STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	(X3) DATE SURVEY COMPLETED		
	HCA-0005		B. WING	01/22/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
KBC NUI	RSING AGENCY & HO	IMFCARE INC	ORGIA AVEN	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  OF THE PROVIDER'S PLAN OF CORRECTION (X5) COMPLETED TO THE APPROPRIATE DATE  OF T			
Н 000	INITIAL COMMENTS		H 000	RECEIVED 1	3 / \$ 2013	
- 1	An annual survey was conducted from January 20, 2015, through January 22, 2015, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provided home care services to two hundred and seven (207) patients and employed three hundred and seventy (370) employees. The findings of the survey were based on observations, record reviews and interviews with patients, staff and caregivers.  Please Note: Listed below are abbreviations used in this report.  Administrator (RN #1) Department of Health - DOH Health Regulation and Licensing Administration - HRLA Home Care Agency - HCA Home Health Aide - HHA Plan of Care - POC Trained Medication Employee - TME		39	KBC Nursing Agency & Home C survey findings, has made all et the agencies deficiencies in ord compliance with Department of Health Regulations & Licensing	fforts to correct der to be in of Health, and Administration.	
-				llowing the survey, KBC Nursing viewed the personnel file for RN		
	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.  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 one (1) of the seven (7) RNs in the sample (RN #5)		H 163 above named employee has been given notice of suspension from the Human Resource Director. Beginning March 12, 2013, the Human Resource Director will be responsible for ensuring this deficiency does not recur by continuing to monitor the tracking systems put			
			clii do de	place and sending written notice inical staff with expiring and/or commentation. KBC Administrates will make cure all deadling forced.	expired or or her	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Health I	Regulation & Licensi	ng Administration			FORW APPROVED				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		HCA-0005	B. WING		01/22/2015				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE					
KBC NU	KBC NURSING AGENCY & HOME CARE, INC  7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE					
H 163	Continued From page 1		H 163		91				
	The finding includes:				Ĭ				
	review of the perso RN #5 revealed a h 9, 2013. There was been certified free on the 15 months sin On January 20, 201 administrator was personnel and the reded for verification screening for RN #5 was made available ended on January 20	5, at 3:19 p.m., the agency's rovided the names of lature of documentation still ion, including a health 5. No additional information for review before the survey 12, 2015.							
	3912.2(c)(7) PATIEN		H 299	 12.2 (c )(7)					
	Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:  (c) To be informed orally and in writing of the following:		Po be	st survey review, it was discovered neficiaries did receive the telepho	ne number				
				the Home Health Hotline provided eir patient handbook. Beginning I	February				
		umber of the Home Health by the Department of Health;	wit	, 2015, KBC will provide all new ad th copies of the hotline number to a conspicuous area in the patient'	be placed				
	This Statute is not met as evidenced by: Based on observations and interviews, it was			sy access. Going forward, the dire irsing will be responsible for ensur					
		ager or Silied to inform or the buriting of the telephone	∥ de:	ficiency does not recur. 					

_Health	Regulation & Licensii	ng Administration			1 011	, , , , , , , , , , , , , , , , , , ,				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY				
		IDENTIFICATION NUMBER:	A. BUILI	DING:	COMP	COMPLETED				
			B. WING							
	HCA-0005				01/2	2/2015				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, C	ITY, STATE, ZIP CODE						
KBC NU	KBC NURSING AGENCY & HOME CARE, INC  7506 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)		ID PREF TAG		LD BE	(X5) COMPLETE DATE				
H 299	Continued From pa	Continued From page 2								
	by the Department	number for the Home Health Hotline maintained by the Department of Health, for two (2) of five (5) patients observed during homes visits. (Patients #2 and #3)								
	The findings include:  1. Based on observation on January 22, 2015, at approximately 10:45 a.m. it was revealed that Patient #3 had no documented evidence of the Home Health Hotline telephone number maintained by the Department of Health.  Interview with Patient #3 on January 22, 2015 at									
					ra na					
	10:46 a.m. revealed aware of the Home the agency. At the ti patient was given the	that he/she was not made Health Hotline telephone by me of this interview, the Health Hotline Home Health Hotline Home Health Hotline								
	(2)			H3915.6						
	approximately 1:30 patient#2 had no do	Similarly, on January 22, 2015, at roximately 1:30 p.m. it was revealed that ient#2 had no documented evidence of the ne Health Hotline telephone number.		Review of the Employee files revea service hours were provided for em #15, and #16. As a result of our cal	rovided for employees #13,					
	January 22, 2015, at revealed that he/she Home Health Hotline the time of this intern caregiver were giver	tient's daytime caregiver on approximately 1:31 p.m. was not made aware of the e telephone by the agency. At view, the patient and his/her the Home Health Hotline y the Department of Health		system, the in-service hours did not applicable 12 year period. Going for will amend its policy to calculate its hours beginning Jan-Dec in order to each employee receives 12 hours in yearly. This new policy will be effective.	t cover the orward, Kl s in-service o ensure n-service	вс				
H 390	3915.6 HOME HEAL AIDE SERVICE	TH & PERSONAL CARE	H 390	2/1/14. The Administrative Team responsible to ensure this deficient recur.		J.				

