Health R	egulation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURV COMPLET	
		HCA-0112	B. WING		03/03/20	023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SPECIAL	ITY HOME CARE LLC		ERN AVENUTON, DC 20	JE, NW SUITE 376 0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) COMPLETE DATE
H 000	an annual licensure 02/24/2023, 02/27/2 03/02/2023, and 03/compliance with Title (Home Care Agency Agency provided hopatients and employ survey were based or records, 13 active papatient records, 25 pof the agency's respincidents received. The based on the completion of the consistent with the position of the sare detailed through	investigation in conjunction with survey was conducted 023, 02/28/2023, 03/01/2023, 03/2023 to determine e 22 B DCMR, Chapter 39 regulations). The Home Care me care services to 167 ed 400 staff. The findings of the on the review of administrative atient records, four discharged personnel records, and a review onse to complaints and The survey findings were also etion of two home visits.  Scontinuance of 24/7 personal riews and interviews, the home of the patient's rights by the personal care services plan of care (POC).  Survey and incident investigation out the body of this report.  Direviations used throughout this aily Living ring	H 000	Specialty Home Care has reviewed the deficiencies noted on the Annual & complaint investigation survey conducted on 02/24/2023, 02/27/2023, 02/28/2023, 03/01/2 03/02/2023, and 03/03/2023.  Plan of Correction has been developed for review and approvate to ensure that the agency maintain with Title 22 B DCMR, Chapter 39 Agency Regulations).  Listed below are abbreviations use body of this report:  HCA- Home Care Agency  HHA- Home Health Aide  PCA- Personal care Aide  POC - Plan of care  SN-Skilled Nurse  EVV-Electronic Visit Verification  DON Director of Nursing  ADL - Activities of Daily Living	023, I and ns compliand (Home Care	е
	report:  ADL - Activities of D  DON- Director of Nu	aily Living rsing				

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

CEO/Administrator

03/30/23

Health Regulation & Licensing Administration

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HCA-0112	B. WING	03/03/2023
NAME OF PROVIDER OR SUPPLIER		PRESS, CITY, STATE, ZIP CODE	

SPECIAL	ITY HOME CARE LLC	56 EASTERN AVENUE, NW SUITE 376 ASHINGTON, 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	Continued From page 1  HHA - Home Health Aide  HCA - Home Care Agency  LPN-Licensed Practical Nurse  IADL- Instrumental Activities of Daily Living  MAR - Medication Administration Record  MD - Medical Doctor  MG - Milligram	H 000	Continued From page 1  LPN-Licensed Practical Nurse  IADL- Instrumental Activities of Daily Living  MAR - Medication Administration Record  MD - Medical Doctor  MG - Milligram  ML- Milliliters  PCA - Personal Care Aide	
	ML- Milliliters  PCA - Personal Care Aide  POC - Plan of Care  PPD - Purified Protein Derivative  PPE - Personal Protective Equipment  PT - Physical Therapy  RN - Registered Nurse  RT-Respiratory Therapist  SN - Skilled Nurse  SOC - Start of Care  24/7 - 24 hours per day, seven days per week		POC - Plan of Care  PPD - Purified Protein Derivative  PPE - Personal Protective Equipment  PT - Physical Therapy  RN - Registered Nurse  RT-Respiratory Therapist  SN - Skilled Nurse  SOC - Start of Care  24/7 - 24 hours per day, seven days per week  G-tube- Gastronomy Tube  HR-Human Resources	<b>S</b>
H 012	3900.6 GENERAL PROVISIONS	H 012		

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Health R	egulation & Licensing	Administration			_	
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED Continued From	
		HCA-0112	B. WING		03/0	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
CDECIAL	ITY HOME CARE H.C.	6856 EAST	TERN AVENU	JE, NW SUITE 376		
SPECIAL	ITY HOME CARE LLC	WASHING <sup>*</sup>	TON, DC 20	0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
H 012	Continued From page	ne 2	H 012	Continued From page 2		
				3900.6 GENERAL PROVISIONS		
	Columbia shall contarecords for all patien Columbia and the addeveloped pursuant documents required applicable laws and maintained within the produced for inspect hours, or within a sh specified, upon the relath.  This Statute is not	located within the District of ain, at a minimum, the patient ats served within the District of gency's policies and procedures to this Chapter. All records and under this Chapter and other regulations which are not is operating office shall be tion within twenty-four (24) orter reasonable time if request of the Department of met as evidenced by:		Based on clinical record review and interview, the agency failed to prov clinical records and documents req inspection by the Department of He within a reasonable time specified, Corrective Action Plan  As he Director of Operations share the agency is in the process of conelectronic record system which condelay in providing records. Once the completed, we expect access to da organized.	I staff ide. uested for ealth, 24 hours. d during the verting to a tributed to ta will be r	ne survey, an new the n more
	the agency failed to documents requeste	cord review and staff interview, provide clinical records and ed for inspection by the ch, within a reasonable time		Inservice will be given to all Clinica Administrative staff on Survey Realissues including providing clinical redocuments requested for inspection Department of Health, within a reasspecified, 24 hours	diness rela ecords and n by the	ated i
	03/03/2023, the age documents with comentering the facility, personnel and clinic present. A written of documents required period, along with cothe request was give	f the survey, 02/24/2023 through ncy failed to provide requested apleteness and timeliness. Upon the surveyors requested al records from July 2022 to document detailing customary for review during the survey orrelating timeframes to meet en to agency leadership. A atient records and personnel ested for review.		The HCA also plans to introduce & presurvey this year to discover gaps or a improvement is needed. Then, created based on the results of the mock sure.  The HCA Operations Director along of managers and Director of Human Remains responsible for implementing the plan and ensuring continued compliance.	areas where an action yey.  with the classources wi	e plan linical II be
	clinical records and	of the survey process, multiple files were presented as g multiple requests for items ing the surveying				

Health Regulation & Licensing Administration

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COM	SURVEY PLETED
		HCA-0112	B. WING		03/0	3/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SPECIAL	ITY HOME CARE LLC		TERN AVENU TON, DC 20	JE, NW SUITE 376		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	V	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
H 012	Continued From pag	ge 3	H 012			
	agency was in the p					
		made aware of the concerns.			O	4/10/23
H 147	3907.2(c) PERSONI	NEL	H 147	3907.2(c) PERSONNEL  Based on record review and interview	<b>7</b> W	
	Each home care agency shall maintain accurate personnel records, which shall include the following information:  Based on record review and interview, the home care agency (HCA) failed to maintain personnel records to include documented evidence of in-service		d to			
	checklist, and prior e	ation, training certificates, skills employment, and evidence of ation and in-service training, ars;		training and/or competencies for Pediatrics for one Clinical Manager Plan of Correction:	#2.	
				Competencies assessment completed by Case manager #2 Verified and Sig		
	This Statute is not	met as evidenced by:		by the HCA's Pediatric Clinical Direct		
	Based on record review and interview, the home care agency (HCA) failed to maintain personnel records to include documented evidence of in-service training and/or competencies for Pediatrics for one Clinical Manager #2.  Reviewed and updated HCA's policy on Personnel pertaining to HCA shall maintain accurate personnel records, winclude the following information: Resume of education, training certificates, s		cates, skill	6		
	Findings included:			checklist, and prior employment, and attendance at orientation and in-service		
	Cross Referenced 0	300- 3912.2(d) tag		workshops or seminars;		
	Conference, the Vice that the home care a for one Pediatric Par conversation reveals	1:07 AM, during the Entrance e President of Pediatrics verified agency (HCA) provided services tient, (Patient #17). Continued ed that the patient was no vices and was discharged on				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SU COMP	URVEY PLETED
		HCA-0112	B. WING		03/0:	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE		
SPECIAL	ITY HOME CARE LLC		TERN AVENUTON, DC 20	JE, NW SUITE 376 0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
H 147	o3/03/2023 at 10:47 was seen on 12/23/2 review of the discha clinical manager inarpatient's vital signs. patient was a 4-day  On 03/03/2023 at 11 stated that he must be the baby's blood preanother's vitals.  A review of the agenconducted on 02/27/following:  The personnel file for a date of hire of 09/1 personnel file showe (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of Vice President of Personnel file surface personnel file surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of Vice President of Personnel file surface personnel file surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of the surface personnel file surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of the surface personnel file surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of the surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of the surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of the surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of the surface personnel file shows (g-tube) Gastronomy Ventilators. There we competencies relate During an interview of the surface personnel file shows (g-tube) Gastronomy Ventilators.	7's discharge record on AM showed that the Patient 2022 and 01/05/2023. Further rege record revealed that the occurately documented the It should be noted that the old newborn.  :43 AM, agency leadership have used an adult cuff to check ssure or mixed it up with acy's personnel records (2023 at 9:54 AM revealed the or Clinical Manager #2 included 19/2022. Further review of the ed written examinations for a Tube, Tracheostomy and as no documented evidence of	H 147	Continued From page 4  An In-service Provided (with documer evidence of attendance) provided to a current HR staff ,staffing/scheduling of supervisors and future office/administ hires on:  1. That home care agency shall main personnel records, which shall include information: Resume of education, to skills checklist, and prior employment attendance at orientation and in-service workshops or seminars;  2. All Clinicians who will be providing Pediatric patients should have their P Competency assessment in file prior to providing care.  The Agency's Employee file audit tool reflect the cited deficiency items.  HR Personnel and HCA Quality Assumutilize the updated Employee File audit method forward with Quantitative and Qualitative success >90%  The Director of HR will be responsible implementing the plan of correction (F) and ensuring continued compliance. Sucheduling coordinators & RN supervalso be actively involved in cross cheen Employee's file for completeness of coassigning the Clinician to their first can the Quality Assurance Nurse will provaudit report on all audited Employee's committee on a quarterly basis to morongoing compliance.  Outcomes persistently below the set of trigger a referral to the Governing boat trigger and the complete trigger and trigger an	all coordinators trative & HF tain accura the follow raining certic, and evide ce training, care for ediatric Skitto starting.  I was update trance Nurse the forecoordinance tive measure for ediatric starting to starting the competencies of the competencies of the second trance tive measure end for ediatric second trance for ediatric measure end for ediatric end for ediatric measure end for ediatric end for ediatric measure end for ediatric e	R staff  Interpretation  Inter
				trigger a referral to the Governing boat further recommendation and action.		

