

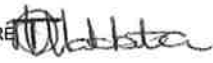
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 000	<p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted on 04/06/2023, 04/07/2023, 04/10/2023, 04/11/2023, and 04/12/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 100 patients and employed 118 staff. The findings of the survey were based on the review of administrative records, nine (9) active patient records, three (3) discharged patient records, 15 personnel records, and a review of the agency's response to incidents received. The survey findings were also based on the completion of three home visits.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living ADON - Acting Director of Nursing DON - Director of Nursing HHA - Home Health Aide HCA - Home Care Agency IADL - Instrumental Activities of Daily Living OT - Occupational Therapist PCA - Personal Care Aide POC - Plan of Care PT - Physical Therapist RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care</p>	H 000	Please begin typing your responses here:	
H 070	<p>3904.1 DIRECTOR</p> <p>The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as liaison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately</p>	H 070	Response for TAG H070	

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Director (X6) DATE 8/15/2023

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 070	<p>Continued From page 1</p> <p>trained.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, it was determined that the agency Director failed to ensure that one of six home health aides (HHA) sampled was adequately and appropriately trained and knowledgeable regarding the provision of personal care services as it relates to the plans of action detailed in the patient's plan of care (HHA #6).</p> <p>Findings included:</p> <p>A scheduled visit to patient #4 ' s home was conducted on 04/11/2023 at 12:08 PM. During a face-to-face interview with the home health aide on duty (HHA#6), it was revealed that there was no home health aide care plan, and HHA #6 was unable to verbalize knowledge of what a care plan was. When asked about her assigned tasks, she indicated she knew "what she was supposed to do for the patient."</p> <p>As the interview continued, it was noted that HHA #6 did not have an agency identification. She stated that she had not yet been issued an identification (ID) badge by the agency. Nevertheless, her personnel record revealed her date of hire was 02/10/2023.</p> <p>The agency's Administrator was made aware on 4/12/2023 at 2:00 pm. He stated each client had a green binder, and the aide care plan was included. He added that the aide might have been nervous during the interview." Of note, LPN#1 looked in the binder during the home visit, and there was no evidence of a care plan in the patient's home.</p>	H 070	<p>Patient #4's care plan has been delivered to the patient's home. The RN responsible for the case has educated all staff on the care plan of the patient. A new copy was</p> <p>also placed in the patient binder in the patient's home.</p> <p>For the visit months of May & June All Registered Nurses have been instructed to deliver a new copy of the Care Plan into each patient's home. Monthly when the RN is conducting supervisory visits they are to educate and evaluate the aides based on the care plan.</p> <p>During orientation of new Aides, Agency has included education on what is the care plan as part of the orientation. All aides have been instructed to call the office immediately in the event they are not able to locate the care plan in the patients' home.</p>	<p>5/10/23</p> <p>ongoing</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 070	Continued From page 2 At the time of the survey, the agency Director failed to ensure that HHA #6 was adequately and appropriately trained to provide personal care aide services in accordance with the patient's plan of care.	H 070		
H 150	<p>3907.2(f) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(f) Verification of previous employment;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records to include employee verification of previous employment for three of 15 personnel files sampled, registered nurses (RNs #1 and #2 and home health aide (HHA #2).</p> <p>Findings included:</p> <p>A review of personnel records conducted on 04/07/2023 at 12:21 PM revealed the following:</p> <p>1. The personnel file for registered nurse (RN #1) included a hire date of 03/01/2023. Further review of the personnel file showed no documented evidence that previous employment had been verified for RN #1.</p> <p>2. The personnel file for RN #2 included a hire date of 01/05/2023. Further review of the personnel file showed no documented evidence</p>	H 150	<p>Response for TAG H150</p> <p>The following protocols have been put in place to prevent a re-occurrence.</p> <p>A.) HR staff has been re-educated on DC DOH Requirements to verify previous employment for all Health Care Staff.</p> <p>At the point of application all prospective candidates will be required to complete the previous employment section of the application.</p>	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 150	Continued From page 3 that previous employment had been verified for RN #2. 3. The personnel file for home health aide (HHA #2) included a hire date of 03/21/2022. Further review of the personnel file showed no documented evidence that previous employment had been verified for HHA #2. During the Exit Interview on 04/12/2023, the administrative staff acknowledged the findings.	H 150	HR will document all contact and verification of previous employment in the personnel chart. All current charts are currently being reviewed to ensure that the employee's previous employment has been verified. On a Quarterly basis the Administrator or designee will review 25% of the employee charts to ensure 100% compliance with this requirement.	original
H 151	3907.2(g) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (g) Documentation of reference checks; This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to maintain accurate personnel records to include documentation of reference checks for three of fifteen personnel files sampled (RNs #1 and #2 and home health aide (HHA #2). Findings included: A review of personnel records conducted on 04/07/2023 at 12:21 PM revealed the following: The personnel files for RNs #1 and #2 revealed dates of hire of 03/01/ 2023 and 01/05/2023 respectively, however, there was no documented evidence of reference checks for either	H 151	Response to TAG H151 The following corrective actions have been taken. All cited personnel records have been reviewed and all references have been completed. Agency HR Staff have been trained on the regulatory requirement to have reference checks completed and documented in the patient chart. All new employees at the time of application will submit a list of two professional and two personal references. The HR Staff will be responsible for contacting the references and documenting in the personnel chart.	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 151	Continued From page 4 employee. The personnel file for home health aide (HHA #2) included a hire date of 03/21/2022. Further review of the personnel file showed no documented evidence of reference checks had been verified for HHA #2. The findings were confirmed by the agency ' s leadership staff.	H 151	Quarterly the Administrator or designee will audit 25% of the employee charts to ensure 100% compliance.	ongoing
