	nt of deficiencies Of correction	(X1). PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	A. BUILDING	CECONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
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MEOF	PROVIDER OR SUPPLIER	STREET A	DDRESS CITY	STATE, ZIP CODE	
		7506 GE	ORGIA AVE		
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			ļ	DEAGLENCE	
H 000	INITIAL COMMENT	S	H 000		
	An annual survey w	as:conducted from January	}	Department of Health	1
ļ	24, 2014, through Ja	anuary 30, 2014, to determine		Ocaonial 2127	1141
l		e 22 DCMR, Chapter 39		Received Health	1
1		es Regulations). The Home as home care services to four		Department of Health Health Regulation & Licensing Administration Health Regulation & Licensing Administration Health Regulation & Licensing Administration Hea	ation
		434) patients and employs		Health Regulato Care Facilities Divis	Hon
1	five hundred sevent	r-three (573) employees to		OOO North (SDIO) OL, I'.	
1	include professional	and administrative staff. The		Washington, D.C. 20002	
		y were based on a review of			14
		ent patients' records, three (3), records, twenty (20)			į
		(4) home visits and ten (10)			
		with current patients and			•
	interviews with staff.				
	Olana Neta I Situal I	in pana dan dan dan dan dan dan dan dan dan			
100	in this report.	oelow are abbreviations used		As of lanuary 21, 2014, KDC has	
	Assistant Director of			As of January 31, 2014, KBC has rev personnel records belonging to emp	
	As soon as possible		6	(#2, #6, #7,#8, #10, #11, #12,#13,#14	
	Home Care Agency (#17 and #18) employees have duly	signed going
	Human Resources (F Physical Therapist (F		•	their 2013 annual evaluation.	Going
	Plan of Care (POC)	17	1	forward, KBC will ensure that all	active
	Occupational Therap	ist (OT)		employees annual evaluations	are
460	007 0/41 555 083	·=·	N. WES	completed as of due dates and be signed .KBC's Human Resource Depar	
192	3907.2(h) PERSONN	EF	H 152	will be responsible for generating	each
E	ach home care age	ncy shall maintain accurate		employee's annual evaluation form	
p	ersonnel records, w	nich shall include the		weeks prior to due dates, upon compl	
f	ollowing information:			all completed evaluation will be duly s by the concerned employee prior to	
10	h) Conies of complet	ed annual evaluations;		To avoid a recur, KBC's Human Reso	ources
10	ny popies a somplet	sa artinal exaligations;		manager will review 10 charts per we	ek to
_	***		į	ensure that employees annual perform	nance
	his Statute is not me			evaluations are completed in a t	imely
ı B	ased on the review of	of personnel records and	i li	manner.	4

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER SUPPLIER (SLIA IDENTIFICATION NUMBER:	A BUILDIN	PLE CONSTRUCTION G:		E SURVEY IPLETED
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H 152	interview, the HCA from their personnel reco (20) employees in the (Employee #2, #6, # #14, #15, #17 and # The finding includes: A record review of personnel Employees #13, #14, #15, #17 are evidence signed 201 During an interview with the complexity with the complexity in the co	alled to ensure that pleted annual evaluations in rd for twelve (12) of twenty e sample: 7,#8, #10, #11, #12, #13, 18)	H 152	ž e.		
	HR employee stated, in to sign their annua 3914,3(d) PATIENT I. The plan of care shal (d) A description of thincluding: the frequenduration; dietary requirements.	"We will call the employees evaluations." PLAN OF CARE include the following: e services to be provided, oy, amount, and expected	H.355	As of January 31, 2014, patient #9 been reviewed and adjusted to redescription of all the services provincluding PT, OT. KBC's quality ass personnel will closely review all PC seven days, to ensure that this docrecur.	flect the rided urance OCs every	01/31/ 2014
i di	failed to include a des	riew and interview, the HCA oription and frequency of d on the POC for one (1) of	-			