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Health R	eguiation & Licensing	Administration				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	<del></del>	Continued	d From
	HCA-0112				03/0	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•	
CDECIAL	ITY HOME CARE I I C			JE, NW SUITE 376		
SPECIAL	ITY HOME CARE LLC	WASHING	TON, DC 20	0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
H 162	Continued From page	je 5	H 162	Continued From page 5		
H 162	3907.6 PERSONNE		H 162	3907.6 PERSONNEL		
	the home care agen employee, within the preceding the date of and is free of common	employment of each employee, cy shall verify that the e six months immediately of hire, has been screened for unicable disease.  met as evidenced by: riew and interview, the home		Based on record review and interview the home care agency (HCA) failed verify that each employee was free of communicable disease within the six immediately preceding the employee date of hire for five of 13 nurse 's personnel files sampled. (Licensed pinurse, (LPN # 2) and (registered nurse, RNs #1, 3, 4, and #6).	to f c months ds. ractical	04/10/23
	employee was free of the six months immedemployee's date of the personnel files samp (LPN # 2) and (regis #6).  Findings included:  A review of the faci conducted on 02/24/	failed to verify that each of communicable disease within ediately preceding the hire for five of 13 nurse 's oled. (licensed practical nurse, stered nurses, RNs #1, 3, 4, and lity's personnel records was /2023 at 3:51 PM through PM revealed the following:		Plan of Correction:  Reviewed and updated HCA's policy on Personnel pertaining to , verifying, employment of each employee, the shall verify that the employee, withi immediately preceding the date of his screened for and is free of commun.  An In-service Provided (with docume evidence of attendance) provided to a current HR staff, staffing/scheduling of the staffing of the staffi	at the tim home car n the six n hire, has b hicable disc nted all coordinator	e agency nonths een ease. s and RN
	(LPN #2) included a Further review of he had a purified protei 03/29/2022, eight m  2. The personnel file #1) included a hire or review of her person QuantiFERON TB G months prior to her owas seen on10/12/2	e for the licensed practical nurse hire date of 11/22/2022. It personnel file showed that she in derivative (PPD) on onths prior to her date of hire.  If for the registered nurse (RN late of 01/07/2023. Further inel file showed that she had a fold on 03/29/2022, eight date of hire. Additionally, RN #3 022 for a physical examination; no documented evidence that or and free of		supervisors and future office/administ hires on the deficiency cited person.  The Agency's Employee file audit too reflect the cited deficiency items.  HR Personnel and HCA Quality Assu utilize the updated Employee File auditize the updated Employee File auditize and all new hire Employee's continued compliance going forward and Qualitative measure of success >	nel file item I was upda rance Nurs dit checklis file to ensu with Quant	ted to se will t to audit lre

Health Regulation & Licensing Administration

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLANC	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COIVI	FLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SPECIAL	ITY HOME CARE LLC			JE, NW SUITE 376		
			TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
H 162	Continued From pag	ge 6	H 162			
	communicable disea	ases.		Continued From page 6		1/10/00
					0	4/10/23
	of 02/11/2023. Furth	e for RN #3 included a hire date her review of her personnel file d a Chest X-ray) on 06/29/2022, her date of hire		The Director of HR will be responsible implementing the plan of correction (F and ensuring continued compliance.		
	4. The personnel file of 05/02/2021. Furth showed that she had 02/19/2021; however evidence that she we communicable disease.  5. The personnel file of 07/05/2021. Furth showed that she had three months after head the time of the stailed to ensure that and free of communication.	e for RN #4 included a hire date her review of her personnel file d physical examination on er, there was no documented has screened and free of lases.  The for RN #6 included a hire date her review of her personnel file d a Chest X-ray) on 10/04/2021,		The Quality Assurance Nurse will provaudit report on all audited Employee's committee on a quarterly basis to morongoing compliance.  Outcomes persistently below the set of trigger a referral to the Governing boat further recommendation and action.	s File to the nitor goals will	e QA
	of hire.	processing the employees dute				
				3909.2 DISCHARGES TRANSFER		RRALS 4/10/23
H 227	REFERRALS  Each patient shall redischarge or referral calendar days prior written notice shall redischarge.	eceive written notice of I no less than seven (7) to the action. The seven (7) day not be required, and oral notice or time, if the transfer, referral or	H 227	Based on record review and interview care agency (HCA) failed to ensure received a written notice of discharg or referral at least seven (7) calendar days prior to the action for Patient #13	that each pe, transfer	atient

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HCA-0112	B. WING		03/0	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SPECIAL	ITY HOME CARE LLC		TERN AVENU	JE, NW SUITE 376 0012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
H 227	Continued From pag	je 7	H 227	Continued From page 7  Corrective Action Plan		04/10/23
	Based on record rev care agency (HCA) patient received writ	met as evidenced by: view and interview, the home failed to ensure that each ten notice of discharge, at least seven (7) calendar days r Patient #13.		Reviewed and updated HCA's policy discharges/transfers/0r referrals to ince that thee will be documented eviden received written notice of discharge, to at least seven (7) calendar days prior Assistance will be given to patient and requiring continuing care in order to make the services are discontinuing to the	clude ce of each ransfer, or to the action d family for nanage cor	patient referral on. patients
	clinical record show duration periods of (and 09/01/2022 throincluded physician's one visit every 60 da (PCA), supervisory (PCA) services for 2 to assist with activitic instrumental activitic patient's diagnoses quadriplegia, chronic dysphagia, acid refluof sepsis, neuromus Metabolic Encephala and stage 2 pressur Patient #13's clinica abruptly stopped propersonal care service Interview with the RI 02/24/2023 at 04:27 personal care aide (	2:52 PM, review of Patient #13's ed plans of care (POCs) with 04/07/2022 through 08/31/2022 rugh 08/31/2023. The POCs orders for skilled nursing visits, ays for personal care aide visits and personal care aide visits, and pers		Also Reviewed and updated HCA's posafety - Unsafe Home Visits #6-012 Environmental Safety Patient #6 0 Guidelines for addressing unsafe how Should the decision be that no visit Clinical Supervisor will contact the pand discuss options/alternatives for the patient and physician as indicate the agency will notify appropriate goagencies to ensure patient safety arcare.  HCA also reviewed and updated penvironmental Safety That stated assessment including pest infestatic conducted by the clinician at the time with prevention tips and recommendidentified environmental safety risks. The policy was updated to address and/or measures to follow upon the environmental concerns.	2. and 06.1 That ome visits will be ma patient's pl home hea ed. Addition overnment and continu olicy on A a home sa on will be ue of admit dations on congoing n	provides  ade, the hysician alth with onally, ity of  gency afety ssion

PRINTED: 03/20/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 SPECIALITY HOME CARE LLC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 227 Continued From page 8 H 227 **Continued From page 8** to alleged pest infestation in the patient's home 04/10/23 environment. Further interview revealed that the RN was contacted on 02/22/2023 from an outside In-service will be provided to all current clinicians agency who reported that Patient #13's apartment and RN supervisors and future hires on patient's had "bedbug infestation". It should be noted that the on Prior notice prior to patient's discharge and on outside agency was providing skilled nursing ongoing monitoring and/or measures to follow upon the services for the patient. Consequently, the agency identification of environmental concerns. made a decision to "hold" personal care services effective immediately (02/22/2023), until "successful And, Should a decision be that no visit will be extermination of the residence." Also, the records made for safety concern, the Clinical Supervisor will showed a signed nursing order dated 02/22/2023 contact the patient's physician and discuss that read ... "Hold [personal care] services effective

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Review of the "agency protocol" i.e., Personnel Safety - Unsafe Home Visits #6-012.1 indicated the following: "Guidelines for addressing unsafe home visits: Should the decision be that no visit will be made, the Clinical Supervisor will contact the patient's physician and discuss options/alternatives for home health with the patient and physician as indicated." The agency failed to have documented evidence of discussions with possible options or alternatives for Patient #13 as indicated in the above policy.