H 152	3907.2(h) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (h) Copies of completed annual evaluations; This Statute is not met as evidenced by: Based on record review and interviews, the home care agency (HCA) failed to maintain accurate personnel records to include completed evaluations for four of 15 employees included in the sample, registered nurse (RN #3), physical therapist (PT #1), home health aides (HHAs) #3 and #5. Findings included: A review of the facility's personnel records was conducted on 04/07/2023 at 12:21 PM revealed the following: 1. The personnel file for registered nurse (RN #3) included a date of hire of 09/29/2020. Further review of the file showed no documented evidence of an annual evaluation since the	H 152	Response to TAG 152 The Agency Director has educated Agency staff on the Agency's policy regarding evaluations. All Clinical evaluations will be completed by the Director of Clinical Services/designee. A copy of the evaluation will be immediately filed in the employee chart. The Agency will utilize the HRIS system to track the evaluation due dates for all staff. HR staff will run the report on a monthly basis for evaluations that are due the next month. All RNs or managers will be notified via email regarding the pending evaluations for staff by the HR Staff.	5/10/23 ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 152	<p>Continued From page 5</p> <p>employee ' s initial one year anniversary.</p> <p>During an interview on 04/12/2023 at 10:33 AM, RN #3 stated that she had at least one annual evaluation since her date hire, which was conducted by the former director of nursing (DON); however, at the time of the survey, there was no documented evidence of an evaluation in her personnel file.</p> <p>2. The personnel file for physical therapist (PT #1) included a date of hire of 01/21/2021. Further review of the file showed no documented evidence of an annual evaluation since the employee ' s initial one year anniversary.</p> <p>3. The personnel file for home health aides (HHAs #3 and #5 included dates of hire of 12/18/2021 and 09/24/2018 respectively. Further review of the files showed no documented evidence of annual evaluations since the employee ' s initial one year anniversary or thereafter.</p> <p>Review of the agency ' s policy entitled performance evaluations on 04/11/2023 at 4:20 PM showed "A new hire will receive a performance evaluation in one year based on a calendar year. Ongoing performance evaluations are to be conducted at the minimum of once a year."</p> <p>At the time of the survey, the home care agency ' s Administrator verified that the performance evaluations should be conducted per the agency ' s policy.</p>	H 152	<p>Once completed HR will audit all evaluations that were due by the end of the month to ensure compliance. All evaluations will be signed and dated and placed in the employee's chart.</p> <p>The Administrator or designee will audit 25% of all personnel charts quarterly to ensure 100% with this requirement.</p>	
H 155	3907.2(k) PERSONNEL	H 155		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 155	<p>Continued From page 6</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(k) A position description;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interviews, the home care agency (HCA) failed to maintain accurate personnel records to include position descriptions for four of 15 employees sampled (registered nurses (RNs #2 and #4), and home health aides (HHAs #3 and #4).</p> <p>Findings included:</p> <p>Review personnel records conducted on 04/06/2023 at 2:12 PM and 04/10/2023 at 3:48 PM revealed the following:</p> <ol style="list-style-type: none"> 1. The personnel file for registered nurse (RN #2) included a date of hire of 01/05/2023. Further review of the personnel record showed no documented evidence of a position description. 2. The personnel file for RN #4 included a date of hire of 04/06/2023. Further review of the personnel record showed no documented evidence of a position description. 3. The personnel file for home health aide (HHA #3) included a date of hire of 12/18/2021. Further review of the personnel record showed no documented evidence of a position description. 4. The personnel file for HHA #4 included a date of hire of 03/21/2022. Further review of the personnel record showed no documented 	H 155	<p>Response to TAG H155</p> <p>The following corrective actions have been implemented.</p> <ol style="list-style-type: none"> 1. All identified staff have been provided with a Job Description to review and sign. Copies have been placed in the employee chart. 2. At the point of Hire all Agency staff will be issued with a position description and all signed and dated copies will be placed in the employee chart. 3. The Position description will be marked as complete in the Agency HRIS system. 4. HR Staff will audit quarterly all personnel charts to ensure a completed Job description is on file. 	<p>5/10/23</p> <p>ongoing</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 155	Continued From page 7 evidence of a position description. At the time of the survey, the agency failed to maintain personnel files to include job descriptions for RNs #2 and #4, and HHAs #3 and #4.	H 155		
H 162	<p>3907.6 PERSONNEL</p> <p>At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of communicable diseases within the six months immediately preceding the employee's date of hire for two of 15 staff sampled, (acting director of nursing (ADON) and home health aide (HHA #2).</p> <p>Findings included: A review of personnel records conducted on 04/06/2023 at 2:32 PM revealed the following:</p> <ol style="list-style-type: none"> The personnel file for home health aide (HHA #2) included a hire date of 03/21/2022. Further review of the personnel file showed that she had a Chest X-ray dated 06/02/2021, nine months prior to her hire date with no evidence of verification of communicable disease screening by a qualified health practitioner. The personnel file for the acting director of 	H 162	<p>Response to TAG H162 & TAG H163</p> <p>The following remedial actions have been implemented.</p> <ol style="list-style-type: none"> Agency has revised all onboarding requirements to include verification that each employee was free of communicable diseases within the six months immediately preceding date of hire. HR Staff will review all Health Care Certificates for all new hires to ensure compliance. Agency has revised Policy Qualification and competency-HHA to include verification that each employee was free of communicable diseases within the six months immediately preceding date of hire. 	<p>5/10/23</p> <p>ongoing</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 162	<p>Continued From page 8</p> <p>nursing (ADON) included a hire date of 10/07/2020. Further review of her personnel file showed that she had a QuantIFERON dated 06/14/2022, two years after her date of hire, there was no evidence of verification of communicable disease screening by a qualified health practitioner within 6 months of hire.</p> <p>Review of the policy entitled "qualifications and competency-HHA" showed "Physical Examination showing that the candidate is free from communicable diseases, valid PPD Test Result, if candidate has a positive history of PPD a Chest X-ray accompanied by a communicable disease screening form." Further review of the policy revealed no mention of the requirement for employees to be free of all communicable diseases within the six months immediately preceding their date of hire.</p> <p>During the Exit Interview on 04/12/2023, the administrative staff acknowledged the findings.</p>	H 162		
H 163	<p>3907.7 PERSONNEL</p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to verify that each employee was screened and certified free of communicable disease annually for one of 15 personnel records sampled, registered nurse (RN</p>	H 163		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 163	Continued From page 9 #1). Findings included: A review of personnel records conducted 04/06/2023 at 3:14 PM revealed the following: The personnel file for registered nurse (RN #1) included a hire date of 03/01/2023. Further review of the file showed that RN #1 was last screened for communicable diseases on 08/05/2020. During the Exit Interview on 04/12/2023, the administrative staff acknowledged the findings and were referred to Title 22 DCMR Chapter 39 for Home Care Agency ' s regulations that required the HCA to verify that each employee has been screened for and free of communicable diseases annually.	H 163		
