Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A, BUILDING: HCA-0005 B, WING 12/28/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC. WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFINITION OF Health in Regulation & Licensing Administration H 000 sermediate Care Facilities Division H 000 INITIAL COMMENTS 899 North Capitol St., N.E. An annual survey was conducted from December Washington, D.C. 20002 Druved 3/2/1 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. The following are abbreviations used within the body of this report: 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 H 141 3907.1(b) PERSONNEL H 141 Each home care agency shall have written personnel policies that shall be available to each staff member and shall include the following: (b) Provisions for an annual evaluation of each employee's performance by appropriate supervisors;

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

Administrator

2/2/16

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 12/28/2015 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 PREFIX PROVIDER'S PLAN OF CORRECTION (X5) 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 DATE TAG DEFICIENCY) H 141 Continued From page 1 H 141 This Statute is not met as evidenced by: HHA#5 has a current signed evaluation in her Based on interview and record review, the HCA 12/28/15 and employee record post survey. To prevent this failed to ensure employees were provided with an ongoing malpractice from recurring, HR employees have received an in-service on HR event and to review at annual evaluation of their performance for five (5) least 10% of all employee records monthly, all of twenty-one (21) employees in the sample. ( problems shall be forwarded to the HR general HHA #5, HHA #8, HHA #9, manager for resolution in a timely manner. #10 and HHA #11) See aftachment#1 The findings include: 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. 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. At the time of the survey, the HCA failed to provide HHA#5 an annual performance evaluation since August 2014. 2. On December 22, 2015, at 3:45 p.m., review of HHA #8's personnel record revealed that HHA#8 has a current signed evaluation in her she/he was hired on April 12, 2013. Further employee record post survey. To prevent this malpractice from recurring, HR employees have review of the record revealed an initial received an in-service on HR event and to review at 12/28/15 and performance evaluation dated July 2013. least 10% of all employee records monthly, all ongoing problems shall be forwarded to the HR general An email was received on December 24, 2015, manager for resolution in a timely manner. See attachment#1 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.

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0005 B. WING 12/28/2015 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 (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 141 Continued From page 2 H 141 3. On December 22, 2015, at 3:56 p.m., review HHA#9 has a current signed evaluation in her of HHA #9's personnel record revealed that 12/28/15 and employee record post survey. To prevent this she/he was hired on March 6, 2011. Further malpractice from recurring, HR employees have ongoing review of the record revealed an annual received an in-service on HR event and to review at least 10% of all employee records monthly, all performance evaluation was conducted in June problems shall be forwarded to the HR general 2014. manager for resolution in a timely manner, See attachment#1 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. 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 HHA#10 has a current signed evaluation the record revealed an annual performance in her employee record post survey. To evaluation was conducted November 2013 12/28/15 and prevent this malpractice from recurring, ongoing through November 2014. HR employees have received an іл-service on HR event and to review at least 10% of all employee records An email was received on December 24, 2015, monthly, all problems shall be forwarded that included HHA's #10's performance to the HR general manager for resolution evaluation verifying that HHA #10's annual in a timely manner. performance evaluation was reviewed for the See attachment#1 period of November 2013 through November 2014; however, there was no documented evidence of an annual performance evaluation for November 2014 through November 2015. At the time of the survey, the HCA failed to provide HHA #10 an annual performance evaluation since November 2014. 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

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FORM APPROVED 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 12/28/2015 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 (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY H 141 Continued From page 3 H 141 HHA's date of hire in 2010. An email was received on December 24, 2015, HHA#11 has a current signed evaluation in that included HHA #11's initial performance 12/28/15 and her employee record post survey. To evaluation HHA #11's for the period of September ongoing prevent this malpractice from recurring, HR 2010 through November 2010. Additionally, employees have received an in-service on annual performance evaluations were received HR event and to review at least 10% of all employee records monthly, all problems via e-mail for the periods of November 2010 shall be forwarded to the HR general through November 2015, however, the initial and manager for resolution in a timely manner. each of the annual performance evaluations for See attachment#1 2010 through 2015 failed to evidence HHA #11's signatures. H 148 3907.2(d) PERSONNEL H 148 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: HHA #2 CPR has been updated and has been Based on record review and interview, the HCA 12/28/15 and placed in the employee permanent office record ongoing failed to ensure each personnel record included post survey. To prevent this malpractice from evidence of current CPR certification for two (2) recurring, HR employees have received an in-service on HR event and to review at least of twenty-one (21) employees included in the 10% of all employee records monthly, all sample.. (HHA #2 and HHA #4) problems shall be forwarded to the HR general manager for resolution in a timely manner. The findings include: Employees without current updated documentation shall be suspended from work until all documents are updated. 1. On December 22, 2015, at 2:30 p.m., review See attachment #2 of HHA #2's personnel record revealed a CPR certification that expired on August 9, 2015.