02/22/2023 until successful extermination of the

Agency policy titled Environmental Safety- Patient #6-006.1 stated that a home safety assessment including pest infestation will be conducted by the clinician at the time of admission with prevention tips and recommendations on identified environmental safety risks. The policy failed to address ongoing monitoring and/or measures to follow upon the identification of environmental concerns. An environmental safety assessment was documented 04/07/2022, at the time of admission.

options/alternatives for home health with the patient and physician as indicated. Additionally, the agency will notify appropriate government agencies to ensure patient safety and continuity of care.

The Agency's chart audit tool was updated to reflect the cited deficiency items and will be utilized for all discharged/transfer patient's chart audits to ensure compliance on ongoing basis.

Quality Assurance Nurse will utilize the updated patient file/chart audit checklist to audit all discharged/transferred charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success >90%

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residence."

PRINTED: 03/20/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 **SPECIALITY HOME CARE LLC** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 227 Continued From page 9 H 227 **Continued From page 9** The agency's Discharge Policy #2-042.1, 04/10/23 "...assistance will be given to patient and family for patients requiring continuing care in order to The Director of Nursing will be responsible for manage continuing care needs after the services implementing the plan of correction (POC) and are discontinued." There was no documented ensuring continued compliance. evidence of attempts to assist Patient #13 or her caregiver (mother) prior to or after services were discontinued. The Quality Assurance Nurse will provide audit Interview with Patient #13's mother on 03/02/2023 report on all audited discharged/transfer File to the QA at 03:34 PM, revealed that the agency stopped the committee on a quarterly basis to monitor ongoing provision of personal care services on 02/22/2023. compliance. She indicated having received a call from the agency on 02/22/2023 around 11:00 AM. The agency asked that the day shift home health aide Outcomes persistently below the set goals will trigger a (7:00 AM to 3:00 PM) be sent home because it was referral to the Governing board for further not safe. She added that the agency immediately recommendation and action. pulled the day shift aide and did not give her enough notice to prepare. The client's mother expressed dissatisfaction with the agency's lack of notice before stopping the services. The provision of 24/7 personal care services was abruptly discontinued by the agency. The agency failed to provide sufficient notice of the intent to discontinue personal care services consistent with agency policy and regulatory requirements. Additionally, the agency failed to offer options or alternatives for continued care and failed to notify appropriate government agencies to ensure patient safety and continuity of care. On 03/03/2023 at 03:47 PM, the director of nursing and administrator were made aware of the findings. At the time of survey, the home care agency

neglected to provide personal care services in accordance with the plan of care and failed to

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STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HCA-0112	B. WING		03/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
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1	WASHING		TON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
H 227	Continued From pag	je 10	H 227		
	responsible party wa	vidence that Patient #13 and/or as given written notice at least discharge/discontinuance of			04/10/23
H 260	3911.1 CLINICAL R	FCORDS	H 260	0044 4 OLINIOAL RECORDO	01/10/20
11200			11200	3911.1 CLINICAL RECORDS	
	maintain a complete clinical record of the patient in accordance accepted profession  This ELEMENT is no	ency shall establish and , accurate, and permanent services provided to each e with this section and al standards and practices.		Based on interview and record reviet the home care agency (HCA) failed each patient's record was complete accurately maintained in accordance this section and accepted profession standards and practices, for eight opatients in the sample (Patients #3, 10, 11, 12, and #13).	to ensure and e with nal of 13 active
	care agency (HCA) record was complete accordance with this professional standar active patients in the 10, 11, 12, and #13)  Finding included:  1. On 02/28/2023 at #3's plans of care (For 12/07/2022 through 04/10/2023 of 12/07/2022. The Formula diagnoses that in other diseases of the dysphagia, human in asthma, hypothyroid Continued review of respiratory therapy coinclude the description	and record review, the home failed to ensure each patient's e and accurately maintained in a section and accepted ds and practices, for eight of 13 e sample (Patients #3, 4, 8, 9,  O9:30 AM, review of Patient POCs) showed duration periods gh 02/04/2023 and 02/10/2023 with a start of care (SOC) date POCs revealed that the patient included Tracheostomy status, e larynx, respiratory failure, immunodeficiency virus [HIV], ism, and gastrostomy. The POCs showed an order for once a month but failed to on of services or goals relative view with the Director		1) Review of Patient #3's plans of cashowed duration periods of 12/07/20 02/04/2023 and 02/10/2023 through start of care (SOC) date of 12/07/20 revealed that the patient had diagnor Tracheostomy status, other disease respiratory failure, dysphagia, huma immunodeficiency virus [HIV], asthohypothyroidism, and gastrostomy. Interview with the Director of Nursii 02/28/2023 at 10:18 AM revealed, the atracheostomy that was removed prodischarged to the home. Also, he are respiratory therapy order was a mission of care should have been amended.  2) On 03/02/2023 at 10:00 AM, the sconducted a home visit for Patient # patient 's home record book showed with duration dates of 08/03/2022 the	022 through 04/10/2023 with a 022. The POCs pses that included es of the larynx, en na, . ng (DON) on hat the patient had wrior to being dded that the take, and the plan . surveyor 4. Review of the d an expired POC

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dependent via Tracheostomy, Diffuse traumatic brain injury and Gastronomy [G-Tube feed dependent. A face-to-face interview was conducted at that time with the LPN, stating that he would get the current POC to ensure that the orders were current and

POC with a duration dates of 05/25/2022 through 07/23/2022, with a SOC of 08/19/2019. The patient '

s diagnoses included Respiratory failure, ventilator

4. On 02/28/2023 at 2:45 PM, review of Patient

accurate. At the time of the interview, the LPN

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acknowledged the findings.

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supplies when wound is healed." Further review of the

clinical records lacked evidence that the patient had

an existing wound, nor did it have wound care orders included in the plan of care. Interview with the DON on

02/28/2023 at 03:03PM revealed that the wound care

6) 6. On 03/01/2023 at 03:51 PM, review of Patient

#11's clinical record showed a POC with a duration

of care date of 11/23/2021. The agency failed to update the POC and include the instructions for the

7) review of Patient #12's clinical record showed

period of 01/01/2023 through 12/31/2023 with a start

was being done by another agency,

personal care aide services.

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Patient #9 's diagnosis to include bipolar disorder, and Type 2 Diabetes Mellitus.

Further review of the clinical record showed identical documentation listed in "Todays Notes," for skilled nursing (SN) visits dated 07/13/2022, 08/04/2022, and 09/13/2022. The SN clinical findings documentation is identical, word for word, for all three months. A face-to-face interview was conducted with the DON, at the time of the clinical record review, who acknowledged the finding.

5. On 02/28/2023 at 01:55 PM, review of patient #10's clinical record showed a plan of care (POC) with a duration period from 01/07/2023 through 03/07/2023 with a start of care (SOC) date of 07/11/2022. The POC revealed that the patient had diagnoses that included quadriplegia, tracheostomy status, stage 4 sacral pressure ulcer, low back pain, gastrostomy status, colostomy status, constipation, non-pressure ulcer right foot, and absence of left leg below knee. The POC included an order stating the following: "Clinician to discontinue wound care and wound care supplies when wound is healed." Further review of the clinical records lacked evidence that the patient had an existing wound, nor did it have wound care orders included in the plan of care. Interview with the DON on 02/28/2023 at 03:03PM revealed that the wound care was being done by another agency, and they

visits. Continued review of the POCs failed to include the description of services or goals relative to the respiratory therapy. Interview with the Care coordinator on 03/02/2023 at 11:18 AM revealed the respiratory therapy order was a mistake, and the POC will be amended.

8) Patient #13's clinical record showed POCs with a the POC had orders for "gastrostomy tube flushes 3ml after medication administration and to change the gastrostomy tube every two to three months and as needed is the tube is dislodged or unable to use."

However, the skilled nursing services were discontinued in June 2022. She added that the "nurse ' s assessment pulled to the plan of care and should not have happened." The agency failed to update the POC to reflect the current needs of Patient #13.

