Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HCA-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 TLC HEALTH CARE SERVICES WASHINGTON, DC 20003 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX DATE OR LSC IDENTIFYING INFORMATION) TAG TAG H 000 INITIAL COMMENTS H 000 An annual licensure survey was conducted on 02/02/2023, 02/03/2023, 02/06/2023, 02/07/2023, 02/08/2023, and 02//09/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 165 patients and employed 23 staff. The findings of the survey were based on the review of administrative Please begin typing your responses here: records, 14 active patient records, five discharged patient records, 12 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 three home visits. Listed below are abbreviations used throughout this report: ADL - Activities of Daily Living CM - Centimeters **DON-Director of Nursing** HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living LPN - Licensed Practical Nurse OT -Occupational Therapist PCA - Personal Care Aide 4/25/23 H054: POC - Plan of Care PPD - Purified Protein Derivative (1) The Director or designee will provide PT - Physical Therapist RN - Registered Nurse education no later than 4/14/23 on policies SN - Skilled Nurse LD-001 (Governing Body) and LD-012 SOC - Start of Care (Annual Program Evaluation per State ST - Speech Therapy Regulatory Requirements) with emphasis on inclusion of complaints in the annual program and submitting the annual program evaluation to the Governing Body H 054 3903.2(c)(2) GOVERNING BODY H 054 for review. The governing body shall do the following:

Health Regulation & Licensing Administration

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

te

Administrator

4/18/

PRINTED: 03/03/2023 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-0058 02/09/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEL IOIETTOTA Continued From page 2 H 120 H 120 H 120 4/25/23 H 120 3906.1(a) CONTRACTOR AGREEMENTS H120: If a home care agency offers a service that is (1) The Director or designee will provide provided by a third party or contractor, agreements education no later than 4/14/23 on between the home care agency and the contractor policy LD-009 (Contracted Patient for the provision of home care services shall be in Services) with emphasis on elements writing and shall include, at a minimum, the following: required in the contract for services. (2) The Director or designee will review (a) A description of the services to be provided; all contracts for the provision of temporary clinical staffing on an This Statute is not met as evidenced by: annual basis to ensure all required Based on contract review and interview, the agency elements are included. failed to ensure the contractual agreement for (3) The Director is responsible for supplemental nurse staffing included a description correction of this deficiency. of services to be provided. (4) Remediation including one on one Findings included: coaching, counseling, and HR disciplinary action will be completed On 02/02/2023 at 1:35 PM during an interview with as necessary based on trends of the home care agency's leadership, it was identified noncompliance. that the agency utilized a third-party contractor to supplement nursing services. Review of the third-party contractual agreement on 02/06/2023 at 11:15 AM for services rendered by a contracted licensed practical nurse (LPN #1) showed a description of services to be provided by the overall agency, however, lacked evidence of a description of services to be provided specifically by the LPN.

H 122

6699

the time of review.

The findings were shared with facility leadership at

H 122 3906.1(c) CONTRACTOR AGREEMENTS

If a home care agency offers a service that is

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-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 TLC HEALTH CARE SERVICES WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG OR LSC IDENTIFYING INFORMATION) TAG H 122 H 122 | Continued From page 3 provided by a third party or contractor, agreements between the home care agency and the contractor H122: for the provision of home care services shall be in 4/25/23 (1) The Director or designee will writing and shall include, at a minimum, the provide education no later than following: 4/14/23 on policy LD-009 (c) The manner in which services will be controlled, (Contracted Patient Services) with coordinated and evaluated by the primary home emphasis on elements required in care agency; the contract for services. (2) The Director or designee will This Statute is not met as evidenced by: review all contracts for the provision of temporary clinical Based on record review and interview, the home care agency (HCA) failed to ensure that the staffing on an annual basis to contractual agreement with a third-party vendor ensure all required elements are included the method in which services would be included. controlled, coordinated and evaluated by the (3) The Director is responsible for agency. correction of this deficiency. Findings included: (4) Remediation including one on one coaching, counseling, and HR On 02/02/2023 at 1:35 PM, during an interview with the home care agency's leadership, it was identified disciplinary action will be that the agency utilized a third-party contractor to completed as necessary based supplement nursing services. on trends of noncompliance. Review of the contractual agreement on 02/06/2023 at 11:15 AM for the provision of nursing services by licensed practical nurse (LPN #1) showed no documented evidence that the agency included the method in which services would be controlled. coordinated and evaluated by the agency. During an interview on 02/09/2023, the agency's Area Vice President, an inquiry was made as to how the agency planned to control, coordinate and evaluate the performance activities of the nurse. The Area Vice President stated that the agency uses a skills checklist that is conducted

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-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 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 PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG H 122 H 122 | Continued From page 4 by the Clinical Manager in order to control, coordinate and evaluate the LPN. At the time of the survey, the agency failed to ensure the written contractual agreement included the manner in which services rendered by the nurse would be controlled, coordinated and evaluated by 4/25/23 H123: the agency. (1) The Director or designee will provide education no later than 4/14/23 on H 123 H 123 3906.1(d) CONTRACTOR AGREEMENTS policy LD-009 (Contracted Patient If a home care agency offers a service that is Services) with emphasis on elements provided by a third party or contractor, agreements required in the contract for services. between the home care agency and the contractor (2) The Director or designee will review for the provision of home care services shall be in writing and shall include, at a minimum, the all contracts for the provision of following: temporary clinical staffing on an annual basis to ensure all required (d) The procedure for submitting clinical and elements are included. progress notes, periodic patient evaluation, scheduling of visits, and other designated reports; (3) The Director is responsible for correction of this deficiency. (4) Remediation including one on one This Statute is not met as evidenced by: coaching, counseling, and HR Based on record review and interview, the home disciplinary action will be completed care agency failed to include in the third-party as necessary based on trends of contractual agreement, the procedure for submitting clinical and progress notes, periodic patient noncompliance. evaluation, scheduling of visits and other designated reports for nursing servcies. Findings included: On 02/02/2023 at 1:35 PM, during an interview with the home care agency's leadership, it was identified that the agency utilized a third-party contractor to

supplement nursing services.

