

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 12/28/2015
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NAME OF PROVIDER OR SUPPLIER KBC NURSING AGENCY & HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002
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(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>INITIAL COMMENTS</p> <p>An annual survey was conducted from December 22, 2015 through December 28, 2015 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 DCMR Chapter 39). The Home Care Agency provides home care services to three hundred twenty seven (327) patients and employs five hundred seventy seven staff. The findings of the survey were based on a review of sixteen (16) active patient records, two (2) discharged patient records, twenty-one (21) employee records, (10) patient telephone interviews, five (5) home visits and interviews with patient's family members and staff.</p> <p>The following are abbreviations used within the body of this report:</p> <p>CPR - cardiopulmonary resuscitation DON - Director of Nursing HCA - home care agency HHA - Home Health Aide PCA - personal care aide POC - plan of care RN - Registered Nurse SOC -Start of Care</p>	H 000	<p>Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 <i>David 2/1/16</i></p>	
H 141	<p>3907.1(b) PERSONNEL</p> <p>Each home care agency shall have written personnel policies that shall be available to each staff member and shall include the following:</p> <p>(b) Provisions for an annual evaluation of each employee's performance by appropriate supervisors;</p>	H 141		

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carroll Harris</i>	TITLE Administrator	(X8) DATE 2/2/16
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H 141	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure employees were provided with an annual evaluation of their performance for five (5) of twenty-one (21) employees in the sample. (HHA #5, HHA #8, HHA #9, #10 and HHA #11)</p> <p>The findings include:</p> <p>1. On December 23, 2015, at 2:57 p.m., review of the personnel records revealed HHA #5 was hired on May 31, 2013. Further review of the record revealed an initial performance evaluation was conducted in August 2013; however, there was no documented evidence of a current annual performance evaluation for the year 2015.</p> <p>An email was received on December 24, 2015, that included HHA #5's performance evaluation for the period of August 2013 through August 2014, and the evaluation failed to evidence HHA #5's signature.</p> <p>At the time of the survey, the HCA failed to provide HHA #5 an annual performance evaluation since August 2014.</p> <p>2. On December 22, 2015, at 3:45 p.m., review of HHA #8's personnel record revealed that she/he was hired on April 12, 2013. Further review of the record revealed an initial performance evaluation dated July 2013.</p> <p>An email was received on December 24, 2015, that included HHA #8's performance evaluation that revealed HHA's annual performance was reviewed from July 2014 through July 2015; however, the evaluation failed to evidence HHA #8's signature.</p>	H 141	<p>HHA#5 has a current signed evaluation in her employee record post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly, all problems shall be forwarded to the HR general manager for resolution in a timely manner. See attachment#1</p> <p>HHA#8 has a current signed evaluation in her employee record post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly, all problems shall be forwarded to the HR general manager for resolution in a timely manner. See attachment#1</p>	<p>12/28/15 and ongoing</p> <p>12/28/15 and ongoing</p>

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H 141	<p>Continued From page 2</p> <p>3. On December 22, 2015, at 3:56 p.m., review of HHA #9's personnel record revealed that she/he was hired on March 6, 2011. Further review of the record revealed an annual performance evaluation was conducted in June 2014.</p> <p>An email was received on December 24, 2015, that included HHA #9's performance evaluation for the period of June 2014 through June 2015; however, the evaluation failed to evidence HHA #8's signature.</p> <p>4. On December 22, 2015, at 3:56 p.m., review of HHA #10's personnel record revealed she/he was hired on August 2, 2010. Further review of the record revealed an annual performance evaluation was conducted November 2013 through November 2014.</p> <p>An email was received on December 24, 2015, that included HHA's #10's performance evaluation verifying that HHA #10's annual performance evaluation was reviewed for the period of November 2013 through November 2014; however, there was no documented evidence of an annual performance evaluation for November 2014 through November 2015.</p> <p>At the time of the survey, the HCA failed to provide HHA #10 an annual performance evaluation since November 2014.</p> <p>5. On December 23, 2015, at 3:56 p.m., review of HHA #11's personnel record revealed he/she was hired on August 16, 2010. Further review of the record revealed no documented evidence of any annual performance evaluations since the</p>	H 141	<p>HHA#9 has a current signed evaluation in her employee record post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly, all problems shall be forwarded to the HR general manager for resolution in a timely manner. See attachment#1</p> <p>HHA#10 has a current signed evaluation in her employee record post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly, all problems shall be forwarded to the HR general manager for resolution in a timely manner. See attachment#1</p>	<p>12/28/15 and ongoing</p> <p>12/28/15 and ongoing</p>