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 SPECIALITY HOME CARE LLC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 260 Continued From page 13 H 260 **Continued From page 13** should not have included that on the plan of care. 6. On 03/01/2023 at 03:51 PM, review of Patient **Corrective Action Plan** 04/10/2022 #11's clinical record showed a POC with a duration period of 01/01/2023 through 12/31/2023 with a HCA's policy on Clinical records Reviewed and update to start of care date of 11/23/2021. The patient had include: Each home care agency shall establish and diagnoses that included gout and dependence on maintain a complete, accurate, and permanent clinical respirator [ventilator] status. The POC included a record of the services provided to each patient in physician's order for skilled nursing services once accordance with this section and accepted professional every 60 days for supervisory visits and personal standards and practices. care aide (PCA) services 24 hours a day seven days a week. However, the POC had orders for In-service will be provided to all current clinicians and RN gastrostomy tube feeding every 12 hours with Jevity supervisors and future hires on patient's on establish and 1.5 cal (237ml) at 45ml/hour. The agency failed to maintain an updated, complete, accurate, and permanent update the POC and include the instructions for the clinical record of the services provided to each patient in personal care aide services. accordance with the established plan of care and accepted professional standards and practices. 7. On 3/2/23 at 10:28 AM, review of Patient #12's clinical record showed the patient had diagnoses that included Hemiplegia, chronic obstructive pulmonary disease, muscle weakness, absence of The Agency's chart audit tool was updated to reflect the right leg above knee, chronic respiratory failure, cited deficiency items and will be utilized for all existing dysphagia, hypertension, presence of xenogeneic and future new patient's chart audits to ensure heart valve, and atrial fibrillation. The POC showed compliance on ongoing basis. a physician's order for skilled nursing services, skilled nursing visits 24 hours seven days a week for gastrostomy feeding, medication administration, Quality Assurance Nurse will utilize the updated tracheostomy care, monthly nursing supervisory file/chart audit checklist to audit all existing and future visits and monthly respiratory therapy visits. new patient's chart charts to ensure continued Continued review of the POCs failed to include the compliance going forward with Quantitative and description of services or goals relative to the Qualitative measure of success >90% respiratory therapy. Interview with the Care coordinator on 03/02/2023 at 11:18 AM revealed the respiratory therapy order was a mistake, and the POC will be amended. 8. On 02/24/2023 at 02:52 PM, review of Patient

#13's clinical record showed POCs with a

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HCA-0112

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

6856 FASTERN AVENUE, NW SUITE 376

SPECIAL	ITY HOME CARELLC	TERN AVEN	UE, NW SUITE 376 0012
(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)  COMPLE  DATE
H 260	Continued From page 14  duration period of 04/07/2022 through 08/31/2022 with a start of care date of 04/07/2022. POCs included a physician's order for skilled nursing visits, one visit every 60 days for personal care aide (PCA), supervisory visits and personal care aide (PCA) services for 24 hours, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). The patient's diagnoses included Multiple sclerosis, quadriplegia, chronic respiratory failure, epilepsy, dysphagia, acid reflux, (g-tube) gastrostomy, history of sepsis, neuromuscular dysfunction of bladder, Metabolic Encephalopathy, stage 4 pressure ulcer, and stage 2 pressure ulcer. However, the POC had orders for "gastrostomy tube flushes 3ml after medication administration and to change the gastrostomy tube every two to three months and as needed is the tube is dislodged or unable to use."  On 02/27/2023 at 11:46 AM, the Vice President of Operations was informed of the findings. She stated that the skilled nursing services were discontinued in June 2022. She added that the "nurse's assessment pulled to the plan of care and should not have happened." The agency failed to update the POC to reflect the current needs of Patient #13.  On 03/03/2023 at 03:47 PM, the Director of Nursing and Administrator were made aware of the findings.  At the time of the survey, the home care agency failed to ensure each patient's record was complete and accurately maintained for Patients #3, 4, 8, 9, 10, 11, 12, and #13.	H 260	Random Sample.  The monthly sampling size is based on average daily census of patients on service 10% of current active census will be taken for sampling purpose.  The charts will be randomly selected by running a list of patients, then selecting every 3rd chart till the 10% records are identified. This will be monitored monthly for block of three consecutive months and thereafter Quarterly to ensure continued compliance.  The denominator equals the total number of charts reviewed. The numerator equals the number of charts reviewed. The numerator equals the number of charts with documented evidence of care and services provided consistent with the agency/patient agreement and with the patient's physician ordered & signed plan of care. (compliant) and maintaining an updated, complete, accurate, and permanent clinical record of the services provided to each patient in accordance with the established plan of care and accepted professional standards and practices.  The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance.  The Quality Assurance Nurse will provide audit report on all audited discharged/transfer File to the QA committee on a quarterly basis to monitor ongoing compliance.  Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.

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		HCA-0112	B. WING		03/03/2	2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
		6856 EAST	TERN AVENU	JE, NW SUITE 376		
SPECIAL	ITY HOME CARE LLC		TON, DC 20			
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H 300	Continued From pag	je 15	H 300			
H 300	3912.2(d) PATIENT RESPONSIBILITIES		H 300	Continued From page 15 3912.2(d) PATIENT RIGHTS & RES	SPONSIBIL	<u>ITIES</u>
	ensure that each pa services has the follow (d) To receive treatn	nent, care and services agency/patient agreement and		Based on record review and intervied determined that the home care ager (HCA) failed to ensure that services provided in accordance with the plan (POC) for three (3) of 13 sampled P #7, 13, and #17.  1. review of Patient #13's clinishowed that the agency abruptly sto 24/7 hours of personal care services	ncy were n of care ratients cal record ppped provice	ding
	This Statute is not	met as evidenced by:		02/22/2023.	s daily off	
	determined that the to ensure that service with the plan of care sampled Patients #7	riew and interview, it was home care agency (HCA) failed ses were provided in accordance (POC) for three (3) of 13 /, 13, and #17.		The provision of personal care servi discontinued by the agency. The ag options or alternatives for continued notify appropriate government agen patient safety and continuity of care prior to discontinuing services.	ency failed t I care and fa cies to ensu	to offer ailed to ure
	Findings included:					
	#13's clinical record	02:52 PM, review of Patient showed that the agency oviding 24/7 hours of personal on 02/22/2023.		Review of the "agency protocol" i.e. Safety - Unsafe Home Visits #6-012 following: "Guidelines for addressing visits: Should the decision be that no made, the Clinical Supervisor will complysician and discuss options/altern	2.1 indicated g unsafe hor o visit will be ontact the pa	I the me e atient's
	periods of 04/07/202 09/01/2022 through physician's orders for every 60 days for per supervisory visits and	f care (POC) included duration 22 through 08/31/2022 and 08/31/2023. The POC included or skilled nursing visits, one visit ersonal care aide (PCA), and personal care aide (PCA)		health with the patient and physician The agency failed to have documen discussions with possible options or continued services for Patient #13 a above policy.	n as indicate ited evidenc alternatives	ed." ce of s for
	assist with activities instrumental activities patient's diagnoses quadriplegia, chronic dysphagia, acid reflu	er day, seven days a week to of daily living (ADL) and es of daily living (IADL). The included Multiple sclerosis, c respiratory failure, epilepsy, ux, (g-tube) gastrostomy, history cular dysfunction of bladder,		Agency policy #6-006.1 titled Environmental concernion of environmental concernion will be conducted by the time of admission with prevention tipe recommendations on identified environmental concernion of environmental concernions.	ent including clinician at t os and ronmental s ngoing moni subsequent	g pest the safety itoring

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
HCA-0112		B. WING		03/03/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
				JE, NW SUITE 376			
SPECIAL	ITY HOME CARE LLC		TON, DC 20	0012			
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H 300	Continued From pag	ne 16	H 300				
11000		age 4 pressure ulcer, and stage	11000	Continued From page 16			
	2 pressure ulcer.	.5-		Continued neview of Deticat #71a ali	-:!		
				Continued review of Patient #7's clip record showed that the home care a			
		N Care Coordinator on		failed to provide the ordered 16 hou			
		PM, revealed that Patient #13's		of PCA services on 11/5/2022, 11/9			
		es were "put on hold" per the		11/11/2022, 11/19/2022, 11/20/2023			
		econdary to an alleged pest		11/26/2022, 11/27/2022, 11/28/2022, 12/22/2022 through 12/27/2022, 1/05/2023 through 01/08/2023, and 01/28/2023.			
		tient's home environment. vealed that the RN was					
		2023 from an outside agency					
		atient #13's apartment had		Detient #7 manaissad alabat hanna and	(		
		. It should be noted that the		Patient #7 received eight hours or le services, when 16 hours daily was			
		providing skilled nursing		and there was no evidence that the		n	
		#13. Consequently, the agency		was notified.	, priysiciai	•	
		o "hold" personal care services		The state of the s			
		y (02/22/2023), until "successful residence." Also, the records		The home care agency failed to ens	sure that		
		der dated 02/22/2023 that read		home health aide services were pro	vided in		
		are] services effective		accordance with plans of care for			
		ccessful extermination of the		Patients #7, 13, and #17.			
	residence."						
		Review of the "agency protocol" i.e., Personnel			0	4/10/23	
		ne Visits #6-012.1 indicated the		Plan of Correction			
		es for addressing unsafe home		Plan of Correction			
		cision be that no visit will be upervisor will contact the		Reviewed and updated HCA's policy			
		and discuss options/alternatives		on patients Right to receive care and	d services		
		the patient and physician as		consistent with the agency/patient			
		ncy failed to have documented		agreement and with the patient's phys	sician ord	lered and	
		ions with possible options or		signed plan of care.			
		inued services for Patient #13		HCA`s "agency protocol" i.e., Personr	nal Safaty	- I Incafa	
	as indicated in the a	bove policy.		Home Visits #6-012.1 was Reviewed			
	Agonov policy #6 OC	06 1 titled Environmental Sefetic			·		
		06.1 titled Environmental Safety safety assessment including		Agency policy #6-006.1 titled Enviro			
		be conducted by the clinician at		Also reviewed and updated to inclu			
		n with prevention tips and		monitoring and/or measures to follo			
	recommendations of			subsequent identification of environ	mental co	ncerns.	