H 166	3907.9 PERSONNEL Each employee who is required to be licensed, certified or registered to provide services shall be licensed, certified or registered under the laws and rules of the District of Columbia. This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that one registered nurse, acting as the agency's director of nursing (DON) was licensed to practice nursing under the laws and rules of the District of Columbia. The findings included: During the Entrance Conference on 04/12/2023,	H 166	Response to H166 The Nurse has been placed on leave pending a full license being issue by the District of Columbia. A New Acting DON was appointed and is currently licensed by the District of Columbia as a Registered Nurse. The Agency has audited all current RNs to ensure they have an active DC RN License.	4/12/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 166	<p>Continued From page 10</p> <p>at 9:23 AM, the agency Administrator stated that the former director of nursing (DON) was no longer with the agency. Further interview with the Administrator revealed that the agency hired an Acting Director of Nursing (ADON) on 10-07-20, and that she currently served as the ADON.</p> <p>The personnel record for the agency's ADON reviewed on 04/07/2023 at 12:21 PM revealed that she was a licensed registered nurse in the state of Virginia.</p> <p>Review of the state agency's professional license verification portal for registered nurses on 04/10/2023 at 10:08 AM, showed that the acting director of nursing (DON) was not a registered nurse (RN) licensed in the District of Columbia.</p> <p>Per consultation with the D.C. Board of Nursing, it was determined the acting director of nursing had not applied for Reciprocity in the District of Columbia. The District's Board of Nursing's waiver for out-of-state RN's as a result of the Covid-19 pandemic had since expired.</p> <p>During the exit conference on 04/12/2023, the administrative staff acknowledged the findings.</p> <p>At the time of the survey, the agency failed to ensure that the Acting Director of Nursing was licensed to practice nursing under the laws and rules of the District of Columbia, nor had she applied for licensure in the District of Columbia since her date of hire in 2020.</p>	H 166	<p>On a quarterly basis the HR Coordinator will verify all employees Licensure electronically on the DC health to ensure all licenses are current and active.</p>	
H 169	<p>3907.10 PERSONNEL</p> <p>Each home care agency shall document the professional qualifications of each employee or</p>	H 169	<p>Response to TAG 169</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 169	<p>Continued From page 11</p> <p>provider to ensure that the applicable licenses, certifications, accreditations or registrations are valid.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to document the professional qualifications of one nurse acting in a leadership role as the Acting Director of Nursing, to ensure the validity of licensure for practice in the District of Columbia as a registered nurse. Findings included:</p> <p>Cross reference to 3907.9</p> <p>A review of the personnel file for the acting Director of Nursing lacked evidence of licensure to practice nursing in the District of Columbia.</p>	H 169	<p>Agency staff has been educated to review all current employee licensure status to ensure compliance with DC DOH Regulations.</p> <p>Any staff that is found without an active DC License will be immediately removed from the</p> <p>active schedule and directed to the DC Board of Nursing to ensure they are in compliance with licensure requirements.</p> <p>The Director or designee will audit 100% of all active licensed staff to ensure a valid & current DC License is on file. Verification will be done using the License verification link on DC DOH Website.</p>	5/10/23 ongoing
H 170	<p>3907.11 PERSONNEL</p> <p>Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the home care agency (HCA) failed to ensure its employee</p>	H 170	<p>Response to H170</p> <p>The following remedial actions have been taken.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 170	Continued From page 12 presented a valid agency ID badge prior to entering the home of the patient, for one (1) of three HHAs observed during home visits. (HHA #6). Findings included: On 04/11/2023, at 12:15 PM, during a home visit with Patient #4, HHA #6 was observed not wearing an ID card on her person. Interview with HHA #6 on 04/11/2023 at 12:18 p.m., revealed that she had not yet been issued an identification (ID) badge by the agency. However, review of the employee's personnel record revealed her date of hire was 02/10/2023. At the time of survey, the agency failed to ensure that each HHA was issued an agency ID badge to be presented prior to entering the home of each patient.	H 170	<ol style="list-style-type: none"> All field staff without ID Badges have been informed to report to the office and obtain an ID Badge. All RNs have been educated and instructed to ensure that all Aides are in complete uniform when they conduct the monthly supervisory visits. Any employee without an ID Badge will be immediately to the office for disciplinary action. All new employees will be issued with new ID Badges immediately after orientation. Patients have also been educated not to open the door for any aide who does not have a valid ID Badge. 	5/10/23
H 227	3909.2 DISCHARGES TRANSFERS & REFERRALS Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of:	H 227	<p>Responses to H227</p> <p>The following actions have been taken to prevent any future re-occurrence.</p> <p>The Director of Nursing/designee will run a list of all patients who have a planned discharge weekly to ensure that they receive an official discharge letter. For a confirmed discharge the letter will be hand delivered by the RN/PT/OT. A copy of the letter will be placed in the Patient Chart.</p>	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 227	<p>Continued From page 13</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to ensure that each patient received written notice of discharge at least seven (7) calendar days prior to the action for one of three discharged patients. (Patient #12).</p> <p>Findings included:</p> <p>On 04/12/2023 at 12:45 pm, review of Patient #12's clinical record revealed a plan of care (POC) with a duration period of 02/14/2022 through 03/29/2022. The POC contained a physician's order for physical therapy (PT) and occupational therapy (OT) evaluations and treatments. Further review of the clinical record revealed a discharge summary dated March 29, 2022, that stated, "goals met/ Patient Notified of Discharge: Yes, 5 days." There was no documented evidence that the patient was given written notice at least seven days prior to the discharge.</p> <p>On 04/12/2023 at 01:43PM, the Administrator acknowledged the findings.</p> <p>At the time of survey, the HCA failed to ensure that Patient #12 received written notice of discharge at least seven (7) calendar days prior to the action.</p>	H 227	<p>Monthly the Administrator will review 100% of all discharged patients to ensure that a discharge letter was sent for all discharges.</p>	
H 260	<p>3911.1 CLINICAL RECORDS</p> <p>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p>	H 260	<p>Responses to H260</p> <p>The following remedial actions have been implemented to prevent a re-occurrence.</p>	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 260	<p>Continued From page 14</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure each patient's record was accurately maintained for one of nine active patients in the sample (Patient #4).</p> <p>Findings included:</p> <p>On 04/10/2023 at 01:25 pm, review of Patient #4's plan of care (POC) showed a duration period of 12/06/2022 through 02/03/2023 with a start of care date (SOC) of 06/09/2022. The POC revealed that the patient had diagnoses that included major depressive disorder, quadriplegia, gastro-esophageal reflux disease, insomnia, anxiety disorder, pressure ulcer of sacral region, stage 4, hyperlipidemia, neuromuscular dysfunction of bladder, neuralgia, and neuritis.</p> <p>Continued review of the records revealed an assessment note dated 01/15/2023, where the registered nurse (RN) noted "Patient tolerating activities such as turn and reposition well no SOB noted Patient stable and ambulating independently." Again, RN noted on 01/25/2023 "Patient stable and ambulating independently." Also, she noted on 02/24/2023 "Patient is fully ambulatory no wheelchair used, patient has a walker that she is using at all times."</p> <p>The patient had a diagnosis of quadriplegia on the plan of care indicating he was a two-person maximum assist with a Hoyer lift. A home visit to the patient's residence on 04/11/2023 at 12:08 pm confirmed that he was non ambulatory and was quadriplegic with a motorized wheelchair for mobility.</p> <p>On 04/12/2023 at 02:00 pm, the Administrator</p>	H 260	<ol style="list-style-type: none"> All Clinical staff have been educated on documenting accurately in the patient chart. All documentation is supposed to reflect the current medical condition of the patient. All Clinical notes will be reviewed by the Quality Assurance Nurse weekly. The QA Nurse will also use all hospital records to ensure that the clinician is documenting accurately. Any clinical notes identified to be non-compliant will be immediately returned to the Clinician for correction. If the Clinician repeats the same error, he/she will be placed on a corrective action plan and monitored monthly until successful completion. If there is no change the clinician's employment will be terminated with the Agency. QA Nurse will audit 25% of all active charts quarterly to ensure 100% compliance. Results will be shared with DON and Administrator. The Governing Body will receive a report. 	<p>5/10/23</p> <p>ongoing</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 260	Continued From page 15 was made aware of the findings. He acknowledged that it was a mistake from the registered nurse, and the patient was quadriplegic. At the time of the survey, the agency's registered nurse failed to accurately record the patient's physical condition in her assessments for patient #4.	H 260		