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H 141	Continued From page 3 HHA's date of hire in 2010. An email was received on December 24, 2015, that included HHA #11's initial performance evaluation HHA #11's for the period of September 2010 through November 2010. Additionally, annual performance evaluations were received via e-mail for the periods of November 2010 through November 2015, however, the initial and each of the annual performance evaluations for 2010 through 2015 failed to evidence HHA #11's signatures.	H 141	HHA#11 has a current signed evaluation in her employee record post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly, all problems shall be forwarded to the HR general manager for resolution in a timely manner. See attachment# 1	12/28/15 and ongoing
H 148	3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required; This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure each personnel record included evidence of current CPR certification for two (2) of twenty-one (21) employees included in the sample. (HHA #2 and HHA #4) The findings include: 1. On December 22, 2015, at 2:30 p.m., review of HHA #2's personnel record revealed a CPR certification that expired on August 9, 2015. During a face to face interview with the Human Resources Personnel Manager on December 23, 2015, beginning at 3:50 p.m., it was	H 148	HHA #2 CPR has been updated and has been placed in the employee permanent office record post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly, all problems shall be forwarded to the HR general manager for resolution in a timely manner. Employees without current updated documentation shall be suspended from work until all documents are updated. See attachment #2	12/28/15 and ongoing

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H 148	Continued From page 4 acknowledged that HHA #2 did not have documentation of a current CPR certification. 2. On December 22, 2015, at 2:48 p.m., review of HHA #4's personnel record revealed a CPR certification that was dated March 25, 2014. Further review of the certificate revealed that the HHA "completed the online course component of the blended learning program for Adult and Pediatrics' First Aid/CPR." Additionally, the certificate documented that HHA#4 "must successfully complete the skill session to receive an American Red Cross Certification." During a face to face interview with the Human Resources Personnel Manager on December 23, 2015, beginning at 4:30 p.m., revealed that he/she had some paperwork that needed to be filed, and it could be possible that HHA #4's current CPR certification was included in that paperwork. At the time of the survey, there was no documented evidence of current CPR certification for HHA #2 and HHA #4's personnel records.	H 148	HHA #4 CPR has been updated and has been placed in the employee permanent office record post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly, all problems shall be forwarded to the HR general manager for resolution in a timely manner. Employees without current updated documentation shall be suspended from work until all documents are updated. See attachment #2	12/28/15 and ongoing
H 163	3907.7 PERSONNEL 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 each employee was screened for communicable diseases annually, (for three (3) of	H 163		

