PRINTED: 03/09/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER SURV COMPLETED  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  H 000 INITIAL COMMENTS  On January 30, 2015, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received information alleging that Patient #1 did not receive daily wound care, wound care supplies and PT services twice a week as ordered. In addition, Patient #2 did not receive PT services twice a week as ordered. Due to the nature of the week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a week as ordered. Due to the nature of the supplies and PT services twice a supplies and	Health I	Regulation & Licensin	g Administration				
NAME OF PROVIDER OR SUPPLIER  KBC NURSING AGENCY & HOME CARE, INC  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  On January 30, 2015, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received information alleging that Patient #1 did not receive daily wound care, wound care supplies and PT services twice a week as ordered. In addition, Patient #2 did not receive PT services twice a week as ordered. Due to the nature of the	STATEMENT OF DEFICIENCIES (		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED	
KBC NURSING AGENCY & HOME CARE, INC  T506 GEORGIA AVENUE, NW WASHINGTON, DC 20002  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  H 000 INITIAL COMMENTS  On January 30, 2015, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received information alleging that Patient #1 did not receive daily wound care, wound care supplies and PT services twice a week as ordered. In addition, Patient #2 did not receive PT services twice a week as ordered. Due to the nature of the			HCA-0005	B. WING		C 02/06/2015	
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On January 30, 2015, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received information alleging that Patient #1 did not receive daily wound care, wound care supplies and PT services twice a week as ordered. In addition, Patient #2 did not receive PT services twice a week as ordered. Due to the nature of the	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	D BE COMPLETE	
DOH/HRLA initiated an onsite investigation, to verify compliance with the basic standards of practice and Title 22, Chapter 39 (Home Care Agencies Regulations). The findings of the investigation were based on record reviews and interviews.  Please Note: Listed below are abbreviations used in this report.  Department of Health (DOH) Director of Nursing (DON) Health Regulation and Licensing Administration  Health Care has instituted a new policy for new referrals received. All referrals are now centrally received and categorized. In order to prevent recurrence of this deficiency, KBC has taken the following steps: On February 5, 2015 the Quality Assurance Review Board met and identified a staff member who will be responsible for retrieving and identifying all	247	On January 30, 201 Health/Health Regul Administration (DOI alleging that Patien wound care, wound services twice a we Patient #2 did not re week as ordered. It information present DOH/HRLA initiated verify compliance w practice and Title 22 Agencies Regulatio investigation were be interviews.  Please Note: Listed in this report.  Department of Heal Director of Nursing Health Regulation at (HRLA) Home Care Agency Physical Therapy (F Plan of Care (POC) Registered Nurse (I  Allegation #1 - Patie wound care as order  Findings-Review of prescription dated of the skilled nursing Patient #1's right leg verbal order dated of the agency's skilled	5, the Department of lation and Licensing H/HRLA) received information to #1 did not receive daily care supplies and PT ek as ordered. In addition, eceive PT services twice a Due to the nature of the ed, on February 4, 2015, an onsite investigation, to ith the basic standards of 2, Chapter 39 (Home Carens). The findings of the eased on record reviews and below are abbreviations used th (DOH) (DON) and Licensing Administration (HCA) ent #1 was not receiving daily ered.  Patient #1's record revealed a anuary 26, 2015, that ordered to provide wound care to grain and the Patient's	H 000	RECEIVED MARZ  Allegation # 1  KBC Nursing Agency and Hor Health Care has instituted a policy for new referrals rece All referrals are now centrall received and categorized. In order to prevent recurrenthis deficiency, KBC has take following steps: On February 2015 the Quality Assurance is member who will be respons for retrieving and identified a simember who will be respons for retrieving and identifying incoming documents from all sources, and dispatching the the appropriate staff. If the documents are not hand directly to the applicable staff instead are left in a designate area/bin, the designated staff execute a verbal communication before close of business to enthat the applicable staff received.	me new ived.  y  ce of n the 5, Review taff all going m to  ded if, but ed f will tion nsure	

