

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 05/22/2017
--	---	--	---

Received 6/21/17 cr

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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
--------------------	--	---------------	---	--------------------

H 000	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted from May 15, 2017, through May 22, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to two hundred and ninety-four (294) patients and employs three hundred ninety-six (396) staff. The findings of the survey were based on a review of administrative records, fifteen (15) active patient records, five (5) discharged patient records, twenty (20) employee records, eighteen (18) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with family and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>ADL - Activities of Daily Living DON - Director of Nursing HCA - Home Care Agency HHA - Home Health Aide IADL - Instrumental Activities of Daily Living PCA - Personal Care Aide POC - Plan of Care RN - Registered Nurse SN - Skilled Nurse</p>	H 000		
H 054	<p>3903.2(c)(2) GOVERNING BODY</p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p>	H 054	<p>H 054 RESPONSE: 3903.2@ (2) GOVERNING BODY</p> <p>MBI's HCA Administrator will receive all complaints made to the agency, investigate the the complaint, and prepare a written response on a monthly basis. Staff will be required to submit all complaints to the Administrator for review. The Administrator will provide written reports and outcome of the complaint to the governing body and maintain appropriate records and action by the governing body. A complaint log will be maintained and action taken of all complaints. MBI's Quality Assurance Department (QI) will also review complaints, receive reports and conduct an independent review and report based on the complaint log. The governing body will review complaints during its scheduled meetings.</p>	7/30/17

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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 05/22/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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
H 054	<p>Continued From page 1</p> <p>(2) The evaluation shall include a review of all complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to provide evidence that the governing body reviewed all complaints received and documented the agency's response for eighteen (18) of eighteen (18) complaints for 2016.</p> <p>The finding includes:</p> <p>On May 16, 2017, beginning at 1:34 p.m., a review of the agency's complaints revealed that the agency had eighteen (18) complaints referred to the agency since the previous survey, (March 24, 2016). It should be noted that on May 16, 2017, at 4:38 p.m., an interview with the administrator revealed that the governing body had not had a formal meeting for 2016.</p> <p>When the administrator was asked if he was aware that the governing body was also required to include an evaluation of the review of all the HCA's complaints and the agency's response, he indicated that he had no knowledge of that information.</p> <p>At the time of the survey, the agency failed to provide evidence that all complaints received were reviewed by the entire governing body.</p>	H 054		
H 055	<p>3902.2(c)(3) GOVERNING BODY</p> <p>The governing body shall do the following:</p>	H 055		

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 05/22/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
--	---

(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
--------------------	--	---------------	---	--------------------

H 055

Continued From page 2

(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:

(3) A written report of the results of the evaluation shall be prepared and shall include recommendations for modifications of the agency's overall policies or practices, if appropriate.

This Statute is not met as evidenced by:
Based on record review and interview, the HCA failed to prepare a written report of the results of an evaluation of their policies and procedures governing the operation of the agency.

The findings include:

On May 16, 2017, at 1:34 p.m., the surveyor requested the HCA's annual report. On May 17, 2017, at 4:38 p.m., interview with the administrator revealed that the director of clinical services, the agency's medical director, and the administrator had reviewed and evaluated the agency's policies; however, failed to ensure that a written document was completed to include the results of the evaluation of any recommendations for modifications of the agency's policies and procedures.

At the time of the survey, there was no documented evidence of a written report of the results of an evaluation that included an annual review of the agency's policies and procedures.

H 055

H 055 RESPONSE: 3902.2© (3) GOVERNING BODY

MBI HCA conducts an annual review of its policies and procedures. The review and evaluation are conducted by the Director of Clinical Services (DON), Medical Director and the Administrator along with a signature page. Any changes are approved by this review team. MBI will prepare a written report of its annual review and evaluation, submit it to the governing body for review and approval and submit a copy to MBI's QI Department for further review and input. The QI Department will also annually review the HCA policies procedures and submit an independent report. The review or changes to policies will be based on changes in District regulations for HCAs.

