

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/29/2018
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NAME OF PROVIDER OR SUPPLIER MJ GENERAL, LLC D/B/A MEIGER HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2759 MLK JR AVENUE SE WASHINGTON, DC 20032
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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

An annual survey was conducted from 08/21/18 through 08/29/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39). The Home Care Agency (HCA) provided home care services to 198 patients and employed 484 staff. The findings of the survey were based on a review of 12 current patient records, three discharged patient records, 15 employee records, and 26 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:

- ADL - Activities of Daily Living
- HHA - Home Health Aide
- IADL - Instrumental Activities of Daily Living
- POC - Plan of Care

H 300 3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES

H 300

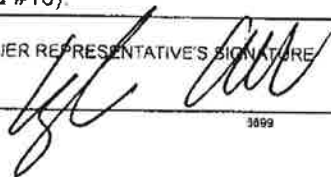
Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:

(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, the HCA failed to follow their policy on each patient rights to receive care and treatment according to the patient's POC for three of 12 active patients in the sample (Patients #7, #9 and #10).

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

Ernest Igwacho



TITLE

Administrator

(X6) DATE

9/9/18

STATE FORM

3899

T6C111

If continuation sheet 1 of 3

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Findings included:

1. On 08/22/18 at 1:30 PM, review of Patient #7's clinical record revealed a POC with a certification period of 03/15/18 through 03/14/19. Further review of the POC revealed that the physician orders included HHA services eight hours a day, seven days a week for assistance with ADL, IADL, light housekeeping, meal preparation, medication reminders and accompanying the patient to doctor's appointments.

Review of the HHA notes from 03/15/18 through 07/31/18 showed that HHA services were provided eight hours a day, five days a week. There was no physician order reducing the HHA visits.

2. On 08/22/18 at 2:30 PM, review of Patient #9's clinical record revealed a POC with a certification period of 02/15/18 through 02/14/19. Further review of the POC revealed that the physician orders included HHA services eight hours a day, seven days a week for assistance with ADL, IADL, light housekeeping, meal preparation, medication reminders and accompanying the patient to doctor's appointments.

Review of the HHA notes from 03/01/18 through 07/31/18 showed that HHA services were provided eight hours a day, five days a week. There was no physician order reducing the HHA visits.

3. On 08/23/18 at 10:30 AM, review of Patient #10's clinical record revealed a POC with a certification period of 02/15/18 through 02/14/19. Further review of the POC revealed that the physician orders included HHA services eight

H 300

The director of nursing (DoN) will update the plans of care (PoC) for clients 7, 9 and 10 to reflect the frequency that these clients have accepted to receive PCA services. Simultaneously, the DoN will notify the attending physician of these changes and obtain authorization. These changes will be implemented by September 15, 2018.

The DoN will update the plans of care for clients 7, 9 and 10 to reflect the frequency the aforementioned clients have accepted to receive personal care assistance services, notify the attending physician of these changes and obtain authorization. These will be accomplished by September 15, 2018. Additionally, the DoN will provide in-service to all supervisory nursing staff (RN) on the following policies and procedures: Patient plan of care (CLN.010) Physician communication and orders (CLN.005) The in-service will be completed by September 15, 2018 and the DoN will maintain log of participants.

The DoN will assure compliance with these corrective actions. At least 100 charts or 50% of charts (whichever is greater) will be reviewed every month for the next 6 months until 100% compliance is achieved. Thereafter, quarterly reviews will be conducted, per agency policies and procedures. The goal is 100% compliance with Title 22B, Chapter 3912.2(d) of the DCMR

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hours a day, seven days a week for assistance with ADL, IADL, light housekeeping, meal preparation, medication reminders and accompanying the patient to doctor's appointments.

Review of the HHA notes from 03/01/18 through 07/31/18 showed that HHA services were provided eight hours a day, five days a week. There was no physician order reducing the HHA visits.

On 08/23/18 at 3:00 PM, the Administrator stated during interview that the patients requested the HHA services at the above mentioned frequencies because they did not want another aide in their homes during the weekends. Additionally, the Administrator further stated that he was unaware that each patient needed a revised physician's order to reflect the change in the HHA frequency and that he will contact the patients' physicians immediately.