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During a face to face interview with the Human Resources Personnel Manager on December 23,

2015, beginning at 3:50 p.m., it was

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED							
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KBC NURSING AGENCY & HOME CARE, INC  7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002												
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H 163	(HHA #6, HHA #11, The findings include 1. On December 2:	employees in the sample, and HHA #15 ) e: 2, 2015, at 2:57 p.m., review	H 163									
	documented eviden free of any commur 2013. Although the revealed a health of 2014, there was no she/he was certified disease.  2. On December 2: of HHA #11's person	personnel record revealed no devidence that she/he was certified communicable disease since July 23, bugh the HHA's personnel record health certificate dated October 14, was no documented evidence that certified free of any communicable mber 22, 2015, at 10:54 a.m., review is personnel record revealed no devidence that the first personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel record has been updated current PPD report post survey. To personnel personnel record has been updated current PPD report post survey. To personnel personnel personnel record has been updated current PPD report post survey. To personnel personnel personnel personnel record has been updated current PPD report post survey. To personnel p		event this byees ent and erecords led to the a timely	12/28/15 and ongoing							
	free of any commur 2010. Interview wir Personnel Manager 12:33 p.m. revealed through some pape yet. At the time of the su	ce that she/he was certified alcable disease since July 14, th Human Resources on December 23, 2015, at I that he/she would look rwork that had not been filed arvey, the HCA failed to us certified free of any ase since 2010.	July 14, Employee record has been updated PPD report post survey. To prevent malpractice from recurring, HR empreceived an in-service on HR event at least 10% of all employee record problems shall be forwarded to the manager for resolution in a timely manager for resolution in a timely manager to the manager to the current updated documentation shall be suspended until all documents are updated.		ees have i lo review onthly, all general ier,	12/28/15 and ongoing						
	p.m. review of HHA revealed no docume was certified free of since September 15  On December 23, 2 with the Human Resrevealed that he/she filed and would look	2, 2015, at approximately 1:30 #15's personnel record ented evidence that she/he any communicable disease i, 2014.  015, at 3:00 p.m., interview sources Personnel Manager e had a lot of paperwork to be for current documentation to of the aforementioned HHA's	Ä	H163# 1, HHA#15 Employee record has been updated will PPD report post survey. To prevent this malpractice from recurring, HR employer received an in-service on HR event and at least 10% of all employee records manager for resolution in a timely manager for resolution in a timely manager for resolution tourrent updated documentation shall be suspended from until all documents are updated.  See attachment # 3	ees have to review nonthly, all general ner.	12/28/15 and ongoing						

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING 12/28/2015 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 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 163 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 366 3914.4 PATIENT PLAN OF CARE H 366 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: H366 #1, Patient # 1 Based on record review and interview, the HCA To prevent this malpractice from recurring, KBC 12/30/15 and failed to ensure that patients' POC's were has designated employees to follow up with ongoing POCs sent on a weekly basis and will notify the approved and signed by a physician, within thirty DON and QA/RN if POCs are not received after (30) days of the SOC, for four (4) of sixteen (16) two weeks, the patients whose POCs are not active patients in the sample. (Patients #1, #9, received will be notified of the intent to discharge if POCs are not received prior to the #10 and #14) end of the certification. Patient will receive a 7 days discharge notice and appeal rights as per The findings include: regulations. See attachment# 4 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