Review of the contractual agreement on

PRINTED: 03/03/2023 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING HCA-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY. H 123 Continued From page 5 H 123 02/06/2023 at 11:15 AM, for the provision of nursing services by the licensed practical nurse (LPN #1) showed no documented evidence that the agency included in writing, the procedure for submitting clinical and progress notes, periodic patient evaluations, scheduling of visits and other designated reports for one licensed practical nurse (LPN #1). During an interview on 02/09/2023, the agency 's Area Vice President was asked if the third-party contractual agreement included the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports. The Area Vice President stated that the nurse was expected to complete nursing notes the same day for each visit. At the time of the survey, the agency failed to ensure the written contractual agreement for nursing services included the procedure for submitting clinical and progress notes, periodic patient evaluation, scheduling of visits and other designated reports. 4/25/23 H162: H 162 3907.6 PERSONNEL H 162 (1) The Director and office manager will At the time of initial employment of each employee, audit all potential new hire files for the home care agency shall verify that the employee, within the six months immediately documented evidence of verification of preceding the date of hire, has been screened for freedom of communicable disease and is free of communicable disease. prior to date of hire

This Statute is not met as evidenced by:

Based on record review and interview, the home care agency (HCA) failed to ensure that each employee was screened and verified free of communicable disease within the six months

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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		HCA-0058	B. WING		02/09/2	2023
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H 162	immediately precedifor two of twelve per agency's Office Man and licensed practic.  Findings included:  A review of the facilic conducted on 02/03/02/06/2023 at 02:40  1. The personnel fill Office Manager inclustrater review of the questionnaire that latter was no documfreedom of commun.  2. The personnel fill Coordinator #1 inclustrater review the fill and verification of fred disease.  3. The contractual and verification of fred disease.  4. The contractual and verification of fred disease.  At the time of the sufailed to ensure that sufailed to ensure that	ng the employee's date of hire resonnel files sampled. The reager, Intake Coordinator #1, all nurse (LPN #1).  ty's personnel records was /2023 at 2:02 PM and PM revealed the following  the for the home care agency's uded a hire date of 08/02/2021. It is file showed a screening racked a clinicians' signature and rented evidence verification of icable disease.  The for the agency's Intake reded a hire date of 02/08/2021. It le lacked evidence of screening redom of communicable agreement for licensed practical ded a hire date of 05/25/2022. Innel file showed that the LPN in derivative on 07/29/2021, tendate of hire. The record lacked regiverification within six months rivey, the home care agency all employees were screened communicable disease within	H 162	(2)The Director or designee will preducation no later than 4/14/23 to members on DC DOH requirement newly hired employees be screen verified free of communicable diseduring the six months immediately preceding the date of hire.  (3) The Director and Office Managers the screening question completed and there is docume vidence of verification of free communicable disease prior. This will be an ongoing procedure to the deficiency.  (4) The Director is responsible free correction of this deficiency.  (5) Remediation including one of coaching, counseling, and Hodisciplinary action will be connecessary based on trends of noncompliance.	all staff at that all ed and ease ager will annaire is mented edom of to hire ess. or	25/23

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING HCA-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE. SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OR LSC (DENTIFYING INFORMATION) TAG TAG Continued From page 7 H 163 H163: H 163 4/25/23 H 163 3907.7 PERSONNEL (1) The Director and office manager will audit all personnel files of staff Each employee shall be screened for employed more than 1 year to ensure communicable disease annually, according to the guidelines issued by the federal Centers for presence of screening with certification Disease Control, and shall be certified free of of being free of communicable disease communicable disease. no later than 4/10/23. Personnel files will be updated as needed no later than 4/25/23. This Statute is not met as evidenced by: (2) Education will be provided by the Based on record review and interview, the home Director or designee no later than care agency (HCA) failed to verify that each 4/14/23 to all staff members on DC employee was screened and certified free of DOH requirement that all employees be communicable disease annually for five of 12 personnel records sampled, occupational therapist screened annually according to the (OT #1), licensed practical nurse (LPN #1), home guidelines by the federal Centers for health aide (HHA #1), registered nurse (RN #1), and Disease Control and certified free of Director of Operations. communicable Disease. Findings included: (3) The Director and Office Manager will ensure annual screening is completed A review of the agency's personnel records was and the employee is certified free of conducted on 02/03/2023 at 2:00 PM and communicable diseases through use of 02/06/2023 at 02:40 PM revealed the following ... calendar reminders of expiration dates 1. The personnel file for occupational therapist (OT as part of an ongoing process. #1) included a hire date of 11/13/2013. Further (4) After the initial audit of all personnel review of the file showed that the OT was last files, the Director and/or Office screened for communicable diseases on 07/03/2021. Manager will audit personnel files on a yearly basis to ensure required items 2. The personnel file for licensed practical nurse are present. (LPN#1) included a hire date of 05/25/2022. Further review of the file showed that the LPN had a purified (5) The Director is responsible for protein derivative (PPD) on 07/29/2021. There was correction of this deficiency. no documented evidence that she was screened (6) Remediation including one-on-one since 07/29/2021. coaching, counseling, and HR

3. The personnel file for home health aide (HHA

SJ8S11

disciplinary action will be as necessary

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6899

Health Regulation & Licensing Administration STATE FORM

Findings included:

document the status of wounds for one of 14 active

On 02/09/2023 at 11:00 AM, review of Patient #7's

clinical record showed that the patient's

patients sampled (Patient #7).

assessment alerts and will contact

documented when any alerts are

the clinician to verify wound measurements are correctly

related to wound size.

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## H 364 3914.3(m) PATIENT PLAN OF CARE

The plan of care shall include the following:

(m) Emergency protocols; and...

This Statute is not met as evidenced by: Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to patient's diagnoses in the plan of care (POC) for 11 of 14 active patients included in the sample (Patients #1, 2, 3, 4, 5, 6, 7, 8, 10, 13, and #14).

