

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  KBC NURSING AGENCY & HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from January 24, 2014, through January 30, 2014, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The Home Care Agency provides home care services to four hundred thirty-four (434) patients and employs five hundred seventy-three (573) employees to include professional and administrative staff. The findings of the survey were based on a review of seventeen (17) current patients' records, three (3) discharged patients' records, twenty (20) personnel files, four (4) home visits and ten (10) telephone interviews with current patients and interviews with staff.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Assistant Director of Nursing (ADON) As soon as possible (ASAP) Home Care Agency (HCA) Human Resources (HR) Physical Therapist (PT) Plan of Care (POC) Occupational Therapist (OT)</p>	H 000	<p><i>Received 2/27/14</i></p> <p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
H 152	<p><b>3907.2(h) PERSONNEL</b></p> <p>Each home care agency shall maintain accurate personnel records, which shall include the following information:</p> <p>(h) Copies of completed annual evaluations;</p>	H 152	<p>As of January 31, 2014, KBC has reviewed personnel records belonging to employees (#2, #6, #7, #8, #10, #11, #12, #13, #14, #15, #17 and #18) employees have duly signed their 2013 annual evaluation. Going forward, KBC will ensure that all active employees annual evaluations are completed as of due dates and be duly signed. KBC's Human Resource Department will be responsible for generating each employee's annual evaluation form four weeks prior to due dates, upon completion, all completed evaluation will be duly signed by the concerned employee prior to filing. To avoid a recur, KBC's Human Resources manager will review 10 charts per week to ensure that employees annual performance evaluations are completed in a timely manner.</p>	01/31/2014 & on going
	<p>This Statute is not met as evidenced by: Based on the review of personnel records and</p>			

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

*Chorlman*

TITLE

*Administrator*

(X6) DATE

*2/27/14*

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2014</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  
**KBC NURSING AGENCY & HOME CARE, INC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 152 Continued From page 1

interview, the HCA failed to ensure that employees had completed annual evaluations in their personnel record for twelve (12) of twenty (20) employees in the sample: (Employee #2, #6, #7, #8, #10, #11, #12, #13, #14, #15, #17 and #18)

The finding includes:

A record review of personnel records on January 28, 2014, starting at approximately 2:00 p.m., revealed Employees #2, #6, #7, #8, #10, #11, #12, #13, #14, #15, #17 and #18 records failed to evidence signed 2013 annual evaluations.

During an interview with a HR employee on January 28, 2014, at approximately 3:00 p.m., the HR employee stated, "We will call the employees in to sign their annual evaluations."

H 152

H 355 3914.3(d) PATIENT PLAN OF CARE

The plan of care shall include the following:

(d) A description of the services to be provided, including: the frequency, amount, and expected duration; dietary requirements; medication administration, including dosage, equipment; and supplies;

This Statute is not met as evidenced by: Based on a record review and interview, the HCA failed to include a description and frequency of services to be provided on the POC for one (1) of twenty (20) patients in the sample. (Patient # 9)

H 355

As of January 31, 2014, patient #9's POC has been reviewed and adjusted to reflect the description of all the services provided including PT, OT. KBC's quality assurance personnel will closely review all POCs every seven days, to ensure that this does not recur.