H 300	3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that services were provided in accordance with the plan of care (POC) as evidenced by missed home health aide (HHA) visits for six of nine active patients in the sample (Patients #2, 3, 5, 6, 7, and #8). Findings included: 1. On 04/07/2023 at 1:06 pm, review of Patient #2's plan of care (POC) showed a duration period of 09/03/2021 through 08/31/2022. The patient's diagnoses included chronic systolic (congestive) heart failure, hypertension, type II diabetes mellitus, chronic kidney disease, chronic	H 300	Response to TAG H300 The following corrective actions have been implemented. 1. All current patients who are currently receiving services and services are being provided per patient request have been reviewed and Physician Orders have been generated to reflect the current level of care. The Agency will continue to make all efforts to ensure patients are currently staffed per Physician orders. 2. Agency has also contracted with Staffing Agencies in the District to ensure continuity of care for all Patients.	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 300	<p>Continued From page 16</p> <p>obstructive pulmonary disease, morbid obesity, hyperlipidemia, and presence of cardiac pacemaker. The POC indicated skilled nursing services every 30 to 62 days for systems assessment and personal care aide (PCA) supervision, and personal care aide services, eight hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #2's clinical record showed that PCA services were not provided on the weekends during the months of June 2022, July 2022, and August 2022. Patient #2 was ordered seven days per week of PCA services, and the agency was providing five days a week.</p> <p>Interview with administrator on 04/11/2023 at 03:15 pm revealed the following: "It's a challenge to have weekend aides because of the shortage. Sometimes, patients may not want a different aide and would rather not have any."</p> <p>2. On 04/06/2023 at 12:51 pm, review of Patient #3's clinical record showed Plans of Care (POCs) with duration periods of 12/13/2021 through 02/10/2022 and 02/11/2022 through 04/11/2022. The patient's diagnoses included moderate protein-calorie malnutrition, chronic systolic (congestive) heart failure, chronic kidney disease, stage, gastrointestinal hemorrhage, hypertension, and acute myocardial infarction. The POC indicated skilled nursing services every 30 to 62 days for systems assessment and personal care aide (PCA) supervision, and personal care aide services, 16 hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #3's clinical records showed that PCA services were not provided as ordered 12/04/2021, 12/05/2021, 12/11/2021 through 12/17/2021, 01/29/2022, 01/30/2022,</p>	H 300	<p>3. Quartley the DON & QA Nurse will audit 25% of active patients to ensure 100% compliance with orders and updates.</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 300	<p>Continued From page 17 02/26/2022, and 02/27/2022.</p> <p>3. On 04/07/2023 at 2:42 pm, review of Patient #5's clinical record showed a POC with a duration period of 09/23/2021 through 09/22/2022. The POC contained a physician's order for the RN to instruct and supervise the personal care aides (PCA) at least every 30 to 62 days. The patient's diagnoses included Anemia, hypertension, glaucoma, Type 2 diabetes mellitus, arthritis, Constipation. The POC indicated skilled nursing services every 30 to 62 days for systems assessment and personal care aide (PCA) supervision, and personal care aide services, eight hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #5's clinical record showed that PCA services were not provided on the weekends during the months of December 2021, January 2022, and February 2022. Patient #5 was ordered seven days per week of PCA services, and the agency was providing five days a week.</p> <p>4. On 04/10/2023 at 09:50 am, review of Patient #6's clinical record showed a plan of care (POC) with a duration period of 01/01/2023 through 12/31/2023. The patient's diagnoses included type 2 diabetes mellitus, hypercholesterolemia, and hypertension. The POC indicated skilled nursing services every 30 to 62 days for systems assessment and personal care aide (PCA) supervision, and personal care aide services, eight hours per day, five days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #6's clinical records showed that PCA services were not provided as ordered 02/25/2023 through 02/28/2023 and</p>	H 300		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 300	<p>Continued From page 18</p> <p>03/27/2023 through 03/31/2023.</p> <p>5. On 04/10/2023 at 10:47 am, review of Patient #7's clinical record showed a plan of care (POC) with a duration period of 10/01/2021 through 09/30/2022. The patient's diagnoses included hypertension, chronic viral hepatitis C, anxiety, agoraphobia with panic disorder, osteoarthritis, anemia, history of falling, and muscle weakness. The POC indicated skilled nursing services every 30 to 62 days for systems assessment and personal care aide (PCA) supervision, and personal care aide services, nine hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #7's clinical records showed that PCA services were not provided as ordered from 12/04/2021 through 12/08/2021, 12/10/2021 through 01/09/2022, and 01/15/2022 through 01/23/2022.</p> <p>6. On 04/10/2023 at 03: 48 pm, review of Patient #8's clinical record showed a plan of care (POC) with a duration period of 08/24/2022 through 08/23/2023. The patient's diagnoses included type 2 diabetes mellitus, hypertension, cerebral infarction, hyperlipidemia, congestive heart failure, and myocardial infarction. The POC indicated skilled nursing services one to five times a month for systems assessment and personal care aide (PCA) supervision, and personal care aide services, eight hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #8's clinical records showed that PCA services were not provided as ordered from 03/13/2023 through 03/31/2023.</p> <p>On 04/12/2023 at 02:08 pm, the Administrator</p>	H 300		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 300	Continued From page 19 was made aware of the findings. At the time of the survey, the home care agency failed to ensure that home health aide services were provided in accordance with the plan of care for Patients #2, 3, 5, 6, 7, and #8.	H 300		
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and supplies; This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's plan of care included a description of the services to be provided, including frequency, amount, and duration of services for nine of nine active patients and one discharge patient in the sample (Patients #1, 2, 3, 4, 5, 6, 7, 8, 9, and #12). Findings included: Review of the home care agency's (HCA) clinical records beginning 04/06/2023 through 04/12/2023 showed that the agency provided skilled services and personal care aide services to its patients but failed to ensure that the plans of care (POCs) included a description of the services to be provided, e.g., the frequency, amount, and duration of services.	H 355	Response to TAG H355 The following remedial actions have been Implemented. 1. All active charts and cited charts POCs have been reviewed and corrections have been made to ensure the following; all pertinent diagnosis, the description of service to be provided include the frequency, amount and expected duration; dietary requirements, medication administration, including dosage; equipment and supplies. 2. Physician Orders were generated and sent to the Physician to clarify the changes being made to the POC. 3. Once received the Signed orders will be incorporated into the patient medical chart.	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 355	Continued From page 20 On 04/12/2023 at 02:08 pm, the Administrator was made aware of the findings. At the time of the survey, the home care agency failed to ensure that the plans of care for Patients #1, 2, 3, 4, 5, 6, 7, 8, 9, and #12 contained a description or duration of the ordered services.	H 355	4. Quarterly The DON will review 100% of all POCs to ensure 100% compliance. TAG 358	5/10/23