H 364

4/25/23

## H364:

SJ8S11

(1) Patients # 1, 2, 3, 5, 6, 8, and 14 have been discharged from the agency. Plan of care update orders were written and submitted to the physician to add emergency protocols for patients 4, 7, 10, and 13.

Health Regulation & Licensing Administration STATE FORM

Health Regulation & Licensing Administration
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU

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11.264	Canting and From non	20.10	H 364	(2) The Director or designee will p	rovide		
H 364	Continued From page	ge 10	П 304	education no later than 4/14/2		25/23	
				AA-014 (Plan of Care/Care Pl		.0,20	
	Findings included:			Process) with focus on require	- 1		
	Review of the home	e care agency's clinical records		the plan of care to include em			
		23 through 02/09/2023 showed		protocols specific to the patier			
		ed to ensure that the plans of		diagnoses.			
	protocols.	l evidence of emergency			JI Plana of		
	protocois.			(3) Clinical managers will review			
	On 02/03/2023 at 02	2:51 PM, interview with the Vice		Care prior to submitting to the			
		ons revealed that there was no		for presence of appropriate er			
		or emergency protocols but swere included in the		protocols specific to the patier			
		of the protocols included in		diagnoses and collaborate wit			
		s lacked specific parameters		clinician and/or physician to a	I .		
	related to specific di	agnoses.		protocols as needed. This will	be part of		
	On 02/09/2023 at 01	1:23 PM, the agency's executive		an ongoing process.			
	team was informed			(4) The Director or designee will a	udit 25%		
				of all active charts to ensure a	propriate		
		y, the home care agency failed		emergency protocols are pres			
		nt's plans of care included s to properly manage the		patient's specific diagnosis we	,		
		for 11 of 14 sampled patients.		95% compliance is achieved a	nd		
				maintained for 3 consecutive	reeks.		
				Once this occurs, audits will d			
				10% of active charts. If 95% of	mpliance		
H 366	3914.4 PATIENT PL	AN OF CARE	H 366	is maintained for 2 additional	/eeks,		
	Fach plan of care sh	nall be approved and signed by		audits will decrease to quarter	y during		
		hirty (30) days of the start of		quality assurance performanc	;		
		ever, that a plan of care for		improvement activities.			
		services only may be approved lyanced practice registered		(5) The Director is responsible for	correction		
		are is initiated or revised by a		of this deficiency.			
		telephone order shall be		(6) Remediation including one on	one		
	immediately reduced	d to writing, and it shall be		coaching, counseling, and HR			
	signed by the physic	cian within thirty (30) days.		disciplinary action will be as n	ecessary		
				based on trends of noncompli			
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Health Regulation & Licensing Administration

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0058	B. WING		02/09/2023
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H 366	Based on record reverse care agency (HCA) patient's plan of care signed by a physicial days of the start of opatients in the samp Findings included:  1. On 02/03/2023 at 's record showed a duration period of 12 The POC included a nursing services (on physical therapy services (on therapy services (on Further review of the POC was not signed and duration period of 10 The POC included a duration period of 10 The POC included a nursing services (on physical therapy services of the patient was not signed by the signed services of the patient was not signed by the signed services (on physical therapy services of the patient was not signed by the signed services (on physical therapy services of the patient was not signed by the signed services (on physical therapy services of the patient was not signed by the signed services (on physical therapy services of the patient was not signed by the signed services (on physical therapy services of the patient was not signed by the signed services (on physical therapy services of the patient was not signed by the signed services (on physical therapy services (on ph	met as evidenced by: iew and interview, the home failed to ensure that each e (POC) was approved and in and/or designee within 30 care (SOC) for four of 14 active le (Patients #2, 3, 7, and #8).  10:00 AM, review of Patient #2 Plan of Care (POC) with a 2/18/2022 through 02/13/2023. In physician's order for skilled the a week for one week), vices (once a week for one for two weeks, and once a week two weeks), and occupational ince a week for one week). In patient's record showed that great by the patient's physician he time of survey, greater than  11:00 AM, review of Patient #3 plan of care (POC) with a 20/13/2022 through 12/11/2022. In physician's order for skilled the a week for one week), vices (once a week for one for three weeks, and once a less for two weeks). Further is record showed that the POC the patient's physician and/or a of survey, greater than 30	H 366	H366:  (1) The Director or designee will peducation to all staff on policy (Physician Orders and Medical Supervision of the Plan of Carlater than 4/14/23 with a focus requirement for plans of care the signed by the physician within (2) Clinical Managers will ensure of care are processed timely the ample time for physician signed (3) Office manager will monitor out orders and inform director and marketing staff of unsigned planter and the processed timely the care aged over 14 days to solic assistance in obtaining signate (4) The Director or designee will at of all active charts to ensure pure care are signed by the physicical 30 days. Audits will continue uncompliance is achieved and material for 3 consecutive weeks. Once occurs, audits will decrease to active charts. If 95% compliant maintained for 2 additional we audits will decrease to quarter quality assurance performance improvement activities.	e) no for the
	3. On 02/07/2023 at	1:30 PM, review of Patient			

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING **HCA-0058** 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 TLC HEALTH CARE SERVICES WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PRFFIX DATE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG H 366 H 366 Continued From page 12 (5) The Director is responsible for correction of this deficiency. 4/25/23 #7 's record showed a plan of care (POC) with a duration period of 03/09/2022 through 05/07/2022. (6) Remediation including one on one The POC included a physician's order for skilled coaching, counseling, and HR nursing services (once a week for one week, three disciplinary action will be as necessary times a week for two weeks, and twice a week for six weeks). Further review of the patient's record based on trends of noncompliance. showed that the POC was not signed by the patient's physician and/or designee at the time of survey, greater than 30 days. 4. On 02/06/2023 at 12:53 PM, review of Patient #8's record showed a plan of care (POC) with a duration period of 12/23/2022 through 02/20/2023. The POC included a physician's order for physical therapy services (once a week for two weeks, twice a week for three weeks, once a week for two weeks, and once every two weeks for two weeks), occupational therapy services (once a week for one week), and home health aide (HHA) services (once a week for six weeks). Further review of the patient's record showed that the POC was not signed by the patient's physician and/or designee at the time of survey, greater than 30 days. On 02/09/2023 at 01:23 PM, the agency's executive team were informed of the findings. At the time of survey, the home care agency failed to ensure that the plans of care were signed by physicians and/or designee within 30 days of the start of care for Patients #2, 3, 7, and #8. H 433 3916.2(c) SKILLED SERVICES GENERALLY H 433 Each home care agency shall develop written policies for documenting the coordination of the provision of different services. Written policies