TATEME ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BÜİLDIN	IPLE CONSTRUCTION IG:	(X3) DATE SURVEY COMPLETED
		HCA-0005	B. WING.		01/30/2014
	PROVIDER OR SUPPLIER RSING AGENCY & HI	OME CARE INC. 7506 GE	ODRESS, CITA ORGIA AVE		01/30/2014
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H 355	Continued From pa	ge 2	H 355	 	
	p.m., review of Patie documented certific , 2013 to February 2 services were to be evidence the descrip OT services. Further revealed that PT and provide by the HCA. During an interview v 27, 2014, at approximation.	4, at approximately 12:00 ent #9's POC, with atton period of December 30 i7, 2014, revealed PT and OT provided. The POC failed to blion and frequency of PT/ or review of the record d OT services had been with the ADON on January mately 12:45 p.m., the of the description or		÷ 2.	
1,363 3 T () T B de pe	1914.3(I) PATIENT F The plan of care shall I dentification of em nanaging emergency this Statute is not maked on record revie elemined that the Hersonnel in charge of tenty of twenty paties I, #2, #3, #4, #5, #6,	Linclude the following: ployees in charge of situations:	H 363	As of January 31, 2014, KBC have revies its POCs and has enhanced the emerg protocol to include identification of employees in charge of managing emergency situations, telephone numto be called as applicable to a particular emergency situation. Going forward, K will maintain this status and ensure that this deficient practice does not recur. K quality assurance manager will ensure adherence with established emergency protocol by reviewing a minimum of 10 randomly selected patient's charts per week.	tency 2014 and ongoin grant (BC) at BC's
A i	review conducted or 20gh January 29, 2 , #5, #6, #7, #8, #9,	1 January 24, 2014, 1031 of patients #1, #2, #3, #10, #11, #12, #13, #14,			

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HCA-0005 B. WING 01/30/2014 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 PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL FACH CORRECTIVE ACTION SHOULD BE PREEIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY H 363 Continued From page 3 H 363 #15, #16, #17, #18, #19 and #20 records revealed that their POC's failed to identify all staff in charge of managing emergencies. During an interview with the ADON on January 29, 2014, at approximately 1:55 p.m., the assistant director of nursing stated, "We will correct all POC's to include all personnel responsible for managing emergencies ASAP." H 364 3914.3(m) PATIENT PLAN OF CARE H:364 While KBC has in existence "Safety 01/31/ The plan of care shall include the following: Measures and Emergency Plans" reflected 2014 in all POCs, KBC welcomes the opportunity and (m) Emergency protocols; and... to develop a more precise and ongoin comprehensive emergency protocol. As of g February 5, 2014, KBC has reviewed its This Statute is not met as evidenced by: POCs and has enhanced the emergency Based on record review and interview, it was protocol to include identification of determined that the HCA failed to ensure that the employees in charge of managing POC included an emergency protocol for twenty of twenty patients in the sample, (Patients' #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, emergency situations, telephone numbers to be called as applicable to a particular #14, #15, #16, #17, #18, #19 and #20) emergency situation. Going forward, KBC will maintain this status and ensure that The finding includes: this deficient practice does not recur. KBC's quality assurance manager will ensure Record review on January 24, 2014, through adherence with established emergency January 28, 2014 of patients #1, #2, #3, #4, #5. protocol by reviewing a minimum of 10 #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16. randomly selected patient's charts per week. #17, #18, #19 and #20 records revealed that their POC's documented "Emergency plan developed". The POC's falled to evidence the emergency profocol. During an interview with the ADON, on January 29, 2014, at approximately 1:55 p.m., the assistant director of nursing stated, "vve will correct all POC's to include the emergency