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H 163	<p>Continued From page 5</p> <p>the twenty-one (21) employees in the sample. (HHA #6, HHA #11, and HHA #15)</p> <p>The findings include:</p> <p>1. On December 22, 2015, at 2:57 p.m., review of HHA #6's personnel record revealed no documented evidence that she/he was certified free of any communicable disease since July 23, 2013. Although the HHA's personnel record revealed a health certificate dated October 14, 2014, there was no documented evidence that she/he was certified free of any communicable disease.</p> <p>2. On December 22, 2015, at 10:54 a.m., review of HHA #11's personnel record revealed no documented evidence that she/he was certified free of any communicable disease since July 14, 2010. Interview with Human Resources Personnel Manager on December 23, 2015, at 12:33 p.m. revealed that he/she would look through some paperwork that had not been filed yet.</p> <p>At the time of the survey, the HCA failed to ensure HHA #11 was certified free of any communicable disease since 2010.</p> <p>3. On December 22, 2015, at approximately 1:30 p.m. review of HHA #15's personnel record revealed no documented evidence that she/he was certified free of any communicable disease since September 15, 2014.</p> <p>On December 23, 2015, at 3:00 p.m., interview with the Human Resources Personnel Manager revealed that he/she had a lot of paperwork to be filed and would look for current documentation to evidence that each of the aforementioned HHA's</p>	H 163	<p>H163# 1, HHA#6 Employee record has been updated with current PPD report post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly. all problems shall be forwarded to the HR general manager for resolution in a timely manner. Employees without current updated documentation shall be suspended from work until all documents are updated. See attachment # 3</p> <p>H163# 1, HHA#11 Employee record has been updated with current PPD report post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly. all problems shall be forwarded to the HR general manager for resolution in a timely manner. Employees without current updated documentation shall be suspended from work until all documents are updated. See attachment # 3</p> <p>H163# 1, HHA#15 Employee record has been updated with current PPD report post survey. To prevent this malpractice from recurring, HR employees have received an in-service on HR event and to review at least 10% of all employee records monthly. all problems shall be forwarded to the HR general manager for resolution in a timely manner. Employees without current updated documentation shall be suspended from work until all documents are updated. See attachment # 3</p>	<p>12/28/15 and ongoing</p> <p>12/28/15 and ongoing</p> <p>12/28/15 and ongoing</p>

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H 163	Continued From page 6 were certified free of any communicable disease. At approximately 3:45 p.m., after looking through his/her paperwork, the Human Resources Personnel Manager verified that there was no documented evidence that each of the aforementioned HHA's were certified free of any communicable disease. It should noted that this deficient practice was cited in a previous survey on January 22, 2015.	H 163		
H 366	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. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to ensure that patients' POC's were approved and signed by a physician, within thirty (30) days of the SOC, for four (4) of sixteen (16) active patients in the sample. (Patients #1, #9, #10 and #14) The findings include: 1. On December 22, 2015, at 1:00 p.m., review of Patient #1's clinical record revealed a POC with a certification period of July 15, 2015 to January 15, 2016. The POC failed to evidence a	H 366	H366 #1, Patient # 1 To prevent this malpractice from recurring, KBC has designated employees to follow up with POCs sent on a weekly basis and will notify the DON and QA/RN if POCs are not received after two weeks, the patients whose POCs are not received will be notified of the intent to discharge if POCs are not received prior to the end of the certification. Patient will receive a 7 days discharge notice and appeal rights as per regulations. See attachment# 4	12/30/15 and ongoing

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H 430	<p>Continued From page 8</p> <p>were evaluated at least every sixty-two (62) days and a summary report of the evaluation was sent to the patient's physician for ten (10) of sixteen (16) active patients in the sample. (Patients #1, #2, #3, #4, #5 #7, #8, #9, #10 and #14)</p> <p>The findings include:</p> <ol style="list-style-type: none"> On December 22, 2015, at 1:00 p.m., review of Patient #1's record revealed a POC with a certification period of July 15, 2015 to January 15, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days. On December 22, 2015, at 2:43 p.m., review of Patient #3's record revealed a POC with a certification period of June 6, 2015 to December 6, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days. On December 22, 2015, at 2:28 p.m., review of Patient #8's record revealed a POC with a certification period of August 1, 2015 to February 1, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days. On December 22, 2015, at 2:43 p.m., review of Patient #10's record revealed a POC with a certification period of June 6, 2015 to December 6, 2015. There was documentation that the skilled nursing services were evaluated, however the 	H 430	<p>H430 #1, Patient #1 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5</p> <p>H430 #2, Patient #3 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5</p> <p>H430 #3, Patient #8 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5</p> <p>H430 #4, Patient #10 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5</p>	<p>12/30/15 and ongoing</p> <p>12/30/15 and ongoing</p> <p>12/30/15 and ongoing</p>