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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: B. WING HCA-0005 01/22/2015 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 COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 390 | Continued From page 3 H 390 After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually, which shall include information that will help maintain or improve his or her performance. This training shall include a component specifically related to the care of persons with disabilities. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that after the first year of service. HHAs complete at least twelve (12) hours of continuing education or in-service training annually, for three (3) of the sixteen (16) HHAs in the sample. (HHA #13, #15 and #16) The findings include: 1. On January 21, 2015, starting at 10:08 a.m., review of HHA #13's personnel record revealed that the HHA was hired at the HCA on June 2. 2010. There was documented evidence that he/she obtained twelve (12) hours of in-service training in the year June 2012 - June 2013. There was no documented evidence, however, that the HHA had attended any in-service training in the year that followed (June 2013 - June 2014). 2. On January 21, 2015, starting at 10:45 a.m., review of HHA #15's personnel record revealed that the HHA was hired at the HCA on August 4, 2010. Review of the HHA's in-service training records revealed eleven (11) hours of documented training during the period August 2013 - August 2014. 3. On January 21, 2015, starting at 11:13 a.m., review of HHA #16's personnel record revealed

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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: HCA-0005 01/22/2015 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 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 390 Continued From page 4 H 390 that the HHA was hired at the HCA on August 19, 2010. Review of the HHA's in-service training records revealed four (4) hours of documented training during the period August 2012 - August 2013, and four (4) hours in the year that followed (August 2013 - August 2014). On January 21, 2015, at approximately 3:15 p.m.. the agency's administrator was provided the names of personnel and the nature of documentation still needed for verification. including additional in-service training hours for HHAs #13, #15 and #16. The HCA forwarded additional information via electronic mail on January 22, 2015, at 1:55 p.m. Review of the documentation, however, failed to evidence that the three (3) aforementioned HHAs had obtained in-service training beyond what had been established through onsite record review on the previous day. H3915.11 (d) At the time of the survey, the HCA failed to ensure that all HHAs obtained the minimum It is KBC policy that home health aides only number of credit hours of continuing education or assist's patients in self administration of in-service training annually, as required by this regulation. medication. Any home health aide 3/28/15 administering medications is going against H 409 3915.11(d) HOME HEALTH & PERSONAL CARE H 409 KBC's policy. According to the surveys report, AIDE SERVICE HHA #17, administered medication to patient Home health aide duties may include the #6. As of 1/22/15, KBC has counseled HHA #17 following: on KBC's policy on the administration of (d) Assisting the patient with self-administration of medication. KBC will provide instruction via inmedication: service training on March 28, 2015 to all HHA about the difference between administering medication and assisting with administration.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HCA-0005 01/22/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 409 Continued From page 5 H 409 This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure that each HHA only assisted the patient to the extent of self-administration of medications, for one (1) of the five (5) patients observed during homes visits. (Patient #6) The finding includes: Patient #6 and her HHA (HHA #17) were interviewed in the patient's home on January 22. 2015, beginning at 11:29 a.m. Patient #6 was in bed at the time. Interview with him/her was a challenge, as the patient had trouble hearing the surveyor. HHA #17 confirmed that the patient had trouble hearing, adding that Patient #6 had a hearing aid that she refused to wear. HHA #17 stated that he/she administered Patient #6's medications every morning Monday - Friday. According to the HHA, the patient did not receive any medications in the evening. She was unsure whether other HHAs came on Saturday and Sunday mornings. Further interview revealed that the patient, who was 93 years old, "sometimes" could open the medication bottles but "sometimes" could not. Patient #6's daughter reportedly used to give her mother her medications before HHA #17 assumed that task. When asked if she had received training or certification for administering medications, HHA #17 replied "no" and expressed an interest in taking courses to become a TME. On January 22, 2015, at 11:57 a.m., HHA #17 presented 5 medications and reviewed each medication label with the surveyors. She stated that she administered the medications with water When asked if the supervisory RN was aware that he/she (HHA #17) was administering the

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ 01/22/2015 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 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H 409 H 409 Continued From page 6 patient's medications, she replied "yeah she knows." A DOH/HRLA nurse specialist #1 telephoned the HCA on January 22, 2015, at approximately 2:50 p.m. and spoke with the administrator who indicated that the patient can administer his/her medications and that HCAs are not allowed to administer medications. Additionally, the administrator indicated that he/she would submit to DOH/HRLA investigation documents in reference to the surveyor's findings. On January, 28, 2014, at approximately 1:00 p.m., review of a "Communication Note" signed on January 22, 2015, revealed that the administrator had witnessed Patient #6 administer his/her medications independently the month prior. Also, the note indicated that the patient's daughter stated that the resident is able to administer his/her medications independently. At the time of the survey, the HCA failed to ensure that HHA #17 only provided assistance to Patient #6 in order for him/her to self-administer his/her medications.