



Government of the District of Columbia  
Department of Health



Health Regulation and Licensing Administration

NOV - 1 2017

Clarence Brown, Ph.D.  
MBI Health Services, LLC  
1221 Taylor Street, NW  
Washington, D.C. 20020

**Re: Home Care Agency License (HCA-0090)**

Dear Dr. Brown:

On September 1, 2017, a complaint investigation was completed. Deficiencies were identified that requires your submission of a Plan of Correction (PoC) to respond to each deficiency. While a reasonable period may be allowed for actual correction of these deficiencies, it is imperative that your plan be signed with a specific date for anticipated completion and returned to this office prior to **November 11, 2017**. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms. NOTE: "Corrected" is not an accepted reply. The plan MUST also include the following.

- **What corrective action(s) will be accomplished to address the identified deficient practice;**
- **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and**
- **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

**PLEASE NOTE:** Plans of Correction not adhering to the above requirements will not be considered acceptable. Surveyors from our office may visit your facility at a future date to determine progress made towards the correction of deficiencies as provided for in your plan. As a result of continued non-compliance, civil monetary penalties may be issued.

If you have any questions regarding this matter, please contact Ericka L. Walker, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division on (202) 442-4781 or at [ericka.walker@dc.gov](mailto:ericka.walker@dc.gov).

Sincerely,

Sharon H. Mebane  
Program Manager

Enclosures (1)  
Statement of Deficiency

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MBI HOME HEALTH SERVICES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1221 TAYLOR STREET NW WASHINGTON, DC 20011</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 000

INITIAL COMMENTS

H 000

On 8/28/17, the Long Term Care (LTC) ombudsman's office contacted this office regarding the final outcome of an alleged fraud complaint filed by Patient #1, regarding his home health aides. During the Department of Health Care Finances' Integrity team's investigative process, Patient #1 alleged that his health care needs were not being met (Fentanyl patches) and that the home care agency had not responded to his complaints. Based on the nature of the allegations, an investigation was initiated on 8/28/17. The investigative findings were based on the review of administrative and clinical records, and interviews with the complainant and MBI management and staff.

Allegation #1: The home health aides (HHAs) will not change his prescribed fentanyl patch and or monitor for adverse effects.

Findings: The plan of care (POC) dated 11-29-16 does not list a fentanyl patch prescribed, however during an interview with Patient #1 on September 1, 2017, Patient #1 stated that he self-administers his own fentanyl patch.

Conclusion: This allegation could not be substantiated. Lack of sufficient evidence.

Allegation #2: Patient #1's text message complaints and phone calls made to the home care agency were not addressed.

Findings: There were a number of screenshots of text messages Patient #1 had sent to the home care agency detailing concerns and dissatisfactions with services he had received.

Conclusions: State deficiencies related to this

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

TITLE

(X6) DATE

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H 000	Continued From page 1 allegation were cited in this report.  The following are the abbreviations used throughout this report.  DHCF-Department of Health Care Finance DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide POC - plan of care RN - Registered Nurse	H 000		
H 335	3913.5 COMPLAINT PROCESS  The home care agency shall respond to the complaint within fourteen (14) calendar days of its receipt, and shall document the response.  This Statute is not met as evidenced by: Based on interview and record review, the home care agency failed to address the requirement to respond to complaints within 14 calendar days within receipt. The HCA also failed to inform the complainant of the results of the investigation for one of one complainant (Patient #1).  Findings included:  On 8/28/17, the LTC ombudsman's office contacted this office regarding the final outcome of an alleged fraud complaint filed by Patient #1, regarding his HHAs. During the investigative process, Patient #1 alleged that the HCA had not responded to his complaints.  On 9/1/17, at 11:00 a.m., a face-to-face interview was conducted with Patient #1 in his home. Patient #1 stated that he had complained multiple	H 335		

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H 335	<p>Continued From page 2</p> <p>times to the HCA about his assigned HHA's via text messages and phone calls, however, the agency never responded to his grievances.</p> <p>On 9/1/17, at 12:15 p.m., an onsite visit was conducted at the home care agency. The administrator and DON were both interviewed regarding Patient #1's allegations. The administrator and DON stated that they were both aware of the patient's concerns which were sent to them by text messaging from the patient and tried in every possible way to satisfy the patient's needs. The DON stated that the patient would terminate the HHAs for any possible reason, no driver's license or even the uniform that they wear. Therefore it was difficult to keep an aide for any significant period of time with the patient. The DON provided complaint forms written by HHAs who suffered verbal abuse from the patient and refused to return to the patient. The agency changed thirty-eight (38) HHAs in an effort to satisfy the needs of the patient. While the agency attempted to resolve the issues by changing assigned personnel, the agency did not document evidence, including dates and times, that the patient's complaints had been addressed and resolved.</p> <p>The DON further stated that the Patient had refused the RN visits on multiple occasions, which made it very difficult for the issues to be addressed, and for the aide's to be instructed regarding the patients care. The DON admitted not responding to the patient's complaints in writing and stated that the agency will do so in the future.</p>	H 335		