Provider Sanctions List (Active)

10/15/2019

| | 10/13/2013 | | | | |
|-----|------------------------------|-------------------|----------------|--------------------|--|
| | | | Date placed on | | |
| | | Do Not Refer | Enhanced | | |
| No. | Provider Name | Entry Date | Monitoring | Termination Status | Reason |
| 1 | Contemporary Family Services | 8/20/2019 | | | Placed on DNR after receiving Needs Improvement on an initial annual PCR for Day Hab, Employment Readiness,Supportive Employment Job Placement, and Individualized Day Supports |
| 2 | Galaxy Healthcare Solutions | 8/19/2019 | | | Placed on DNR after receiving Needs Improvement on an initial annual PCR for Respite Hourly, Day Hab, Employment Readiness, Supportive Employment Job Training and Support, Day Hab One-to-One, IDS, and Companion Services. |

| | | | | Placed on DNR and EM as a result of concerns raised during a Health and Wellness visit in June 2019. Deficiencies identified in: Health Passport (HP); Health Care Management Plan (HCMP); Vaccinations record; Physician orders; Nursing documentation and assessments; Recommended Lab works; Psychiatry Assessments and consults; and Medication Administration oversight by the |
|---|------------------------|-----------|----------|---|
| 3 | Gina Outreach Services | 7/1/2019 | 7/1/2019 | Registered Nurse. |
| | | | | Placed on Do Not Refer List after receiving Needs improvement on an initial PCR for In-Home Supports, Day Habilitation, Employment Readiness, Supportive Employment Job Training and Support, Supportive Employment Long-Term Follow Along, Day Habilitation One-to-One, IDS, and |
| 4 | HealthTech Institute | 9/12/2019 | | Companion Services. |

| 5 | Joyful Healthcare Inc. | 4/15/2019 | 4/15/2019 | Additionally placed on DNR and EM requiring a Corrective Action Plan (CAP) based on review of quality findings including PCR results over time, repeat PCR indicators, late resolution of issues, current health & wellness concerns, and failure to update and make progress in the Provider Performance Review (PPR) Continuous Improvement Plan. |
|---|------------------------|--------------|-------------------|---|
| | | ., ==, = 320 | , -2, -202 | |
| 6 | Innovative Concepts | 10/8/2019 | | Placed on the Do Not Refer List after receiving Needs Improvement on an initial PCR for Supported Living Periodic. |

| | | | UPDA | ATED 04/17/2019: | |
|---|------------------------|-----------|---------|-------------------------|--|
| | | | On Ap | pril 8, 2019, DDS | |
| | | | sent a | a letter informating | |
| | | | Joyful | l Health of its | |
| | | | recon | nmendation to | |
| | | | DHCF | to terminate the | |
| | | | Provid | der agreement | |
| | | | betwe | een Joyful Health | |
| | | | and D | OHCF. UPDATED | |
| | | | 04/1/ | /2019 : On March | |
| | | | 25, 20 | 019, PCR was sent a | |
| | | | letter | r to JHI informing | |
| | | | them | that due to their | |
| | | | failure | e to meet standards | Placed on DNR after receiving |
| | | | for ce | ertification at the | Unsatisfactory on an initial Annual PCR |
| | | | PCR fo | follow-up, JHI will be | for In-Home Supports, Supported Living |
| | | | referr | red to the | Periodic and Companion Services. The |
| | | | Certif | fication Review | provider organization has not been able |
| | | | Panel | l to determine next | to show a sustained level of satisfaction |
| | | | steps | as per PCR Policy | from one review period to the next and |
| | | | effect | tive December 21, | will require a review by the Certification |
| 7 | Joyful Healthcare Inc. | 3/25/2019 | 2018. | | Review Panel in DDS. |

| | | | UPDATED 10/4/2019 : Or | n |
|---|-----------------------------|-----------|---------------------------------|---|
| | | | 10/4, DDS informed | |
| | | | Simky Family & | |
| | | | Healthcare Services of | |
| | | | the certifiation Review | |
| | | | Panel's review and DDS's | |
| | | | decision to provide Simky | <i>,</i> |
| | | | a provisional cetrification | |
| | | | (6 months form their | |
| | | | initial review). UPDATED | |
| | | | 09/20/2019: On | |
| | | | September 20, 2019, | |
| | | | Simky Family and | |
| | | | Healthcare Services was | |
| | | | sent an email informing | |
| | | | them that due to failing | |
| | | | to meet certfication | |
| | | | standards at the follow- | |
| | | | up PCR, Simky will be | |
| | | | referred to the | |
| | | | Certification Review | |
| | | | Panel to determine next | |
| | | | steps as per PCR Policy | Placed on DNR after receiving |
| | Simky Family and Healthcare | | effective December 21, | Unsatisfactory on an initial annual PCR |
| 8 | Services | 7/19/2019 | 2018. | for In-Home Supports. |

| | | | | | Placed on the Do Not Refer List after receiving Needs Improvement on an initial annual PCR for Residential Habilitation, Supported Living, |
|----|---|-----------|----------|--|---|
| 9 | Symbral Foundation | 9/9/2019 | | | Supported Living Periodic, and Companion Services. |
| 10 | Total Quality Residential Services, | 1/2/2010 | | UPDATED 09/04/2019: DHCF informed DDS of its decision to proceed with DDS' recommendation (sent on 01/15/19) for DHCF to terminate the HCA with TQRS according | Additionally placed on DNR and Enhanced Monitoring after failing to meet requirements for certification on a follow-up annual PCR for Supported Living, In-Home Supports, and |
| 10 | Inc. | 1/2/2019 | 1/2/2019 | to procedure. | Supported Living Periodic. |
| 11 | Total Quality Residential Services, Inc. | 8/20/2018 | | | Placed on DNR after receiving a rating of unsatisfactory on an initial 6 month PCR for Supported Living, In-Home Supports, Supported Living Periodic |

| | | | | UPDATED 09/09/19 : DDS | |
|----|-----------------------|-----------|-----------|-------------------------------|---|
| | | | | sent a letter informing | |
| | | | | UCP of the Certification | |
| | | | | Review Panel and DDS's | |
| | | | | decision to proceed with | |
| | | | | follow-up actions needed | |
| | | | | for the review in July | Placed on the Do Not Refer list after |
| | | | | 2019 including the | receiving Unsatisfactory on a six-month |
| | | | | completion of a | PCR for Day Hab, Day Hab One-To-One, |
| | | | | Corrective Action Plan | and Individualized Day Supports. |
| | | | | (CAP). DDS shall keep | Additionally, due to consecutive |
| | | | | UCP on the DNR and EM | Unsatisfactory reviews, UCP is being |
| | | | | and not recommend for | referred to the Certification Review |
| | | | | termination to DHCF at | Panel to determine if termination will |
| 12 | United Cerebral Palsy | 8/16/2019 | 8/16/2019 | this time. | be pursued. |

If you have questions, please contact Dianne Jackson at (202) 664-7471 or dianne.jackson3@dc.gov.