Health Regulation & Licensing Administration
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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: C B. WING HCA-0005 02/06/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE. NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 000 Continued From page 1 H 000 Retrieval and distribution of patient care orders/documents will caregiver to provide wound care to the right leg be treated with the highest priority daily. The record failed to evidence that the agency's skilled nurse provided wound care to so patient care/services can begin the right leg from January 26, 2015 through in a timely manner. All new January 29, 2015 and February 3, 2015. referrals and any client issues are presented and discussed during our Conclusion- This allegation was substantiated. Monday morning meetings. This new process will be monitored Allegation #2- The agency failed to provide by the Director of Nursing/Quality wound care supplies timely. Assurance Director. Findings-Review of Patient #1's record revealed a prescription dated January 26, 2015, that ordered the skilled nurse to provide wound care to the Allegation # 2 Patient's right leg daily. Interview with the complainant revealed he/she had to provide the KBC has basic wound care dressing wound care supplies for Patient #1 from January supplies which are made available 26, 2015 through January 30, 2015, because the for the nurses. Some dressing home care agency failed to provide the necessary supplies are left in the home. supplies for the new right leg wound. Interview with the agency's DON revealed that the agency Going forward Antimicrobial is responsible for providing wound care supplies. elements that require prescriptions 2/5/15 from physicians will be and communicated so that the supplies Conclusion- This allegation was substantiated. on are obtained and available for going wound dressing by the skilled Allegation #3- Patient #1 did not receive PT nurse. The Director of Nursing will services twice a week as ordered. be responsible for ensuring that this deficiency does not recur. Findings-Review of Patient #1's record revealed that PT services were ordered 1-3 times a week. Further review of the record failed to evidence PT services were provided for the weeks of December 28, 2014 and January 4, 2015. Interview with the agency's DON revealed that Patient #1's PT services had been put on hold for the weeks of December 28, 2014 and January 4,

Health Regulation & Licensing Administration (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 02/06/2015 **HCA-0005** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 000 Allegation # 3 H 000 | Continued From page 2 KBC has established a 2015 because Patient #1 had a recently been discharged from the hospital. communication method whereby all individuals involved in a Conclusion- This allegation was substantiated. patient's care will be notified of any changes in the status and care Allegation #4- Patient #2 did not receive PT 2/6/15 of that patient. In addition, the services twice a week as ordered. and agency will ensure that clinicians on Review of Patient #2's record revealed that PT conduct their visits in compliance going services were ordered 2-3 times a week. Further with the visit frequency established review of the record failed to evidence PT in each patient's plan of care by services were provided for the week of January 4, 2015. monitoring the visit frequency weekly. The Director of Quality Interview with the agency's DON revealed that the Assurance will be responsible for agency did not have written PT notes to verify that monitoring the visits and ensuring PT services had been provided for Patient #2 for the week of January 4, 2015. that the appropriate communication and Conclusion- This allegation was substantiated. documentation occurs in a timely manner. H 453 H 453 3917.2(c) SKILLED NURSING SERVICES Allegation #4 Duties of the nurse shall include, at a minimum, The measures to prevent the following: recurrence and monitoring of this deficiency are the same as in (c) Ensuring that patient needs are met in 2/6/15 accordance with the plan of care; allegation #3. and KBC has established a on communication method whereby This Statute is not met as evidenced by: going all individuals involved in a Based on interviews and record reviews, it was patient's care will be notified of determined that the HCA's skilled nurse failed to ensure that the patient's need was met in any changes in the status and care accordance to his/her POC, for one (1) of (1) of that patient. In addition, the patient's in the sample. (Patient #1) agency will ensure that clinicians conduct their visits in compliance The finding includes:

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FORM APPROVED Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING HCA-0005 02/06/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 453 Continued From page 3 H 453 with the visit frequency established in each patient's plan of care by On January 30, 2015, at approximately 10:15 a.m., telephone interview with the complainant monitoring the visit frequency revealed that Patient #1 received a new order on weekly. The Director of Quality January 26, 2015 for daily wound care to the Assurance will be responsible for right leg; however, the agency's skilled nurse had monitoring the visits and ensuring not been out to provide the wound care. that the appropriate On January 30, 2015, starting at approximately communication and 11:00 a.m., telephone interview with the DON documentation occurs in a timely revealed that Patient #1 had a new wound care manner. order and the agency's skilled nurse would start the wound care on January 30, 2015. On February 3, 2015, starting at approximately 10:00 a.m., telephone interview with the complainant revealed that she was a RN and that she had agreed to help with providing wound care for a older sacral wound but not the new right leg 453 wound. The issue for the allegation is a result of miscommunication. We On February 4, 2015, starting at approximately have updated our policy to address 10:15 a.m., review of Patient #1's record revealed and strengthen the policy to avoid a prescription dated January 26, 2015, that recurrence of this deficient ordered the skilled nursing to provide wound care to Patient #1's right leg daily. Also noted was practice. The response is as stated 2/5/15 a verbal order dated January 30, 2015 that in allegation #1. and ordered the agency's skilled nurse and Patient In order to prevent recurrence of on #1's caregiver to provide wound care to the right this deficiency, KBC has taken the going leg daily. Further review of the record failed to evidence that the agency's skilled nurse provided following steps: On February 5, wound care to the right leg from January 26, 2015 the Quality Assurance Review 2015 through January 29, 2015 and February 3, Board met and identified a staff 2015. member who will be responsible for retrieving and identifying all On February 4, 2015, starting at approximately 12:50 p.m., telephone interview with RN #1 incoming documents from all revealed that he/she started providing wound

Further interview revealed that

care to Patient #1's right leg on January 30, 2015.

RN #1 was not providing wound care daily

sources, and dispatching them to

the appropriate staff.

