Health R	egulation & Licensing	Administration			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		BENTI TOATION NOMBER.	A. BUILDING: _		
		HCA-0007	B. WING		06/26/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
HOME C	ARE PARTNERS			S AVENUE NW, SUITE C-1002	
	····	WASHING	TON, DC 20	0005	
(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 APPROF DEFICIENCY)	D BE COMPLETE
H 000	INITIAL COMMENT	S	H 000		
	06/21/2023, 06/22/2 06/26/2023 to detern DCMR, Chapter 39 Regulations). The H home care services 130 staff. The findin the review of admini patient records, five personnel records, a response to complai survey findings were of nine patient phon visits.	survey was conducted 023, 06/23/2023 and mine compliance with Title 22 B (Home Care Agency ome Care Agency provided to 199 patients and employed gs of the survey were based on strative records, ten active discharged patient records, 15 and a review of the agency's ints and incidents received. The e also based on the completion e interviews and three home			
	HCA - Home Care A HHA - Home Health POC - Plan of Care	Igency			
H 260	maintain a complete clinical record of the patient in accordance	ECORDS ency shall establish and e, accurate, and permanent services provided to each se with this section and hal standards and practices.	H 260		
	Based on record rev determined that the failed to establish ar accurate clinical rec each patient in acco	not met as evidenced by: view and interview it was Home Care Agency (HCA) nd maintain a complete, and ords of the services provided to rdance with accepted rds and practices in six of ten			
	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
	Mart	atahat		Executive Director	7-19-2023

STATEMENT OF DEFICIENCIES (X1) P AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0007	B. WING		06/2	6/2023
AME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
	ARE PARTNERS		SACHUSET TON, DC 2	TS AVENUE NW, SUITE C-1002 20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE
H 260	Continued From page	ge 1	H 260			
	clinical records revie #4, #6, and #8).	ewed (Clinical records #2, #3,				
	Findings included: 1. On 06/21/2023 a record #2 showed a Assessment". This of clinician to perform assessment of the p plan for the home ho and accurate care for review of this docum "blood pressure issuediet section, the clinic and ignored the other salt". A further revier document titled "Fall admitting clinician in	at 2:20 PM, a review of clinical document titled "HCP document is used by the a complete and accurate batient and to generate a care ealth aide to provide appropriate or the patient. A continued nent showed that the patient has use" and diabetes but under the ician checked the "Regular" diet er options of "diabetic" and "low w of clinical record #2 showed a I Risk Assessment". The dentified that the patient has a off the section titled " instructions ons provided" blank.		 1.Corrective Action: Clinical records completed in their entirety and include that is appropriate to the client's he condition, such as hypertension or diabassessments will include recommendat address fall risks if identified. Measures to Prevent Recurrence: Cawill receive written instructions and a clacurate and complete documentation assessment, plan of care and fall risk a This will be reviewed during monthly cameetings. Monitoring: Executive Director, Deput designee will randomly review clinical remonthly basis. Findings will be convey appropriate case manager for correction errors, and will also aggregated and dismonthly case manager meetings and q Interdisciplinary Quality Improvement of meetings. 	heir entirety and include the correct propriate to the client's health h as hypertension or diabetes. Fall risk will include recommendations to sks if identified. Prevent Recurrence: Case managers itten instructions and a checklist on complete documentation of the clinical blan of care and fall risk assessment. viewed during monthly case manager Executive Director, Deputy Director or randomly review clinical records on a . Findings will be conveyed to the use manager for correction of any I also aggregated and discussed at manager meetings and quarterly	
	record #3 showed a Assessment". This of clinician to perform assessment of the p plan for the home he and accurate care for review of this docum "blood pressure issue the clinician checke the other option of " HCP assessment is Response Needed of admitting clinician c	at 9:30 AM, a review of clinical document titled "HCP document is used by the a complete and accurate batient and to generate a care ealth aide to provide appropriate or the patient. A continued nent showed that the patient has use" but under the diet section, d the "Regular" diet and ignored low salt". Additionally, within the a section titled "Emergency (Specify Response Below)". The hecked "No" emergency ut checked multiple responses to		 Corrective Action: Clinical records will be completed in their entirety and include the correct diet that is appropriate to the client's health condition, such as hypertension or diabetes. Response to emergencies will be correctly completed to reflect the plan for each client. Measures to Prevent Recurrence: Case managers will receive written instructions and a checklist on accurate and complete documentation of the clinical assessment, plan of care and fall risk assessment. This will be reviewed during monthly case manager meetings. Monitoring: Executive Director, Deputy Director or designee will randomly review clinical records on a monthly basis. Findings will be conveyed to the appropriate case manager for correction of any errors, and will also aggregated and discussed at monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committee meetings. 		8/1/2

