

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/04/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE PARTNERS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 MASSACHUSETTS AVENUE NW, SUITE C-1002 WASHINGTON, DC 20005</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted on 12/27/2021, 12/28/2021, 12/29/2021, 12/30/2021, 01/03/2022, and 01/04/2022 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 210 patients and employed 93 staff. The findings of the survey were based on the review of administrative records, 15 active patient records, four discharged patient records, 9 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were, also, based on the completion of five patient telephone interviews.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living CM - Case Manager ED - Executive Director HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living PCA - Personal Care Aide POC - Plan of Care PPD - Purified Protein Derivative RN - Registered Nurse</p>	H 000	Please begin typing responses here:	
H 162	<p><b>3907.6 PERSONNEL</b></p> <p>At the time of initial employment of each employee, the home care agency shall verify that the employee, within the six months immediately preceding the date of hire, has been screened for and is free of communicable disease.</p> <p>This Statute is not met as evidenced by:</p>	H 162		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]*

TITLE Executive Director **5/13/22** (X6) DATE  
**REVISED**

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

**HCA-0007**

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

**01/04/2022**

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOME CARE PARTNERS**

**1234 MASSACHUSETTS AVENUE NW, SUITE C-1002  
WASHINGTON, DC 20005**

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H 162 Continued From page 1

H 162

Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of communicable diseases within the six months immediately preceding the employee's date of hire for two of nine employee's personnel files included in the sample (Director/Social Worker and one Nurse Case Manager).

Findings included:

A review of the facility's personnel records was conducted on 12/27/2021 at 2:11 PM revealed the following:

1. The personnel file for the agency's Director of Social Work included a hire date of 03/16/2020. Further review of her personnel file showed a Symptoms Questionnaire signed by the employee on 11/10/2020 and the Health Care Provider on 11/18/2020, eight months after her hire date. There was no documented evidence that the agency verified if the Director of Social Work had been screened and free of communicable disease within six months prior to her date of hire.

2. The personnel file for one of the agency's Nurse Case Managers included a hire date of 09/16/2020. Further review of her personnel file showed a purified protein derivative (PPD) dated 10/29/2020, one month and 13 days after her date of hire.

During an interview on 12/30/2021 at 12:55 PM, the Executive Director stated that the agency never required any of their office staff to be screened for communicable disease, because they had no patient contact.

The Executive Director was referred to Title 22

1. H162 3907.6

1. Corrective Action:

The Policy was revised on 3/2/22 to clearly state that all staff must provide verification of screening within 6 months preceding hire date or on hire date.

2. Measures to Ensure Deficient Practice Does Not Occur Again:

New hires are advised of this requirement in their employment offer letters and must provide screening documentation at orientation in order to begin working.

3. Monitoring Actions:

HR Coordinator will review personnel records of newly hired employees at least once per calendar quarter to ensure continued compliance.

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H 162	Continued From page 2  DCMR Chapter 39 for Home Care Agencies' regulations that required the HCA to verify that each employee has been screened for and free of communicable disease within six months prior to their date of hire.  Review of the Home Care Agency's policy entitled "Health Requirement Policy" on 01/04/2021 at 9:30 AM, showed " Prior to appointment, all staff who come in direct contact with clients are required to have a TB screening." It should be noted that the personnel policy did not address that the agency would verify that all employees would be screened for and certified free of all communicable disease within six months prior to the employee's hire dates.	H 162	H163 3907.7	5/13/22
H 163	3907.7 PERSONNEL  Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.  This Statute is not met as evidenced by:  Based on record review and interview, the home care agency (HCA) failed to verify that each employee was free of all communicable diseases annually for one of nine personnel files included in the sample (Scheduler).  Findings included:  A review of the facility's personnel records was conducted on 12/27/2021 at 2:11 PM revealed the following:	H 163	1. Corrective Action: The policy was revised on 3/2/22 to state that all staff must be screened for communicable disease annually. The policy is applicable to all staff and no longer is limited to staff with direct patient contact. 2. Measures to Ensure Deficient Practice Does Not Occur Again: ALL new hires are advised of this requirement in their employment offer letters and must provide screening documentation at orientation in order to begin working. This includes both clinical and non-clinical staff. All staff are now part of the annual communicable disease monitoring system and receive reminders of their screening due dates from the HR Department. 3. Monitoring Actions: HR Coordinator will review communicable disease monitoring tool for all D.C. employees at least once per calendar quarter to ensure continued compliance.	