H 358	3914.3(g) PATIENT PLAN OF CARE The plan of care shall include the following: (g) Physical assessment, including all pertinent diagnoses; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure the plan of care (POC) included a physical assessment and all pertinent diagnoses for one of three discharged patients in the sample (Patient #12). Findings included: On 04/12/2023 at 12:45 pm, review of Patient #12's clinical record revealed a plan of care (POC) with a duration period of 02/14/2022 through 03/29/2022. The POC contained a physician's order for physical therapy (PT) and occupational therapy (OT) evaluations and treatments. Continued review of the POC lacked evidence of a physical assessment or the patient's diagnoses for Patients #3, 4, and 5. There was no diagnoses recorded on the POC. On 04/12/2023 at 01:14 pm, the Administrator was made aware of the findings. He indicated	H 358	The following remedial actions have been implemented. 5. All active charts and cited charts POCs have been reviewed and corrections have been made to ensure following; all pertinent diagnosis, the description of service to be provided include the frequency, amount and expected duration; dietary requirements, medication administration, including dosage; equipment and supplies. 6. Physician Orders were generated and sent to the Physician to clarify the changes being made to the POC. Once received the Signed orders will be incorporated into the patient medical chart 7. Quarterly The DON will review 100% of all POCs to ensure 100% compliance.	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 358	Continued From page 21 that the agency had a period of technical issues with its electronic health records. He indicated that "some of the assessments were not pulling to the plans of care." At the time of the survey, the agency failed to include a physical assessment and all of Patient's #12 pertinent diagnoses on the POC.	H 358		
H 366	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days. This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's plan of care (POC) was approved and signed by a physician, and/or authorized designee, within 30 days of the start of care (SOC) for eight of nine active patients in the sample (Patients #1, 2, 3, 4, 5, 6, 7, and #8). Findings included: Review of the home care agency's clinical records beginning 04/06/2023 through 04/12/2023 showed that the agency failed to ensure that the plans of care (POCs) for Patients #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and	H 366	Response to TAG H366 The following corrective action has been taken to prevent a reoccurrence. All Cited Charts have been brought to Compliance. 1. The Intake Coordinator will be responsible for ensuring all POCs are sent to the Physician timely within 72 hours after the Assessment has been received by the Office and the QA has reviewed the Assessment and POC for accuracy. The Intake Coordinate will log into the Agency EMR the date the POC was sent to the Physician for Signature for tracking purposes. 2. A report will be run every Monday to see any outstanding POCs to be signed. Any POCs not signed by day 15 will initiate a phone call to the PCP's office.	5/10/23 ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 366	<p>Continued From page 22</p> <p>signed by a physician, within 30 days of the start of care (SOC).</p> <p>On 04/12/2023 at 02:08 pm, the Administrator was made aware of the findings. He expressed challenges in getting the physicians to sign the POCs despite multiple attempts.</p> <p>At the time of survey, the home care agency failed to ensure that the POCs for Patients #1, 2, 3, 4, 5, 6, 7, and #8 were signed by the patient's physician within 30 days of the start of care (SOC).</p>	H 366	<p>The intake coordinator will hand walk any unsigned POCs to the PCP's office for signature. If no signed POC is received on day 30 all services will be placed on hold pending PCP signature.</p> <p>If a signed POC is received within 30 days, services will resume. The Agency will make all possible efforts to ensure the POC is signed within 30 days. Monthly the DON will review all generated Plan of Cares to audit for 100% compliance.</p>	
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure skilled nursing services were provided in accordance with the patient's plan of care (POC) for six of nine active patients in the sample (Patients #1, 2, 3, 4, 5, and #8).</p> <p>Findings included:</p> <p>1. On 04/07/2023 at 10:22 am, review of Patient #1's clinical record showed a plan of care (POC) with a duration period from 05/29/2022 through 09/30/2023. The POC included a physician's order for skilled nursing visits every 30 to 62 days</p>	H 453	<p>Response to TAG 453 & 456</p> <p>All Skilled Nurses have been re-educated on the requirement to provide services as ordered by the Physician.</p> <p>The Agency Administrative Nurse will be responsible for assigning all clinicians to the patient.</p> <p>On a weekly basis the Administrative Nurse will ensure that all visits for all patients have occurred as scheduled and the Nurse has documented in the patient chart.</p> <p>If the Nurse was unable to visit the patient the visit will be re-assigned to another for that monthly only, to ensure coverage and that services are rendered.</p>	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	<p>Continued From page 23</p> <p>for assessments, patient education, and personal care aides (PCA) supervision. The patient's diagnoses included chronic pain syndrome, low back pain, tremor, osteoarthritis, opioid dependence, Parkinson's disease, and hemiplegia. Continued review of the clinical record lacked evidence that the skilled nurse (SN) visited Patient #1 as ordered between the periods of March 2022 through May 2022.</p> <p>2. On 04/07/2023 at 1:06 pm, review of Patient #2's clinical record showed a plan of care (POC) with a duration period of 09/01/2022 through 08/31/2023. The POC included a physician's order for the SN to visit the patient every 30 to 62 days to assess the endocrine system, hydration, nutrition status, review diet, and instruct on medication. The patient's diagnoses included chronic systolic (congestive) heart failure, hypertension, type II diabetes mellitus, chronic kidney disease, chronic obstructive pulmonary disease, morbid obesity, hyperlipidemia, and presence of cardiac pacemaker.</p> <p>A. The POC included an order for the nurse to assess glucose levels each visit and notify the physician of fasting blood sugar greater than 250 or less than 70, random blood sugar greater than 200 or less than 60. Also, the nurse was to teach, manage, and evaluate signs and symptoms of hypo/hyperglycemia. Continued review of the clinical record showed nursing visit notes dated with no documented evidence of an assessment of the patient's blood sugar to determine whether the results warranted intervention or physician notification on 06/29/2022, 07/25/2022, 08/26/2022 (Recertification), 09/23/2022, 10/07/2022, 11/29/2022, 12/21/2022, 01/18/2023, 02/22/2023, and 03/28/2023.</p>	H 453	<p>The QA Nurse will review all clinical notes daily as they are submitted to the office for compliance. All wound care patients will be monitored to ensure that wound measurements are documented.</p> <p>All Clinical notes will be review to ensure that care is being provided as ordered, for high risk patients weight will be monitored, for diabetic patients blood glucose levels will be monitored each visit and escalated as necessary to the physician.