

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/24/2016
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NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
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H 000	INITIAL COMMENTS An annual survey was conducted from March 23, 2016 through March 24, 2016, to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency provides home care services for eight (8) patients and employs twenty-seven (27) staff to include professional and administrative staff. The findings of the survey were based on a review of administrative records, eight (8) active patient records, two (2) discharged patient records, twelve (12) employee records, zero (0) complaints, three (3) home visits, six (6) patient telephone interviews and interviews with patients/family and staff. Please Note: Listed below are abbreviations used in this report. ADL - Activities of daily living DON - Director of Nursing HCA - Home care agency HHA - Home Health Aide IADL - Instrumental activities of daily living PT - Physical Therapy POC - Plan of Care SN - Skilled Nurse	H 000		
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H 203	3908.4 ADMISSIONS The home care agency shall notify each entity referring a potential patient to the agency, and each individual requesting services from the agency, of the availability or unavailability of service, and the reason(s) therefor, within 48 hours after the referral or request for services. This Statute is not met as evidenced by:	H 203	RESPONSE: H 203 ADMISSIONS During the visit of 3/24/16, the reviewer and Director of Clinical Services were unable to have full access to the patient's medical record related to IT issues. The Electronic system the HCA utilizes is called AXCESS Health. The patient's electronic health record was viewed on an agency tablet device. When the internet system was fully restored and the Director of Clinical Services had access to a lap top computer. It was noted on	4/15/16
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE
Administrator, HCA

(X6) DATE
4/11/16

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H 203	<p>Continued From page 1</p> <p>Based on record review and interview, it was determined that the HCA failed to notify the physician of the unavailability of PT services, within forty-eight (48) hours of the referral, for one (1) of two (2) patients referred for PT. (Patient #7)</p> <p>The finding includes:</p> <p>On March 23, 2016, at 2:25 p.m., review of Patient #7's POC with a certification period of March 15, 2016, through May 13, 2016, revealed a physician order for PT services twice a week for nine (9) weeks to evaluate and treat the patient. Further review of the clinical record revealed that PT services had not been initiated as of March 23, 2016.</p> <p>On March 23, 2016, at 2:30 p.m., during an interview with the DON, it was acknowledged that there was a delay in Patient #7 receiving PT services. Further interview revealed that Patient #7's physician was not notified that PT services was not initiated as requested.</p> <p>On March 23, 2016, at 2:40 p.m., review of the agency's admission policy dated October 1, 2015, indicated that "all new initial assessments must be completed within 48 hours of receiving the referral from all sources".</p> <p>At the time of the survey there was no documented evidence in the clinical record that the physician was notified of the unavailability of PT services.</p>	H 203	<p>3/25/16, that physical therapist documented in the Medical Record on 3/17/16, that she had the flu and would re-schedule her visit with the patient. The communication note was faxed to the MD office. (Attachment) It was documented on 3/21/16, that the physical therapist completed her assessment and faxed it to the MD. The MD signed the PT orders and Plan of care and returned to the agency on 3/30/16 – (attachment)</p> <p>The Director of Clinical Services within 24 hours will re-assign skilled/PCA cases of staff that are unable to provide care related to illness and/or emergency. The physician/provider will be made aware of the change and/or delay via a communication note.</p> <p>The Director of Clinical Services will review and change the policy dated October 1, 2015 as follows: "All initial assessments must be initiated within 48 hours and completed within 5 days" – This change reflects current Medicare standards. The policy change will occur by April 4, 2016 and re-orientation of the change to the Skilled staff will occur by 4/15/16.</p>	<p>3/25/16</p> <p>4/15/16</p>
H 363	<p>3914.3(i) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p>	H 363	<p>RESPONSE:</p> <p>H 363 PATIENT PLAN OF CARE (1: employees in charge of managing emergency situations)</p>	