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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SPECIAL	ITY HOME CARE LLC		TON, DC 20	0012			
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H 300	address ongoing more follow upon the subsenvironmental concernation assessment was dontime of admission.  Interview with Patier at 03:34 PM, revealed provision of personal She indicated having agency on 02/22/20 agency asked that the (7:00 AM to 3:00 PM not safe. She added pulled the day shift are anough notice to preexpressed dissatisfation notice before stopping. The provision of perabruptly discontinue failed to offer options care and failed to not agencies to ensure part of a care for Patient #13.  On 03/03/2023 at 03 and administrator with the time of survey neglected to provide accordance with the	y risks. The policy failed to politoring and/or measures to sequent identification of terns. An environmental safety cumented 04/07/2022, at the at #13's mother on 03/02/2023 and that the agency stopped the all care services on 02/22/2023. The care services in plan of care and failed to services.  Sonal care services was do by the agency. The agency is or alternatives for continued on the continuity of prior to discontinuing services.  Services was do by the agency. The agency is or alternatives for continued on the continuity of prior to discontinuing services.  Services was do by the agency and continuity of prior to discontinuing services.  Services was do by the agency of the findings.  The home care agency is personal care services in plan of care and failed to service on the services in plan of care and failed to service on the services in plan of care and failed to services in plan of c	H 300	Continued From page 17  All missed visits dates were identified and completed and a lat visit note were entered and sent respective physician for notification as it represented a deviation from initial signed POC.  In-service will be provided to all current staffing/scheduling coording supervisors and future hires on:  1. patient's Right to receive consistent with the agency agreement and with the pordered and signed plan of the patient's physician and options/alternatives for home patient and physician  The Agency's chart audit tool was updated to reflect the item (If all viare/were rendered as per the POC if missed visits notes were complement and existing patient's chart audits to ensure compliance on ongoing basis.	to patient's on the nators and RN  care and services y/patient atient's physician of care.  unsafe home be that no visit will rvisor will contact discuss he health with the sitts/services  & leted and zed for all newly		

PRINTED: 03/20/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 SPECIALITY HOME CARE LLC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 300 Continued From page 18 H 300 **Continued From page 18** 2. On 03/01/2023 at 12:02 PM, review of Patient Quality Assurance Nurse will utilize #7's clinical record showed a plan of care (POC) the updated chart audit checklist to with a duration period of 09/12/2022 through audit charts to ensure continued compliance 02/28/2023. The POC included a physician's order for skilled nursing services once every 60 days for going forward with Quantitative and supervisory visits. Also, the POC included an order Qualitative measure of success >90% for personal care aide (PCA) services 16 hours per day, seven days a week to assist with activities of Random Sample. daily living (ADL) and instrumental activities of daily living (IADL). The patient's diagnoses included The monthly sampling size is based chronic obstructive pulmonary disease, on average daily census of patients on hypertension, type II diabetes mellitus, long term service 10% of current active census use of insulin, dependence on oxygen, and muscle will be taken for sampling purpose. weakness. Continued review of Patient #7's clinical record showed that the home care agency failed to The charts will be randomly selected by provide the ordered 16 hours a day of PCA services running a list of patients, then selecting every 3rd chart till the 10% records are on 11/5/2022, 11/07/2022, 11/11/2022, 11/19/2022, 11/20/2022, 11/26/2022, 11/27/2022, 11/28/2022, identified. This will be monitored monthly 12/22/2022 through 12/27/2022, 1/05/2023 through for block of three consecutive months and thereafter 01/08/2023, and 01/28/2023. Quarterly to ensure continued compliance. The denominator Patient #7 received eight hours or less of services, equals the total number of charts reviewed. when 16 hours daily was directed, and there was no The numerator equals the number of charts with evidence that the physician was notified. documented evidence of care and services provided consistent with the agency/patient agreement and with the patient's physician ordered & signed plan of care. 3. On 03/03/2023 at 10:47 AM, review of Patient (compliant) #17's discharged record showed a plan of care (POC) with a duration period from 12/23/2022 through 02/18/2023 with a start of care date of

12/23/2022. The plan of care (POC) included physician's orders for two skilled nursing visits for well-baby assessments and caregiver education on energy conservation and irritants/allergens known to increase shortness of breath. The patient had a diagnosis of respiratory distress. Continued review

of Patient #17's clinical record

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Patients #7, 13, and #17.

and administrator were 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 plans of care for

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HCA-0112	B. WING		03/0	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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H 350	Continued From pag	je 20	H 350			
H 350	3914.1 PATIENT PL	AN OF CARE	H 350	Continued From page 20		
	Each home care age participation of each	ency shall develop, with the patient or his or her tten plan of care for that		Based on record review and intervied determined that the home care ager	ew, it was ncy (HCA)	4/10/23
	determined that the to develop a written	net as evidenced by: riew and interview, it was home care agency (HCA) failed plan of care (POC) for three of the sample (Patients #4, 7, and		failed to develop a written plan of ca for three of 13 active patients in the (Patients #4, 7, and #8). Corrective Action plan Reviewed and updated HCA`s policy patients Plan of care.	e sample	
	conducted a home v patient's home record of care (POC) with of through 10/01/2022 06/09/2021. Patient Respiratory failure, v Tracheostomy dependent (G-tube), Congestive Hypertension. A fact conducted at that tim nurse (LPN) who state current POC to ensurand accurate. At the acknowledged the file 2.On 03/01/2023 at #7's record showed duration period beging 02/28/2023. The PO for skilled nursing set	e-to-face interview was ne with the (licensed practical atted that she would obtain the are that the orders are current time of the interview, the LPN andings.  12:02 PM, review of Patient a plan of care (POC) with a anning on 09/12/2022 through C contained a physician's order ervices one time every 60 days de (PCA) supervision and health		The Plan of Care for Patient #4,#7,#8 completed, and signed by patients p and a copy of the POC were sent to repatient's home.  In-service will be provided to all currer staffing/scheduling coordinators and F supervisors and future hires on patient that Each home care agency shall with the participation of each patient representative, a written plan of care and an updated copy should be at the Chart.  The Agency's chart audit tool was updereflect the deficiency item and will be all newly admitted and existing patient audits to ensure compliance on ongoing	hysician espective  nt RN nt's POC develop, nt or his o e for that phe Patient dated to utilized for nt's chart	oatient. s home

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#4, 7, and #8.

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

H 366

 Health Regulation & Licensing Administration

 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING: A. BUILDING: COMPLETED
 (X2) MULTIPLE CONSTRUCTION A. BUILDING: COMPLETED

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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
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SPECIAL	ITT HOWE CARE LLC	WASHING	TON, DC 20	0012	
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H 366	personal care aide sand signed by an adnurse. If a plan of catelephone order, the immediately reduced signed by the physical This Statute is not  Based on record reverse agency (HCA) is patient's plan of care signed by a physicial care (SOC) for two consample (Patients #5)  Findings included:  1. On 03/02/2023 at clinical record showed duration period of 10. The POC included a nursing services on visits. Also, the POC care services eight is week to assist with a and instrumental act Further review of the the POC was signed 12/02/2022, greater  2. On 03/01/2023 at #6's clinical record speriod of 08/01/2022 included a physician	owever, that a plan of care for services only may be approved lyanced practice registered are is initiated or revised by a telephone order shall be do to writing, and it shall be sian within thirty (30) days.  The wand interview, the home failed to ensure that each to (POC) was approved and an within 30 days of the start of of 13 active patients in the and #6).  1:54 PM, review of Patient #5's and a plan of care (POC) with a 0/17/2022 through 09/30/2023. In physician's order for skilled be every 60 days for supervisory concerns per day, seven days a activities of daily living (ADL) thivities of daily living (IADL). The patient's record showed that do by the patient's physician on than 30 days.  10:57 AM, review of Patient thowed a POC with a duration of through 07/31/2023. The POC of the start of the potential	H 366	Continued From page 22  3914.4 PATIENT PLAN OF CARE Based on record review and interview, the home care agency (HCA) failed to ensure that each patient's plan of care was approved and signed by a physicia 30 days of the start of care (SOC) for the 13 active patients in the sample (Patients #5 and #6).  Corrective Action Plan  HCA 's policy reviewed and updated Pertaining the POC. Each plan of care and signed by a physician within thirty start of care; provided, however, that a personal care aide services only may be signed by an advanced practice register plan of care is initiated or revised by a the telephone order shall be immediated writing, and it shall be signed by the physician, and it shall be signed by the physician of care (POC) was approved and physician within 30 days of the start of the Agency's chart audit tool was updated reflect (If was approved and signed by physician within 30 days of the start of and will be utilized for all newly admitted existing patient's chart audits to ensure compliance on ongoing basis.	shall be approved (30) days of the plan of care for eapproved and ered nurse. If a telephone order, ely reduced to signed by a care ated to a care (SOC)) and and