12/30/17

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 05/22/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
--	---

(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
--------------------	--	---------------	---	--------------------

H 150	Continued From page 3	H 150		
H 150	<p>3907.2(f) PERSONNEL</p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(f) Verification of previous employment;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that all personnel records included documentation showing verification of previous employment, for six (6) of twenty (20) employees included in the sample. (HHAs #15 and #20)</p> <p>The finding includes:</p> <p>On May 17, 2017, at 9:57 a.m., review of HHA's #15, and #20's personnel records revealed that their date of hire was November 2, 2016, and May 16, 2016 respectively. Further review of the HHA's personnel records revealed the HCA's reference check form was incomplete and there was no documented evidence of verifications of the HHA's previous employment.</p> <p>On May 17, 2017, at 2:15 p.m., interview with the human resources specialist was conducted to ascertain information regarding missing documentation from the aforementioned HHA's personnel records. The human resources specialist revealed that she was not hired until November 2016, and could not verify any missing information before that time.</p> <p>At the time of the survey, there was no documented evidence that the HCA received</p>	H 150	<p>H 150 RESPONSE: 3907.2 (F) PERSONNEL</p> <p>The HR Specialist will ensure that all personnel records are complete, and no employee can begin work without a completed file with all required documents including verification of previous employment. The QI Department will audit files for completeness and accuracy and a database system will be used to track employees. QI will conduct quarterly audits and the HR Specialist will use the database system to track completed personnel files.</p>	9/30/17

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 05/22/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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)	(X6) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 150	Continued From page 4 verification of previous employment for HHAs #15 and #20.	H 150		
H 227	<p>3909.2 DISCHARGES TRANSFERS & REFERRALS</p> <p>Each patient shall receive written notice of discharge or referral no less than seven (7) calendar days prior to the action. The seven (7) day written notice shall not be required, and oral notice may be given at any time, if the transfer, referral or discharge is the result of:</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to ensure that each patient received written notice of discharge at least seven (7) calendar days prior to the action for one (1) of five (5) discharged patients. (Patient #18)</p> <p>The finding includes:</p> <p>On May 17, 2017, at 2:49 p.m., review of Patient #18's clinical record revealed a POC with the certification date of March 11, 2017, through May 8, 2017. This POC contained a physician order dated March 17, 2017, for the SN to conduct daily wound care to the patient's right buttock wound. Further review of the clinical record revealed a discharge summary dated April 11, 2017, that states the wound is healed and the patient is discharged to follow up with his/her primary care physician. There was no documented evidence that the patient was given written notice at least</p>	H 227	<p>H 227 RESPONSE: 3903.2 DISCHARGES, TRANSFERS & REFERRALS</p> <p>MBI HCA Director of Clinical Services (DON) will ensure that written notices of all discharges will be issued seven (7) days prior to the discharge action along with an oral notice by phone. All discharges will be reported monthly with documentation of written notice provided using a special form. The QI Department will conduct random audits of all discharges to ensure this requirement has been met.</p>	7/30/17

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 05/22/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
--	---

(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
--------------------	--	---------------	---	--------------------

H 227	Continued From page 5 seven days prior to discharge. On May 17, 2017, at 3:30 p.m., interview with the DON revealed that the agency will create a document to be issued to all patients at least seven days prior to discharge.	H 227		
H 294	3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (c) To be informed orally and in writing of the following: (2) Whether services are covered by health insurance, Medicaid, Medicare, or any other sources, and the extent of uncovered expenses for which the patient may be liable; This Statute is not met as evidenced by: Based on record review and interview, the home care agency failed to inform the patients in writing whether the services provided are covered by the patient's health insurance, and the extent of uncovered expenses for which the patient may be liable, for three (3) of fourteen (14) active patients in the sample. (Patients #2, #5 and #19) The findings include: 1. On May 15, 2017, at 11:00 a.m., review of Patient #2's clinical record revealed that the patient was admitted to the agency on August 19, 2016. Further review of the clinical record revealed a document titled "Admission Consent."	H 294	H 294 RESPONSE: 3912.2(c)(2) PATIENT RIGHTS & RESPONSIBILITIES MBI HCA will modify its "Admissions Content" packet to include a written statement regarding costs of services to patients if the services are not covered by their insurance. This Information will also continue to be included in the "Patient Orientation for Home Care" packet. The patient will be informed in writing and verbally of the cost of services and sign a statement to that affect. This change will be reported to the QI Department who will conduct quality assurance checks quarterly during the calendar year to ensure compliance.	7/30/17