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H 430	Continued From page 9 record failed to document that the summaries were sent to the patient's physician at least every 62 days. 5. On December 22, 2015, at 3:01 p.m., review of Patient #9's record revealed a POC with a certification period of August 13, 2015 to February 13, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days. 6. On December 23, 2015, at 9:40 a.m., review of Patient #5's record revealed a POC with a certification period of October 18, 2015 to April 18, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days. 7. On December 23, 2015, at 10:13 a.m., review of Patient #7's record revealed a POC with a certification period of September 25, 2015 to March 25, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days. 8. On December 23, 2015, at 10:48 a.m., review of Patient #2's record revealed a POC with a certification period of September 20, 2015 to March 20, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days.	H 430	 H430 #5, Patient #9 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5 H430 #6, Patient #5 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5 H430 #7, Patient #7 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5 H430 #8, Patient #2 Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. See attachment #5	 12/30/15 and ongoing 12/30/15 and ongoing 12/30/15 and ongoing 12/30/15 and ongoing

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H 430 Continued From page 10

9. On December 23, 2015, at 11:40 a.m., review of Patient #4's record revealed a POC with a certification period of September 27, 2015 to March 27, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days.

10. On December 23, 2015, at 2:04 p.m., review of Patient #14's record revealed a POC with a certification period of September 27, 2015 to March 27, 2016. There was documentation that the skilled nursing services were evaluated, however the record failed to document that the summaries were sent to the patient's physician at least every 62 days.

During an interview, on December 22, 2015, starting at 3:12 p.m., the agency's RN stated that the HCA was not consistently completing and sending the 62-day summaries, however they will start.

H 430

H430 #9, Patient #4
Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature. a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record.
See attachment #5

H430 #10, Patient #14
Patient's 62 days summary has been sent to the Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days summary to the Physician for review and or signature. a copy of the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record.
See attachment #5

12/30/15 and ongoing

12/30/15 and ongoing

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, the skilled nurse failed to ensure that all patients needs were met in accordance with their POC for seven (7) of sixteen (16) active patients in the sample.
(Patients #3, #7, #8, #10, #13, #14, #16)

H 453

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 12/28/2015
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NAME OF PROVIDER OR SUPPLIER KBC NURSING AGENCY & HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002
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(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 11</p> <p>The findings include:</p> <p>1. On December 22, 2015, at 2:03 p.m., review of Patient #3's POC, with a documented certification period of June 6, 2015 to December 6, 2015, revealed that Patient #3 was to receive HHA services sixteen (16) hours per day, seven (7) days per week. Further review of the record revealed that HHA services were not provided as ordered as evidenced below.</p> <p>The HHA weekly visit record revealed the patient received eight (8) hours of HHA service was provided on the following dates:</p> <ul style="list-style-type: none"> - July 27, 2015; - July 28, 2015; and - August 3, 2015 through August 6, 2015. <p>2. On December 22, 2015, at 2:43 p.m., review of Patient #10's POC, with a documented certification period of June 6, 2015 to December 6, 2015, revealed that Patient #10 was to receive HHA services eight (8) hours per day, seven (7) days per week. Further review of the record revealed that HHA services were not provided as ordered as evidenced below:</p> <p>Review of HHA time sheets failed to evidence HHA services were provided on the following dates:</p> <ul style="list-style-type: none"> - August 14, 2015; - September 24, 2015; - October 10, 2015; - October 16, 2015; - October 19, 2015; - November 2, 2015 through November 6, 2015; and 	H 453	<p>H453#1, Patient #3 Communication notes for missed visits for July 27th and July 28th, 2015 and August 3rd through the August the 5th, 2015 has been placed in the patient's permanent office record post survey. KBC's staffing coordinators have received an in-service on the importance of documenting and filing of all missed and to notify the DON and QA/RN of any missed visits for communication with patient's physician. Office RN, DON and designated clinical staff shall review at least 10% of all patient census record on a weekly basis and address any and all abnormalities. See attachment #6</p> <p>H453#2, Patient #10 Communication notes for missed visits for July 27th and August 14th, September 24th, October 10, 16, 19, November 2-6, 2015 and November 22nd - 26, 2015 has been placed in the patient's permanent office record post survey. KBC's staffing coordinators have received an in-service on the importance of documenting and filing of all missed and to notify the DON and QA/RN of any missed visits for communication with patient's physician. Office RN, DON and designated clinical staff shall review at least 10% of all patient census record on a weekly basis and address any and all abnormalities. See attachment #6</p>	<p>12/29/15 and ongoing</p> <p>12/29/15 and ongoing</p>