Health Regulation & Licensing Administration

				(X3) DATE SUI COMPL		
		HCA-0058	B. WING		02/09/	/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	ATE, ZIP CODE	02/09/	72023
TLC HEA	LTH CARE SERVICES		EET SE, SUI			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	(X5) COMPLETE DATE
H 433	Continued From pag	je 13	H 433	H433;		
Н 433	shall include, at a mile (c) Coordinating send actively involved in the written communication conferences, in accordination of service determined that the coordination of service providing care, for one sampled (Patient #1). Findings included:  On 02/07/2023 at 03 clinical record shows	inimum, the following:  vices with other agencies he patient's care, through on and/or interdisciplinary ordance with the patient's  met as evidenced by: riew and interview it was agency failed to document ces between two agencies ne of 14 active patients	H 433	(1) The Director or designee will provide education to all staff on policy TX-0 (Coordination of Care) no later that with a focus on coordination of care entities involved in the care of the including, but not limited to, dialysis to ensure the correct diet/nutritional requirements are included and will charts at SOC, ROC, Recert, Transpischarge to ensure care coordinate entities involved in the patient's care documented.  (3) The Director or designee will audit active charts to ensure coordination with entities providing care to the patient of the providing care to the providing care to the patient of the providing care to the pr	on 4/14/23 e with any patient so centers. eans of care all check sfer, and tion with the is  25% of all the of care all the of care all the orders.	4/25/23
	02/17/2023. The PO for skilled nursing vive weeks to conduct a systems, safety, me patient education. The miplegia, demention mellitus, end stage rhyperlipidemia, mus gait and mobility, hy insulin. The POC liscenter that would be related to his diagnot Continued review of client was receiving and the listed diet w	C included a physician's order sits once a week for three skilled assessment of body dication management, and he patient's diagnoses included a, dysphagia, type II diabetes renal disease, epilepsy, cle weakness, abnormalities of pokalemia, and long-term use of ted "Davita" as the dialysis managing the patient's needs resis of end stage renal disease. The records showed that the dialysis three days per week, as "diabetic, tube feedings."		documented. Audits will continue use compliance is achieved and maintate consecutive weeks. Once this occur will decrease to 10% of active chart compliance is maintained for 2 additional weeks, audits will decrease to quaduring quality assurance performation improvement activities.  (4) The Director is responsible for continuity deficiency.  (5) Remediation including one on one counseling, and HR disciplinary act as necessary based on trends of noncompliance.	ained for 3 urs, audits tts. If 95% litional rterly nce rection of coaching,	

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STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HCA-0058	B. WING	B. WING		9/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	02/0	
TLC HEA	LTH CARE SERVICES		EET SE, SUI 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 APPROPE DETICIENCY)	BE	(X5) COMPLETE DATE
H 433	Interview with the Cl 12:41 PM revealed to on a Renal Diet, Net times a day. She be on a renal diet but chave an order for flu acknowledged the la dialysis center.  The agency's policy "Policy Tx-002" stiput designee would ens changes in care and and/or eliminates du providers."  On 02/09/2023 at 07 team was informed of At the time of the su coordinate services	inical Director on 02/08/2023 at hat the patient was previously pro bolus tube feeding four lieved that the patient was still ould not verify it nor did she id restriction. She ack of care coordination with the on care coordination titled ulated that the "clinician or ure communication of significant attempt to correct any conflicts uplication between/among	H 433			
H 451	Duties of the nurse of following:  (a) Initial assessment  This Statute is not Based on record revergistered nurse (RI comprehensive initial)	met as evidenced by: view and interview, the N) failed to perform a al assessment inclusive of the ty for one of 14 active patients	H 451	H451:  (1) The director or designee will provide education to all nursing staff on polician AA-003 (Patient Assessment/Reassessment) no late 4/14/23 with a focus on performing complete and thorough comprehens assessment of the patient's health sincluding, but not limited to, the integumentary status.	er than a sive	4/25/23

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Health R	egulation & Licensing	Administration			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HCA-0058	B. WING		02/09/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE	
TLC HEA	LTH CARE SERVICES		EET SE, SUI		
(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	D BE COMPLETE
H 451	#13 showed that the complete a compreh Patient #13, whose leg wound. The nurse vidence of a descriskin for Patient #13. physician orders for wound treatment to wound.  Continued review of showed that the skil 03/21/2022, 03/24/2 evidence of wound at A face-to-face interv 02/08/2023 at 10:30 who stated, "On the nurse should have repatient and assesse wound. Wound mea recorded at the time On 02/08/2023, the the findings.  At the time of the superform an initial as	ge 15 30 PM, record review for Patient registered nurse (RN) failed to rensive initial assessment for diagnosis included a right lower se's assessment lacked ption of the status of altered. The plan of care included the skilled nurse to provide the patient's right lower leg.  Patient #13's clinical record led nurse visited the patient on 022, and 03/28/2022, with no assessment and evaluation. The was conducted on AM, with the clinical manager, initial assessment, the skilled emoved any dressing on the d, measured, and treated the surements should be taken and of the first assessment."  Clinical Manager acknowledged rvey, the skilled nurse failed to sessment to include an ent #13's altered skin.	H 451	<ul> <li>(2) Clinical managers will review each comprehensive assessment to ens body systems have been assessed negative findings are addressed industrial but not limited to, any wounds bein assessed and measured.</li> <li>(3) The Director or designee will audit all active charts to ensure a comple comprehensive assessment was princluding, but not limited to, assess wounds. Audits will continue until 9 compliance is achieved and mainta 3 consecutive weeks. Once this oc audits will decrease to 10% of active charts. If 95% compliance is mainta 2 additional weeks, audits will decreated performance improvement activities.</li> <li>(4) The Director is responsible for correct this deficiency.</li> <li>(5) Remediation including one on one coaching, counseling, and HR discential action will be as necessary based of trends of noncompliance.</li> </ul>	sure all d and cluding, g 25% of ete erformed sment of 95% ained for ecurs, ve ained for rease to ss. rection of
H 453		NURSING SERVICES	H 453		