</p> <p>The Nurse will document all clinical interventions in the patient chart. All supervision of the Aide/LPN will be documented in the chart. If the patient has more than one aide/LPN rendering services, the Nurse will make multiple visits to ensure all aides/LPNs have been supervised. All aides will be oriented to the care plan.</p> <p>Monthly the Director of Clinical Services will review 25% of the patient census to ensure 100% compliance. The results will be shared quarterly will the QAPI committee and Annually with the Governing Body.</p>	<p><i>ongoing</i></p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	<p>Continued From page 24</p> <p>B. In addition, the POC included an order for the nurse to assess and instruct on signs and symptoms of pulmonary and cardiac dysfunction, interventions to relieve complications, weight each visit and notify the physician of weight gain or loss of ten (10) pounds or more within seven days. The patient had congestive heart failure and was prescribed Furosemide 40mg daily. Continued review of the clinical records showed nursing visit notes with no documented evidence of an assessment of the patient's weight to determine whether the results warranted intervention or physician notification on 06/29/2022, 07/25/2022, 08/26/2022 (RECERT), 09/23/2022, 10/07/2022, 11/29/2022, 12/21/2022, 01/18/2023, and 02/22/2023.</p> <p>Interview with the nurse on 04/07/2023 at 03:45 pm revealed that she carried a scale during her visits but did not take the patient's weight because the patient's congestive heart failure was stable. Also, she stated that she would ensure to weigh the patient and assess the blood glucose levels on each visit.</p> <p>3. On 04/06/2023 at 12:51 pm, review of Patient #3's clinical record showed plans of care (POCs) with duration periods of 12/13/2021 through 02/10/2022 and 02/11/2022 through 04/11/2022. The patient's diagnoses included moderate protein-calorie malnutrition, chronic systolic (congestive) heart failure, chronic kidney disease, stage, gastrointestinal hemorrhage, hypertension, and acute myocardial infarction. The POC indicated skilled nursing services every 30 to 62 days for systems assessment and personal care aide (PCA) supervision, and personal care aide services, 16 hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs).</p>	H 453		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	<p>Continued From page 25</p> <p>A. Continued review of the records showed a physician order dated 02/24/2022 for stage III wound care every 3 days and as needed. The nurse was to clean the wound with normal saline, pack it gently with trimmed alginate rope, and cover with bordered gauze. The nurse was ordered to send weekly wound measurements to the doctor. Further review of the records lacked evidence of wound measurements from March 2022 to December 2023.</p> <p>On 04/07/2023 at 12:29 pm, interview with the registered nurse revealed that she would measure the wound and document it in care coordination or in the wound flowsheet. Both, the Administrator and the Administrative Nursing Officer acknowledged the lack of wound care measurements in the records. The wound flowsheets were blank.</p> <p>B. Furthermore, the POC included an order for the nurse to assess for signs and symptoms of exacerbation of congestive heart failure, perform and assess client's weight weekly, and instruct client/caregiver to weigh patient and call the physician for weight gain greater than 2 to 3 lbs. in 24 hours or greater than 5 lbs. in seven 7 days. Continued review of Patient #8's clinical records lacked evidence of assessments of patient's weights from 10/06/2022 to 04/11/2023.</p> <p>C. Patient #3 had an order for the "skilled nurse to administer feeding regimen via the Peg-Tube pump: Jevity bolus 237 ml at 10 am and 2 pm then flushed with 250 ml of water. Hold feeding for 1 hour if residual is 50 ml or greater. Notify physician and registered nurse after 1-hour if residual remains greater than 50 ml." Continued review of the clinical records showed that there were no tube feeding residual assessments</p>	H 453		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	<p>Continued From page 26</p> <p>documented by nurses on 12/01/2021, 12/02/2021, 12/03/2022 through 12/31/2021, 01/29/2022, 01/31/2022, 02/6/2022, 02/07/2022, 02/09/2022, 02/10/2022, 02/11/2022, 02/12/2022, and 02/13/2022.</p> <p>D. Also, the plan of care showed an order for the skilled nurse to notify the physician of temperature greater than 100 or less than 95, pulse greater than 100 or less than 60, respirations greater than 22 or less than 12, systolic blood pressure greater than 160 or less than 90, diastolic blood pressure greater than 90 or less than 60, and oxygen saturation less than 94 percent. Continued review of the clinical records showed nursing notes with no documented evidence of an assessment of the patient's vital signs to determine whether the results warranted intervention or physician notification on 12/02/2021 through 12/05/2021, 12/08/2021 through 12/10/2021, 12/12/2021 through 12/16/2021, 12/18/2021 and 12/19/2021, 12/21/2021, 12/25/2021, 12/28/2021, 12/30/2021, and 12/31/2021.</p> <p>4. On 04/10/2023 at 01:25 pm, review of patient #4's plans of care (POCs) showed duration periods of 02/04/2023 through 04/04/2023 and 04/05/2023 through 06/03/2023 with a start of care date (SOC) of 06/09/2022. The POC indicated skilled nursing services eight hours a day, seven days a week for medication management, wound care, and catheter care; personal care aide services 24 hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). The POC included a physician's order for the RN to visit weekly to assess stage IV sacral wound for signs and symptoms of infection, healing status, wound</p>	H 453		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	<p>Continued From page 27</p> <p>deterioration, and complications. Continued review of the clinical record lacked evidence of wound measurements to determine whether current wound care treatment had been effective or warranted physician notification in November 2022, December 2022, January 2023, and February 2023. An onsite, scheduled visit to patient #4's home was conducted on 04/11/2023 at 12:08 PM. Licensed practical nurse (LPN#1) was on duty and indicated having done the wound care, and that it was healing. Also, Patient #4 indicated that the wound was draining a lot when he would be sitting in his chair, but it had been healing and had gotten smaller in size.</p> <p>5. On 04/07/2023 at 2:42 pm, review of patient #5's clinical record showed a POC with a duration period of 09/23/2021 through 09/22/2022. The POC included a physician's order for skilled nursing visits every 30 to 62 days for assessments, patient education, and personal care aides (PCA) supervision and personal care aide (PCA) services eight hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of the records showed a communication note addressed to the doctor dated 04/30/2022 indicating the following: "The physician to be advised no monthly visits done from October 2021 until April 2022 due to RN shortage." On 04/11/2023 at 03:27 pm during an interview, the Administrator indicated that it was difficult for the agency to find a nurse that was willing to do home visits. The home care agency failed to ensure that Patient 5's needs were met in accordance with the plan of care between the months of December 2021 and April 2022.</p>	H 453		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 453	<p>Continued From page 28</p> <p>6. On 04/10/2023 at 03: 48 pm, review of patient #8's clinical record showed a plan of care (POC) with a duration period of 08/24/2022 through 08/23/2023. The patient's diagnoses included type 2 diabetes mellitus, hypertension, cerebral infarction, hyperlipidemia, congestive heart failure, and myocardial infarction. The POC indicated skilled nursing services one to five times a month for systems assessment and personal care aide (PCA) supervision, and personal care aide services, eight hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Also, the POC included an order for the nurse to teach client/caregiver to call the physician for weight gain greater than 2-3lbs in 24 hours or greater than 5lbs in a week. Continued review of patient #8's clinical record showed nursing visit notes from September 2022 to March 2023 with no documented evidence of an assessment of the patient' s weight to determine whether the results warranted intervention or physician notification.</p> <p>At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with the patient's POC for Patients #1, 2, 3, 4, 5, and #8.</p>	H 453		