01/31/2014

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  KBC NURSING AGENCY & HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 355	Continued From page 2  The finding includes:  On January 27, 2014, at approximately 12:00 p.m., review of Patient #9's POC, with documented certification period of December 30, 2013 to February 27, 2014, revealed PT and OT services were to be provided. The POC failed to evidence the description and frequency of PT/OT services. Further review of the record revealed that PT and OT services had been provide by the HCA.  During an interview with the ADON on January 27, 2014, at approximately 12:45 p.m., the ADON stated, " I don't see the description or frequency of PT or OT services but we will add it."	H 355		
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 reviews and interview, it was determined that the HCA failed to identify all personnel in charge of managing emergencies for twenty of twenty patients in the sample. (Patients: #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20)  The findings include:  A review conducted on January 24, 2014, through January 28, 2014 of patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14,	H 363	As of January 31, 2014, KBC have reviewed its POCs and has enhanced the emergency protocol to include identification of employees in charge of managing emergency situations, telephone numbers to be called as applicable to a particular emergency situation. Going forward, KBC will maintain this status and ensure that this deficient practice does not recur. KBC's quality assurance manager will ensure adherence with established emergency protocol by reviewing a minimum of 10 randomly selected patient's charts per week.	01/31/2014 and ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER: KBC NURSING AGENCY & HOME CARE, INC  
STREET ADDRESS, CITY, STATE, ZIP CODE: 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 363	Continued From page 3 #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 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, it was determined that the HCA failed to ensure that the 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, #14, #15, #16, #17, #18, #19, and #20)  The finding includes:  Record review on January 24, 2014, through January 28, 2014 of patients' #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20 records revealed that their POC's documented "Emergency plan developed". The POC's failed to evidence the emergency protocol.  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 the emergency	H 364	While KBC has in existence "Safety Measures and Emergency Plans" reflected in all POCs, KBC welcomes the opportunity to develop a more precise and comprehensive emergency protocol. As of February 5, 2014, KBC has reviewed its POCs and has enhanced the emergency protocol to include identification of employees in charge of managing emergency situations, telephone numbers to be called as applicable to a particular emergency situation. Going forward, KBC will maintain this status and ensure that this deficient practice does not recur. KBC's quality assurance manager will ensure adherence with established emergency protocol by reviewing a minimum of 10 randomly selected patient's charts per week.	01/31/2014 and ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  
**KBC NURSING AGENCY & HOME CARE, INC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 364	Continued From page 4 protocol ASAP."	H-364		
H 366	<p>3914.4 PATIENT PLAN OF CARE</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure a patient's POC was approved and signed by a physician within thirty (30) days of the start of care, for two (2) of twenty (20) patients in the sample. (Patients # 12 and #15)</p> <p>The finding includes:</p> <p>1. On January 27, 2014, at approximately 2:00 p.m., a review of Patient #12's POC with a documented certification of May 2, 2013 to June 30, 2013 revealed the POC failed to evidence it was approved and signed by a physician.</p> <p>2. On January 27, 2014, at approximately 2:30 p.m., a review of Patient #15's POC with a documented certification period of November 30, 2013 to January 28, 2014 revealed the POC failed to evidence it was approved and signed by a physician.</p>	H 366	<p>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 care physician (PCP) on the same day the order is faxed, and a call every two days thereafter until the agency receives the signed order. KBC's field nurse will continue to remind their patients to visit their PCPs who will certify their need for continued home care services by signing the POCs. KBC's quality assurance manager will corroborate with this new employee every other day of the week to ensure compliance with this process, KBC will ensure that this does not recur.</p>	01/31/2014 and ongoing



Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  
**KBC NURSING AGENCY & HOME CARE, INC**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 366 Continued From page 5  
During an interview with the ADON on January 27, 2014, at approximately 2:30 p.m., the ADON stated, "The POC's were not signed by their physicians."

H 366

H 430 3916.1 SKILLED SERVICES GENERALLY  
Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar days. A summary report of the evaluation shall be sent to the patient's physician.

H 430

This Statute is not met as evidenced by:  
Based on record reviews and interview, the HCA failed to review and evaluate skilled services provided and send a summary report to the physician at least every 62 days for four (4) of twenty (20) patients in the sample. (Patients #1, #2, #11 and #19)

The findings include:

1. On January 24, 2014, at approximately 12:40 p.m., review of Patient #1's POC with a documented certification period of May 16, 2013 to November 16, 2013, revealed that the skilled nurse was to assess the patient's status, vital signs and response to medications, assess and instruct on medications, review diet and diet compliance for a frequency of one to two months and as needed. Continued review of Patient 1's record revealed no documented evidence that the agency had reviewed and evaluated the skilled services provided to the patient, nor had a summary report of the evaluation been sent to the patient's physician.

KBC acknowledges that there was no documented evidence that the agency reviewed and evaluated the skilled services provided to patients in the sample (Patients #1, #2, #11 and #19), nor was there documented evidence that the 62 day summary reports were sent to those patient's PCPs. KBC has revised its Policy to reflect the agency's commitment to comply with DCMR. Beginning January 31, 2014, all patients whose initial certification or recertification period began on or after Dec. 1, 2013 will have their skilled services reviewed and evaluated, and summary reports will be sent to their PCPs. KBC's nurse managers will review at least 10 randomly selected patients charts each week to ensure that the direct care RNs complete and submit the 62 day summaries that are due at that time of review. KBC's Quality Assurance manager (QA) or her designee will ensure that the 62 day summaries meet the agency's policies. The QA manager will review a minimum of 10 patient's charts each week to ensure that the 62 day summaries meet the agency's standards and comply with the DCMR. KBC will maintain this status and ensure that this deficient practice does not recur.

