

Health Regulation & Licensing Administration

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| <p>STATE MENT OF DEFICI ENCIE S AND PLAN OF CORRE CTION</p> | <p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>HCA-0005</p> | <p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p> | <p>(X3) DATE SURVEY COMPLETED</p> <p>08/31/2023</p> |
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| <p>NAME OF PROVIDER OR SUPPLIER</p> <p>KBC NURSING AGENCY & HOME CARE, INC</p> | <p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>7506 GEORGIA AVENUE, NW WASHINGTON, DC 20002</p> |
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| H 000 | <p>INITIAL COMMENTS</p> <p>An annual licensure survey was conducted in conjunction with two complaint (DC~12190 and 12256) investigations 08/21/2023, 08/22/2023, 08/23/2023, 08/24/2023, 08/25/2023, 08/28/2023, 08/29/2023, 08/30/2023, and 08/31/2023 to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 245 patients and employed 347 staff. The findings of the survey were based on the review of administrative records, 14 active patient records, three discharged patient records, 12 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of three home visits and five patient telephone interviews.</p> <p>Compliant Allegations: Missed personal care visits - Substantiated Delivery of personal care services - Unsubstantiated Agency staff impaired while on duty- Unsubstantiated</p> <p>The findings of the survey and complaint investigations are detailed throughout the body of this report.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>ADL - Activities of Daily Living DON- Director of Nursing ER - Emergency Room HHA - Home Health Aide HCA - Home Care Agency IADL- Instrumental Activities of Daily Living MG- Milligram</p> | H 000 | | |

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

C. Williams

TITLE
Administrator

(X6) DATE
1-3-23

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| H 000 | Continued From page 1 ML- Milliliter PCA - Personal Care Aide POC - Plan of Care RI - Reportable Incidents RN - Registered Nurse SN - Skilled Nurse SOC - Start of Care SRI -Serious Reportable Incidents | H 000 | | |
| H 260 | <p>3911.1 CLINICAL RECORDS</p> <p>Each home care agency shall establish and maintain a complete, accurate, and permanent clinical record of the services provided to each patient in accordance with this section and accepted professional standards and practices.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview it was determined the Home Care Agency (HCA) failed to establish and maintain complete, and accurate clinical records, to include active diagnoses for one of 14 patients sampled (Patient # 5).</p> <p>Findings included: On 08/22/2023 at 10:30 AM, a review of Patient #5's plan of care (POC) showed a duration period of 07/25/2023, through 09/22/2023. The patient's diagnoses included hypertension, pain in the left shoulder, and difficulty walking. A continued review of the Plan of Care showed that the patient was receiving Amlodipine 10 milligrams (mgs) daily for hypertension management. There was no evidence of documentation related to the patient's diagnosis of hypertension in the record.</p> | H 260 | <p>Review of patient #5's plan of care (POC) confirmed the finding of the surveyor. As of 08/14/23, patient #5's plan of care (POC) has been reviewed and adjusted to reflect patient's diagnosis of Hypertension, signed off by a registered nurse and re-faxed to referring physician for signature.</p> <p>KBC conducted in-service training on 12/15/23 for all clinicians, re-educating and emphasizing the importance of inclusion and accurate documentation of diagnosis and medications for patients.</p> | 12/15/23 and ongoing |