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H 363	<p>Continued From page 2</p> <p>(I) Identification of employees in charge of managing emergency situations;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that the POC included identification of employees in charge of managing emergency situations for nine (9) of ten (10) patients in the sample. (Patients #1, #2, #3, #4, #5, #7, #8, #9 and #10).</p> <p>The findings include:</p> <p>On March 23, 2016, between the hours of 10:00 a.m., to 4:00 p.m., review of Patient #1, #2, #3, #4, #5, #7, #8, #9 and Patient #10's POCs revealed that the POCs failed to include the employees responsible for managing emergency situations.</p> <p>During a face to face interview with the administrator and the DON on March 23, 2016, at approximately 4:16 p.m., it was acknowledged that the identification of employees in charge of managing emergency situations was not on the POC for the aforementioned patients. The administrator stated that the agency in the future would include the identification of the employees who would be responsible for managing emergency situations on the POCs.</p> <p>At the time of the survey, there was no documented evidence that the aforementioned patients POCs included the identification of the employees who would be responsible for managing emergency situations.</p>	H 363	<p>The Director of Clinical Services has initiated the following processes: For emergency protocol/employees Managing the emergency protocol: The staff will be provided orientation to the Emergency protocol by 4/15/16. The RN will instruct the patient and caregiver on the emergency protocol and responsible staff during the initial visit and as required The Person in charge of managing emergency Situations is the Supervisory RN and can be reached at (202) 388-4300 or 202-766-5040. Emergency Protocol: In life threatening emergencies, the staff calls 911, then will contact the Supervisory RN. In the absence of staff, Patient/Caregiver should call 911 in all emergency situations, then notify Supervisory RN. In the event of Non-life threatening Emergencies, the staff will call the Supervisory RN, and then contact the Physician. In absence of staff, the patient/caregiver will call the Supervisory RN at (202) 202 388-4300 or 202-766-5040, then contact the Physician. If the patient is found without a pulse, or respirations and the Patient does not have a DNR order, the staff will initiate CPR and contact EMS, Physician and Director of Clinical Services. The staff will not initiate CPR for patients With DNR order For Durable Medical Equipment needs, the staff will notify the Director of Clinical Services</p>	4/15/16
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H 364	Continued From page 3	H 364	<p>At 202-388-4300, who will coordinate the obtaining of the DME.</p> <p>For Disaster Emergencies, contact the State Hotline at (202) 671 5000 and contact the Director of Clinical Services or Administrator at 202-388-4300</p> <p>In the event of Small fires in the home, use the fire extinguisher or baking soda to put out the fire leave the home and contact the Director of Clinical Services or the Administrator at 202-388-4300</p> <p>For larger fires, do not attempt to extinguish the fire, immediately leave the home, contact 911 and the Director of Clinical Services or Administrator at 202-388-4300</p> <p>Report to MD for BP >160/90 or less than 90/60, Resp.>26 or <16, Pulse <60 > 110, Temp 101.0 < 95.0 Contact Supervisory RN as well to assure case coordination</p> <p>4/15/16</p>	
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that the POC included an emergency protocol for nine (9) of ten (10) patients in the sample. (Patients #1, #2, #3, #4, #5, #7, #8, #9 and Patient #10)</p> <p>The findings include:</p> <p>On March 23, 2016, between the hours of 10:00 a.m., to 4:00 p.m., review of Patients #1, #2, #3, #4, #5, #7, #8, #9 and Patient #10's POCs revealed that the POCs failed to identify the HCA's emergency protocol.</p> <p>During a face to face interview with the administrator and the DON on March 23, 2016, at approximately 4:15 p.m., it was acknowledged that the POCs for the aforementioned patients failed to include an emergency protocol. Further interview revealed that the agency would re-train the staff on how to include an emergency protocol on the POCs.</p> <p>At the time of the survey, there was no documented evidence that the aforementioned patients POCs included an emergency protocol.</p>	H 364		
H 411	3915.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE	H 411	<p>Refer to H363 Answers</p> <p>The Plan of care format will be Changed d to include the patient Specific emergency protocols. The Protocols are related to the patient's Functional abilities/limitations/ Environment/diagnosis. The emergency Protocol will identify the staff persons Responsible for managing the situation; To include: HHA, LPN, RN, PT OT, ST Staffing Coordinator, Director of Clinical Services, Administrator</p> <p>The protocols will be included in the SOC, ROC and Recert.</p> <p>Refer to H 363 Answer</p> <p>4/15/16</p>	