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 12/28/2015
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NAME OF PROVIDER OR SUPPLIER KBC NURSING AGENCY & HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002
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(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
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H 453	<p>Continued From page 12</p> <p>- November 22, 2015 through November 26, 2015.</p> <p>On December 22, 2015 at 3:12 p.m., during an interview, the agency's DON revealed that there were many HHA time sheets not yet filed that would be presented to the surveyor for review. At the conclusion of the survey, the agency failed to produce time sheets for the aforementioned days.</p> <p>3. On December 22, 2015, at 2:48 p.m., review of Patient #8's POC, with a documented certification period of August 1, 2015 to February 1, 2016, revealed that Patient #8 was to receive HHA services thirteen (13) hours per day, seven (7) days per week. Further review of the record revealed that HHA services were provided eight (8) hours per day, five (5) days per week from August 17, 2015 through November 27, 2015.</p> <p>On December 22, 2015 at 2:55 p.m., interview with the agency's DON revealed that Patient #8's family requested the HHA hours be decreased. The DON also stated that Patient #8's physician was notified.</p> <p>On December 23, 2015 at 9:24 a.m., review of a communication note dated August 17, 2015 documented that Patient #8's family requested that HHA hours be decreased to eight (8) hours per day, five (5) days per week. However, the facility failed to produce a physician order for the decreased HHA hours.</p> <p>On December 23, 2015 at 9:27 a.m., during an interview with the DON, she/he stated that the agency would get an order from the doctor as soon as possible.</p> <p>4. On December 23, 2015, at 10:13 a.m., review</p>	H 453	<p>H453#3, Patient #8 A physician order was sent to patient's physician post survey and to prevent this malpractice from recurring, staffing coordinators received an in-service on documenting and communicating all decrease in hours request to the DON and Office QA/RN for update on patient's POC and to ensure the timely submission/transmittal of Physician order to the patient's Physician in care. See attachment #7</p>	12/30/15 and ongoing
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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 12/28/2015	
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 453	<p>Continued From page 13</p> <p>of Patient #7's POC, with a documented certification period of September 25, 2015 to March 25, 2016, revealed that Patient #7 was to receive HHA services twelve (12) hours per day, seven (7) days per week. Further review of the record revealed that HHA services were provided eight (8) hours per day, five (5) days per week from September 25, 2015 through December 2, 2015.</p> <p>On December 23, 2015 at 10:58 a.m., in an interview, the DON acknowledged the reduced hours, and stated the agency had written a doctor's order to reduce the hours, but it was not signed yet. The unsigned doctor's order was not presented to the surveyor for review.</p> <p>5. On December 23, 2015, at 2:04 p.m., review of Patient #14's POC, with a documented certification period of September 27, 2015 to March 27, 2016, revealed that the skilled nurse was to visit Patient #14 1-2 times per sixty (60) days to "asses clinical status, vital signs and response to medications..." Further review of the record failed to evidence that the nurse provided skilled nursing services to Patient #14 since the start of the certification period.</p> <p>On December 23, 2015 at 2:42 p.m., during an interview, the agency's DON revealed that there were many HHA time sheets not yet filed that would be presented to the surveyor for review. At the conclusion of the survey, the agency failed to provide documented evidence that the nurse provided service since September 27, 2015.</p> <p>6. On December 23, 2015 at 1:01 p.m., review of Patient #13's POC, with a documented certification period of November 16, 2015 to January 14, 2016, revealed that the skilled nurse</p>	H 453	<p>H453 #4, Patient #7 Patient 's Skilled Nursing notes have been filed in patient's agency permanent record. To prevent this malpractice from recurring, all filing clerks have been instructed on timely filing of all patients documents in the patient's permanent office record, this will also prevent patient's records from being misfiled. See attachment #8</p> <p>H453 #5, Patient #14 Patient 's Skilled Nursing notes have been filed in patient's agency permanent record. To prevent this malpractice from recurring, all filing clerks have been instructed on timely filing of all patients documents in the patient's permanent office record, this will also prevent patient's records from being misfiled. See attachment #8</p>	<p>12/30/15 and ongoing</p> <p>12/30/15 and ongoing</p>

