Health Re	egulation & Licensing	Administration			,	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION			A. BUILDING:			
		HCA-0010	B. WING		04/0	1/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
ARA HOB	NE HEALTH CARE	821 KENN	EDY STREET,	, NW		
ABA HON	RE HEALTH CARL	WASHING	TON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
H 000	INITIAL COMMENT	S	H 000		į	•
H 411	An annual licensure survey was conducted on 03/29/2022, through 04/01/2022 to determine compliance with the District of Columbia Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency employed 452 staff and provided services to 270 patients. The findings of the survey were based on a review of administrative records, 14 active patient records, three discharged patient records, 22 employee records, five telephone patient interviews, and a review of the agency's response to complaints and incidents received. Below are abbreviations used throughout this survey report. SN - Skilled Nurse DON - Director of Nursing ADLs - Activities of Daily Living IADLs - Instrumental Activities of Daily Living 111 3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;		H 411	Please begin typing your responses he HOME HEALTH & PERSONAL CAPatient #2-ABA Acknowledges deficing patient's Physical Condition, Behavior All PCAs including the assigned PCA been instructed to use the comment electronic timesheet to enter patient's behavior or appearance and the PCA with an instruction tool on how to prothese items. The Skilled Nurses have instructed to provide guidance and to on proper documentation during an inheld on 3/24/2022 and also provided instruction tool. ABA will reach out EHR provider on 4/20/2022 to ame timesheet to include a question arphysical condition, behavior or apil fyes, Explain. Furthermore, the Quality Assurance Improvement (QAPI) Team comprising Director/Compliance Officer, the Director/Compliance Officer,	ency in recommendation of the particle of the commendation of	ording rance. ient have ne PCA's ondition, i provided nent nee PCAs aining of the tronic to Yes/no. nance inical sing/ew 20% of lews will purse and
	failed to ensure that observed, recorded physical condition,	eview and interview, the agency at Home Health Aides (HHAs) d, and reported the patient's behavior, or appearance for patients in the sample.			4/	18/2022

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

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0010	B. WING		04/01/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
ARA HON	NE HEALTH CARE	821 KENN	EDY STREET	r, NW	
ABA NON	HE HEALTH CARE	WASHING	TON, DC 20		
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H 411	Continued From page	ge 1	H 411		
	(Patients #2, #7 and	i # 9).		Patient #7-ABA Acknowledges defici	ency in recording
	(Patients #2, #7 and #9). Findings included: 1. On 03/29/2022 at 2:00 PM, a review of Patient #2's record showed a POC with a certification period of 12/07/2021 through 07/31/2022. The POC contained physician's orders for Home Health Aide services five hours a day, seven days a week to assist with ADLs and IADLs. Further review of the clinical record showed that the goal of the agency is for the patient to maintain good personal hygiene with no skin breakdown, increased mobility, and independence in ADL by the end of the episode of care. Review of the HHA notes dated 03/04/2022, 03/08/2022, 03/11/2022, 03/18/2022, 03/20/2022, 03/23/2022, and 03/23/2022, failed to show that the HHA observed, recorded, and reported the patient's physical condition, behavior, or appearance during these visits. 2. On 03/30/2022 at 3:05 PM, a review of Patient #7's record showed physician's orders dated 03/10/2022 for the certification period of 03/01/2022 through 02/28/2023, for HHA service 16 hours a day, seven days a week to assist with ADLs and IADLs. Further review of the clinical record showed that the goal of the agency is for the patient to maintain good personal hygiene with no skin breakdown, increased mobility, and independence in ADLs by the end of the episode of care. Review of the HHA notes dated 03/01/2022, 03/02/2022, 03/03/2022, 03/04/2022, 03/05/2022, 03/06/2022, and 03/07/2022, failed to show that the HHA observed, recorded, and reported the patient's physical condition, behavior, or appearance during			patient #7-ABA Acknowledges delicated patient's Physical Condition, Behavior All PCAs including the assigned PCA been instructed to use the comment electronic timesheet to enter patient's behavior or appearance and the PCA with an instruction tool on how to prothese items. The Skilled Nurses havinstructed to provide guidance and to on proper documentation during an inheld on 3/24/2022 and also provided instruction tool. ABA will reach out EHR provider on 4/20/2022 to ame timesheet to include a question arphysical condition, behavior or ap If yes, Explain. Furthermore, the Quality Assurance Improvement (QAPI) Team comprisin Director/Compliance Officer, the Director/Compliance Officer,	or or Appearance. In for the patient have section of the PCA's sphysical condition, as has been provided perly document are also been eaching to the PCAs in-service training with a copy of the atto Axxess, the indited the electronic are of the Clinical are to fine proper so Such reviews will approvided by the patient have section of the PCA's appearance. A for the patient have section of the PCA's appearance are provided by the provided operly document are also been eaching to the PCAs in-service training are to Axxess, the are the position of the PCAs in-service training are to Axxess, the are to Axxess the axxes are to Axxess the are to Axxess the axxes are to Axxess the axxe
	these visits. 3. On 03/31/2022	at 9:30 AM, a review of Patient		timesheet to include a question a physical condition, behavior or all if yes, Explain. Furthermore, the Quality Assurance Improvement (QAPI) Team compris	and Performance

Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 04/01/2022 HCA-0010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 821 KENNEDY STREET, NW **ABA HOME HEALTH CARE** WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) H 411 Continued From page 2 H 411 Director/Compliance Officer, the Director of Nursing/ #9's record showed a POC with a certification Clinical Manager and the Administrator will review 20% of period of 10/01/2021 through 09/30/2022. The POC PCA timesheets quarterly and ensure proper contained physician's orders for HHA service 24 documentation is done daily by PCAs. Such reviews will hours a day, seven days a week to assist with ADLs guide monthly teaching to PCA by supervisory Nurse and and IADLs. Further review of the clinical record quarterly in-services for PCAs and Skilled Nurses. showed that the goal of the agency is for the patient to maintain good personal hygiene with no skin breakdown, increased mobility, and independence in ADL by the end of the episode of care. A review of the HHA notes dated 03/01/2022 through 03/04/2022 during the 07:00 AM to 03:00 PM, 03:00 PM to 11:00 PM, and 11:00 PM to 07:00 AM shifts failed to show that the HHA observed, recorded, and reported the patient's physical condition, behavior, or appearance during these visits. On 04/01/2022 at 2:30 PM, the agency's compliance officer and DON stated during the interview that the HHA note section in the electronic medical record (EMR) system has to be modified to allow for documentation of the patient's physical condition, behavior, or appearance during the HHA visits. At the time of this survey, the agency failed to ensure that HHAs observed, recorded, and reported the patient's physical condition, behavior, or appearance as is required in this regulation. H 453 H 453 3917.2(c) SKILLED NURSING SERVICES Duties of the nurse shall include, at a minimum, the following: (c) Ensuring that patient needs are met in

Health Regulation & Licensing Administration STATE FORM

accordance with the plan of care;

