

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>02/21/2017</b>
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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>
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H 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted from February 15, 2017, through February 21, 2017, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agency's Regulations). The home care agency provides home care services to three hundred and seventy-eight (378) patients and employs seven hundred forty-six (746) staff. The findings of the survey were based on a review of administrative records, sixteen (16) active patient records, four (4) discharged patient records, twenty (20) employee records, five (5) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>HCA - Home Care Agency HHA - Home Health Aide OT - Occupational Therapy POC - Plan of Care PPD - Purified Protein Derivative PT - Physical Therapy RN - Registered Nurse SN - Skilled Nurse</p>	H 000	<p><i>Rec'd on 3/24/2017 Bdugger</i></p>	
H 054	<p><b>3903.2(c)(2) GOVERNING BODY</b></p> <p>The governing body shall do the following:</p> <p>(c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:</p> <p>(2) The evaluation shall include a review of all</p>	H 054		

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>C. Williams</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3/22/17</i>
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H 054

Continued From page 1

complaints made or referred to the agency, including the nature of each complaint and the agency's response thereto.

This Statute is not met as evidenced by:  
Based on record review and interview, the HCA failed to provide evidence that the governing body reviewed all complaints received and documented the agency's response for five (5) of five (5) complaints during the governing body's annual evaluation of the agency for 2016.

The finding includes:

On February 15, 2017, beginning at 10:34 a.m., a review of the agency's complaints revealed that the agency had five (5) complaints referred to the agency since the previous survey, (December 28, 2015). At 4:41 p.m., the surveyor was provided with a copy of HCA's board of directors meeting minutes held on December 30, 2016.

On February 15, 2017, at 4:41 p.m., review of the agenda items for the agency's Professional Advisory Committee Meeting (PAC) failed to document evidence that the review of the agency's complaints was included as an agenda item.

On February 17, 2017, at 3:30 p.m., interview with the agency's administrator revealed that the governing body reviews all the complaints received, but they were not included in their annual board minute meetings. The administrator indicated that in the future, she would ensure that the governing body would document any complaints evaluated and include the agency's to the complaints in their annual board meeting minutes.

H 054

KBC's designated Secretary has been instructed to include all complaints and resolution to the complaints in the board meeting minutes for compliance with 3903.2( c) (2). Administrator will review and edit all minutes of the Board meeting to ensure accurate completion of the minutes to meet tag number H054

2/20/17  
and  
ongoing

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H 054	Continued From page 2  At the time of the survey, the annual board meeting minutes lacked documented evidence that all complaints and the resolutions of the complaints had been evaluated by the governing body on an annual basis.	H 054		
H 390	<p><b>3915.6 HOME HEALTH &amp; PERSONAL CARE AIDE SERVICE</b></p> <p>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.</p> <p>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, HHA's completed at least twelve (12) hours of continuing education or in-service training annually for one (1) of twenty (20) HHAs in the sample. (Employee #5)</p> <p>The finding includes :</p> <p>On February 15, 2017, at 1:15 p.m., review of Employee #5's personnel record revealed that the HHA was hired on September 21, 2010. There was no documented evidence that the HHA had attended twelve (12) hours of in-service training for the year 2016.</p> <p>Interview with the agency's Human Resources Manager and further review of the personnel</p>	H 390	<p>KBC's personnel policy includes suspension of HHA if the staff fails to comply with the 12 hours CEU as required by the Board of Nursing. Employee #5 has been on suspension pending completion of the required CEU hours. HR staff were re-oriented on KBC's policy on ensuring that each clinical and non-clinical personnel's chart is updated with the necessary document. HR staff will review at least 10% of all staff folders monthly for compliance.</p>	<p>3/7/17 and ongoing</p>

