

Health Regulation & Licensing Administration

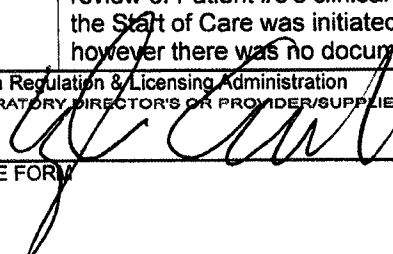
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/20/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MJ GENERAL, LLC D/B/A MEIGER HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2759 MLK JR AVENUE SE WASHINGTON, DC 20032</b>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted on August 18, 2014, through August 20, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency (HCA) provides home care services to ten (10) patients and employs seven (7) staff. The findings of the survey were based on observations, record reviews and interviews with current patients and staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Activities of Daily Living - ADL Bachelors of Science in Nursing - BSN Home Care Agency - HCA Home Health Aide - HHA Plan of Care - POC Registered Nurse - RN</p>	H 000	<p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p><b>RECEIVED OCT 01 2014</b></p>	
H 350	<p><b>3914.1 PATIENT PLAN OF CARE</b></p> <p>Each home care agency shall develop, with the participation of each patient or his or her representative, a written plan of care for that patient.</p> <p>This Statute is not met as evidenced by: Based on a record review and interview, the HCA failed to develop a written POC for one (1) of ten (10) patients included in the sample. (Patient #8)</p> <p>The finding includes:</p> <p>On August 18, 2014, at approximately 3:00 p.m., review of Patient #8's clinical record revealed that the Start of Care was initiated August 2, 2014; however there was no documented evidence of a</p>	H 350	<p><b>H 350</b></p> <p>The director of nursing (DON) consulted and coordinated with a core service agency (Pathways to Housing) that had the capacity to meet the healthcare/housing needs of the patient. The patient was transferred to Pathways to Housing and discharged from the agency on 08/25/2014. The DON will provide in-service training on admission qualification, missed visits and discharge policies to all RN and PT (case managers). Staff will demonstrate comprehension and compliance with these measures by successfully passing written tests at the end of training. Through quarterly review of employee folders, the director of quality assurance and performance improvement shall assure compliance with these actions. The sample size of employee folders for review is 20% and the compliance goal is 100%.</p>	

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



TITLE

*President*

(X6) DATE

*10/01/14*

Health Regulation & Licensing Administration

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H 350	Continued From page 1 POC.  During a face to face interview with the administrator on August 18, 2014, at approximately 3:45 p.m., it was acknowledged that Patient #8 did not have a current POC in the clinical record. On August 19, 2014, further interview revealed that the agency was in the process of developing a POC for Patient #8 with the referring agency	H 350		
H 363	3914.3(l) PATIENT PLAN OF CARE  The plan of care shall include the following:  (l) Identification of employees in charge of managing emergency situations;  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 ten (10) of ten (10) patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).  The findings include:  On August 18 through August 19, 2014, beginning at 9:30 a.m. to 4:30 p.m., review of Patient #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10's POC revealed that the POC did not include the employees responsible for managing emergency situations.  During a face to face interview with the administrator on August 19, 2014, at approximately 4:30 p.m., it was acknowledged	H 363	<b>H 363</b>  The director of nursing (DON) will complete addendum (CMS 487) to the plan of care, which will identify the employee in charge of managing emergency situations for patients # 1 to #10. The DON will submit the addendum to the POC to the attending physician for signature by 09/30/2014.  The DON will provide in-service training by 09/30/2014 on plan of care and medical record documentation policies to all clinical staff responsible for the development of POC (RN and PT). Staff will demonstrate comprehension and compliance with these measures by successfully passing written tests at the end of training.  Through quarterly clinical and peer review of a sample of clinical charts, the director of quality assurance and performance improvement shall assure compliance with these actions. The sample size of clinical charts for review is 20% and the compliance goal is 100%.	

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H 363	Continued From page 2  that the identification of employees in charge of managing emergency situations was not on the POC for Patients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10. 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.	H 363		
H 364	3914.3(m) PATIENT PLAN OF CARE  The plan of care shall include the following:  (m) Emergency protocols; and...  This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that each patient's POC included emergency protocols for nine (9) of ten (10) patients in the sample. (Patients #1, #2, #3, #4, #5, #6, #7, #8 and #9 ).  The finding includes:  On August 18 through August 19, 2014, beginning at 9:15 a.m. to 4:30 p.m., review of Patient #1, #2, #3, #4, #5, #6, #7, #8 and #9's POC revealed that the POCs did not include the agency's emergency protocol.  During a face to face interview with the administrator on August 19, 2014, at approximately 3:30 p.m., it was acknowledged that the POC did not include an emergency protocol for Patients #1, #2, #3, #4, #5, #6, #7, #8 and #9. The administrator indicated that the agency would revise the POCs to include the agency's emergency protocol.	H 364	<b>H 364</b> The director of nursing will complete addendum to the plan of care (CMS 487), which will include emergency protocols for patients #1, #2, #3, #4, #5, #6, #7, #8 and #9. The DON will submit the addendum to the POC to the attending physician for their signature by 09/30/2014. The DON will provide in-service training by 09/30/2014 on plan of care and medical record documentation policies to all clinical staff responsible for the development of POC (RN and PT). Staff will demonstrate comprehension and compliance with these measures by successfully passing written tests at the end of training. Through quarterly clinical and peer review of a sample of clinical charts, the director of quality assurance and performance improvement shall assure compliance with these actions. The sample size of clinical charts for review is 20% and the compliance goal is 100%.	