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-0058 02/09/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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 4/25/23 H 453 H 453 Continued From page 16 H453: (c) Ensuring that patient needs are met in (1) The Director or designee will provide accordance with the plan of care; education to all nursing staff on policies TX-001 (Physicians Orders/ Management of the Plan of Care), AA-014 (Plan of Care/ This Statute is not met as evidenced by: Care Planning Process), and TX-002 Based on record review and interview, the home (Coordination of Care) no later than 4/14/23 care agency (HCA) failed to ensure skilled nursing with a focus on providing all services services were provided in accordance with the ordered by the physician. patient's plan of care (POC) for five of 14 active (2) The Office Manager or designee will ensure patients sampled (Patients #1, 4, 10, 11, and #12). that all missed visits are properly Findings included: documented on a missed visit communication note completed by the 1. On 02/03/2023 at 09:44 AM, review of Patient clinician and the physician is notified of the #1's clinical record showed a plan of care (POC) with a duration period of 11/25/2022 through missed visit. This is part of an ongoing 01/23/2023, for skilled nursing (SN) visits one time a process. week for five weeks to conduct a skilled assessment (3) The Director or designee will audit 25% of all of body systems, safety, medication management, and patient education. The patient's diagnoses active charts where nursing services are included pneumonia, malignant neoplasm of breast, provided to ensure all physician orders have atrial fibrillation, hemiplegia, bradycardia, been followed or the physician has been hypertension, osteoarthritis, and hyperlipidemia. In notified of the inability to follow the order. addition, the record showed a physician order dated 12/13/2022 indicating the following: "Skilled nurse to Audits will continue until 95% compliance is instruct patient on the actions, side effects, adverse achieved and maintained for 3 consecutive reactions, drug and food interactions on Metoprolol weeks. Once this occurs, audits will 50mg oral daily effective 12/13/2022." Continued decrease to 10% of active charts. If 95% review of the clinical record showed the nurse visited Patient #1 on 12/13/2022, but her compliance is maintained for 2 additional assessment note lacked evidence that she provided weeks, audits will decrease to quarterly patient instructions on the Metoprolol as ordered. during quality assurance performance 2. On 02/03/2023 at 01:45 PM, review of Patient improvement activities. #4's records showed a plan of care (POC) with a duration period of 01/14/2023 through 03/14/2023

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			(X3) DATE S COMI	SURVEY PLETED
		HCA-0058	B. WING	B. WING		02/0	9/2023
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ILC HEA	LTH CARE SERVICES	WASHING	TON, DC 20	003			
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	Continued From page for skilled nursing (Sweek, twice a week for two weeks to corbody systems, safet patient education. The osteoarthritis bilaters abnormalities of gait failure, hyperlipidem hyperplasia, and der POC included an orgatient's weight or wreport to the physicia gain of more than 21 5lbs in one week or Further review of the RN visited Patient #01/20/2023 with not the patient's weight warranted intervention. In the supposed to weight the booklet. Neverth that Patient #4's weight as ordered. The Clinfindings.  3. On 02/07/2023 at #10's clinical record with a duration period 01/28/2023, for skilled week for nine weeks assessment of body management, wound the supposed to weigh a finding the control of the clinical record with a duration period 01/28/2023, for skilled week for nine weeks assessment of body management, wound the control of the control of the control of the clinical record with a duration period of the control of th	ge 17 (N) visits once a week for one for one week, and once a week aduct a skilled assessment of y, medication management, and the patient's diagnoses included at hips, Right hip bursitis, and mobility, congestive heart ia, prediabetes, benign prostatic mentia. Further review of the der for the nurse to record the reigh the patient as needed, an increased edema or weight is in one day, or greater than 51bs or more over target weight. It is clinical record showed that the 1 on 01/17/2023 and evidence of an assessment of to determine whether the results on or physician notification.  Inical Manager on 02/03/2023 detat the agency's clinicians ongestive heart failure booklet booklet, the patient was nimself/herself and record it on eless, there was no indication ght was recorded or assessed itical Manager acknowledged the 12:08 PM, review of Patient showed a plan of care (POC) d of 11/30/22 throughed nursing (SN) visits twice a	H 453	(4)		ection of	4/25/23
	management, wound	d care, and patient education.					

PRINTED: 03/03/2023 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-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG H 453 H 453 Continued From page 18 dysphagia, type II diabetes mellitus, spinal stenosis, hyperlipidemia, osteoarthritis, hypertension, muscle weakness, and right buttock pressure ulcer. Continued review of the clinical record lacked evidence that the SN visited Patient #10 two times a week as ordered during the weeks of 11/30/2022 and 12/11/2022. Furthermore, the POC included an order for diabetic management and for the nurse to report to the physician blood glucose readings greater than 300 or less than 60. Continued review of the clinical record showed that the skilled nurse visited Patient #10 on 11/10/2022, 12/06/2022, 12/09/2022, 12/13/2022, and 12/19/2022 with no evidence of an assessment of the patient's blood glucose to determine whether the results warranted intervention or physician notification. Of note, the nurse discharged the patient on 12/19/2022 from skilled nursing services. 4. On 02/07/2023 at 02:49 PM, review of Patient #11's clinical record showed a plan of care (POC) with a duration period of 01/09/2023 through 03/09/2023, for skilled nursing (SN) visits one time a week for one week to evaluate for medication management, disease process, and teaching. The patient's diagnoses included lymphedema, chronic pain, hypertension, gout, depression, hyperlipidemia, prediabetes, acid reflux, muscle weakness, obesity, and blepharospasm. Continued review of the POC included an order for the nurse to report vital signs falling outside the following parameters: Temperature less than 98 or greater

than 100; pulse less than 60 or greater than 100; respiration less than 12 or greater than 20; systolic blood pressure less than 90 or greater than 180; and diastolic blood pressure less than 50 or greater than 100; and pain level greater than 7. Further review of the clinical record showed that the RN