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 05/22/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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
H 294	<p>Continued From page 6</p> <p>Within this document is a section itemizing the services to be provided and the frequency of the services to be provided. Continued review of the clinical record failed to evidence that the patient was informed in writing of the cost of services to the patient.</p> <p>2. On May 15 2017, at 2:30 p.m., review of Patient #5's clinical record revealed that the patient was admitted to the agency on October 14, 2016. Further review of the clinical record revealed a document titled "Admission Consent." Within this document is a section itemizing the services to be provided and the frequency of the services to be provided. Continued review of the clinical record failed to evidence that the patient was informed in writing of the cost of services to the patient.</p> <p>3. On May 17, 2017, at 9:30 a.m., review of Patient #19's clinical record revealed that the patient was admitted to the agency on April 18, 2017. Further review of the clinical record revealed a document titled "Admission Consent." Within this document is a section itemizing the services to be provided and the frequency of the services to be provided. Continued review of the clinical record failed to evidence that the patient was informed in writing of the cost of services to the patient.</p> <p>On May 17, 2017, at 10:30 a.m., interview with the DON and charge nurse revealed that the agency has a patient's handbook titled "Patient Orientation for Home Health Care" that is given to every patient on admission. Within this handbook is a section titled "Patient Rights and Responsibilities" that informs the patient of their right to be informed orally and in writing of the charges that they may have to pay for the</p>	H 294		

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 05/22/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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
H 294	Continued From page 7 services they receive. On May 17, 2017, at 3:30 p.m., interview with the DON and charge nurse revealed that the agency will create a document to be used on admission informing all patients of the cost of services to them if the services are not covered by their insurance.	H 294		
H 300	3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights: (d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care; This Statute is not met as evidenced by: Based on record review and interview, it was determined that the HCA failed to follow their policy on patient's rights by failing to provide care and treatment according to the patients POC for one (1) of fourteen (14) active patients in the sample. (Patient #10) The finding includes: On May 16, 2017, at approximately 1:30 p.m., review of Patient #10's clinical record revealed a POC with a certification period of June 8, 2016, to June 7, 2017. Further review of the POC revealed that the physician orders included PCA services eight (8) hours a day, seven (7) days a week for assistance with ADL, IADL, light housekeeping, meal preparation, medication	H 300	H 300 3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES The Director of Clinical Services (DON) and Assistant Nurse will ensure that patients' services absolutely follow the Plan of Care (POC) and work with the Supervisory Nurse to monitor the services provided. No changes will be made to the POC without the approval of the Primary Care Physician and through informing DHCF Long Term Care Administration. The PCA hours approved and duration of services will be provided unless changed by the Primary Care Physician Order or DHCF LTC. Any changes in POC will be documented and MBI's QI Department will review all POC changes. The DON will maintain records of any deviations from patient's POC in written form and in the database system and will check for duration of services on all POCs. The QI Department will monitor this activity quarterly for compliance and submit a report to the HCA Administrator.	8/30/17

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 05/22/2017
NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019		
(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
H 300	Continued From page 8 reminders and accompanying the patient to doctor's appointments. Review of the PCA notes from February 1, 2017, through April 28, 2017, revealed that the PCA services were provided eight (8) hours a day, five (5) days a week. There was no physician order reducing the PCA visits. Interview with the DON on May 17, 2017, at 3:40 p.m., revealed that the DON was aware of the change in the visits based on the patient's request but acknowledged that she/he failed to obtain a physician order to change the visit frequency. On May 18, 2017, at approximately 11:30 a.m., interview with Patient #10 during a home visit revealed that the patient is in need of seven (7) days a week PCA service and had requested the PCA who was working Monday through Friday to work throughout the weekend because she/he did not want another PCA. This surveyor explained to Patient #10 he/she would speak with the DON regarding his/her concern. On May 18, 2017, at approximately 12:30 p.m., telephone interview with the DON revealed that he/she will offer Patient #10 another PCA to work on the weekends.	H 300		
H 355	3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage; equipment; and	H 355	H 355 3914.3(d) PATIENT PLAN OF CARE The Director of Clinical Services and staff will ensure that Skilled Nursing Services (SN) are provided according to the POC through direct supervision of the assigned RN and ensure the duration of the services is clearly noted and followed. If there is a change in duration of services, it must be approved by the Primary Care Physician Order and documented before the change is made. The patient will be informed of the duration of the services and the services will be charted and tracked for accuracy in the database system. MBI's QI Department will review adherence to this practice and the services provided and check for duration of services on POCs for compliance.	8/30/17