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H 390	<p>Continued From page 3</p> <p>record on February 5, 2017, at 4:15 p.m., revealed that Employee #5 attended inservices scheduled on March 26, 2016, and June 25, 2016 receiving a total of eight (8) hours. Continued discussion with the Human Resources Manager revealed another inservice was scheduled for October 1, 2016, however, Employee #5 failed to attend the inservice.</p> <p>At the time of the survey, the HCA failed to provide documented evidence that Employee #5 completed four (4) additional hours to fulfill the mandatory (twelve) 12 hours of continuing education for 2016.</p>	H 390	<p>Patient #10 was visited on August 22<sup>nd</sup>, 26<sup>th</sup>, September 26<sup>th</sup> – 30<sup>th</sup>, October 22<sup>nd</sup> – 23<sup>rd</sup>, however, the HHA notes were not filed in the client's permanent folder due to corrections that need to be made by the HHA staff. Billing/Clerical staff received an in-service on filing of clients notes that have documentation issues. Copies of notes that need to be corrected will be filed under the new tab labeled problematic notes in the patient's permanent record, upon receipt of the corrected note from the HHA, the filing clerk will discard the problematic note and file the corrected note in the appropriate section of the client's permanent record. QA RN /designated staff will review at least 10% of all patients' record weekly for compliance.</p>	3/7/17 and ongoing
H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, it was determined that the SN failed to ensure that the patient's needs were met in accordance with their POC for one (1) of sixteen (16) current patients in the sample. (Patient #10)</p> <p>The findings include:</p> <p>I. On February 16, 2017, at 12:00 p.m., review of Patient #10's clinical record revealed a POC dated June 6, 2016, through December 6, 2016. The POC documented that Patient #10 for was to receive HHA services eight (8) hours a day, seven (7) days a week to assist the patient with</p>	H 453		

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H 453	<p>Continued From page 4</p> <p>personal care and other instrumental activities of daily living.</p> <p>Further review of Patient #10's clinical record revealed that the HHA did not visit the patient on August 22, through August 26, 2016, September 26 through September 30, 2016, October 10, through October 16, 2016, and October 22, and 23, 2016. There was no documented evidence in the clinical record identifying the reason for the missed visits.</p> <p>Interview with the clinical supervisor on February 17, 2017, at 3:00 p.m., revealed that the reason for the missed visits may be documented in the computer, however, at the time of the survey, no documented evidence was presented for review.</p>	H 453	<p>The nurses at KBC conduct monthly supervisory visits on all KBC clients. The monthly visit notes in question were presented to the surveyors by the surveyors admission. KBC acknowledges that the agency needs to improve its medical record keeping. An in-service was held with the records staff regarding timely filing of all HHA and Nursing notes. The records department manager shall assess the progress of the filers weekly to ensure all notes are filed in a timely manner. QA RN will review at least 10% of all patients' permanent record weekly for compliance.</p>	3/7/17 and ongoing
H 457	<p><b>3917.2(g) SKILLED NURSING SERVICES</b></p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(g) Recording progress notes at least once every thirty (30) calendar days and summary notes at least once every sixty-two (62) calendar days;</p> <p>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 skilled nurse documented a progress note at least every thirty (30) days for one (1) of sixteen (16) active patients in the sample. (Patient #11)</p> <p>The finding includes:</p> <p>On February 16, 2017, at 1:00 p.m., review of Patient #11's clinical record revealed a POC with</p>	H 457		

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H 457	<p>Continued From page 5</p> <p>the certification period of October 18, 2016, through April 18, 2017. Further review of the POC revealed that the patient was receiving SN visits one (1) to two (2) times every sixty (60) days and HHA visits eight (8) hours a day, seven (7) days a week from October 18, 2016, through January 29, 2017. Continued review of the clinical record revealed that the SN failed to document progress notes for October 2016, and December 2016.</p> <p>On February 17, 2017, at 3:00 p.m., interview with the administrator revealed that the SN should visit the patient monthly and document progress notes, supervision of the aide every sixty (60) days alternating with a sixty (60) day summary. The administrator further stated that all nurses will be in-serviced on documentation following the survey. It must be noted that monthly nursing notes were submitted to this surveyor after the conclusion of the survey.</p>	H 457		