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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 12/28/2015 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 (X5) COMPLETE **FEACH DEFICIENCY MUST BE PRECEDED BY FULL** PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 366 H 366 H366 #2, Patient # 10 Continued From page 7 To prevent this malpractice from recurring, 12/30/15 and physician signature. KBC has designated ongoing employees to follow up with POCs sent on a weekly basis and will On December 22, 2015, at 2:43 p.m., review. notify the DON and QA/RN if POCs are not of Patient #10's clinical record revealed a POC received after two weeks. the patients whose POCs are not received will with a certification period of June 6, 2015 to be notified of the intent December 6, 2016. The POC was signed by the to discharge if POCs are not received prior to physician on September 1, 2015, 87 days after the end of the the certification period began. certification. Patient will receive a 7 days discharge notice and appeal rights as per regulations. 3. On December 22, 2015, at 3:01 p.m., review See attachment# 4 of Patient #9's clinical record revealed a POC H366 #3, Patient # 9 with a certification period of August 13, 2015 to To prevent this malpractice from recurring, KBC 12/30/15 and February 13, 2016. The POC was signed by the has designated pniopno physician on September 24, 2015, 42 days after employees to follow up with POCs sent on a weekly basis and will notify the certification period began, the DON and QA/RN if POCs are not received after two weeks, the 4. On December 23, 2015, at 2:04 p.m., review patients whose POCs are not received will be notified of the intent to of Patient #14's clinical record revealed a POC discharge if POCs are not received prior to the end with a certification period of September 27, 2015 of the certification. to March 27, 2016. The POC failed to evidence a Patient will receive a 7 days discharge notice and physician's signature. appeal rights as per regulations. See attachment# 4 Interview with the DON on December 23, 2015. 12/30/15 and H366 #14 Patient # 14 beginning at 10:40 a.m., revealed that the angoing To prevent this malpractice from recurring, aforementioned POC's were not signed or signed KBC has designated employees to follow up after the 30-day period. 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 H 430 3916.1 SKILLED SERVICES GENERALLY H 430 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 Each home care agency shall review and receive a 7 days discharge notice and appeal evaluate the skilled services provided to each rights as per regulations. patient at least every sixty-two (62) calendar See attachment# 4 days. A summary report of the evaluation shall be sent to the patient's physician. This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to provide evidence that skilled services

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: \_ COMPLETED HCA-0005 B, WING 12/28/2015 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 (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 430 Continued From page 8 H 430 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) H430 #1, Patient #1 12/30/15 and Patient's 62 days summary has been sent to ongoing the Physician post survey and to prevent this The findings include: malpractice from recurring, KBC Clinical clerical staff shall fax/mail all 62 days 1. On December 22, 2015, at 1:00 p.m., review summary to the Physician for review and or signature, a copy of the fax cover sheet shall of Patient #1's record revealed a POC with a be attached to the summary and filed in the certification period of July 15, 2015 to January 15. patient's permanent office record. 2016. There was documentation that the skilled See attachment #5 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. H430 #2, Patient #3 12/30/15 and Patient's 62 days summary has been sent to the pniopno 2. On December 22, 2015, at 2:43 p.m., review Physician post survey and to prevent this malpractice from recurring, KBC Clinical clerical of Patient #3's record revealed a POC with a staff shall fax/mail all 62 days summary to the certification period of June 6, 2015 to December Physician for review and or signature, a copy of 6, 2016. There was documentation that the the fax cover sheel shall be attached to the summary and filed in the patient's permanent skilled nursing services were evaluated, however office record. the record failed to document that the summaries See attachment #5 were sent to the patient's physician at least every 62 days. H430 #3, Patient #8 Patient's 62 days summary has been sent to the Physician post survey and to prevent this 3. On December 22, 2015, at 2:28 p.m., review malpractice from recurring, KBC Clinical clerical of Patient #8's record revealed a POC with a staff shall fax/mail all 62 days summary to the certification period of August 1, 2015 to February Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary 1, 2016. There was documentation that the skilled and filed in the patient's permanent office record. nursing services were evaluated, however the See attachment #5 record failed to document that the summaries were sent to the patient's physician at least every 62 days. H430 #4, Palient #10 12/30/15 and Patient's 62 days summary has been sent to the ongoing Physician post survey and to prevent this 4. On December 22, 2015, at 2:43 p.m., review malpractice from recurring, KBC Clinical clerical of Patient #10's record revealed a POC with a staff shall fax/mail all 62 days summary to the Physician for review and or signature, a copy of the certification period of June 6, 2015 to December fax cover sheet shall be attached to the summary 6, 2015. There was documentation that the skilled and filed in the patient's permanent office record. nursing services were evaluated, however the See attachment #5