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| | The agency failed to maintain an accurate record, | | | |
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| H 260 | Continued From page 2 inclusive of Patient #5's diagnosis of hypertension, to enable the clinician to accurately assess the patient's condition during each visit. During the interview with the Assistant Administrator and Quality Assurance Coordinator on 08/29/2023, at 2:00 PM the finding was acknowledged. | H 260 | KBC's Nursing Director, the Quality Assurance Director and the nurse will closely monitor and review 100% of all plan of care (POC) to avoid such error recurring (see attached POC). - 12/15/2023 and ongoing | |
| H 300 | <p>3912.2(d) PATIENT RIGHTS & RESPONSIBILITIES</p> <p>Each home care agency shall develop policies to ensure that each patient who receives home care services has the following rights:</p> <p>(d) To receive treatment, care and services consistent with the agency/patient agreement and with the patient's plan of care;</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the home care agency (HCA) failed to ensure that services were provided according to the patient agreement and the plan of care (POC) as evidenced by missed personal care visits for four of 14 active patients sampled (Patients #1, #4, #11, and #14). Findings included:</p> <p>1. On 08/21/2023 at 12:00 PM, a review of Patient #1's plan of care (POC) showed a duration period of 01/01/2023 through 08/31/2023. The patient's diagnoses included Cerebral infarction, and Spinal stenosis. The POC indicated skilled nursing services one to two times every 60 days, and personal care services</p> | H 300 | <p>1) The agency will work to its best abilities to provide personal care aide services to its patients according to the patients' care plan. In the event that the agency is unable to staff, the agency will communicate with patient/patient family members/and or case manager via phone, email, etc. that agency is unable to staff. The agency will identify and document familial or informal support persons (name, relationship, family/friend, contact info, etc.) who have agreed to serve as beneficiaries' caregiver if PCA Staffing is not available. - 12/15/2023 and on-going</p> <p>2) The agency is currently in the process of contracting with an outside staffing</p> | 12/15/23 and ongoing |

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| | | H 300 continued | company to assist Agency with finding aides for patients in need of PCA services. This will further assist the agency in providing consistent aide services according to the patient's plan of care. – 12/15/2023 and on-going | |
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| H 300 | <p>Continued From page 3</p> <p>eight hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #1's clinical record showed that personal care services were not provided on 06/20/2023, 06/30/2023, 07/02/2023, 07/05/2023, 07/16/2023, 07/29/2023, 07/30/2023, 07/31/2023, 08/26/2023, 08/27/2023 and 08/28/2023.</p> <p>It must be noted that the agency attempted to find a replacement aide on 08/28/2023 after the assigned aide called out with short notice. Through interview with agency leadership, it was communicated that the agency experiences challenges with providing staffing for Patient #1, however, the patient was informed via telephone whenever an assigned aide called out.</p> <p>2. On 08/22/2023 at 10:00 AM, a review of Patient #4's plan of care (POC) showed a duration period of 07/14/2023 through 09/11/2023. The patient's diagnoses included Spinal stenosis, lumbar region, and Muscle weakness (generalized). The POC contained physician orders for physical therapy one to three times a week for seven weeks for strengthening exercises, and occupational therapy two to four times a week for rehabilitation to activities of daily living (ADL). A continued review of Patient #4's clinical record showed that the occupational therapist did an evaluation of the patient on 07/21/2023, visited the patient on 07/22/2023, and failed to visit the patient after 07/22/2023 until the time of the survey.</p> <p>3. On 08/24/2023 at 11:00 AM, a review of Patient #11's plan of care (POC) showed a duration period of 05/01/2023 through 10/31/2023. The patient's diagnoses included Congestive Heart</p> | H 300 | <p>3) The agency will on a bi-weekly basis review all patient schedules. The agency will compare bi-weekly reports to determine if percentage of non-staffed patients has decrease. If percentage decreases then agency will know that its Quality Assurance Program (QAP) is effective. If the percentage increases then agency will know that its QAP is ineffective. If the Quality Assurance Program (QAP) is ineffective, then Agency will have to re-evaluate its process and determine a new intervention. – 12/15/2023 and on-going.</p> | |

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| H 300 | <p>Continued From page 4</p> <p>Failure, Hypertension, Shortness of Breath, and Diabetes Mellitus. The POC indicated skilled nursing services one to two times every 60 days, and personal care services eight hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #11's clinical record showed that personal care services were not provided on 06/11/2023, 06/17/2023, 06/25/2023, 07/01/2023, 07/02/2023, 07/06/2023, 07/07/2023, 07/08/2023, 07/09/2023, 08/15/2023 and 07/16/2023.</p> <p>4. On 08/29/2023 at 9:30 AM, a review of Patient #14's clinical record showed two plans of care (POC) with duration periods of 08/04/2022 through 06/30/2023, and from 07/01/2023, through 06/30/2024. The patient's diagnoses included Alzheimer's Disease, Diabetes Mellitus, and Anemia. The POC indicated skilled nursing services one to two times every 60 days, and personal care services 24 hours a day, seven days per week to assist with activities of daily living (ADL) and instrumental activities of daily living (IADLs). Continued review of Patient #14's clinical record showed that personal care services were provided 16 hours on 07/02/2023, 10 hours on 07/04/2023 through 07/07/2023, 16 hours on 07/08/2023, 07/09/2023, 07/15/2023, 07/18/2023, 07/22/2023, 07/23/2023, 07/26/2023, through 07/28/2023, 08/01/2023, 08/06/2023, 08/13/2023, 08/20/2023, 08/21/2023, and 08/26/2023. Through interview with agency leadership, it was communicated that the agency experiences challenges with providing staffing for Patient #14.</p> <p>At the time of the survey, the home care agency failed to ensure that personal care and/or rehabilitative services were provided in accordance with the patient's service agreement</p> | H 300 | | |

