STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/04/2015	
	HCA-0063				
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MJ GENERAL, LLC D/B/A ME	ICED LEAITH	JR AVENU STON, DC 2			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLE	
H 000 INITIAL COMMEN	TS	H 000			
2015 through Augu compliance with th Care Agency Regu Chapter 39). The h home care service employs seven (7)	was conducted from August 3, ust 4, 2015 to determine the District of Columbia's Home ulations (Title 22 DCMR Home Care Agency provides to six (6) patients and the staff. The findings of the don record review and tients and staff.				
The following are a body of this report:	abbreviations used within the				
HCA —home care NS — normal salir POC —plan of car RN — registered n	ne e				
H 450 3917.1 SKILLED NURSING SERVICES		H 450	The director of nursing (DON) will		
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.			contact the nurse supervisor of the third party provider of the patient wound supplies to assure that, hydrogel, as ordered by the physic is available for use by 8/15/15. Agency nursing staff will begin approximation of the contact the party of the pa	ian	
This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure skilled nursing services were provided in accordance with the POC for one (1) of one (1) patient in the sample receiving wound care. (Patient #1)			hydrogel to cleaned wound, as ord by 8/15/15. The DON will provide in-service to nursing staff on physician order, plan of care and wound management policies and procedures by 8/30/2 Through quarterly review of a san	ent 15	
The findings include:			clinical records, the director of qua improvement will assure complian	ality	
1a. On August 3, 2015, at approximately 11:45 a.m., review of Patient #1's record revealed a POC with a certification period of July 15, 2015 to October 15, 2015. Further review of the POC		*	with this action. The sample size o clinical records for review is 20% the compliance goal is 100%.	f	
Ith Regulation & Licensing Admin ORATORY DIRECTOR'S OR PROVI	infration BER/SUPPLIER REPRESENTATIVE'S SO	NATURE	PITLE	(X6) DATE	
TE FORM	1 1/11/11	6899	JBF911	If continuation sheet	

PRINTED: 08/07/2015 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: 8 WING **HCA-0063** 08/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2759 MLK JR AVENUE SE MJ GENERAL, LLC D/B/A MEIGER HEALTH WASHINGTON, DC 20032 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE **(EACH DEFICIENCY MUST BE PRECEDED BY FULL** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) H 450 Continued From page 1 H 450 revealed that the skilled nurse was to provide wound care for Patient #1, Monday, Tuesday, and Friday for two (2) weeks, and then Tuesday and Thursday for 10 weeks to "clean wound with normal saline, pat dry and apply hydrogel and cover with 4x4 and secure with tape". On August 3, 2015, at approximately 11:50 a.m., review of the nurse visit notes revealed that the skilled nurse failed to apply hydrogel on each occasion when performing Patient #1's wound On August 3, 2015, during a face-to-face The director of nursing (DON) will interview with RN #2, starting at approximately contact the nurse supervisor of the 1:20 p.m., it was revealed that the physician third party provider of the patient's wrote a prescription for hydrogel on July 13, wound supplies to assure that, 2015, however, Patient #1's medications are normal saline, as ordered by the supplied by a third-party supplier, and the physician is available for use by 8/15/15. hydrogel had not yet been delivered. Further Agency nursing staff will begin using interview revealed that RN #2 had contacted the third-party supplier in attempt to expedite the normal saline to clean the wound, as delivery of the hydrogel, and that the patient's ordered by 8/15/15. physician had been notified of the delay. Effective 8/7/15, agency nursing staff will no longer use sodium hypochlorite 0.125% 1b. On August 4, 2015, during a home visit with to clean wound and has advised patient to Patient #1, starting at approximately 10:20 a.m., remove sodium hypochlorite 0.125% from there was no evidence of the patient having NS home. (0.9%) available, however, a bottle of Sodium The DON will provide in-service to all Hypochlorite 0.125% was observed among the nursing staff on physician order. patient's wound care supplies. It should be noted plan of care, wound management, and that that bottle was half full patient education policies and procedures

painful".

On August 4, 2015, during an interview at

approximately 10:35 a.m., Patient #1 stated that

the HCA's nurse uses the Sodium Hypochlorite

care was provided because the NS was "too

0.125% to clean his/her wound each time wound

by 8/30/15.

Through quarterly review of a sample of

clinical records and patient satisfaction

will assure compliance with these actions.

is 20% and the compliance goal is 100%.

surveys the director of quality improvement

The sample size of clinical records for review

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 08/04/2015 **HCA-0063** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2759 MLK JR AVENUE SE MJ GENERAL, LLC D/B/A MEIGER HEALTH WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 450 H 450 Continued From page 2 On August 4, 2015, at approximately 10:55 a.m., interview with the RN #2 revealed that Patient #1's wound is cleansed with NS (0.9%) from single-dose "bullets" supplied from the nurse. Further interview revealed that the nurse will instruct the patient not to use the Sodium Hypochlorite 0.125%.