

January 3, 2022

**Re: Report Survey Readiness by April 4, 2022**

Dear Provider,

Based on DC Health, Health Regulation and Licensing Administration (“HRLA”)’s records, your provisional license to operate a Home Support Agency (“HSA”) has expired during the Public Health Emergency (“PHE”) ending on July 25, 2021, or within sixty (60) days of the PHE ending, as of September 23, 2021.

This is your official notice to come into full or substantial compliance. **Your facility must report readiness for final inspection within three (3) months from the date of this letter, or until April 3, 2022.** If your facility fails to meet this deadline, HRLA will take adverse action pursuant to Chapter 31 of Title 22-B of the D.C. Municipal Regulations.

To report survey readiness, please e-mail Cassandra Kingsberry, RN, Supervisory Nurse Consultant, at [cassandra.kingsberry@dc.gov](mailto:cassandra.kingsberry@dc.gov) by April 3, 2022. In your e-mail, please provide your client census and include:

1. Client names;
2. Diagnoses;
3. Start-of-care dates;
4. Types of services provided; and
5. Frequency and duration of visits for each client.

Included is a ‘survey-readiness’ listing of documents that will be requested upon the commencement of your survey. You may review and retain this document for your records as you prepare for survey. Please note that **HRLA’s survey activities are unannounced.**

Thank you for your cooperation. Please contact Ms. Kingsberry at 202-442-4736 or at [cassandra.kingsberry@dc.gov](mailto:cassandra.kingsberry@dc.gov) with any questions.

Sincerely,



Sharon Lewis, DHA, RN-BC, CPM,  
Senior Deputy Director  
Health Regulation and Licensing Administration (HRLA)

cc: Cassandra Kingsberry, RN, [cassandra.kingsberry@dc.gov](mailto:cassandra.kingsberry@dc.gov)  
Carmen Johnson, Esq., DC Health OGC, [carmen.johnson@dc.gov](mailto:carmen.johnson@dc.gov)  
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### Survey Readiness...

Attached is an overview of documents that will be requested during an initial and/or relicensure survey for Home Care and/or Home Support Agencies.

Please provide the following information **within one hour**...

1. **Patient census** - all active patients to include address, telephone number(s), diagnosis, services, hours of service per day, and date of admission
2. List of patients **discharged**, including patient holds, dates and reason (e.g. hospitalized, higher level of care – SNF, patient request etc.)
3. List of **expirations** (patient deaths); include date of death and specify those related to Covid-19
4. Agency **Organizational Chart**
5. Line listing of **all Personnel** to include job title, date of hire and certification/license
6. All **complaints and incidents**, including correlating investigations
7. Access to **electronic health records** (EHR) in a ‘view-only’ format
8. **Governing Body** meeting minutes
9. New or revised **policies and procedures**
10. Name and information for **point of contact** during survey (office, mobile, email)

### **Human Resources**

Please submit the following information **within four hours**...

1. The personnel file for each the following **administrative staff members**:
  - CEO, Administrator
  - Director of Clinical Services

2. A sample of personnel files will be requested and must include, but is not limited to the following...

- Job description
- Licensure/Certification/Registration
- Criminal Background Check and Nurse Aide Registry Clearance if applicable
- Orientation, Competency training, mandatory in-services and evaluations
- CPR
- Health Screening including TB test results/screening
- Insurance Information (as applicable)