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	LE CONSTRUCTION (X3) DATE : COM	SURVEY IPLETED	
		HCA-0007	B. WING	06/2	26/2023
				TATE, ZIP CODE TS AVENUE NW, SUITE C-1002	
	ARE PARTNERS	WASHING	TON, DC 2	20005	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY JENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
H 260	record #4 showed Assessment". This clinician to perform assessment of the plan for the home I and accurate care review of this docu "Emergency Respon Below)". The admir emergency respon below titled "Respon 4. On 06/22/2023 record #6 showed Assessment" that of clinician on 05/30 2 the clinician to perf assessment of the plan for the home I and accurate care review of this docu "Emergency Respon Below)". This secti titled "Response to section titled "Clier section titled "Prog left blank. 5. On 06/23/202 record #8 showed Assessment" that of	age 2 at 11:15 AM, a review of clinical a document titled "HCP document is used by the a complete and accurate patient and to generate a care nealth aide to provide appropriate for the patient. A continued ment showed a section titled onse Needed (Specify Response ting clinician checked "Yes" se needed but left the section onse to Emergencies" blank. at 1:45 PM, a review of clinical a document titled "HCP was done by the admitting 2023. This document is used by form a complete and accurate patient and to generate a care nealth aide to provide appropriate for the patient. A continued ment showed a section titled onse Needed (Specify Response on was left blank. The section of emergencies" was left blank, the nosis to remain at home", was 3 at 10:00 AM, a review of clinical a document titled "HCP was signed by the admitting 2023. This document is used by the nosis to remain at home", was	H 260	 Corrective Action: Clinical records will be completed in their entirety. Response to emergencies will be correctly completed to reflect the plan for each client. Measures to Prevent Recurrence: Case managers will receive written instructions and a checklist on accurate and complete documentation of the clinical assessment, plan of care and fall risk assessment. This will be reviewed during monthly case manager meetings. Monitoring: Executive Director, Deputy Director or designee will randomly review clinical records on a monthly basis. Findings will be conveyed to the appropriate case manager for correction of any errors, and will also aggregated and discussed at monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committee meetings. 4.Corrective Action: Clinical records will be completed in their entirety. Response to emergencies will be correctly completed to reflect the plan for each client. The section of the clinical assessment form on goals and prognosis to remain in the home will be completed for each client. Measures to Prevent Recurrence: Case managers will receive written instructions and a checklist on accurate and complete documentation of the clinical assessment, plan of care and fall risk assessment. This will be reviewed during monthly case manager meetings. Monitoring: Executive Director, Deputy Director or designee will randomly review clinical records on a monthly basis. Findings will be conveyed to the appropriate case manager for correction of any errors, and will also aggregated and discussed at monthly case manager meetings and quarterly lnterdisciplinary Quality Improvement committee meetings. 	8/1/23
	the clinician to perf assessment of the plan for the home l	orm a complete and accurate patient and to generate a care nealth aide to provide appropriate for the patient. A continued		5. Corrective Action: Clinical records will be completed in their entirety and include the correct diet that is appropriate to the client's health condition. Client diets that do not seem to match the health conditions reported for the client will be corrected or require further explanation Measures to Prevent Recurrence: Case managers will receive written instructions and a checklist on accurate and complete(Continued on next page)	8/1/23

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0007	B. WING		06/2	26/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST	TATE, ZIP CODE		.0/2020
HOME C/	ARE PARTNERS		SACHUSET TON, DC 2	TS AVENUE NW, SUITE C-1002 20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
H 260	Continued From page 3 showed that the client has blood pressure and heart issues and no diabetes issues. Further review of the clinical record showed a document titled "HCP Plan of Care" that is used by the home health aide as instructions/guidance for care provided to the patient. A continued review of this document showed that the diet to be provided to the patient is listed as "Diabetic". The agency failed to establish and maintain complete and accurate clinical records for each patient in accordance with accepted professional standards and practice. On 06/23/2023 at 3:00 PM, during an interview with the Assistant Director, the findings were confirmed.		H 260	(Continued from Page 3) documentation of the clinical assessment, plan of care and fall risk assessment. This will be reviewed during monthly case manager meetings. Monitoring: Executive Director, Deputy Director or designee will randomly review clinical records on a monthly basis. Findings will be conveyed to the appropriate case manager for correction of any errors, and will also aggregated and discussed at monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committee meetings.		