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H 411	Continued From page 4 Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to ensure that HHAs documented the patient's physical condition, behavior or appearance on the medical record for six (6) of 6 patients in the sample that were receiving HHA services. (Patients' #1, #3, #4, #5, #8 and #8) The findings include: On March 23, 2016, between the hours of 10:00 a.m., to 4:00 p.m., review of Patient #1, #3, #4, #5, #6 and #8's clinical records revealed that the HHAs had not documented the patient's physical condition, behavior, or appearance in the clinical record. Further review of the clinical record revealed that the HHAs only documented on the ADLs and the IADLs performed. During a face to face interview with the administrator and the DON on March 23, 2016, at approximately 4:20 p.m., it was acknowledged that the HHAs did not document on the aforementioned patient's physical condition, behavior or appearance. Further interview revealed that the agency would train the HHAs on how to document the patient's physical condition, behavior and appearance in the patient's clinical records.	H 411	On 3/21/16, the Director of Clinical Services noted that the 2 nd page of the HHA documentation was not photocopied for use by HHAs. Page 2 of the HHA documentation describes the patient's physical condition. Effective 3/21/16, the corrected HHA note was correctly photocopied and distributed to the HHA staff for use. Effective 3/21/16, the Director of Clinical Services and Staffing Coordinator initiated training of the HHA on the use of the form. The training on the form will be concluded on 4/15/16. The training on the use of the form will be included in the HHA new hire orientation effective 4/6/16. The Director of Clinical Services will complete a documentation review of 30% of the HHA documentation to assure appropriate documentation of the patient's behavior. The Director of Clinical Services will review compliance with the HHAs during the scheduled staff meetings.	3/23/16 3/23/16 4/15/16 4/6/16 3/31/16
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H 411	Continued From page 5	H 411		
	At the time of the survey, there was no documented evidence that the HHAs had documented on the aforementioned patient's physical condition, behavior, or appearance in the clinical records.			
H 453	3917.2(c) SKILLED NURSING SERVICES	H 453	RESPONSE:	
	Duties of the nurse shall include, at a minimum, the following:		H 453 SKILLED NURSING SERVICES	
	(c) Ensuring that patient needs are met in accordance with the plan of care;		On 3/21/16, upon review of the HHA note for patient #4 it was noted that the patient was receiving 7 hours rather than 8 hours. The staffing Coordinator was notified and corrected the error on 3/21/16.	3/25/16 5/23/16
	This Statute is not met as evidenced by:		Effective 3/21/16, the Director of Clinical Services	
	Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for one (1) of ten (10) patients in the sample. (Patient #4)		Initiated a weekly review of the patient's hours and schedule with the staffing Coordinator. The Director of Clinical Services will monitor scheduling compliance on a weekly basis.	
	The finding includes:			
	On March 23, 2016, at approximately 1:50 p.m., review of Patient #4's clinical record revealed a POC with a certification period of February 27, 2016, to August 27, 2016. Further review revealed that the physician orders included HHA services eight (8) hours a day, seven (7) days a week for six (6) months to assist the patient with ADLs and IADLs.			
	On March 23, 2016, at approximately 2:00 p.m., review of Patient #4's Home Health Personal Care Aide Weekly Logs revealed that HHA services were provided only 7 hours a day from			