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H 163	<p>Continued From page 3</p> <p>The personnel file for one of the agency's Schedulers included a hire date of 08/23/1995. Further review of her personnel file showed no documented evidence that she had ever been screened for and free of a communicable disease since her hire date.</p> <p>During an interview on 12/30/2021 at 12:55 PM, the Executive Director stated that the agency did not require any office staff to be screened for communicable diseases, because they had no patient contact.</p> <p>The Executive Director was referred to Title 22 DCMR Chapter 39 for Home Care Agencies' regulations that required the HCA to verify that each employee was screened annually.</p> <p>Review of the agency's policy entitled "Health Requirement Policy" on 01/04/2021 at 9:30 AM, showed annual TB screening was required through a signed statement from a physician or advanced practice nurse submitted for inclusion in the employee's medical record. It should be noted that the personnel policy did not address that the screening was required annually for all employees.</p>	H 163		
H 263	<p><b>3911.2(c) CLINICAL RECORDS</b></p> <p>Each clinical record shall include the following information related to the patient:</p> <p>(c) Initial assessment and on-going evaluation;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA)</p>	H 263	<p>H263 3911.2 (c)</p> <p>1. Corrective Action: Client evaluation forms will be monitored for completion by the due date.</p>	5/13/22

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H 263	<p>Continued From page 4</p> <p>failed to ensure on-going evaluations for two of 15 active patients included in the sample (Patients #2 and #14).</p> <p>The findings include...</p> <p>Review of the agency's policy titled "Completing Assessment and Developing a Service Plan" on 01/04/2022 at 12:41PM, showed that the "home care aide services furnished to clients was based on professional assessment and the plan of care established and reviewed every six months, or more often if needed, to ensure services are appropriate to the client's condition."</p> <p>1. On 12/28/2021, at 08:45 AM, review of Patient #2's clinical record revealed that the patient was receiving home care aide services three hours a day times five days a week to assist client with activities of daily living (ADL) and instrumental activities of daily living (IADL). Further review of the record revealed that the last evaluation of Patient #2 was dated 05/18/2021. There was no documented evidence of any on-going evaluations in the patient's record.</p> <p>On 01/03/2022 at 10:05 AM, the Executive Director was made aware of the findings. She acknowledged and stated that the "RN Case Manager did not do an additional visit."</p> <p>2. On 12/28/2021 at 01:25 PM, review of Patient #14's clinical record revealed that the patient was receiving home care aide services four hours a day times two days a week to assist client with ADL and IADL. Further review of the record revealed that the last evaluation of Patient #14 was dated 05/25/2021. There was no documented evidence of any on-going evaluations in the patient's record.</p>	H 263	<p><b>Measures to Ensure Deficient Practice Does Not Occur Again:</b> Program or Executive Managers will review scheduling database report monthly to check for reassessment evaluations that need to be completed in that month and will flag them for case managers. Topic will be part of the agenda for monthly case manager meetings.</p> <p><b>Monitoring Actions:</b> Program or Executive Managers will review scheduling database report monthly to check for late evaluations and verify that a note has been written in clients file to provide acceptable explanation for late assessment such as client hospitalization. Personnel discussion will occur to determine the reason for delinquency, personnel notes will be written and/or other personnel action will be taken with Case managers who have frequent unexplained delinquent assessments</p>	