4/18/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION HCA-0010 B WING CAS DILDING CAS DILDING STREET ADDRESS, CITY, STATE, 2IP CODE STREET, NW WASHINGTON, DC 20011 PREFIX TAG CAS DILDING TAG CRACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG CAS DILDING TAG CRACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure patients' needs were met according to the Plan of Care for two of 14 active patients in the sample (Patients #1, and #6). Findings included: 1. A review of Patient #1's clinical record on 03/28/2022 at 11:55 AM, showed a Plan of Care (PCC) with a duration period of 07/01/2021 through 08/30/2022. Further review of the PCC showed that the patient's diagnoses included Congestive Heart Failure and Emphysema. The Plan of Care included physician's orders for the patient to receive Lisinopil-Hydrochiorthizaide 20 milligrams-25 milligrams daily, and Metoprolol Tartrate 50 milligrams daily to treat the patient's, Heart Failure. Continued review of the Plan of Care included physician's orders for the skilled nurse to visit the patient every 30 to 60 days to teach the patient every 30 to 60 days to teach the patient every 30 to 60 days to teach the patient/sergely signs and symptoms of Congestive Heart Failure exceptation and report to the physician's orders for the skilled nurse to visit the patient over 30 to 60 days to teach the patient/sergely signs and symptoms of Congestive Heart Failure exceptation and report to the physician's orders for the skilled nurse to visit the patient every 30 to 60 days to teach the patient/sergely signs and symptoms of Congestive Heart Failure exceptation and report to the physician a weight gain greater than two pounds in 24 hours or five pounds in a week. Additionally.	Health Regulation & Licensing Administration						
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PREFIX TAG CRACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 453 Continued From page 3 This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure patients' needs were met according to the Plan of Care for two of 14 active patients in the sample (Patients #1, and #8). Findings included: 1. A review of Patient #1's clinical record on 03/29/2022 at 11:55 AM, showed a Plan of Care (POC) with a duration period of 07/01/2021 through 06/30/2022. Further review of the POC showed that the patient's diagnoses included Congestive Heart Failure and Emphysema. The Plan of Care included physician's orders for the patient to receive Lisinopril-Hydrochlorothiazide 20 milligrams daily, and Metoprolol Tartrate 50 milligrams daily, and Metoprolol Tartrate 50 milligrams daily to treat the patient's. Heart Failure. Continued review of the Plan of Care showed the physician's orders for the skilled nurse to visit the patienting from 3/21/2022 through 4/6/2022. Effective May 1st. Patient #1 has been reviewed with the assigned Nurse and instructions provided for the Nurse 1 weight as ordered; and also provide teaching on weight monitoring to the patient/caregiver and the PCA. Supervisory RNs and all PCAs have been trained on proper documentation on the EHR system during insertion of the Plan of Care showed the physician's orders for the skilled nurse to visit the patienter or a quick review by the OA nurse to ensure the patient/caregiver signs and symptoms of Congestive Heart Failure exacerbation and report to the physician a weight gain greater than two pounds in 24 hours or five pounds in a week. Additionally.	ABA HOR					NI T	(VE)
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log at every visit. A review of nursing notes dated 12/09/2021, 01/21/2022, and 02/23/2022 lacked evidence that the skilled nurse assessed the patient's weight during the monthly visits to determine the patient's status of Congestive Heart Failure management or be able to notify the physician as ordered. 2 A review of Patient #6's clinical record on		This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure patients' needs were met according to the Plan of Care for two of 14 active patients in the sample (Patients #1, and #6). Findings included: 1. A review of Patient #1's clinical record on 03/29/2022 at 11:55 AM, showed a Plan of Care (POC) with a duration period of 07/01/2021 through 06/30/2022. Further review of the POC showed that the patient's diagnoses included Congestive Heart Failure and Emphysema. The Plan of Care included physician's orders for the patient to receive Lisinopril-Hydrochlorothiazide 20 milligrams-25 milligrams daily, and Metoprolol Tartrate 50 milligrams daily to treat the patient's, Heart Failure. Continued review of the Plan of Care showed the physician's orders for the skilled nurse to visit the patient every 30 to 60 days to teach the patient/caregiver signs and symptoms of Congestive Heart Failure exacerbation and report to the physician a weight gain greater than two pounds in 24 hours or five pounds in a week. Additionally. the skilled nurse is to assess the patient's weight log at every visit. A review of nursing notes dated 12/09/2021, 01/21/2022, and 02/23/2022 lacked evidence that the skilled nurse assessed the patient's weight during the monthly visits to determine the patient's status of Congestive Heart Failure management or be able to notify the			ABA acknowledges the discrepancie patient's weights by the Skilled Nurse monthly visit. Patient #1 has been assigned Nurse and instructions provisit the patient on 4/22/2022, assess weight as ordered; and also provide monitoring to the patient/caregiver at Supervisory RNs and all PCAs have proper documentation on the EHR system for a yield require daily vitals and weight shall be EHR system for a quick review by the such entries are done as ordered. The reinforce this education during month that Vital signs and weights are recombeneficiaries who require daily vitals abnormal readings are immediately supervisor. The Director of Nursing/IDON/CM] as a member of the Qual Performance Improvement (QAPI) Tenonthly reviews of all patients tagget	s in recording during the reviewed wivided for the s, and enter teaching or and the PCA been trained beneficiaried to e QA nurse the Skilled Norded daily following the Skilled Norded to Clinical Marity Assuranteam shall ded with vital ance.	th the Nurse to the weight d on g in- es who the to ensure lurse shall ensure for d that an RN rager ce and

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NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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H 453	through 08/31/2022 showed that the part Congestive Heart F Atrial Fibrillation. The physician's orders of Amlodipine 100 milli 0.125 milligrams by Succinate extended daily to treat the pareview of the Plan of orders for the skille 30 to 60 days to teat and symptoms of C exacerbation and regain greater than the pounds in a week. To assess the paties review of nursing nursing nursing nursits to determine Heart Failure manathe physician as of Con 04/01/2022 at 2 compliance officer findings.	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 4 Summary STATEMENT OF DEFICIENCIES CHOSS-REFERENCED DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 4 Summary STATEMENT OF DEFICIENCIES CHOSS-REFERENCED DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INTINUED AND INFORMATION ABA acknowledges the patient's weights by the monthly visit. Patient's weights by the monthly visit. Patient's weights by the monthly visit. Patient's weight long and patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient on 4/2/2022, weight as ordered; and inside the patient's weight during the patient every to the Plan of Care showed the physician's ers for the patient on 4/2/2022, and inside the p		ABA acknowledges the discrepancie patient's weights by the Skilled Nurse monthly visit. Patient #6 has been assigned Nurse and instructions pro the patient on 4/2/2022, assessed, a weight as ordered; and also provide monitoring to the patient and the PC and all PCAs have been trained on on the EHR system during in-servid 3/21/2022 through 4/6/2022. Effective beneficiaries who require daily vitals tagged on the EHR system for a quinurse to ensure such entries are do Skilled Nurse shall reinforce this edmonthly visits to ensure that Vital signercorded daily for beneficiaries who vitals/weights and that abnormal resimmediately reported to an RN super of Nursing/Clinical Manager [DON/C) the Quality Assurance and Perform (QAPI) Team shall conduct monthly patients tagged with vital sign and vensure compliance.	e during the RN reviewed with the vided. Nurse visited and entered the d teaching on weight A. Supervisory RNs proper documentation the trainings from the May 1st, 2022, All the and weight shall be the review by the QA the as ordered. The function during the graph of the province of th	