H 456	<p>3917.2(f) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate;</p>	H 456		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 456	<p>Continued From page 29</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency's nurses (HCA) failed to document the supervision of services being delivered by each patient's home health aide (HHA) for two of nine active patients in the sample (Patients #4 and #5).</p> <p>Findings included:</p> <p>1. On 04/10/2023 at 01:25 pm, review of patient #4's plan of care (POCs) showed duration periods of 02/04/2023 through 04/04/2023 and 04/05/2023 through 06/03/2023 with a start of care date (SOC) of 06/09/2022. The POC indicated skilled nursing services eight hours a day, seven days a week for medication management, wound care, and catheter care; personal care aide services (PCAs) for 24 hours per day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). The POC contained a physician's order for the registered nurse (RN) to visit weekly for assessments, evaluation, and supervision of the services provided by the licensed practical nurses (LPNs) and personal care aides (PCAs).</p> <p>An onsite, scheduled visit to patient #4's home was conducted on 04/11/2023 at 12:08 PM. During interview with the home health aide on duty (HHA#6), it was revealed that there was no home health aide care plan, and she had no knowledge of what a care plan was. When asked about her assigned tasks, she indicated she knew "what she was supposed to do for the patient."</p> <p>Interview with the licensed practical nurse (LPN</p>	H 456	<p>TAG H456</p> <p>All Skilled Nurses have been re-educated on the requirement to provide services as ordered by the Physician.</p> <p>The Agency Administrative Nurse will be responsible for assigning all clinicians to the patient.</p> <p>On a weekly basis the Administrative Nurse will ensure that all visits for all patients have occurred as scheduled and the Nurse has documented in the patient chart.</p> <p>If the Nurse was unable to visit the patient the visit will be re-assigned to another for that monthly only, to ensure coverage and that services are rendered</p>	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 456	<p>Continued From page 30</p> <p>#1) on duty revealed that there was no care plan onsite for the skilled services. She indicated that Patient #4 had one, but they could not find it. Patient confirmed her statement.</p> <p>Based on the record review, the supervisory registered nurse had been visiting Patient #4 every week and documenting supervisory visits for both LPN#1 and HHA #6 indicating respectively "yes: LPN #1 follows client's plan of care" on 03/03/2023 and 03/17/2023" and "yes: HHA #6 follows client's plan of care" on 02/26/2023, 03/03/2023, 03/10/2023, 03/18/2023, and 03/22/2023.</p> <p>HHA#6 date of hire was 02/10/2023, and she did not know the meaning of a care plan. LPN #1 was instructed to call her office and get an updated care plan for the patient and for the aides. The agency's Administrator made aware on 4/12/2023 at 2:00 pm. He stated each client had a green binder, and the aide care plan was included. He added that the aide might have been nervous during the interview." Of note, LPN#1 looked in the binder, and there were no copies of care plans.</p> <p>2. On 04/07/2023 at 2:42 pm, review of patient #5's clinical record showed a POC with a duration period of 09/23/2021 through 09/22/2022. The POC contained a physician's order for the registered nurse (RN) to instruct and supervise the personal care aides (PCA) at least every 30 to 62 days.</p> <p>Continued review of the record showed a communication note addressed to the doctor dated 04/30/2022 indicating the following: "The physician to be advised no monthly visit done from October 2021 until April 2022 due to RN</p>	H 456	<p>The QA Nurse will review all clinical notes daily as they are submitted to the office for compliance. All wound care patients will be monitored to ensure that wound measurements are documented.</p> <p>All Clinical notes will be review to ensure that care is being provided as ordered, for high-risk patient's weight will be monitored, for diabetic patient's blood glucose levels will be monitored each visit and escalated as necessary to the physician.</p> <p>The Nurse will document all clinical interventions in the patient chart. All supervision of the Aide/LPN will be documented in the chart. If the patient has more than one aide/LPN rendering services, the Nurse will make multiple visits to ensure all aides/LPNs have been supervised. All aides will be oriented to the care plan.</p> <p>Monthly the Director of Clinical Services will review 25% of the patient census to ensure 100% compliance. The results will be shared quarterly will the QAPI committee and Annually with the Governing Body</p>	ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 456	Continued From page 31 shortage." Further review showed that personal care aide services were being provided eight hours a day, five days a week without skilled nursing supervision. During an interview on 04/11/2023 at 03:27 pm, the Administrator indicated that it was difficult for the agency to find a nurse that was willing to do home visits. At the time of the survey, the home care agency failed to ensure that the personal care aides were supervised by a registered nurse for patients #4 and #5.	H 456		
H 457	3917.2(g) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that the skilled nurse (SN) documented a progress note at least once every 30 calendar days and a summary note at least every 62 calendar days for three of nine active patients in the sample, (Patients #1, 5, and #9). Findings included: 1. On 04/07/2023 at 10:22 am, review of patient #1's clinical record showed a plan of care (POC) with a duration period from 05/29/2022 through 09/30/2023. The POC included a physician's	H 457	Response to TAG H457 All Skilled Nurses have been re-educated on the requirement to provide services as ordered by the Physician. The Agency Administrative Nurse will be responsible for assigning all clinicians to the patient. On a weekly basis the Administrative Nurse will ensure that all visits for all patients have occurred as scheduled and the Nurse has documented in the patient chart. If the Nurse was unable to visit the patient the visit will be re-assigned to another for that monthly only, to ensure coverage and that services are rendered.	5/10/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 457	<p>Continued From page 32</p> <p>order for skilled nursing visits every 30 to 62 days for assessments, patient education, and personal care aides' (PCA) supervision. Further review of the clinical record lacked evidence of progress notes during the months of March 2022 and June 2022. Continued review failed to show 62-day summary notes between the months of December 2021 and April 2022.</p> <p>2. On 04/07/2023 at 2:42 pm, review of Patient #5's clinical record showed a POC with a duration period of 09/23/2021 through 09/22/2022. The POC included a physician's order for skilled nursing visits every 30 to 62 days for assessments, patient education, and personal care aides (PCA) supervision. Continued review of the records showed a communication note addressed to the doctor dated 04/30/2022 indicating the following: "The physician to be advised no monthly visit done from October 2021 until April 2022 due to RN shortage." Also, the records showed that personal care aide services were being provided eight hours a day, five days a week without skilled nursing supervision. During an interview on 04/11/2023 at 03:27 pm, the Administrator indicated that it was difficult for the agency to find a nurse that was willing to do home visits. Further review of the clinical record lacked evidence of progress notes and 62-day summary notes during the months of December 2021 through April 2022.</p> <p>3. On 04/011/2023 at 02:12 pm, review of Patient #9's clinical record showed plans of care (POCs) with duration periods from 01/18/2021 through 01/17/2022 and 01/18/2023 through 01/17/2024. The POCs included physician's orders for skilled nursing visits every 30 to 62 days for assessments, patient education, and personal care aides (PCA) supervision. Further review of</p>	H 457	<p>All 62 days summaries will be scheduled every month for all patients currently under service.</p> <p>The Administrative Nurse will run a report from the EMR to ensure that all 62 days summaries and progress notes have been completed on a monthly basis.</p> <p>For any Nurse who is not able to complete the required documents they will be placed on a corrective action plan and be monitored monthly. If there is no change the Nurse's employment will be terminated by the Agency.</p> <p>The Intake Coordinator will be responsible for faxing the 62-day summaries to the physician. A copy of the Fax cover sheet will be uploaded into the Agency EMR showing successful transmission to the PCP.</p> <p>The QA Nurse will audit 25% the charts Quarterly to ensure 100% Compliance</p>	<p><i>ongoing</i></p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 457	Continued From page 33 the clinical record lacked evidence of 62-day summary notes between the period of December 2021 and March 2023. On 04/12/2023 at 02:08 pm, the Administrator was made aware of the findings. At the time of survey, the agency failed to ensure that the skilled nurse documented progress notes and summary notes in accordance with the regulatory requirements for Patients #1, 5, and #9.	H 457		
