

Received 8/14/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0090	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2018
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NAME OF PROVIDER OR SUPPLIER MBI HOME HEALTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 TAYLOR STREET NW WASHINGTON, DC 20011
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H 000 INITIAL COMMENTS

H 000

An annual survey was conducted from 07/30/18 through 08/03/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provides home care services to 301 patients and employs 389 staff. The findings of the survey were based on a review of 15 current patient records, five discharged patient records, 20 employee records, and 12 complaints. The findings were also based on five home visits, ten current patient telephone interviews, and patient/staff interviews.

Listed below are abbreviations used throughout the body of this report:

- D/C - Discontinue
- DM - Diabetes Mellitus
- DON - Director of Nursing
- HCA - Home Care Agency
- HHA - Home Health Aide
- HR - Human Resource
- PCA - Personal Care Aide
- POC - Plan of Care
- PT - Physical Therapy
- RN - Registered Nurse
- SN - Skilled Nurse
- SLP - Speech and Language Pathology

H 152 3907.2(h) PERSONNEL

H 152

Each home care agency shall maintain accurate personnel records, which shall include the following information:

(h) Copies of completed annual evaluations;

This Statute is not met as evidenced by:

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

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H 152	<p>Continued From page 1</p> <p>Based on record review and interview, the HCA failed to ensure that each personnel record included completed annual evaluations for four of 20 employees in the sample (RN #3, HHA #9, Employees #18 and #19).</p> <p>Findings included:</p> <p>On 07/31/18 at 11:10 AM, review of the personnel records for RN #3, HHA #9, and employees #18 and #19 failed to show evidence of a current annual evaluation.</p> <p>On 07/31/18 at 12:30 PM, during an interview with the HR representative, the HR representative indicated that the personnel files would be further reviewed for the missing evaluations.</p> <p>It should be noted that the missing evaluations were not provided for review.</p> <p>At the time of the survey, the HCA failed to ensure annual evaluations were conducted for RN #3, HHA #9 and Employees #18 and #19.</p>	H 152	<p>H 152</p> <p>It is MBI's Policy to provide all (100%) employees with an annual evaluation after completion of their initial year of employment. Annual evaluations are generally done during the month of January of each year with some variances depending on dates of hire. Completed evaluations will be kept in employees' files and signed by the supervisor and employee. The Home Care Agency Administrator will ensure that all (100%) PCAs and HCA staff have an annual performance evaluation based on the date of hire. MBI HR staff and QI staff will maintain data on employees' due dates for evaluation within the HR data-base system (Allegheny).</p> <p>9/3/18</p>
H 163	<p>3907.7 PERSONNEL</p> <p>Each employee shall be screened for communicable disease annually, according to the guidelines issued by the federal Centers for Disease Control, and shall be certified free of communicable disease.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each employee was screened for communicable diseases annually for three of 20 employees in the sample (RN #3,</p>	H 163	<p>H 163</p> <p>It is MBI's Policy to require all (100%)HHA's (PCAs) and clinical staff (RN and LPN) to be screened for communicable disease annually. Staff will continue to be notified by HR of upcoming expiration due dates using MBI computer data-based system (Allegheny). All results will be provided to the human resources department to be placed in the employees' files. Staff who are not in compliance will not allowed to work until this requirement is met, current and documented. The QI department staff will also conduct random checks of personnel records to ensure all employees meet the requirement.</p> <p>9/3/18</p>

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HHA #1 and #9).

Findings included:

1. Review of RN #3 personnel record on 07/31/18 at 11:55 AM showed no evidence that RN #3 had been certified free from communicable disease annually.
2. Review of HHA #1's personnel record on 07/31/18 at 12:05 PM, showed no evidence that HHA #1 had been certified free from communicable disease annually.
3. Review of HHA #9's personnel record on 07/31/18 at 12:15 PM showed no evidence that HHA #9 had been certified free from communicable disease annually.

During an interview on 07/31/18 at 1:09 PM, the HR representative stated that the employees did not have the screening, and the employees would receive the screening as soon as possible.

H 355 3914.3(d) PATIENT PLAN OF CARE H 355

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 supplies;

This Statute is not met as evidenced by:
Based on record review and interview, the HCA failed to ensure each POC included a description

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H 355 Continued From page 3 H 355

of the skilled services to be provided, including the amount, frequency and duration for two of 15 active patients in the sample (Patients #11 and #12).

Findings included:

1. Review of Patient #11's clinical record on 07/31/18 at 1:00 PM showed a POC for SLP services to assist the patient with swallowing strategies to prevent aspiration. Further review of the POC failed to show the expected amount, frequency, and duration of the SLP services to be provided.

2. Review of Patient #12's clinical record on 07/31/18 at 2:15 PM showed a POC with a certification date of 05/30/18 to 07/28/18, and a physician order for SN services three to five times a week. There was no description of services to be provided by the SN. Continued review of the clinical record showed a verbal order dated 7/25/18 that stated "D/C left lower leg wound treatment. Wound has resolved".

On 08/01/18 at 3:10 PM, the DON stated during interview that it was a typographical error and the staff member preparing the POCs will be in-serviced on the importance of including the description of services, expected amount, frequency, and duration of the skilled services to be provided.

H 450 3917.1 SKILLED NURSING SERVICES H 450

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.