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING HCA-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG OR LSC IDENTIFYING INFORMATION) TAG H 453 Continued From page 19 H 453 visited Patient #11 on 01/16/2023 with no evidence of an assessment of the patient's blood pressure and pulse to determine whether the results warranted intervention or physician notification. 5. On 02/07/2023 at 03:31 PM, review of Patient #12's clinical record showed a plan of care (POC) with a duration period of 12/20/2022 through 02/17/2023, for skilled nursing (SN) visits once a week for three weeks to conduct a skilled assessment of body systems, safety, medication management, and patient education. The patient's diagnoses included hemiplegia, dementia, dysphagia, type II diabetes mellitus, end stage renal disease, epilepsy, hyperlipidemia, muscle weakness, abnormalities of gait and mobility, hypokalemia, and long-term use of insulin. Continued review of the clinical record lacked evidence that the SN visited Patient #12 the week of 12/25/2022. Review of the agency 's policy "TX-002 Coordination of care" revealed the following: "a missed visit communication note is completed when a home care visit is unable to be completed as scheduled and cannot be rescheduled within the patient 's Medicare treatment week." There was no evidence of a missed visit communication note as stipulated in the above policy. On 02/09/2023 at 01:23 PM, the agency's executive team were informed of the findings. At the time of the survey, the home care agency failed to ensure that skilled nursing services were provided in accordance with Patients #1, 4, 10, 11, and #12 's plans of care.

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PRINTED: 03/03/2023 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-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 TLC HEALTH CARE SERVICES WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE OR LSC IDENTIFYING INFORMATION) TAG TAG 4/25/23 H 455 H455: Continued From page 20 (1) The Director or designee will provide H 455 3917.2(e) SKILLED NURSING SERVICES H 455 education to all nursing staff on policy Duties of the nurse shall include, at a minimum, the AA-007(a) (Services following: Provided/Supervision of Disciplines -RN/LPN) no later than 4/14/23 with a (e) For registered nurses, supervision of nursing focus on RN supervision of the LPN at services delivered by licensed practical nurses, including on-site supervision at least once every least every 60 days. sixty-two (62) calendar days; (2) Clinical managers and/or Office Managers will ensure LPN supervisory visits are plotted on the patient's visit This Statute is not met as evidenced by: calendar at least every 60 days. This is Based on record review and interview, the home part of an ongoing process. care agency (HCA), failed to show ensure that the (3) The Director or designee will audit 25% registered nurse (RN) supervised the nursing of all active charts where an LPN services delivered by licensed practical nurses provided nursing services to ensure (LPN), for one of 14 active patients sampled (Patient #13). LPN supervision is performed at least every 60 days. Audits will continue until Findings included: 95% compliance is achieved and maintained for 3 consecutive weeks. On 02/07/2023 at 1:30 PM, record review for Patient #13's clinical record showed the registered nurse. Once this occurs, audits will decrease (RN), failed to conduct supervisory visits of the to 10% of active charts receiving nursing services delivered by licensed practical nursing services. If 95% compliance is nurses (LPN). The plan of care (POC) showed a maintained for 2 additional weeks, certification period of 11/19/2021 through 01/17/2022 for skilled nursing (SN) visits for wound audits will decrease to quarterly during treatment and caregiver training for wound quality assurance performance management. improvement activities. (4) The Director is responsible for The clinical record revealed the LPN performed

wound treatment and patient/caregiver education

11/28/2021 through 01/02/2022. The record lacked

evidence that the registered nurse supervised the

per physician orders during the period of

nursing services delivered by the LPN.

correction of this deficiency.

(5) Remediation including one on one

coaching, counseling, and HR

disciplinary action will be as necessary based on trends of noncompliance.

PRINTED: 03/03/2023 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:-B. WING HCA-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ΙĐ (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG H 455 H 455 | Continued From page 21 At the time of the survey, the home care agency failed to ensure that the RN supervised the practices of the LPN for Patient #13. The findings were shared with agency leadership at the time of record review. H459: 4/25/23 (1) The Director or designee will provide H 459 H 459 3917.2(i) SKILLED NURSING SERVICES education to all nursing staff on policy TX-003 (Patient/Caregiver Education) no Duties of the nurse shall include, at a minimum, the later than 4/14/23 with a focus on providing following: education as ordered and documenting the (i) Patient instruction, and evalutaion of patient patient/caregiver response to the education. instruction; and The Director or designee will audit 25% of all active charts where nursing services were provided to ensure education was provided as ordered and the This Statute is not met as evidenced by: patient/caregiver response to the education Based on record review and interview, the skilled is documented. Audits will continue until nurse (SN) failed to document what instructions 95% compliance is achieved and were given to the patient and what was understood maintained for 3 consecutive weeks. Once for one of 14 active patients sampled (Patient #1). this occurs, audits will decrease to 10% of Findings included: active charts receiving nursing services. If 95% compliance is maintained for 2 Cross Referenced to 3917.2(c), H453 additional weeks, audits will decrease to On 02/03/2023 at 09:44 AM, review of Patient #1's quarterly during quality assurance clinical record showed a plan of care (POC) with a performance improvement activities. duration period of 11/25/2022 through 01/23/2023, (3) The Director is responsible for correction of for skilled nursing (SN) visits one time a week for five weeks to conduct a skilled assessment of body this deficiency. systems, safety, medication management, and (4) Remediation including one on one patient education. The patient's diagnoses included coaching, counseling, and HR disciplinary

pneumonia, malignant neoplasm of breast, atrial

fibrillation, hemiplegia, bradycardia, hypertension, osteoarthritis, and hyperlipidemia. In addition, the

action will be as necessary based on trends

of noncompliance.