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 05/22/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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
--------------------	--	---------------	---	--------------------

H 355	<p>Continued From page 9</p> <p>supplies;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each POC included the expected duration of the SN services to be provided, for five (5) of fourteen (14) active patients in the sample. (Patients #4, #8, #11, #12 and #13)</p> <p>The findings include:</p> <p>Review of the clinical records on May 15, 2017, through May 17, 2017, revealed the following:</p> <ol style="list-style-type: none"> 1. On May 15, 2017, at 2:10 p.m., review of Patient #4's medical record revealed a POC with a certification period of April 6, 2017, through June 4, 2017. The POC revealed that Patient #4 was to be provided SN services for wound care to the left heel three times weekly but failed to include the expected duration of the SN services to be provided by the agency. 2. On May 16, 2017, at 10:30 a.m., review of Patient #8's medical record revealed a POC with a certification period of March 14, 2017, through May 12, 2017. The POC revealed that Patient #8 was to be provided HHA services for assistance with ADL and IADL for two (2) hours a day, three (3) three times weekly but failed to include the expected duration of the HHA services to be provided by the agency. 3. On May 16, 2017, at 2:10 p.m., review of Patient #11's medical record revealed a POC with a certification period of May 2, 2017, through June 30, 2017. The POC revealed that Patient #4 	H 355		
-------	--	-------	--	--

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 05/22/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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
--------------------	--	---------------	---	--------------------

H 355	<p>Continued From page 10</p> <p>was to be provided SN services one (1) to two (2) times weekly for medication and disease teaching but failed to include the expected duration of the SN services to be provided by the agency.</p> <p>4. On May 17, 2017, at 8:30 a.m., review of Patient #12's medical record revealed a POC with a certification period of April 3, 2017, through June 1, 2017. The POC revealed that Patient #12 was to be provided SN services one (1) to two (2) times weekly for medication management and disease teaching but failed to include the expected duration of the SN services to be provided by the agency.</p> <p>5. On May 17, 2017, at 9:30 a.m., review of Patient #13's medical record revealed a POC with a certification period of March 19, 2017, through May 17, 2017. The POC revealed that Patient #13 was to be provided SN services for wound care daily but failed to include the expected duration of the SN services to be provided by the agency.</p> <p>During a face to face interview with the DON and charge nurse on May 17, 2017, at approximately 4:00 p.m., it was stated by the DON that the POCs always included the duration of services and he/she would ensure it is included in the POCs in the future.</p>	H 355		
H 450	<p>3917.1 SKILLED NURSING SERVICES</p> <p>Skilled nursing services shall be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, and in accordance with the patient's plan of care.</p>	H 450	<p>H 450 3917.1 SKILLED NURSING SERVICES</p> <p>The Director of Clinical Services (DON) and staff will review patient's POCs with the patient's assigned nurse (RN) to ensure the Skilled Nursing Services ordered are followed based on the POC. The DON and staff will document any failure by RN to follow the POC and consult with the RN to determine any corrective or disciplinary action is required. In-Service training will be conducted and will emphasize the importance of following the POCs in detail and assessing all recommended treatments such as the patient's blood glucose during SN visits. The QI Department will monitor records to ensure compliance with this practice and submit reports after review of the charts and records.</p>	8/30/17

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 05/22/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MBI HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4130 HUNT PLACE NE WASHINGTON, DC 20019
---	---

(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
H 450	<p>Continued From page 11</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that skilled nursing services were provided in accordance with the patients POC for one (1) of fourteen (14) active patients in the sample. (Patient #11)</p> <p>The finding includes:</p> <p>On May 16, 2017, at 2:10 p.m., review of Patient #11's clinical record revealed a POC with a certification period of May 2, 2017, through June 30, 2017. This POC contained a physician's order for the SN to assess the patient's random blood glucose measurement and report to the physician any blood glucose above three hundred (300) or less than seventy (70). Review of the nurse's notes dated May 2, 2017, and May 12, 2017, failed to evidence that the SN assessed the patient's blood glucose.</p> <p>On May 17, 2017, at 3:30 p.m., interview with the DON and charge nurse confirmed that the SN did not document the patient's blood glucose levels on their nursing notes on the above mentioned dates. The administrator further stated that all nurses will be in-serviced on the importance of assessing and documenting patients' blood glucose during SN visits.</p>	H 450		