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| H 300 | Continued From page 5 and according to the plan of care for Patients #1, 4, 11, and 14. On 08/29/2023 the findings were shared with the Assistant Administrator, Quality Assurance (QA) Coordinator, and Human Resource Director. Repeat deficiency from March 22, 2023 survey | H 300 | | |
| 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 home care agency (HCA) failed to include emergency protocols specific to patient diagnoses in the plan of care (POC) for three of fourteen active patients included in the sample (Patients #5, #6 and #7). Findings included: 1. On 08/22/2023 at 10:30 AM, a review of Patient #5's plan of care (POC) showed a duration period of 07/25/2023, through 09/22/2023. The patient's diagnoses included hypertension, pain in the left shoulder, and difficulty walking. A continued review of the Plan of Care showed that the patient was receiving amlodipine 10 milligrams (mgs) daily for hypertension management. There was no evidence of emergency protocols related to the patient's diagnosis of hypertension (e.g., blood pressure ranges that exceed acceptable parameters) that may warrant emergency | H 364 | | |

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| H 364 | <p>Continued From page 6</p> <p>intervention. A further review of the Plan of Care showed the diet listed was "NAS (no added sugars)".</p> <p>2. On 08/22/2023 at 11:00 AM, a review of Patient #6's plan of care (POC) showed a duration period of 07/11/2023, through 09/08/2023. The patient's diagnoses included Amyotrophic lateral sclerosis, difficulty in walking, and muscle weakness. A continued review of the Plan of Care showed that the patient was receiving Amlodipine 10 mgs daily, and Lisinopril 40 mgs daily for hypertension, and Metformin 500 mgs two times a day for diabetes management. There was no evidence of emergency protocols related to the patient's diagnosis of hypertension (e.g., blood pressure ranges that exceed acceptable parameters) that may warrant emergency intervention.</p> <p>3. On 08/22/2023 at 11:00 AM, a review of Patient #7's plan of care (POC) showed a duration period of 07/26/2023 through 09/22/2023. The patient's diagnoses included Type 2 diabetes mellitus, Repeated falls, and Muscle weakness (generalized). A continued review of the Plan of Care showed that the patient was receiving Januvia 25 mgs daily for diabetes management. There was no evidence of emergency protocols related to the patient's diagnosis of diabetes mellitus (e.g., blood glucose levels that range outside of accepted parameters) that may warrant emergency intervention.</p> <p>At the time of the survey, the home care agency failed to ensure that plans of care included emergency protocols to properly manage diagnoses for Patients #5, #6, and #7.</p> <p>During the interview with the Assistant</p> | H 364 | <p>The review of the patients #5, #6 and #7's Plan of Care confirmed the findings of the surveyor and on 12/15/23, all clinicians were reeducated to always include the emergency protocol in all plan of cares. Moreover, the RNs were instructed to educate the client family member and all care givers on the emergency protocol that KBC developed as part of its incident prevention management. Effective 12/15/23, the in-house nurses and quality assurance director will insure that emergency protocol is included in all plan of cares before sending the plan of care to the physician for signature. Please see attached KBC's Emergency Protocol.- 12/15/2023 and going.</p> | 12/15/23 and ongoing |