H 355	 (d) A description of including: the freque duration; dietary red administration, inclusupplies; This Statute is not Based on record red determined that the include the dietary red the Home Health Ai 	PLAN OF CARE all include the following: the services to be provided, ency, amount, and expected quirements; medication uding dosage; equipment; and met as evidenced by: view and interview it was home care agency failed to requirements as a guidance to des (HHA) during care for six of the sample (Clients #1, #2, #3,	H 355			
	#7, #8 and #10). Findings included:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0007	B. WING		06/26/2023	
	ROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE TS AVENUE NW, SUITE C-1002		
IOME CA	ARE PARTNERS		GTON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
H 355	#1's record showed Assessment". This of thorough assessment needs and to prepara assist the HHA in preffective, and efficient HCP assessment slip pressure and heart clinical record show Care" that included HHA services included service. Within the side clinician documented	6/21/2023 at 12:30 PM, a review of Client ord showed a document titled "HCP nent". This document is used to conduct a a assessment of the client's condition and nd to prepare a plan of care to guide and e HHA in providing care that is adequate, , and efficient. A continued review of the sessment showed that the client had blood e and heart issues. Further review of the ecord showed a document titled "Plan of at included a description of the duties of the vices including meal preparation and Within the section titled "Meals," the documented "As Requested" instead of the pice appropriate for the client's blood		H 355 1.Corrective Action: If the Plan of Care includ meal preparation even on an occasional or "as needed" or "as requested" basis, the correct di- that is appropriate to the client's health condition such as hypertension or diabetes will be indical Measures to Prevent Recurrence: Case managers will receive written instructions and a checklist on accurate and complete documentation of the clinical assessment, plan care and fall risk assessment. This will be reviewed during monthly case manager meetin Monitoring: Executive Director, Deputy Direct or designee will randomly review clinical record on a monthly basis. Findings will be conveyed the appropriate case manager for correction of any errors, and will also aggregated and discussed at monthly case manager meetings quarterly Interdisciplinary Quality Improvement committee meetings.		
	#2's record showed Assessment". This of thorough assessme needs and to prepara assist the HHA in pre effective, and efficient HCP assessment ship pressure issues and clinical record show Care" that included HHA services include service. Within the se clinician documenter meal choice approp pressure and Diabe 3. On 06/22/2023 #3's record showed	at 2:20 PM, a review of Client a document titled "HCP document is used to conduct a nt of the client's condition and re a plan of care to guide and roviding care that is adequate, ent. A continued review of the nowed that the client had blood d diabetes. Further review of the ed a document titled "Plan of a description of the duties of the ding meal preparation and section titled "Meals," the riate for the client's blood tic issues. at 9:30 AM, a review of Client a document titled "HCP document is used to conduct		 2.Corrective Action: If the Plan of Care included meal preparation even on an"as needed" or "as requested" basis, the correct diet that is approprit to the client's health condition, such as hyperten or diabetes will be indicated. Measures to Prevent Recurrence: Case mana will receive written instructions and a checklist of accurate and complete documentation of the clirrassessment, plan of care and fall risk assessmet This will be reviewed during monthly case mana meetings. Monitoring: Executive Director, Deputy Director designee will randomly review clinical records or monthly basis. Findings will be conveyed to the appropriate case manager for correction of any errors, and will also aggregated and discussed monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committee meetings. 3.Corrective Action: If the Plan of Care include meal preparation even on an"as needed" or "as requested" basis, the correct diet that is approprito the client's health condition, such as hyperten or diabetes will be indicated. Plan and Serve is aide's responsibility related to the meal preparation 	8/1/23 iate sion gers n nical nt. ger or n a at s s 8/1/23	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0007			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		06/26/2023		
	PROVIDER OR SUPPLIER		SACHUSET	TATE, ZIP CODE TS AVENUE NW, SUITE C-1002 20005		
(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 BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETE DATE
H 355	a thorough assessm needs and to prepar assist the HHA in pr effective, and efficie HCP assessment sh pressure issues. Fur showed a document included a descriptio services including m Within the section tit documented "Prepa meal choice appropri- pressure issues. 4. On 06/22/2023 #7's record showed Assessment". This of thorough assessment needs and to prepar assist the HHA in pr effective, and efficie HCP assessment sh Diabetes. Further re showed a document included a description services including m Within the section tit documented "Prepa meal choice appropri- 5. On 06/23/2023 af #8's record showed Assessment". This of thorough assessment needs and to prepar assist the HHA in pr effective, and efficie	hent of the client's condition and re a plan of care to guide and oviding care that is adequate, nt. A continued review of the nowed that the client had blood rther review of the clinical record to of the duties of the HHA real preparation and service. Ided "Meals," the clinician re and serve" instead of the riate for the client's blood at 2:40 PM, a review of Client a document titled "HCP document is used to conduct a nt of the client's condition and re a plan of care to guide and oviding care that is adequate, nt. A continued review of the nowed that the client had view of the clinical record titled "Plan of Care" that on of the duties of the HHA heal preparation and service. Ided "Meals," the clinician re and serve" instead of the riate for the client's diabetes. At 10:00 AM, a review of Client a document titled "HCP document is used to conduct a nt of the client's diabetes.	