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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HCA-0112

| X1 | PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X4) DATE SURVEY COMPLETED | (X5) DATE SURVEY COMPLETED | (X6) DATE SURVEY COMPLETED |

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID	PROVIDER'S PLAN OF CORRECTION	0/5)
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H 433 3 E F F F F F F F F F F F F F F F F F	order for personal care services eight hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the patient's provided record showed that the POC was not signed by the patient's physician at the time of survey, greater than 30 days.  On 03/03/2023 at 03:47 PM, the Director of Nursing and Administrator were made aware of the findings.  At the time of survey, the home care agency failed to ensure that plans of care were signed by physicians within 30 days of the start of care.  3916.2(c) SKILLED SERVICES GENERALLY  Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies shall include, at a minimum, the following:  (c) Coordinating services with other agencies actively involved in the patient's care, through written communication and/or interdisciplinary conferences, in accordance with the patient's needs; and  This Statute is not met as evidenced by:  Based on record review and interview it was determined that the agency failed to document coordination of services between two home care agencies providing care for four of 13 active patients sampled. (Patients #1, 10, 12, and #13).	H 366	Continued From page 23  Quality Assurance Nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success >90%  The Director of Nursing will be responsible for implementing the plan of correction (POC) and ensuring continued compliance. Staffing/scheduling coordinators & RN supervisors will also be actively involved in self-auditing of availability of an updated Plan of care is at patients home chart provided on their assigned beneficiaries.  The Quality Assurance Nurse will provide. audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance.  Outcomes persistently below the set goals will trigger a referral to the Governing board for further recommendation and action.  3916.2(c) SKILLED SERVICES GENERALLY  OBased on record review and interview it was determined that the agency failed to documer coordination of services between two home care agencies providing care for four of 13 active patients sampled. (Patients #1, 10, 12, and #13).	<u>Y</u> 4/10/23

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 SPECIALITY HOME CARE LLC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 433 Continued From page 24 H 433 **Continued From page 24** 1. Patient #1's plan of care (POC) showed a 04/10/23 duration of 11/21/2022 through 01/19/2023. The patient's diagnoses included respiratory failure, **Corrective Action Plan** ventilator dependent via tracheostomy, diffuse traumatic brain injury, and gastrostomy tube. HCA's Clinical Manager along with RN supervisor have made calls to the involved care providers of Patients A face-to-face interview was conducted with the #1, 10, 12, and #13 for coordination of services patient's mother and the licensed practical nurse between two home care agencies providing care and (LPN) on 03/02/2023 at 11:00 AM during a home entered documentation as a late entry into each patients visit. Both reported that the patient has been going file. Each Respective physician notified about the care to outpatient physical therapy (PT) "for some time coordination now, and they do a good job." The surveyor queried the LPN regarding the primary physician's In-service will be provided to all current Clinicals, and RN order for physical therapy and the LPN was not supervisors and future hires on Coordinating services sure. The home health aide (HHA) on duty stated with other agencies actively involved in the patient's care, he accompanies the patient on weekly visits to through written communication and/or interdisciplinary physical therapy sessions, and that the patient's conferences, in accordance with the patient's needs; bed mobility has improved and has avoided becoming contracted. No documentation was identified in the clinical The Agency's chart audit tool was updated to reflect record regarding physical therapy. A face -to-face (documented evidence of Care Coordination) and will be interview with the director of nursing (DON) on utilized for all newly admitted and existing patient's chart 03/03/2023 at 11:00 AM, confirmed the agency's audits to ensure compliance on ongoing basis. inability to offer physical therapy and that patients do contract with other agencies for services. The director of nursing acknowledged the need for coordination of services with the physician and the agency, to ensure safe and accurate patient care. 2. On 02/28/2023 at 01:55 PM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 01/07/2023 through 03/07/2023. The POC included physician orders for skilled nursing visits 24 hours daily, seven days a week for gastrostomy feeding, medication administration, and tracheostomy care, and monthly

supervisory visits. The POC included an order for

stating the following: "Clinician to

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speech therapy evaluation.

evaluation by another agency on

On 03/09/2023 (post survey exit), a follow-up email was received from the care coordinator indicating that the patient underwent a speech therapy

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coordination of related services.

acknowledged the findings.

On 02/28/2023 at 03:11 PM, the Director of Nursing

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SPECIAL	ITY HOME CARE LLC	WASHING	TON, DC 20	0012			
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H 433	Continued From pag	ge 27	H 433				
		<b>'</b>		Continued From page 27			
	At the time of the su	rvey, the agency failed to					
	coordinate services	with another entity actively					
		g care for Patients #1, 10, 12,					
	and #13.						
H 453	H 453 3917.2(c) SKILLED NURSING SERVICES		H 453	3917.2(c) SKILLED NURSING SEF		4/40/00	
	Duties of the nurse s	shall include, at a minimum, the		Dood on vocand various and into vie		4/10/23	
	following:	· I		Based on record review and interview the home care agency (HCA) failed			
	(c) Ensuring that patient needs are met in accordance with the plan of care;			skilled nursing services were provide			
				accordance with the patient's plan of	of care		
	accordance with the	plan of care,		(POC) for eight of thirteen active pa		(4.0)	
		l l		sampled (Patients #1, 3, 6, 8, 9, 10,	, 12, and #	:13).	
	This Statute is not	met as evidenced by:		1. On 02/27/2023 at 10:35 AM, revi			
	Based on record rev	view and interview, the home		clinical record showed a POC with a 12/20/2022 through 02/17/2023, an			
	care agency (HCA)	failed to ensure skilled nursing		for "skilled nursing (SN) visits 24 ho			
		ded in accordance with the		week. Further review of the clinical			
		e (POC) for eight of thirteen pled (Patients #1, 3, 6, 8, 9, 10,		multiple missed visits by the skilled	nurse from	n	
	12, and #13).	7, 5, 5, 5, 5, 10,		01/06/2023 through 01/13/2023.			
		l l					
	Findings included:			2. On 02/28/2023 at 09:30 AM, revi	ew of Patie	ent #3's	
	1. On 02/27/2023 at	10:35 AM, review of Patient		plan of care (POCs) showed duration	on periods	of	
		showed a POC with a duration		12/07/2022 through 02/04/2022 and			
		2 through 02/17/2023, and		through 04/10/2023 with a start of c 12/07/2022. Further review of the page 12/07/2022.			
		"skilled nursing (SN) visits 24		2023 medication administration reco			
		week. "SN visits due to in the patient's medical		that the Fluoxetine was administere	` /		
		but not limited to altered		January 31, 2023, as evidenced by	the signat	ures of	
	mental/respiratory/s	kin impairment, infection status,		the nurses on the Medication Admir			
		oressure, increase pain level,		Interview with the director of nursing			
		sures." Patient diagnoses		03:46 PM, revealed a resumption o 01/23/2023 for Fluoxetine 20 mg or			
		hronic respiratory failure,		medication was administered from (			
tracheostomy, and ventilator dependance. Further			01/22/2023 without a physician's or		5		

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	(X3) DATE SURVEY COMPLETED	
HCA-0112 B. WING 03/03/202	2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
6856 EASTERN AVENUE, NW SUITE 376		
SPECIALITY HOME CARE LLC WASHINGTON, DC 20012		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY   PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) COMPLETE DATE	
multiple missed visits by the skilled nurse from o1/06/2023 through 01/13/2023. A face-to-face interview was conducted with the Director of Operations, who stated that during the holiday season it is very hard to find staff to cover required shifts, and that the patient's family mentions a person [sister of the patient] who assists with patient care when a caregiver from service [agency name] cannot find staff to cover shifts.  2. On 02/28/2023 at 09:30 AM, review of Patient #3's plan of care (POCs) showed duration periods of 12/07/2022 through 02/04/2022 and 02/10/2023 through 04/10/2023 with a start of care (SOC) date of 12/07/2022. The POCs revealed that the patient's diagnoses included Tracheostomy status, other diseases of larnyr, respiratory failure, dysphagia, asthma, hypothyroidism, and gastrostomy.  Continued From page 28 the clinical record for Patient #3 showed that the Director of Operations, who stated that during the holiday season it is very hard to find staff to cover shifts.  Continued From page 28 the clinical record for Patient #3 showed that the Director of operations, who stated that during the holiday season it is very hard to find staff to cover required the skilled nurse to "check G-tube placement and or residual check documented by nurses on 12/16/2022 through 12/16/2022, 10/2022, 07/01/2023,	ement of the eeding / 3, 3 2023. #6's riod of ed tober	