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H 411	<p><b>3915.11(f) HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>Home health aide duties may include the following:</p> <p>(f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure HHAs documented the patient's physical condition, behavior or appearance on the medical record for two (2) of two (2) patients in the sample that were receiving HHA services. (Patients #1 and #9 )</p> <p>The findings include:</p> <p>On August 18 through August 19, 2014, beginning at 9:30 a.m. and 3:30 p.m., review of Patient #1 and #9's clinical records revealed that the HHA's had not documented the patient's physical condition, behavior, or appearance on the clinical record. Further review revealed that the HHAs only documented the ADL tasks performed for Patients #1 and #9.</p> <p>During a face to face interview with the administrator on August 19, 2014, at approximately 4:45 p.m., it was acknowledged the HHA's did not document on Patient #1 and #9'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.</p>	H 411	<p><b>H 411</b></p> <p>The Administrator will design a new timesheet that will include a section for the home health aide to document the patient's physical condition, behavior or appearance during each visit by 09/30/2014.</p> <p>The DON will provide in-service training to all home health aides by 09/30/2014 on the appropriate documentation/completion of the timesheet. The training will be provided to all newly hired home health aides during orientation. Home health aides must demonstrate knowledge in documentation on the time sheet.</p> <p>Through quarterly clinical review of a sample of clinical charts, the director of quality assurance and performance improvement shall assure compliance with this action. The sample size of clinical charts for review is 20% and the compliance goal is 100%.</p>	

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# MEIGER HEALTH

2759 Martin Luther King Jr. Avenue, SE Suite 105 Washington, DC 20032

Tel: (202) 563-8690

Fax: (202) 563-8692

## Discharge or Transfer Notification Written 7 Day Notice to Patient / Caregiver

DISCHARGE

Patient Montgomery Delores MR# 141010

Physician Dr Abby Morris Date of discharge 08/25/2014

Reason for discharge Patient is not home bound.

TRANSFER

Reason for transfer The Core service agency (Pathway To Housing) will coordinate and manage pts medical and housing needs.

MEIGER Health will resume care when:

Written notice forwarded to patient:  In Person  By Mail

Date notice forwarded: Core agency will manage pt's needs.

If mailed, date agency spoke to the pt/cg by phone: N/A

Name of Staff: Lynnette Frene Title: RN

Signature of Staff: Lynnette Frene Date: 08/25/2014

# MEIGER HEALTH

2759 Martin Luther King Jr. Avenue, SE Suite 105 Washington, DC 20032

Tel: (202) 563-8690

Fax: (202) 563-8692

Patient Name: Montgomery DeLores MR #: 14/010

## CARE COORDINATION NOTE

<input checked="" type="checkbox"/> -Nursing	<input type="checkbox"/> -Physical Therapy	<input type="checkbox"/> -Dietary	<input checked="" type="checkbox"/> -Social Services	<input type="checkbox"/> -Physician
<input type="checkbox"/> -Aide	<input type="checkbox"/> -Pharmacist	<input type="checkbox"/> -Respiratory Therapist	<input type="checkbox"/> -DMEPOS	Other: _____
Method of Communication: <input type="checkbox"/> -Phone <input type="checkbox"/> -Face-to-Face <input type="checkbox"/> -Fax <input type="checkbox"/> -Other: _____				

Date and Time	Problems Discussed	Signature
08/25/14 16:40	Flu phone call placed to Pathway to Housing after another missed visit on the 08/25/14. Spoke with case manager (Terri Farrel) who agreed that Pt be transferred to Pathway to Housing for Flu with housing and medical needs. Pt was discharged following agency and Pathway to Housing agreement and transferred to Pathway to Housing to manage health and housing needs.	

Name of Staff: Syowela Irene Title: BSA

Signature of Staff: Syowela Irene Date: 08/25/14





Interpretation for QUILLIN, DENNIS 02/17/1961 (53yo M) #805012 E#805012

**Aortic Root:**

Findings: normal aortic root.

**Inferior Vena Cava:**

Findings: normal inferior vena cava with respiratory variation.

**Pericardium/Pleural Space:**

Findings: no pericardial effusion.