H 355

Patient 11 –

The POC for SLP was revised to include frequency and Duration was on 8/6/18. The revised POC was faxed to the Ordering provider on 8/14/18 – see attachment 1. Effective 8/6/18, the Skilled QI nurse will review 100% of the Skilled POC to assure compliance to include: frequency and duration. Any discrepancies will be resolved within 1 business day. Beginning on 9/3/18, the Skilled QI nurse will provide the Director of Clinical Services at monthly audit of compliance

Patient 12

The POC was revised on 7/30/18 7/30/18 to include the description of service and duration. – see attachment 2. Effective 8/6/18, the Skilled QI nurse will review 100% of the Skilled POC to assure compliance to include: frequency and duration. Any discrepancies will be resolved within 1 business day. Beginning on 9/3/18, the Skilled QI nurse will provide the Director of Clinical Services at monthly audit of compliance

8/6/18

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H 450

H450

Patient #8 and Patient #9

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 two of 15 active patients in the sample (Patients #8 and 9).

Findings included:

1. On 07/31/18 at 11:00 AM, review of Patient #8's clinical record showed a POC with a certification period of 05/28/18 through 07/26/18. Patient #8 had diagnoses of pressure ulcers to both heels and DM. The POC also contained physician orders for SN visits three to five times a week to perform wound care, assess diabetic status and report significant changes to the physician.

Review of nursing notes dated 06/04/18, 06/06/18, 06/20/18 and 07/09/18 failed to show documented evidence that the skilled nurse assessed the patient's diabetic status to report any changes to the physician.

2. On 07/31/18 at 11:45 AM, review of Patient #9's clinical record showed a POC with a certification of 07/02/18 through 08/30/18, and a diagnosis of "left foot, 4th digit surgical site," and DM. The POC also contained physician orders for SN visits one to three times a week to perform wound care, assess diabetic status and report significant changes to the physician.

Review of SN notes dated 07/11/18, 07/15/18, 07/23/18 and 07/25/18 failed to show documented evidence that the SN assessed the patient's diabetic status to report any changes to

On 8/15/18, the Director of Clinical Services conducted a mandatory training for the MBI Skilled Nursing staff to include management of chronic disease. It is expected that the SN address the chronic diseases to include self-management, teaching and outcomes. Effective 8/6/18, the Clinical Resource RN for PCA and SN will review the SN notes on a daily basis. Included in the review will be the management of chronic diseases to include Diabetes. Effective 8/6/18 The QI RN for HCA will review 20% of PCA and Skilled services to determine if chronic disease management is addressed. The QI RN for HCA will provide the Director of Clinical Services a monthly report of Compliance beginning 9/3/18

8/6/18

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H 450 Continued From page 5
the physician. H 450

During an interview on 08/01/18 at 3:30 PM, the DON said that all staff will receive in-service training on the importance of accurate documentation during every visit.

H 457 3917.2(g) SKILLED NURSING SERVICES H 457

Duties of the nurse shall include, at a minimum, the following:

(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;

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 skilled nurse documented a summary note at least every 62 calendar days for one of seven active patients in the sample receiving PCA services (Patient #6).

Findings included:

On 07/30/18 at 3:00 PM, review of Patient #6's clinical record revealed that the patient was to receive HHA visits eight hours a day, seven days a week from 05/04/17 through 08/31/18. Further review of the clinical record revealed that the SN failed to document a 62 calendar days summary note during the months of September 2017 through May 2018.

During interview on 08/01/18 at 3:20 PM, the DON stated that all RNs will be in-serviced on the importance of documenting a 62 calendar days

H 457
8/15/18
On 8/15/18 – The Director of Clinical Services conducted mandatory training for the SN to include documentation of the 62 -day summary. A sample summary was provided. The Clinical Resource RNs will schedule the 62- day summaries. The RNS have up to 5 days to complete the summaries. – Attachment 3 Effective 8/6/18 The QI RN will conduct a monthly audit of 20% of EPD and State Plan charts to determine compliance with completing the 60 -day summary. Beginning on 9/3/18, the QI RN will provide the Director of Clinical Services a report measuring the 62 -day summary compliance. Summaries for Patient #6 were completed and faxed as "late entries" to the PCP.

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summary in the clinical records.

H 457

H 560 3923.1 PHYSICAL THERAPY SERVICES

H 560

H560

If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.

This Statute is not met as evidenced by:
Based on interview and record review, the HCA failed to ensure PT services were provided in accordance with the patient's plan of care for one of eight active patients receiving skilled services in the sample (Patient #10).

Findings included:

On 07/31/18 starting at 12:30 PM, review of Patient #10's clinical record showed a POC with a certification period of 06/21/18 through 08/19/18. Further review of the clinical record revealed a physician order for PT services one to two times a week for eight weeks starting on 06/21/18. Continued record review showed that the physical therapist did not visit Patient #10 from 07/10/18 to 07/31/18.

During interview on 08/01/18 at 3:40 PM, the DON said that the therapist would be counseled regarding the importance of adhering to the POC.

On August 15, 2018 upon her return from vacation, the Director of Clinical Services verbally counseled the PT on the importance of timely documentation to assure quality and compliance. The PT informed the Director of Clinical Services of the patient's request to hold services – She was to complete a communication note and MD order for such. Effective 8/6/18; The Skilled QI RN will assess 100% of the Skilled Charts on a weekly basis to determine compliance with frequency, and treatment.

8/15/18