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 02/06/2015 **HCA-0005** NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 453 H 453 Continued From page 4 If the documents are not handed because she/he was told by the agency's DON directly to the applicable staff, but that the complainant who is a nurse was instead are left in a designated providing wound care for Patient #1 from Monday area/bin, the designated staff will through Friday. execute a verbal communication On February 4, 2015, starting at approximately before close of business to ensure 1:50 p.m., interview with RN #2 revealed that the that the applicable staff received complainant had agreed to help with providing the documents. wound care to an older sacral wound but not the Retrieval and distribution of new right leg wound. patient care orders/documents will On February 4, 2015, starting at approximately be treated with the highest priority 2:00 p.m., interview with the DON revealed that so patient care/services can begin on January 26, 2015 the agency received an in a timely manner. All new e-fax prescription for Patient #1 to receive daily referrals and any client issues are wound care to right leg. In addition, the agency's skilled nurse had not provided the wound care presented and discussed during our from January 26, 2015 through January 29, 2015 Monday morning meetings. and February 3, 2015. The DON also stated that This new process will be monitored "We will provide the wound care daily." by the Director of Nursing/Quality Assurance Director. H 560 H 560 3923.1 PHYSICAL THERAPY SERVICES If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care. The measures to prevent recurrence and monitoring of this deficiency are the same as in This Statute is not met as evidenced by: 2/6/15 Based on interview and record review, the HCA allegation #3. and failed to ensure physical therapy services were KBC has established a provided in accordance with the patient's plan of on communication method whereby care for two (2) of two (2) patients in the sample. going all individuals involved in a patient's care will be notified of The findings include: any changes in the status and care 1. On January 30, 2015, starting at of that patient. In addition, the approximately 10:15 a.m., telephone interview agency will ensure that clinicians with the complainant revealed that the agency

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING HCA-0005 02/06/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 560 Continued From page 5 H 560 conduct their visits in compliance was not providing Patient #1 with PT services with the visit frequency established twice a week as ordered. in each patient's plan of care by monitoring the visit frequency On February 4, 2015, starting at approximately weekly. The Director of Quality 10:15 a.m., review of Patient #1's record revealed Assurance will be responsible for a POC dated November 13, 2014 through January 11, 2015 that ordered PT services 1-3 monitoring the visits and ensuring times a week. Further review of the record failed that the appropriate to evidence PT services had been provided for communication and the weeks of December 28, 2014 and January 4, documentation occurs in a timely 2015. manner. On February 4, 2015, starting at approximately 1:15 p.m., interview with the PT revealed that he/she had provided PT services for Patient #1 for the weeks of December 28, 2014 and January 4, 2015. Additionally, the PT indicated that if he/she found PT notes for that week he/she would submit them to the agency. On February 6, 2015, at approximately 10:30 p.m., telephone interview with the agency's DON revealed that Patient #1's PT services had been put on hold for the weeks of December 28, 2014 and January 4, 2015 because Patient #1 had a recently been discharged from the hospital. 2. On January 30, 2015, starting at approximately 10:15 a.m., telephone interview with the complainant revealed that the agency did not provide Patient #2 with PT services twice a week as ordered. On February 4, 2015, starting at approximately 11:15 a.m., review of Patient #2's record revealed a POC with a certification period of November 18, 2014 through January 16, 2015 that ordered PT services 2-3 times a week. Further review of the record, failed to evidence that PT services were provided for the week of January 4, 2015.

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ C B. WING HCA-0005 02/06/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 560 H 560 Continued From page 6 On February 4, 2015, starting at approximately 1:15 p.m., interview with the PT revealed that he/she had provided PT services for Patient #2 for the week of January 4, 2015. Additionally, the PT indicated that if he/she found PT written notes for that week he/she would submit them to the agency. On February 6, 2015, starting at approximately 10:30 a.m., telephone interview with the agency's DON revealed that the agency did not have PT written notes to verify that PT services had been provided for Patient #2 for the week of January 4, 2015.

Health Regulation & Licensing Administration

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## 7506 Georgia Ave. Washington, DC 20012

March 11, 2015

Ms. Sharon Mebane Program Manager Department of Health Health Regulation & Licensing Administration 825 North Capital Street NE 2<sup>nd</sup> Floor Washington, DC 20002

Dear Ms. Mebane:

Please find enclosed our Plan of Correction for the deficiencies found during the investigation conducted on February 6, 2015 by the Department of Health, Health Regulation & Licensing Administration.

KBC Nursing Agency & Home Healthcare, Inc. would like to thank your agency for giving us the opportunity to improve our services to the residents of the District of Columbia. In our plan of corrections, KBC has implemented steps to prevent these deficiencies from recurring.

Should you have any questions please feel free to contact me at 202 291-6973.

Sincerely,

Christine Williams,

Administrator

**KBC** Nursing Agency

www.kbchhc.com | Fax: 202-291-7018 | Tel: 202-291-6973