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H 263	Continued From page 5  On 01/04/2022 at 03:05 PM, the Executive Director was made aware of the findings.  At the time of the survey, the HCA failed to ensure that Patients #2 and #14 received on-going evaluations every six months per agency policy.	H 263		
H 268	3911.2(h) CLINICAL RECORDS  Each clinical record shall include the following information related to the patient:  (h) Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff,  This Statute is not met as evidenced by:  Based on record review and interview, the home care agency (HCA) failed to ensure that clinical, progress, or summary notes were signed and dated as appropriate by professional staff for ten of 15 active patients included in the sample Patients #2, #4, #5, #6, #8, #11, #12, #13, #14, and #15).  Findings included:  Review of the home care agency's (HCA's) records beginning 12/27/2021 through 01/04/2022 showed that the agency provided home care aide services to each of the sampled patients based on plans of care (POC) with no names or signatures of who completed the forms.  On 12/30/2021 at 02:11 PM, the Executive Director was informed of the findings. She stated	H 268	H 268 3911.2(h) Corrective Action: Client forms will be monitored for inclusion of signature and date by the staff completing the form.  Measures to Ensure Deficient Practice Does Not Occur Again: Program or Executive Managers will review a random sample of 5% of case manager forms monthly to check for reassessment evaluations that need to be completed in that month and will flag them for case managers. Topic will be part of the agenda for monthly case manager meetings.  Monitoring Actions: Program or Executive Managers will conduct Personnel discussions with case managers who have missing signatures or dates, personnel notes will be written and/or other personnel action will be taken with Case managers who have frequent unexplained missing dates and/or signatures.	5/13/22

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H 268	Continued From page 6  that the care plans should be signed whenever possible, but due to COVID 19 some of the reassessments were done by phone during this period.  At the time of the survey, the HCA failed to ensure that each POC was signed and dated as appropriate by professional staff for Patients #2, #4, #5, #6, #8, #11, #12, #13, #14, and #15.	H 268	H 357 3914.3 (f)	
H 357	3914.3(f) PATIENT PLAN OF CARE  The plan of care shall include the following:  (f) Provisions relating to the reevaluation of services, discharge planning, referral of services and continuation or renewal of services;  This Statute is not met as evidenced by:  Based on record review and interview, it was determined that the home care agency failed to reevaluate written plans of care (POC) for three of 15 patients included in the sample (Patients #2, #5, and #14).  Findings included:  1. On 12/28/2021 at 08:45 AM, review of Patient #2's clinical record revealed that the patient was receiving home care aide services three hours a day times five days a week. However, the plan of care (POC) dated 05/18/2021 was due to be updated within six months based on the agency's assessment and care plan policy. Continued review revealed that Patient #2's clinical record failed to provide documented evidence of a revised plan of care.	H 357	Corrective Action: Client Plan of Care forms will be monitored for completion by the due date.  Measures to Ensure Deficient Practice Does Not Occur Again: Program or Executive Managers will review scheduling database report monthly to check for Plans of Care that need to be completed in that month and will flag them for case managers. Topic will be part of the agenda for monthly case manager meetings.  Monitoring Actions: Program or Executive Managers will review scheduling database report monthly to check for late Plans of Care and verify that a note has been written in clients file to provide acceptable explanation for late Plan of Care such as client hospitalization. Personnel discussion will occur to determine the reason for delinquency, personnel notes will be written and/or other personnel action will be taken with Case managers who have frequent unexplained delinquent assessments	5/13/22

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H 357	<p>Continued From page 7</p> <p>During an interview on 01/03/2021 at 10:39 AM, the Executive Director was informed of the findings.</p> <p>2. On 01/03/2021, at 09:04 AM, review of Patient #5's clinical record revealed that the patient was receiving home care aide services four hours a day times three days a week. However, the plan of care dated 06/16/2021 was due to be updated within six months based on the agency's assessment and care plan policy. Continued review revealed that Patient #5's clinical record failed to provide documented evidence of a revised plan of care.</p> <p>3. On 12/28/2021, at 01:25 PM, review of Patient #14's clinical record revealed that the patient was receiving home care aide services four hours a day times two days a week. However, the POC dated 05/25/2021 was due to be updated within six months based on agency's assessment and care plan policy. Continued review revealed that Patient #14's clinical record failed to provide documented evidence of a revised POC.</p> <p>During an interview on 01/03/2021 at 10:39 AM, the Executive Director was informed of the findings.</p> <p>At the time of the survey, the agency failed to update/revise plans of care for Patients #2, #5, and #14.</p>	H 357		