01/31/2014 and ongoing

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  KBC NURSING AGENCY & HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 430	<p>Continued From page 6</p> <p>2. On January 24, 2014, at approximately 1:00 p.m., review of Patient #2's POC with a documented certification period of March 19, 2012 to September 19, 2013, revealed that the skilled nurse was to assess the patient's status, vital signs and response to medications, assess and instruct on medications, review diet and diet compliance for a frequency of one to two times a month and as needed. Continued review of Patient 2's record revealed no documented evidence that the agency had reviewed and evaluated the skilled services provided to the patient, nor had a summary report of the evaluation been sent to the patient's physician.</p> <p>3. On January 27, 2014, at approximately 1:30 p.m., review of Patient #11's POC with a documented certification period of July 16, 2013 to January 18, 2014, revealed that the skilled nurse was to assess the patient's status, vital signs and response to medications, assess and instruct on medications, review diet and diet compliance for a frequency of one to two times a month and as needed. Continued review of Patient 11's record revealed no documented evidence that the agency had reviewed and evaluated the skilled services provided to the patient, nor had a summary report of the evaluation been sent to the patient's physician.</p> <p>4. On January 28, 2014, at approximately 2:00 p.m., review of Patient #19's POC with a documented certification period of September 4, 2012 to March 4, 2013, revealed that the skilled nurse was to assess the patient's status, vital signs and response to medications, assess and instruct on medications, review diet and diet compliance for a frequency of one to two times a</p>	H.430		
-------	---	-------	--	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/30/2014
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  KBC NURSING AGENCY & HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 430	Continued From page 7  month and as needed. Continued review of Patient #19's record revealed no documented evidence that the agency had reviewed and evaluated the skilled services provided to the patient, nor had a summary report of the evaluation been sent to the patient's physician.  During an interview with the ADON on January 24, 2014, at approximately 2:35 p.m., the assistant director of nursing stated, "We don't do the evaluations but we will start asap."	H 430		
H 453	3917.2(c) SKILLED NURSING SERVICES  Duties of the nurse shall include, at a minimum, the following:  (c) Ensuring that patient needs are met in accordance with the plan of care;  This Statute is not met as evidenced by: Based on record review and interview, it was determined that the skilled nurse failed to ensure that a patient's needs were met in accordance with their POC for one (1) of twenty (20) patients in the sample. (Patient #12)  The finding includes:  On January 27, 2014, at approximately 2:00 p.m., review of Patient #12's POC with documented certification period of May 2, 2013 to June 30, 2013, revealed that the skilled nurse was to assess all systems, assess and teach medications including dosage, medication action and side effects, evaluate medication effects and compliance, monitor patient's progress and	H 453	KBC's episodic skill nursing visit frequency is 1-3 times per week x 9 weeks, Patient #12 was discharged from episodic skill nursing visit on the 05/28/2013, patient's set goals were met, and there was no need for further visits. KBC adhered to its policy on episodic skill nursing visit as stated on the addendum to plan of care. KBC's quality assurance team will review all clinical notes on weekly interval to ensure that clinicians document comprehensively on all the care administered to patients at all times. KBC will ensure that this deficient practice do not recur.	01/31/2013 and ongoing



Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCA-0005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2014</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>KBC NURSING AGENCY &amp; HOME CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002</b>
--	--

(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
H 453	<p>Continued From page 8</p> <p>instruct patient and/or caregiver about signs and symptoms of infection and standard precautions, report changes to physician, instruct patient and caregiver on disease process including signs and symptoms of exacerbation, notify physician if B/P is greater than 175/95 or less than 90/60, pulse greater than 100 or less than 60, temperature greater than 101, or less than 95, and/or respiration greater than 24 or less than 14 for a frequency of one to three times a week.</p> <p>Further review of the record failed to evidence skilled nursing services were provided after May 25, 2013.</p> <p>During an interview with the ADON on January 27, 2013, at approximately 3:27 p.m., the ADON stated, "I will check for additional notes." (It should be noted the surveyor was not provided the additional notes for review at the time of this survey.)</p>	H 453		