H 355	 <i>(Continued from Page 5)</i> Measures to Prevent Recurrence: Case managers will receive written instructions and checklist on accurate and complete documenta the clinical assessment, plan of care and fall ri assessment. This will be reviewed during mor case manager meetings. Monitoring: Executive Director, Deputy Direct designee will randomly review clinical records monthly basis. Findings will be conveyed to thappropriate case manager for correction of any errors, and will also aggregated and discusser monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committe meetings. 4. Corrective Action: If the Plan of Care include meal preparation even on an as needed" or "arequested" basis, the correct diet that is approp to the client's health condition, such as hyperte or diabetes will be indicated. Plan and Serve aide's responsibility related to the meal preparatask but does not convey the diet which needs specified. Measures to Prevent Recurrence: managers will receive written instructions and checklist on accurate and complete documenta the clinical assessment, plan of care and fall ri assessment. This will be reviewed during monicase manager meetings. Monitoring: Executive Director, Deputy Direct designee will randomly review clinical records monthly basis. Findings will be conveyed to thappropriate case manager for correction of any errors, and will also aggregated and discussed monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committe meetings. 5. Corrective Action: Clinical records will be completed in their entirety and include the correct that is appropriate to the client's health condition Client diets that do not seem to match the heal conditions reported for the client will be correct require further explanation. Measures to Prevent Recurrence: Case mar will receive written instructions and a checklist accurate and complete documentation of the casessem	ation of isk inthly tor or on a he y d at / ee des s s to be case a ation of sk thly ctor or on a he y d at / cee a ation of sk thly ctor or on a he e s s a ation of sk thly ctor or on a he case a ation of sk thly ctor or on a he case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a a ation of sh case a ation of sh case a ation of case a ation of case a ation of case a ation of case a ation of case a ation of case a ation of case a ation of case a ation of case ation of cas ation of cas ation of cas ation of cas ation of cas ation of cas ation of cas ation of cas ation ation ation ation ation ation ation ation ation ation ation ation ation ation ation atio ation atio atio atio ation atio atio atio atio atio atio atio atio	8/1/23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0007	B. WING		06/26/2023	
IAME OF P	ROVIDER OR SUPPLIER		I DRESS, CITY, ST	ATE, ZIP CODE	00/20/2020	
IOME C	ARE PARTNERS		SACHUSET	TS AVENUE NW, SUITE C-1002 20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
H 355	Continued From page	ge 6	H 355	(Continued from Page 6)		
	Further review of the clinical record showed a document titled "Plan of Care" that included a description of the duties of the HHA services including meal preparation and service. Within the section titled "Meals," the clinician documented a "Diabetic Diet" instead of the meal choice appropriate for the client's blood pressure and heart issues. 6. On 06/23/2023 at 11:45 AM, a review of Client		reviewed during month Monitoring: Executive designee will randomly monthly basis. Finding appropriate case mana errors, and will also ag monthly case manager	,plan of care, and fall risk assessment. This w reviewed during monthly case manager meeting Monitoring: Executive Director, Deputy Director designee will randomly review clinical records or monthly basis. Findings will be conveyed to the appropriate case manager for correction of any errors, and will also aggregated and discussed a monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committee meetings.	s. or a	
	#10's record shower Assessment". This of thorough assessme needs and to prepar assist the HHA in pr effective, and efficien HCP assessment sh pressure and heart clinical record show Care" that included HHA including meal was no documentat for the client's blood The HCA failed to in appropriate for their Care. On 06/23/2023 at 3:	d a document titled "HCP document is used to conduct a nt of the client's condition and re a plan of care to guide and roviding care that is adequate, ent. A continued review of the nowed that the client had blood issues. Further review of the ed a document titled "Plan of a description of the duties of the preparation and service. There ion of a meal choice appropriate d pressure and heart issues. Include dietary requirements clients' condition in the Plans of 00 PM, during an interview with or, the findings were confirmed.		 6.Corrective Action: If the Plan of Care include meal preparation even on an occasional or "as needed" or "as requested" basis, the correct diet is appropriate to the client's health condition, suct as hypertension or diabetes will be indicated. Measures to Prevent Recurrence: Case mana will receive written instructions and a checklist oi accurate and complete documentation of the clirit assessment, plan of care and fall risk assessment. This will be reviewed during monthly case managemeetings. Monitoring: Executive Director, Deputy Director designee will randomly review clinical records or monthly basis. Findings will be conveyed to the appropriate case manager for correction of any errors, and will also aggregated and discussed a monthly case manager meetings and quarterly Interdisciplinary Quality Improvement committee meetings. 	that that gers ical nt. ger or a	