STATEMENT OF DEFIGIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G:	(X3) DATE SURVE COMPLETED	
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H 364	Continued From page	ge 4	H 364			-
	3914.4 PATIENT PLAN OF CARE Each plan of care shall be approved and signed by a physician within thirty (30) days of the start of care; provided, however, that a plan of care for personal care aide services only may be approved and signed by an advanced practice registered nurse. If a plan of care is initiated or revised by a telephone order, the telephone order shall be immediately reduced to writing, and it shall be signed by the physician within thirty (30) days.		H 366	It is an established fact that home health agencies in the District of Columbia area do not have the cooperation of some physicians. This contributes to the untimely signing of some POCs. KBC appreciates the significance of the surveyor's findings, it is for that reason, KBC has hired a new employee to assist in tracking all awaited POCs until they are signed and returned. KBC will track all awaited POCs as follows; a follow up call will be made to the primary		and ongoin g
1 1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	failed to ensure a pat and signed by a phys of the start of care, fo	et as evidenced by: ew and interview, the HCA lent's POC was approved iclan within thirty (30) days r two (2) of twenty (20) e. (Patients # 12 and #15)		care physician (PCP) on the same d order is faxed, and a call every two thereafter until the agency receives signed order.KBC's field nurse will continue to remind their patients t their PCPs who will certify their ne- continued home care services by sig the POCs.KBC's quality assurance m will corroborate with this new empl	days the o visit ed for gning anager	
	1. On January 27, 20 p.m., a review of Patte #12's POC with a do May 2, 2013 to June 3	14, at approximately 2.00 ent cumented certification of 30, 2013 revealed the POC as approved and signed by		every other day of the week to ensu compliance with this process, KBC v ensure that this does not recur.	ire	
p #	m., a review of Patie 15's POC with a do	cumented certification J, 2013 to January 28, 2014 ed to evidence it was		and the second s	,	- E

STATEME	Requiation & Licensir NT OF DEFICIENCIES N OF CORRECTION	IQ.AOMINISTRATION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0005	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION S:	(X3) DATE SURVEY COMPLETED
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H 366	Continued From pag	ge 5	H 366		
N.	27, 2014, at approxi	with the ADON on January mately 2:30 p.m., the ADON were not signed by their			
H 430	3916.1 SKILLED SE	RVICES GENERALLY	H 430		
	evaluate the skilled sepatient at least every days. A summary repeated to the patient's partient to the patient's partient to the patient's provided and send a physician at least every (20) patients in (Patients #1, #2, #11). The findings include: 1. On January 24, 20, p.m., review of Patients was to assessing and response to instruct on medication compliance for a frequency had reviewed services provided to the	net as evidenced by: ews and interview, the HCA evaluate skilled services summary report to the ery 62 days for four (4) of in the sample, and #19) 114, at approximately 12:40 int #1's POC with a ion period of May 16, 2013 3, revealed that the skilled the patient's status, vital onedications, assess and ios, review diet and diet uency of one to two months nued review of Patient 1's comented evidence that the and evaluated the skilled ine patient, nor had a		KBC acknowledges that there was no documented evidence that the agency reviewed and evaluated the skilled so provided to patients in the sample (Patients#1,#2,#11 and #19), n was there documented evidence that 62 day summary reports were sent to patient's PCPs. KBC has revised its Pol reflect the agency's commitment to committee with DCMR. Beginning January 31, 201 patients whose initial certification or recertification period began on or after Dec. 1, 2013 will have their skilled service wed and evaluated, and summar reports will be sent to their PCPs. KBC nurse managers will review at least 10 randomly selected patients charts each week to ensure that the direct care RN complete and submit the 62 day summaries meet the agency's policies QA manager will review a minimum of patient's charts each week to ensure the 62 day summaries meet the agency's charts each week to ensure the 62 day summaries meet the agency standards and comply with the DCMR. will maintain this status and ensure the	ervices and ongoin or g the those icy to omply 4,all er vices ry s o ch als haries C's r
	patients physician.	evaluation been sent to the		this deficient practice does not recur.	