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| H 364 | Continued From page 7 Administrator and Quality Assurance Coordinator on 08/29/2023, at 2:00 PM the finding was acknowledged. | H 364 | | |
| H 390 | <p>3915.6 HOME HEALTH & PERSONAL CARE AIDESERVICE</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:</p> <p>Based on record review and interview, the home care agency (HCA) failed to ensure 12 hours of continuing education including a component specifically related to the care of persons with disabilities for four of six home health aides (HHAs) sampled (HHAs #7, #10, #12, and #13).</p> <p>Findings included:</p> <p>A review of home health aide personnel files on 08/29/2023 between the hours of 9:00 AM, and 12:00 PM with the Human Resource Manager (HR) showed the following:</p> <p>Employee #7 was hired on 10/12/2006 and had no in-service hours for 2022. Employee #10 was hired on 09/24/2010 and had no in-service hours for 2022. Employee #12 was hired on 12/01/2012 and had no in-service hours for 2022. Employee #13 was hired on 06/15/2017 and had</p> | H 390 | <p>1) The HR department will ensure that all employees have successfully completed 12 hours of continuing education annually specifically related to care of persons with disabilities. For any employee(s) who was inactive for any period of time and wants to return to work for the agency, HR will confirm if the returning employee(s) have completed their necessary continuing education requirement for the year. If the returning employee(s) have not completed their education, then HR will not allow the returning employee(s) to return to work for the agency without completing said continuing education/training and providing proof of completion. – 12/15/2023 and on-going</p> <p>2) On a quarterly basis, the Agency will extract a list of employees and the hours of continuing education/in-service that</p> | 12/15/23 and ongoing |

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| | | H 390 continued | they've completed thus far and compare it with the employee census. Non-compliant employees will be highlighted and given two (2) weeks to complete training. Employees that are non-compliant will be removed from schedule until they become compliant. 3) Agency will review 25% of employee charts quarterly until 100% compliance. - 12/15/2023 and on-going | |
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| H 390 | Continued From page 8 no in-service hours for 2022. At the time of the survey, the agency failed to ensure that four home health aides underwent required in-service continuing education annually. The HR Manager acknowledged the findings at the time of the review. | H 390 | | |
| H 550 | 3922.1 OCCUPATIONAL THERAPY SERVICES If a home care agency provides occupational therapy services, it shall provide those services in accordance with the patient's plan of care. This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure occupational therapy (OT) services were provided in accordance with the plan of care (POC) for one of seven active patients receiving skilled services in the sample (Patient #4). Findings Included: ; On 08/22/2023 at 10:00 AM, a review of Patient #4's plan of care (POC) showed a duration period of 07/14/2023 through 09/11/2023. The patient's diagnoses included Spinal stenosis, lumbar region, and Muscle weakness (generalized). The POC contained physician orders for physical therapy one to three times a week for seven weeks for strengthening exercises, and occupational therapy two to four times a week for rehabilitation. A continued review of Patient #4's clinical record showed that the occupational therapist performed an evaluation of the patient on 07/21/2023, visited the patient on 07/22/2023, | H 550 | KBC appreciated the survey's finding that is an eye opening for the agency to strictly follow up the Occupational Therapist's timely documentation on the electronic system. However, KBC realized that the Occupational Therapist visited client #4 based on the Plan of Care order and documented his visit notes on hard copy, then lately transferred his documentation on the system (please see attached the copy of the OT notes for the duration of 7/22/23 to 8/22/23). | 12/15/23 and ongoing |

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| H 550 | <p>Continued From page 9</p> <p>and failed to visit the patient after 07/22/2023 until the time of record review.</p> <p>The agency failed to ensure occupational therapy (OT) services were provided in accordance with the plan of care (POC) for Patient #4.</p> <p>During the interview with the Assistant Administrator and Quality Assurance Coordinator on 08/29/2023, at 2:00 PM the finding was acknowledged.</p> <p>Cross referenced to DCMR 3912,2(d)m H300</p> | H 550 | <p>The clinical department (Quality Assurance Director and Director of Nursing) provided in service training to all clinicians including the Occupational Therapist on 12/15/23 and reinforced to document their visit note on the system on a timely manner.</p> <p>Moving forward, the clinical department will ensure that the Occupational therapy's visit is timely transferred into the electronic system before processing payments. The clinical department will ensure that all visit frequencies are maintained based on the Plan of Care. The clinical department will pull patient visit report on weekly to ensure that clinician visit frequency is in compliance with Plan of Care (POC).</p> | |