt & Care Plan 1/2021. The amented that the terol and a prm showed that the showed that at the conducted and the conducted and the conducted and the foodusted and the strong services of the conducted and the strong services of the conducted and the conducted and the services of the conducted and the conducted and the services of the conducted and the co	R 310	1) The RN initiated the 90 day revithat were found to be missing their checked that all New Clients and owere on her Schedule in ClearCard for a review. 2) As part of her initial assessmen creating a re-occuring shift every 9 for the RN visit. 3) As part of the Clinical Quality As the DON will review and spot check to ensure they have a supervisory.	rs. In additions and the service of	on, she nts days heir schedule view monthly, narts in ClearC eted every

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