HCA-0112 B. WING \_\_\_\_\_\_ 03/03/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

	LITY HOME CARE LLC WASHING	TON, DC 2	0012
(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 COMP
H 453	Showed that there was no tube feeding placement and or residual check documented by nurses on 12/15/2022 through 12/17/2022, 12/19/2022, 12/25/2022, 01/01/2023 through 01/06/2023, 01/08/2023, 01/19/2023, 01/24/2023, 01/31/2023, 02/01/2022, 02/03/2023, 02/05/2023 through 02/08/2023, 02/11/2023 through 02/15/2023.  3. On 03/01/2023 at 10:57 AM, review of Patient #6's clinical record showed a POC with a duration period of 08/01/2022 through 07/31/2023. The POC included a physician's order for skilled nursing services once every 60 days for supervisory visits. Also, the POC included an order for personal care services eight hours per day, seven days a week to assist with activities of daily living (IADL). Continued review of the clinical record lacked evidence that the skilled nurse visited the patient as ordered between October 18, 2022 to January 15, 2023.  4. Review of Patient #8's POC showed duration period of 11/21/22 through 01/19/2023. The POC listed diagnoses to include respiratory failure, ventilator dependent via Tracheostomy, Diffuse traumatic brain injury. POC order for gastrostomy tube feeding of Osmolite 1.5/at 45 ml per hour, "Nurse to check residual before feeding. If residual more than 100 milliliters (ml), HOLD feeding. If residual more than 100ml for more than 2 hours call medical doctor (MD)."  The clinical record lacked documented evidence that the skilled nurse performed residual checks on 11/23/2022 through 11/25/2022, 11/27/2022 and 11/28/2022. A face-to-face interview was conducted with the licensed practical nurse (LPN) at the time of the visit, who acknowledged the findings.	H 453	Continued From page 29  Further review of the clinical record lacked documentation for fingerstick fasting blood sugar an glucometer use instruction, during skilled nurse visit dated 07/13/2022, 08/04/2022, and 09/13/2022.  6. On 02/28/2023 at 01:55 PM, review of Patient #10 clinical record showed a POC with a duration period 01/07/2023 through 03/07/2023. The POC included physician orders for skilled nursing visits 24 hours, seven days a week for gastrostomy feeding, medication administration, tracheostomy care, and monthly supervisory visits. Continued review of the clinical records showed that there was no gastrostor care performed or documented on 12/22/2022, 12/23/2022, 12/24/2022, 12/26/2022, 12/27/2022, 12/28/2022, 01/01/2023, 01/02/2023, 01/04/2023, 01/06/2023, 01/07/2023, 01/08/2023, 01/27/2023, 01/29/2023, 02/18/2023, and 02/19/2023.  Further review of Patient #10's clinical record showed the POC required the skilled nurse to assess and report vital signs to the physician outside the following parameters: Continued review of the clinical record showed nursing notes dated 12/02/2022, 12/21/2022, 12/22/2022, 12/26/2022, 12/27/2022, 01/28/2023 and 01/29/2023 with no documented evidence of the patient blood pressure to determine if interventions were warranted.  Furthermore, review of the clinical record lacked evider that the supervisory registered nurse visited the patient as ordered during the months of December 2022 and February 2023.

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PRINTED: 03/20/2023 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 **SPECIALITY HOME CARE LLC** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX TAG PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 453 Continued From page 30 H 453 **Continued From page 30** 7) Review of Patient #12's clinical record showed a 5. On 02/28/2023 at 2:45 PM, review of Patient physician's order dated 01/18/2023 for Hydrogen #9's clinical record showed a POC with a duration Peroxide and Nystatin Powder: Mix hydrogen peroxide period of 01/01/2022 through 12/31/2022 and and nystatin powder, then apply to right palm (after physician orders for "Skilled Nursing (SN) to visit washing hand with soap and water) daily as anti-fungal the patient at a minimal of every 60 days for aide prophylaxis. Further review of the patient's January 2023 supervisory visit." Included in the orders ... medication administration record (MAR) showed that the "instructions to perform fingersticks for fasting blood treatment was not administered on 01/25/2023, through sugar/random blood sugar during visit ...signs and 01/29/2023 as evidenced by the lack of signature symptoms hypo/hyperglycemia, glucometer use, documentation on the MAR scheduled at 10 AM. instruct patient/caregiver on all aspects of diabetic management to include disease process." Patient The patient's POC showed an order for Melatonin 5mg oral at bedtime and hold for sedation. Continued review #9 's diagnosis included bipolar disorder and type II of the January 2023 MAR showed that the medication diabetes mellitus. Further review of the clinical was not administered on 01/23/2023, 01/24/2023, record lacked documentation for fingerstick fasting 01/25/2023, 01/30/2023, and 01/31/2023 as evidenced by blood sugar and glucometer use instruction, during the lack of signature documentation on the MAR. There skilled nurse visits dated 07/13/2022, 08/04/2022, was no documentation to reflect why the medication was and 09/13/2022. A face-to-face interview was not administered. conducted with the director of nursing (DON) at the Further review of the clinical record showed that the POC time of the clinical record review, who required the skilled nurse to assess and report vital signs acknowledged the finding. to the physician outside the stated parameters 6. On 02/28/2023 at 01:55 PM, review of Patient Continued review of the clinical records showed nursing #10's clinical record showed a POC with a duration notes dated 01/26/2023, 02/04/2023, 02/11/2023, and period of 01/07/2023 through 03/07/2023. The POC 02/12/2023 with no documented evidence of the patient's included a physician orders for skilled nursing visits blood pressure to determine if interventions were 24 hours, seven days a week for gastrostomy warranted. feeding, medication administration, tracheostomy 8. On 02/24/2023 at 02:52 PM, review of Patient #13's care, and monthly supervisory visits. clinical record showed a POC with a duration period from 09/01/2022 through 08/31/2023. The POC included a Continued review of the clinical records showed that physician's order for skilled nursing visits one visit every

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the POC required the skilled nurse to do

clinical records showed that there was no

"gastrostomy care and clean the gastrostomy tube

daily and as needed." Continued review of the

gastrostomy care performed or documented on

12/22/2022, 12/23/2022, 12/24/2022, 12/26/2022, 12/27/2022, 12/28/2022, 01/01/2023, 01/02/2023, 60 days for PCA supervisory visits and PCA services 24

. However, the record lacked evidence that the hurse

conducted a reassessment of patient #13 upon

readmission from the hospital in September 2022.

hours

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hypertension, presence of xenogeneic heart valve, and atrial fibrillation. The POC showed a physician's order for skilled nursing services, skilled nursing visits 24 hours seven days a week for gastrostomy feeding, medication administration, tracheostomy care, monthly nursing supervisory visits and

monthly respiratory therapy visits.

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warranted.

92%." Continued review of the clinical records

02/04/2023, 02/11/2023, and 02/12/2023 with no

showed nursing notes dated 01/26/2023.

documented evidence of the patient's blood

pressure to determine if interventions were

and action

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audit report on all audited charts to the QA

committee on a quarterly basis to monitor

ongoing compliance. Outcome persistently

below the set goal will trigger referral to the

Governing board for further recommendation

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## H 455 3917.2(e) SKILLED NURSING SERVICES

Patients #1, 3, 6, 8, 9, 10, 12, and #13.

Duties of the nurse shall include, at a minimum, the following:

(e) For registered nurses, supervision of nursing services delivered by licensed practical nurses, including on-site supervision at least once every sixty-two (62) calendar days:

This Statute is not met as evidenced by: Based on record review and interview, the home

once every sixty two (62) calendar days); and will be utilized for all newly admitted and existing patient's chart audits to ensure compliance on ongoing basis.