H 459	3917.2(i) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (i) Patient instruction, and evaluation of patient instruction; and This Statute is not met as evidenced by: Based on record review and interview, the skilled nurse (SN) failed to document what instructions were given to the patient and what was understood in one of nine active patients in the sample (Patient #2). Findings included: On 04/07/2023 at 1:06 pm, a review of patient #2's clinical record showed a plan of care (POC) with a duration period of 09/01/2022 through 08/31/2023. A review of the POC showed that the patient had diagnoses that included chronic systolic (congestive) heart failure, hypertension,	H 459	Response to TAG H459 All Skilled Nurses have been re-educated on the requirement to provide services as ordered by the Physician. The Agency Administrative Nurse will be responsible for assigning all clinicians to the patient. On a weekly basis the Administrative Nurse will ensure that all visits for all patients have occurred as scheduled and the Nurse has documented in the patient chart. Nurses are required to document methods of instruction and evaluation. The QA Nurse will review all Clinical documents monthly to ensure that all nurses have provided patient instruction and evaluation of the patient instruction.	5/11/23

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 459	<p>Continued From page 34</p> <p>type II diabetes mellitus, chronic kidney disease, chronic obstructive pulmonary disease, morbid obesity, hyperlipidemia, and presence of cardiac pacemaker. Continued review of the POC showed physician's orders for the skilled nurse (SN) to visit the patient every 30 to 62 days to assess the endocrine system, hydration, nutrition status, review diet, and instruct on medication. Also, the POC indicated goals that included: "Client/caregiver will demonstrate/verbalize adequate knowledge concerning medical conditions congestive heart failure (CHF), Asthma, and Diabetes), signs/symptoms of hyper/hypoglycemia, and understanding of following a low sodium, low fat, low cholesterol, low sugar, diabetic diet, renal diet as ordered by the physician."</p> <p>Further review of the records showed that the listed diet for the patient was "regular" instead of a specialized diet relative to the patient's medical diagnoses. Also, the records lacked evidence of blood sugar assessments during the registered nurse's (RN 's) monthly visits from June 2022 to November 2022. Furthermore, the RN failed to provide diabetic education or evaluation of instruction as indicated in the POC.</p> <p>Interview with the registered nurse on 04/07/2023 at 03:45 pm revealed that the patient checked her blood sugar herself. The nurse added that she would make sure to review the blood sugar readings during her visits and add them to her assessment notes. She added that she would ensure to educate and document on provided instructions.</p> <p>On 04/12/2023 at 02:08 pm, the Administrator was made aware of the findings.</p>	H 459	<p>The Nurse will document all intervention in the clinical note. Interventions will include disease process and management.</p> <p>The Director of Clinical Services or designee will audit 25% of all patient charts to ensure compliance with this citation. Any nurse documentation found to be non-compliant will be placed on a corrective action plan that will be reviewed monthly.</p> <p>If the Nurse does not improve then he/she's employment will be terminated by the Agency.</p>	<p><i>Original</i></p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 459	Continued From page 35 At the time of the survey, the agency failed to provide documented evidence that the registered nurses (RNs) provided patient instruction and evaluation of instruction for Patient #2.	H 459		
H 560	<p>3923.1 PHYSICAL THERAPY SERVICES</p> <p>If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the home care agency (HCA) failed to ensure physical therapy (PT) services were provided in accordance with the patient's plan of care (POC) for one of nine active patients in the sample (Patient #3).</p> <p>Findings included:</p> <p>On 04/06/2023 at 12:51 pm, review of patient #3's clinical record showed Plans of Care (POCs) with duration periods of 12/13/2021 through 02/10/2022 and 02/11/2022 through 04/11/2022. The patient had a physical therapy (PT) evaluation on 01/31/2022 that indicated PT services twice a week for three weeks and once a week for four weeks. The PT services included the following: evaluation, assessment, and treatment; patient instruction in transfer training for safe functional transfers, therapeutic exercise, functional mobility, education on joint protection, therapeutic activities, and energy conservation/home safety awareness. Further review of the records lacked evidence that PT services were provided twice a week as ordered during the weeks of February 6, 2022, and</p>	H 560	<p>Response to TAG H560</p> <p>All Clinicians have been re-educated on the requirement to provide services as ordered by the Physician.</p> <p>The Agency Administrative Nurse will be responsible for assigning all clinicians to the patient.</p> <p>On a weekly basis the Administrative Nurse will ensure that all visits for all patients have occurred as scheduled and the clinician has documented in the patient chart.</p> <p>If there is a deviation from the ordered service a Physician Order will be generated and sent to the physician noting the deviation.</p> <p>For all planned discharges the patient will receive a discharge letter noting which services are being discharged from service. The order and discharge documentation will be sent to the PCP. The letter will be scanned and made Part of the patient chart.</p>	<p>5/10/23</p> <p>ongoing</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER DIRECT CARE HOME HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 GEORGIA AVENUE, NW DC WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 560	<p>Continued From page 36</p> <p>February 13, 2022.</p> <p>On 04/07/2023 at 10:45 am, the Administrator was made aware. He stated that the patient was discharged from PT services, and he would look for the records. There were no additional records provided to indicate the visits were provided nor documentation indicating that the patient was discharged from physical therapy services. The last documented PT visit for patient #3 was on February 23, 2022 (week #4 of PT).</p> <p>At the time of the survey, the home care agency failed to ensure that physical therapy services were provided in accordance with the plan of care for Patient #3.</p>	H 560	<p>Clinicians will make all efforts to ensure that a patient has been seen. If the patient is not available on the scheduled day the clinician will schedule the patient on the following consecutive days in that week. If the patient cancels all visits for that week a missed visit will be entered for each day cancelled and the reasons noted.</p> <p>The Clinician will generate an Order to the physician noting the deviance of services.</p> <p>On a quarterly basis the QA Nurse will review all missed visits and orders to ensure 100% compliance.</p>	