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H 453	<p>Continued From page 6</p> <p>March 1, 2016, through March 20, 2016. Further review revealed that Patient #4 was not provided 8 hours of HHA services until March 21, 2016.</p> <p>During a face to face interview with the administrator and the DON on March 23, 2016, at approximately 2:20 p.m., it was acknowledged that the SN failed to ensure that Patient #4's needs were met in accordance with their POC. Further interview revealed that the nursing staff would be re-trained on how to ensure that the aforementioned patient's needs were met in accordance to their POC.</p> <p>At the time of this survey, the agency's skilled nurse failed ensure that the aforementioned patient's needs were met in accordance with their POC.</p>	H 453		
H 459	<p>3917.2(i) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(i) Patient instruction, and evaluation of patient instruction; and</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the SN's failed to document the specific level of the patient's understanding of the instructions given for three (3) of the ten (10) patients in the sample (Patient #2, #4 and #5)</p> <p>The findings include:</p> <p>A. On March 23, 2016, at 11:30 a.m., review of</p>	H 459	<p>RESPONSE:</p> <p>H 459 SKILLED NURSING SERVICES</p> <p>Effective 3/25/16, the Director of Clinical Services met with the SN to review the clinical records of patients 2, 4, 5. The SN was instructed to continue with the teaching goals and to the level of patient understanding for teach goal and to document the patient's level of understanding of each instructional/teaching goal.</p> <p>The Director of Clinical Services will meet with each skilled staff by 4/15/16 and provide a re-education of the assessing and documenting of the level of patient understanding of the teaching instructions.</p> <p>Effective 4/1/16, the Director of Clinical Services will conduct an audit of 30% of the charts to determine compliance with the assessing and documenting by the skilled staff of the patient's understanding of health teaching instruction. The Director of Clinical Service will review the compliance with the skilled staff and provide the Administrator with a monthly report on compliance.</p>	<p>3/25/16</p> <p>4/15/16</p> <p>4/1/16</p>

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H 459	<p>Continued From page 7</p> <p>Patient #2's POC with a certification period of March 7, 2016, through May 7, 2016, indicated that SN #1 was to instruct Patient #2 on the following:</p> <p>Disease management; Colostomy care; Medication management and; Safety management.</p> <p>On March 23, 2016, at 11:35 a.m., review of Patient #2's skilled nursing notes dated March 11, 2016, and March 15, 2016, indicated that SN #1 provided health teaching instructions on pain management, safety and fall precautions. However, SN #1 failed to document Patient #1's level of understanding with the aforementioned health teaching instructions.</p> <p>B. On March 23, 2016, at 11:55 p.m., review of Patient #4's POC with a certification period of February 27, 2016, through August 27, 2016, indicated that SN #1 was to instruct Patient #4 on the following:</p> <p>Medication management; Diet; Disease management; and Safety precautions at home.</p> <p>On March 23, 2016, at 12:15 p.m., review of Patient #4's skilled nursing notes dated March 3, 2016, indicated that SN #1 provided health teaching instructions on disease management. However, SN #1 failed to document Patient #4's level of understanding with the aforementioned health teaching instructions.</p> <p>C. On March 23, 2016, at 1:38 p.m., review of Patient #5's POC with a certification period of</p>	H 459		
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H 459	<p>Continued From page 8</p> <p>February 19, 2016, through April 18, 2016, indicated that SN #1 was to instruct Patient #5 on the following:</p> <p>Non-pharmacological pain relief management; Pain management; Diet; Disease management and; Safety precautions.</p> <p>On March 23, 2016, at 2:05 p.m., review of Patient #5's skilled nursing notes dated March 4, 2016, indicated that SN #1 provided health teaching instructions on medication management and safety precautions. However, SN #1 failed to document Patient #5's level of understanding with the aforementioned health teaching instructions.</p> <p>During a face to face interview with the administrator and the DON on March 23, 2016, at approximately 4:20 p.m., it was acknowledged that the SN #1 failed to document Patient #2, #4 and #5's level of understanding with the aforementioned health teaching instructions. Further interview revealed that the nursing staff would be re-trained on how to accurately document the evaluation of the instructions provided in the patient's medical records.</p> <p>At the time of the survey, the HCA failed to provide documented evidence of the level of the patient's understanding of the instructions given in the medical record.</p>	H 459		
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