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: B. WING. HCA-0005 12/28/2015 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 PREFIX PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY H 430 Continued From page 9 H 430 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 H430 #5, Patient #9 certification period of August 13, 2015 to Patient's 62 days summary has been sent to the Physician post survey and to prevent this February 13, 2016. There was documentation 12/30/15 and malpractice from recurring, KBC Clinical derical that the skilled nursing services were evaluated. ongoing staff shall fax/mail all 62 days summary to the however the record failed to document that the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summary summaries were sent to the patient's physician at and filed in the patient's permanent office record. least every 62 days. See attachment #5 6. On December 23, 2015, at 9:40 a.m., review H430 #6, Patient #5 of Patient #5's record revealed a POC with a Patient's 62 days summary has been sent to the certification period of October 18, 2015 to April Physician post survey and to prevent this 12/3015 and 18, 2016. There was documentation that the malpractice from recurring, KBC Clinical clerical ongoing staff shall fax/mail all 62 days summary to the skilled nursing services were evaluated, however Physician for review and or signature, a copy of the record failed to document that the summaries the fax cover sheet shall be attached to the were sent to the patient's physician at least every summary and filed in the patient's permanent 62 days. office record. See attachment #5 7. On December 23, 2015, at 10:13 a.m., review of Patient #7's record revealed a POC with a H430 #7, Patient #7 Patient's 62 days summary has been sent to the certification period of September 25, 2015 to Physician post survey and to prevent this March 25, 2016. There was documentation that 12/30/15 and malpractice from recurring, KBC Clinical clerical ongoing the skilled nursing services were evaluated. staff shall fax/mail all 62 days summary to the however the record failed to document that the Physician for review and or signature, a copy of the fax cover sheet shall be attached to the summaries were sent to the patient's physician at summary and filed in the patient's permanent least every 62 days. office record. See attachment #5 8. On December 23, 2015, at 10:48 a.m., review H430 #8. Patient #2 of Patient #2's record revealed a POC with a Patient's 62 days summary has been sent to the certification period of September 20, 2015 to 12/30/15 and Physician post survey and to prevent this March 20, 2016. There was documentation that malpractice from recurring, KBC Clinical derical ongoing staff shall fax/mail all 62 days summary to the the skilled nursing services were evaluated. Physician for review and or signature, a copy of however the record failed to document that the the fax cover sheet shall be attached to the summaries were sent to the patient's physician at summary and filed in the patient's permanent least every 62 days. office record. See attachment #5

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CI.IA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B, WING HCA-0005 12/28/2015 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 (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY H 430 Continued From page 10 H 430 On December 23, 2015, at 11:40 a.m., review. H430 #9, Patient #4 of Patient #4's record revealed a POC with a 12/30/15 and Patient's 62 days summary has been sent to the certification period of September 27, 2015 to ongoing Physician post survey and to prevent this March 27, 2016. There was documentation that malpractice from recurring, KBC Clinical derical staff shall fax/mail all 62 days summary to the the skilled nursing services were evaluated. Physician for review and or signature, a copy of however the record failed to document that the the fax cover sheet shall be attached to the summaries were sent to the patient's physician at summary and filed in the patient's permanent least every 62 days. office record See attachment #5 10. On December 23, 2015, at 2:04 p.m., review H430 #10, Patient #14 of Patient #14's record revealed a POC with a Patient's 62 days summary has been sent to the 12/30/15 and certification period of September 27, 2015 to Physician post survey and to prevent this ongoing malpractice from recurring, KBC Clinical cterical March 27, 2016. There was documentation that staff shall fax/mail all 62 days summary to the the skilled nursing services were evaluated. Physician for review and or signature, a copy of the however the record failed to document that the fax cover sheet shall be attached to the summary and filed in the patient's permanent office record. summaries were sent to the patient's physician at See attachment #5 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 453 3917.2(c) SKILLED NURSING SERVICES H 453 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.

Health Regulation & Licensing Administration

(Patients #3, #7, #8, #10, #13, #14, #16)

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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		12/2	28/2015					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, 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)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE						
H 453	The findings include:  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.  The HHA weekly visit record revealed the patient received eight (8) hours of HHA service was provided on the following dates:  - July 27, 2015;  - July 28, 2015; and  - August 3, 2015 through August 6, 2015.		H 453	H 453  H453#1, Patient #3  Communication notes for missed visit 27th and July 28th, 2015 and August through the August the 5th, 2015 has placed in the patient's permanent office post survey. KBC's staffing coordinate received an in-service on the importated documenting and filing of all missed anotify the DON and QA/RN of any missed rocommunication with patient's physoffice RN, DON and designated clinic shall review at least 10% of all patient record on a weekly basis and address all abnormalities.  See attachment #6		12/29/15 and ongoing					
	of Patient #10's PO certification period of 6, 2015, revealed th HHA services eight I days per week. Furtified that HHA sordered as evidence Review of HHA time HHA services were plates:  - August 14, 2015; - September 24, 2015; - October 10, 2015; - October 19, 2015; - October 19, 2015;	e sheets failed to evidence provided on the following		H453#2, Patient #10 Communication notes for missed visits for 27th and August 14th, September 24th, October 10, 16, 19, Nove 2-6, 2015 and November 22nd - 26, 2015 been placed in the patient's permanent office record post survey. KBC 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 missed visits for communication with patient's physician. O DON and designated clinical staff shall review at least 10% of a census record on a weekly basis and address any and all abnormalities.  See attachment #6	ember has  is of I of any office RN,	12/29/15 and ongoing					