In-service will be provided to all current Clinicians and to all new hire clinicians on supervision of nursing services delivered by licensed practical nurses, including on site supervision at least once every sixty-two (62) calendar days;

Quality Assurance nurse will utilize the updated chart audit checklist to audit charts to ensure continued compliance going forward with Quantitative and Qualitative measure of success >90%

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PRINTED: 03/20/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 SPECIALITY HOME CARE LLC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 455 Continued From page 34 H 455 **Continued From page 34** care agency (HCA) failed to have evidence that the registered nurse (RN) supervised the practices of the licensed practical nurses (LPNs) for one of 13 active patients in the sample (Patient #10). Findings included: The clinical Manager/Director of Nursing will Cross Reference Regulation 3917.2(c) Tag 0453. be responsible for implementing the plan of Based on record review and interview, it was correction and ensuring continued determined that the skilled nurse failed to ensure compliance. Clinicians will also be actively. that the patient 's needs were met in accordance involved in self-auditing their visit notes. with the plan of care POC for one of 13 active patients in the sample (Patient #10). Review of the The Quality Assurance Nurse will provide. provided records revealed the aforementioned audit report on all audited charts to the QA services were provided by LPNs. There was no committee on a quarterly basis to monitor. evidence that an RN had supervised the skilled ongoing compliance. Outcome persistently services provided by the LPNs for the months of December 2022, January 2023, and February 2023. below the set goal will trigger referral to the Governing board for further recommendation At the time of the survey, the home care agency and action failed to provide documented evidence that the registered nurses supervised the skilled nursing 3917.2(f) SKILLED NURSING SERVICES services provided by the LPNs for Patient #10. **Corrective Action Plan**04/10/23 H 456 HHA's policy on Skilled Nursing services 04/10/23 reviewed and updated to reflect that skilled

H 456 3917.2(f) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the following:

(f) Supervision of services delivered by home health and personal care aides and household support staff, as appropriate;

This Statute is not met as evidenced by: Based on record review and interview, the home nursing services shall be provided in

accordance with the POC including RN Supervision of services delivered by home health and personal care aides and household support staff, was reviewed and updated.

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PRINTED: 03/20/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 SPECIALITY HOME CARE LLC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 456 Continued From page 35 H 456 **Continued From page 35** care agency's nurses (HCA) failed to document the 04/10/23 supervision of services being delivered by each patient's home health aide (HHA) for one of 13 The HCA's chart audit tool was updated to active patients in the sample receiving personal reflect the deficiency item (on documented evidence of care services for (Patient #6). RN Supervision of services delivered by home health Findings included: and personal care aides and household support staff) and will be utilized for all newly admitted and On 03/01/2023 at 10:57 AM, review of Patient #6's existing patient's chart audits to ensure compliance on record showed a plan of care (POC) with a duration ongoing basis. period of 08/01/2022 through 07/31/2023. The POC In-service will be provided to all current included a physician's order for skilled nursing Clinicians and to all new hire clinicians on services once every 60 days for supervisory visits. Skilled Nursing services shall be provided in Also, the POC included an order for personal care services eight hours per day, seven days a week to accordance with the POC including documented assist with activities of daily living (ADL) and evidence of RN Supervision of services delivered by instrumental activities of daily living (IADL). Further home health and personal care aides and household review of Patient #6's provided clinical records support staff, Quality Assurance nurse will utilize the lacked evidence that the registered nurse (RN) updated chart audit checklist to audit charts to ensure supervised the provision of personal care aide continued compliance going forward with Quantitative services as ordered from 10/01/2022 to 12/31/2022. and Qualitative measure of success >90% On 03/02/2023 at 09:33 AM, the care coordinator was made aware of the findings. The clinical Manager/Director of Nursing will be responsible for implementing the plan of correction and ensuring continued compliance. At the time of the survey, the home care agency Clinicians will also be actively involved in self-auditing (HCA's) nurse failed to appropriately, conduct home their visit notes. health aide supervision and evaluations of services provided for Patient #6. 3917.2(q) SKILLED NURSING SERVICES H 457 Based on record review and interview, it was determined

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following:

H 457 3917.2(g) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the

(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at

at least every 62 calendar days for six of

(Patients #2, 5, 6, 10, 11, and #13).

13 active patients sampled

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

PRINTED: 03/20/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0112 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVENUE, NW SUITE 376 SPECIALITY HOME CARE LLC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 457 H 457 Continued From page 36 **Continued From page 36** least once every sixty-two (62) calendar days; This Statute is not met as evidenced by: Corrective action plan Based on record review and interview, it was determined that the home care agency (HCA) failed HHA's policy on Skilled Nursing services 04/10/23 to ensure that the skilled nurse (SN) documented a reviewed and updated to reflect that the progress note at least once every 30 calendar days skilled nurse (SN) documented a progress and a summary note at least every 62 calendar days for six of 13 active patients sampled (Patients note at least once every 30 calendar days and a #2, 5, 6, 10, 11, and #13). summary note at least every 62 calendar days Findings included: The HCA's chart audit tool was updated to reflect the item (on documented evidence of the 1. On 03/02/2023 at 10:14 AM, review of Patient Skilled Nurse(SN)'s progress note at least once #2's clinical record showed a plan of care (POC) every 30 calendar days and a summary note with a duration period of 12/13/2022 through at least every 62 calendar days is available) 05/31/2023. The POC included a physician's order and will be utilized for all newly admitted and for skilled nursing visits every 60 days for personal care aide (PCA) supervision and health related existing patient's chart audits to ensure. issues. Also, the POC included an order for PCA compliance on ongoing basis. services 12 hours a day, five days a week to assist with activities of daily living (ADL) and instrumental In-service will be provided to all current activities of daily living (IADLs). Further review of Clinicians and to all new hire clinicians on the provided clinical record lacked evidence of Skilled Nursing services shall be provided in monthly progress notes and summary notes from accordance with the POC to ensure that the skilled July 2022 through December 2022. nurse (SN) documented a progress note at least once 2. On 03/02/2023 at 1:54 PM, review of Patient #5's every 30 calendar days and a summary note at least record showed a POC with a duration period of every 62 calendar days. 10/17/2022 through 09/30/2023. The POC included a physician's order for skilled nursing services once

provided clinical

every 60 days for supervisory visits. Also, the POC included an order for personal care services eight hours per day, seven days a week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the

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every 60 days for supervisory

5. On 03/01/2023 at 03:51 PM, review of Patient #11's clinical record showed a POC with a duration period of 01/01/2023 through 12/31/2023 with a SOC date of 11/23/2021. The POC included a physician's order for skilled nursing services once

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following:

H 459 3917.2(i) SKILLED NURSING SERVICES

Duties of the nurse shall include, at a minimum, the

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Review of the clinical record lacked evidence of a progress note documenting fingerstick for fasting blood sugar education or demonstration, or any mention of glucometer instructions during visits dated 07/13/2022,

08/04/2022, and 09/13/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
HCA-0112		B. WING		03/03/2023				
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE				
0050141	6856 EASTERN AVENUE, NW SUITE 376							
SPECIAL	ITY HOME CARE LLC		TON, DC 20			Г		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOPIC DEFICIENCY)	BE	(X5) COMPLETE DATE		
H 459	Continued From pag	ge 39	H 459					
		•		Continued From page 39				
	(i) Patient instruction	n, and evaluation of patient			0	4/10/23		
	instruction; and	.,		O a mana di ana Anadi ana malana				
				Corrective Action plan				
				HHA's policy on Skilled Nursing service	ces			
				reviewed and updated to reflect that				
	This Statute is not	met as evidenced by:		nursing services shall be provided in				
		riew and staff interview, the						
	skilled nurse (SN) failed to ensure patient/caregiver education and evaluation of all aspects of diabetic			patient/caregiver education and evaluation of all				
		uired in the plan of care for		aspects of diabetic management as required in the plan of care reviewed and updated.				
	Patient #8.	and an and plan of care let		in the plan of care reviewed and up	uateu.			
				In-service will be provided to all curr	ent			
	Findings included:			Clinicians and to all new hire clinicians on				
	Cross Reference Re	egulation 3917.2(c) Tag 0453.		Skilled Nursing services shall be provided in				
				accordance with the POC and when I				
		45 PM, review of Patient #8's		orders, "instructions to perform fing		fasting		
		ed a plan of care (POC) with a 1/01/2022 through 12/31/2022		blood sugar/random blood sugar duiglucometer useinstruct patient/o	-	المما		
		for the registered nurse (RN) to		aspects of diabetic management to i	_			
	visit the patient at a	minimal of every 60 days for		, ,	clinical record need to reflect evidence of			
		its. Included in the orders were		a progress note documenting fingers				
	•	orm fingerstick for fasting blood sugar during visitglucometer		blood sugar education or demonstration, or any				
		t/caregiver on all aspects of		mention of glucometer instructions of	luring visit	S		
	diabetic managemen	nt to include disease process."						
	Further review of the	e clinical record lacked evidence		RN Supervisor has scheduled a v visit and will have documented evidence				
		ocumenting fingerstick for		sugar has been obtained, including				
	fasting blood sugar education or demonstration, or			caregiver DM education.	patiental			
		ometer instructions during visits		The HCA's chart audit tool was updated	ed to			
	ual <del>e</del> u 07/13/2022, 0	8/04/2022, and 09/13/2022.		reflect the item (on documented evid				
	A face-to-face interv	riew was conducted with the		Skilled Nursing services provided in a				
		t the time of the clinical record		physician signed POC including DM r				
	review, who acknow	ledged the finding.		will be utilized for all newly admitted patient's chart audits to ensure comp				
				basis.	marice on	origoning		
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correction and ensuring continued compliance Clinicians will also be actively involved in self-auditing

The Quality Assurance Nurse will provide audit report on all audited charts to the QA committee on a quarterly basis to monitor ongoing compliance. Outcome persistently below the set goal will trigger referral to the Governing board for further recommendation

their visit notes.

and action