PRINTED: 03/03/2023 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: \_ HCA-0058 B. WING 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 TLC HEALTH CARE SERVICES WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG H 459 Continued From page 22 record showed a physician order dated 12/13/2022 indicating the following: "Skilled nurse to instruct patient on the actions, side effects, adverse reactions, drug and food interactions on Metoprolol 50mg oral daily effective 12/13/2022." Continued review of the clinical record showed the nurse visited Patient #1 on 12/13/2022, but her assessment note lacked evidence of patient education or evaluation of instruction on the Metoprolol as ordered. On 02/09/2023 at 01:23 PM, the agency's executive team were informed of the findings. At the time of the survey, the agency failed to provide documented evidence that the registered nurses (RNs) provided patient instruction and evaluation of instruction for Patient #1. H550: H 550 H 550 3922.1 OCCUPATIONAL THERAPY SERVICES 4/25/23 (1) The Director or designee will provide If a home care agency provides occupational education to all occupational therapy staff therapy services, it shall provide those services in on policy TX-002 (Coordination of Care) no accordance with the patient's plan of care. later than 4/14/23 with a focus on providing care as ordered by the physician with an This Statute is not met as evidenced by: emphasis on visit frequency. Based on interview and record review, the home (2) Office Manager or designee will ensure that care agency (HCA) failed to ensure occupational all missed visits are properly documented therapy (OT) services were provided in accordance on a missed visit communication note with the patient's plan of care (POC) for two of 14 active patients sampled (Patients #8 and #12) completed by the clinician and the physician

Health Regulation & Licensing Administration STATE FORM

Findings included:

1.On 02/06/2023 at 12:53 PM, review of Patient #8's clinical record showed a plan of care (POC) with a duration period of 12/23/2022 through

is notified of the missed visit. This is part of

an ongoing process.

Health R	egulation & Licensing	Administration					
	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			(X3) DATE S COM	SURVEY PLETED
		HCA-0058	B. WING			02/0	9/2023
	ROVIDER OR SUPPLIER	100 M STR	RESS, CITY, STA	ΓE 21			
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H 550	time a week for one week, and one time evaluate for OT service treatment, rehabilitatenvironment for accipatient's diagnoses neoplasm of breast, bradycardia, hypertenyperlipidemia. Furthevidence that OT seweek of 01/15/2023  2. On 02/07/2023 at #12's clinical record with a duration periodiction of treatment, reenvironment for accipatient's diagnoses dysphagia, type II disease, epilepsy, hweakness, abnormatically hypokalemia, and loreview of the record services were provided to provide do occupational therap	C also included OT visits one week, two times a week for one a week for three weeks to vices and establish a plan of tion goals, and home essibility and safety. The included Pneumonia, malignant atrial fibrillation, hemiplegia, ension, osteoarthritis, and her review of the records lacked ervices were provided during the of 12/20/2022 through visits one time a week for five or OT services and establish a chabilitation goals, and home essibility and safety. The included hemiplegia, dementia, abetes mellitus, end stage renal yperlipidemia, muscle of gait and mobility, and the total care of the cord of	H 550	(4) (5)	The Director or designee will audit 2 active charts where occupational the services were provided to ensure my visits were properly documented and physician was notified. Audits will countil 95% compliance is achieved and maintained for 3 consecutive weeks this occurs, audits will decrease to active charts receiving occupational services. If 95% compliance is main 2 additional weeks, audits will decrease audited for a district during quality assurance performance improvement activities. The Director is responsible for correct this deficiency.  Remediation including one on one coaching, counseling, and HR discipaction will be as necessary based of noncompliance.	erapy issed d the ontinue and . Once 10% of therapy tained for ease to	4/25/23

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-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 TLC HEALTH CARE SERVICES WASHINGTON, DC 20003 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG H 560 H560: H 560 Continued From page 24 (1) The Director or designee will provide H 560 3923.1 PHYSICAL THERAPY SERVICES H 560 4/25/23 education to all physical therapy staff If physical therapy services are provided, they shall on policy TX-002 (Coordination of be provided in accordance with the patient's plan of Care) no later than 4/14/23 with a care. focus on providing care as ordered by the physician with an emphasis on visit This Statute is not met as evidenced by: frequency. Based on interview and record review, the home (2) The Office Manager or designee will care agency (HCA) failed to ensure physical therapy ensure that all missed visits are (PT) services were provided in accordance with the properly documented on a missed visit plan of care (POC) for three of 14 active patients in communication note completed by the the sample (Patients #9, 10, and #13). clinician and the physician is notified of Findings included: the missed visit. This is part of an ongoing process. 1. On 02/06/2023 at 02:01 PM, review of Patient (3) The Director or designee will audit #9's clinical record showed a plan of care (POC) with a duration period of 12/09/2022 through 25% of all active charts where physical 02/06/2023 that indicated physical therapy services therapy services were provided to one time per week for five weeks, and one time ensure missed visits were properly every two weeks for two weeks for evaluation and treatment. The patient's diagnoses included type II documented and the physician was diabetes mellitus, trigeminal neuralgia, notified. Audits will continue until 95% hypertension, hyperlipidemia, and surgical wound compliance is achieved and on left posterior head. The physical therapy (PT) maintained for 3 consecutive weeks. services included the following: evaluation, assessment, and treatment, patient instruction in Once this occurs, audits will decrease transfer training for safe functional transfers, to 10% of active charts receiving therapeutic exercise, and functional mobility. occupational therapy services. If 95% Further review of the records lacked evidence that compliance is maintained for 2 PT services were provided during the weeks of 12/11/2022, 01/01/2023, and 01/22/2023. additional weeks, audits will decrease to quarterly during quality assurance 2. On 02/07/2023 at 12:08 PM, review of Patient performance improvement activities. #10's clinical record showed a plan of care (POC) with a duration period of 11/30/2022 through 01/28/2023 that indicated physical therapy