	Regulation & Licens NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DAT	E SURVEY
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NO HOL	RSING AGENCY & H		INGTON, DC 20			
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H 430	Continued From pa	age 6	H 430	100-Ti -W 200-200-200-200-200-200-200-200-200-200		2
	2. On January 24,	2014, at approximately 1:00	-			
	p.m., review of Par	fient #2's POC with a				
	documented certific	cation period of March 19,	ļ			
İ	2012 to September	19, 2013, revealed that the				
ĺ	vital cione and room	assess the patient's status, onse to medications, assess				ļ
	and instruct on med	dications, review diet and diet	. 1			
1	compliance for a fre	equency of one to two times a				
	month and as need	ed. Continued review of				
	Patient 2's record re	evealed no documented				
	evidence that the a	gency had reviewed and			36	5 - - - - -
ŀ	evaluated the skiller	d services provided to the				1
	palient, not nad a si	ummary report of the nt to the patient's physician.				
1	CVAIDATION DECIT SEI	it to the patient's physician.				
İ	Lett age to provide some					
	3. On January 27, 2	014, at approximately 1:30				
1 .	focumented certific	ent #11's POC with a ation period of July 16, 2013				
ŀt	o January 18, 2014	revealed that the skilled				
r	urse was to assess	the patient's status, vital				
5	igns and response	to medications, assess and				
Î	nstruct on medication	ons, review diet and diet				
0	compliance for a free	quency of one to two times a				
) (J	lation and as neede	d. Continued review of evealed no documented	1			
e	vidence that the an	ency had reviewed and	į		İ	
ė	valuated the skilled	services provided to the	1 1		1	
p	atient, nor had a su	mmary report of the				
e	valuation been sent	to the patient's physician.				
			1			
4.	On January 28, 20	014, at approximately 2:00				
p.	m., review of Patie	nt #19's POC with a				
.de	ocumented certifica	tion period of September 4.			į	
.20	012 to March 4, 201	3, revealed that the skilled				
nı	Irse was to assess	the patient's status, vital				
	etruet on modiants	e modications, assess and as, review diet and diet	i i	e Ragion sã		
: 113	erinct our illegication	is, review diet and diet	1			
	moliance for a free	uency of one to two times a			1	

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H 430	month and as needed Patient #19's record evidence that the agreeal evaluated the skilled patient, nor had a surevaluation been sensitive and a surevaluation been sensitive assistant director of the evaluations but were patient.	ed. Continued review of revealed no documented ency had reviewed and services provided to the immary report of the to the patient's physician. With the ADON on January mately 2:35 p.m., the nursing stated, "We don't do we will start asap."	H 430		
	Duties of the nurse s the following: (c) Ensuring that pati- accordance with the p This Statute is not m Based on record reviewed that the s that a patient's needs with their POC for one in the sample. (Patien The finding includes: On January 27, 2014, eview of Patient #12 certification period of 1013, revealed that the issess all systems, as medications including.	et as evidenced by: w and interview, it was killed nurse failled to ensure were met in accordance (1) of twenty (20) patients it #12) at approximately 2:00 p.m., s POC with documented May 2:2013 to June 30, e skilled nurse was to ssess and teach dosage, medication action	H 453:	KBC's episodic skill nursing visit frequis 1-3 times per week x 9 weeks, Patin #12 was discharged from episodic skinursing visit on the 05/28/2013, patin set goals were met, and there was not for further visits. KBC adhered to its pronounced to the addendum to plan of care .KBC's cassurance team will review all clinica notes on weekly interval to ensure the clinicians document comprehensively the care administered to patients at a times.KBC will ensure that this deficie practice do not recur.	ent 2013 II and ent's ongoin oneed g colicy d on quality I at on all
		atient's progress and	Ĭ	a sur seminar an austra	

If continuation sheet 9 of 9

AND PLAN	Regulation & Licensi ent of deficiencies y of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	É CONSTRUCTION		(X3) DATE SURVEY	
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H 453	Continued From page	ge 8	H 453	***			
	symptoms of infection report changes to plus caregiver on disease symptoms of exacer is greater than 176/8 greater than 100 or light greater than 101, or greater than 101, or	or caregiver about signs and on and standard precautions, hysician, instruct patient and a process including signs and bation, notify physician if B/P or less than 90/60, pulse less than 95, and/or		*	8		
	frequency of one to the Further review of the	ran 24 or less than 14 for a hree times a week. record failed to evidence es were provided after May					
t	27, 2013, at approxin stated, "I will check fo should be noted the s	with the ADON on January nately 3:27 p.m., the ADON or additional notes." (It surveyor was not provided or review at the time of this					
ĺ							
	n & Licensing Administrati		-				