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A, BUILDING: B. WING \_ HCA-0005 12/28/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7506 GEORGIA AVENUE, NW **KBC NURSING AGENCY & HOME CARE, INC** WASHINGTON, DC 20002 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 453 H 453 Continued From page 12 - November 22, 2015 through November 26, 2015. 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. 3. On December 22, 2015, at 2:48 p.m., review of H453#3, Patient #8 Patient #8's POC, with a documented certification A physician order was sent to patient's 12/30/15 and period of August 1, 2015 to February 1, 2016. physician post survey and to prevent this ongoing malpractice from recurring, staffing coordinators revealed that Patient #8 was to receive HHA received an in-service on documenting and services thirteen (13) hours per day, seven (7) communicating all decrease in hours request to days per week. Further review of the record the DON and Office QA/RN for update on revealed that HHA services were provided eight patient's POC and to ensure the timely submission/transmittal of Physician order to the (8) hours per day, five (5) days per week from patient's Physician in care. August 17, 2015 through November 27, 2015. See attachment #7 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. 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. 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. 4. On December 23, 2015, at 10:13 a.m., review

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B, WING 12/28/2015 HCA-0005 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7506 GEORGIA AVENUE, NW KBC NURSING AGENCY & HOME CARE, INC WASHINGTON, DC 20002 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H 453 H 453 | Continued From page 13 of Patient #7's POC, with a documented H453 #4, Patient #7 12/30/15 and Patient 's Skilled Nursing notes have been filed in certification period of September 25, 2015 to angoing patient's agency permanent record. To prevent this March 25, 2016, revealed that Patient #7 was to malpractice from recurring, all filing clerks have receive HHA services twelve (12) hours per day, been instructed on timely filing of all patients documents in the patient's permanent office seven (7) days per week. Further review of the record, this will also prevent patient's records from record revealed that HHA services were provided being misfiled. eight (8) hours per day, five (5) days per week See attachment #8 from September 25, 2015 through December 2, 2015. 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-H453 #5, Patient #14 5. On December 23, 2015, at 2:04 p.m., review Patient 's Skilled Nursing notes have been filed in 12/30/15 and patient's agency permanent record. To prevent of Patient #14's POC, with a documented ongoing this malpractice from recurring, all filing clerks certification period of September 27, 2015 to have been instructed on timely filing of all patients March 27, 2016, revealed that the skilled nurse documents in the patient's permanent office was to visit Patient #14 1-2 times per sixty (60) record, this will also prevent patient's records from days to "asses clinical status, vital signs and being misfiled. See attachment #8 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. 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. 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

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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 12/28/2015 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 (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 14 H 453 H 453 was to visit Patient #13 1-3 times per week to 12/20/15 and H453#6, Patient #13 All the skilled nursing notes for this patient have ongoing provide wound care, and assess the patient's been corrected and updated and filed in the cardiovascular, pulmonary, genitourinary, patient's permanent office record post survey. gastro-instestinal, nutrition, hydration and All nurses received an in-service on correct and integumentary status. Review of the skilled adequate documentation on all clinical notes. To prevent this malpractice from recurring, nursing visit notes revealed that the nurse DON, Office QA/RN and designated clinical staff documented wound care was performed. shall review at least 10% of all agency's patient however the notes failed to provide evidence that census on a weekly basis. See attachment # 9 any of the aforementioned systems for this certification period was assessed. 7. On December 23, 2015 at 1:39 p.m., review of 12/20/15 H453#7, Patient #16 Patient #16's POC, with a documented All the skilled nursing notes for this patient and certification period of November 28, 2015 to have been corrected and updated and filed in ongoing the patient's permanent office record post January 26, 2016, revealed that the skilled nurse survey. All nurses received an in-service on was to visit Patient #16 1-3 times per week to correct and adequate documentation on all provide wound care, and assess the patient's clinical notes. To prevent this malpractice from cardiovascular, pulmonary, genitourinary, recurring, DON, Office QA/RN and designated clinical staff shall review at least 10% of all gastro-instestinal, nutrition, hydration, agency's patient census on a weekly basis. integumentary and elimination status. Review of See attachment # 9 the skilled nursing visit notes revealed that the nurse documented wound care was performed. however, the notes failed to provide evidence that any of the aforementioned systems for this certification period was assessed. On December 23, 2015 at 2:42 p.m., during an interview, the agency's DON acknowledged that the assessments were not performed. The DON stated that the nurses would be called to the office the next day for retraining on assessment and documentation.

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