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE:	SURVEY IPLETED
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H 560	Continued From pag	ge 25	H 560			
	services once a wee	ek for two weeks, once every		(4)The Director is responsi	ole for	4/25/23
		e weeks, and once every two		correction of this deficiency	<i>ı</i> .	
		s. The PT services included the n, assessment, and treatment,		(5) Remediation including	one on	
		transfer training for safe		one coaching, counseli	ng,	
		therapeutic exercise and Further review of the patient 's		and HR disciplinary ac	tion will	
		nce that PT services were week of 01/01/2023.		be as necessary based	d on	
				trends of noncompliance		
		t 02:00 PM, review of Patient showed a plan of care (POC)				
		od of 01/18/2022 through				
		icated physical therapy services				
		ee weeks, and once a week for ve 01/18/2022. The PT services				
	included the following	ng: evaluation, assessment, and				
	treatment; patient in transfer training neu	nstruction in mobility training,				
		e training, gait training, and for				
		sfers, therapeutic exercise and				
		Further review of the records at PT services were provided on				
		2022, 01/23/2022, and the week				
		OO DM Han Anna Man Bornell Co				
		:00 PM, the Area Vice President acknowledged the findings.				
		urvey, the home care agency				
		t physical therapy services were ince with the plans of care for				
	Patients #9, 10, and					
H 580	3925.1 SPEECH LA SERVICES	ANGUAGE PATHOLOGY	H 580			

Health Regulation & Licensing Administration							
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HCA-0058	B. WING	B. WING			09/2023
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			11.500	H58	60:		4/25/23
H 580	Continued From page	ge 26	H 580	(4)	T. B		
				(1)	The Director or designee will provide		
		pathology services are			education to all speech therapy staff	1	
	the patient's plan of	be delivered in accordance with			policies TX-001 (Physicians Orders/	1	
	are patiente plan et	GG1 G.			Supervision of the Plan of Care) and	- 1	
					TX-002 (Coordination of Care) no la		
		met as evidenced by:			4/14/23 with a focus on providing ca	re as	
		and record review, the home failed to ensure speech therapy		(2)	ordered by the physician.	no of	
		provided in accordance with the		(2)	Clinical managers will review all plar care and subsequent orders to deter	1	
	patient's plan of care	e (POC) for three of 14 active					
	patients in the samp	le (Patients #4, 5, and #10).			speech therapy evaluations were or		
	Findings included:				and scheduled according to orders.	I nis wiii	
	i ilidiliga ilicidaea.			(2)	be part of an ongoing process.	oncuro	
		01:45 PM, review of Patient		(3)	The Office Manager or designee will that all missed visits are properly	ensure	
		d a plan of care (POC) with a			documented on a missed visit		
		1/14/2023 through 03/14/2023, visits one time per week for one			communication note completed by the	20	
		2/2023 to evaluate and establish			clinician and the physician is notified		
		The patient's diagnoses			missed visit. This is part of an ongoi		
		tis bilateral hips, right hip es of gait and mobility,			process.	ing	
		ure, hyperlipidemia,		(4)	The Director or designee will audit 2	5% of	
	prediabetes, benign	prostatic hyperplasia, and		(-/	all active charts where speech thera		
		eview of the records lacked			services were provided to ensure	,	
	patient as ordered a	eech therapist evaluated the			evaluations were performed as orde	red and	
	patient de ordered d	and anno or our roy.			missed visits were properly docume		
		03:51 PM, review of Patient			and the physician was notified. Audi		
		d a plan of care (POC) with a 2/21/2022 through 02/18/2023,			continue until 95% compliance is ac		
		a week for one week effective			and maintained for 3 consecutive we		
	12/25/2022 to evalu	ate and establish a plan of		/E1	Once this occurs, audits will decrease		
		ent's diagnoses included		(3)	10% of active charts receiving spee		
	neuropathy, end sta diabetes mellitus, vi	ge renal disease, type II			therapy Services. If 95% compliance	e is .	
	hyperlipidemia, and				maintained for 2 additional weeks, a	- 1	
					will decrease to quarterly during qua assurance performance activities.	шсу	
					assurance penormance activities.	()	

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-0058 02/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 M STREET SE, SUITE 210 **TLC HEALTH CARE SERVICES** WASHINGTON, DC 20003 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG OR LSC IDENTIFYING INFORMATION) TAG H 580 H 580 Continued From page 27 deficiency. Further review of the records lacked evidence that the speech therapist evaluated the patient as ordered at the time of survey. Interview with the clinical director on 02/06/2023 at 02:53 PM revealed that the "admitting clinician did not add the speech therapy services to the calendar to generate the workflow to be scheduled." She added that she would notify the physician and ensure that the client was evaluated for speech therapy the next day. 3. On 02/07/2023 at 12:08 PM, review of Patient #10's clinical record showed a plan of care (POC) with a duration period of 11/30/22 through 01/28/2023, for speech therapy (ST) visit one time a week for one week effective 12/04/2022 to evaluate and establish a plan of treatment. In addition, the POC showed an order to continue speech therapy services one time a week for one week effective 01/22/2023. The patient's diagnoses included hemiplegia, dysphagia, type II diabetes mellitus, spinal stenosis, hyperlipidemia, osteoarthritis, hypertension, muscle weakness, and right buttock pressure ulcer. Further review of the records lacked evidence that the speech therapist provided the speech therapy as ordered the week of 01/22/2023. On 02/09/2023 at 01:23 PM, the agency 's executive team were informed of the findings. At the time of the survey, the home care agency failed to provide documented evidence that the speech therapist provided services in accordance with the plans of care for Patients #4, 5, and #10.

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