

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095022		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 08/11/2026	
NAME OF PROVIDER OR SUPPLIER CAPITOL CITY REHAB AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE , WASHINGTON, District of Columbia, 20020			
(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) COMPLETION DATE
K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code survey was conducted at your facility from August 10, 2026, through August 11, 2026. The following deficiencies are based on observations, interview and/or record review.			K0000			
K0211 SS = E Bldg. 01	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is NOT MET as evidenced by: Based on observations and interview, facility staff failed to maintain clear means of egress to ensure that residents, staff and visitors have full use of the stairwells in the event of a fire emergency as evidenced by three (3) of 8 stairwells on three levels of the facility having combustible items being stored within them. The findings include: During a Federal Recertification Life Safety Code walkthrough of the facility on August 10th, 2026, between 10:00am and 2:00pm, the 1 South stairwell #1, 2 North stairwell #2 and the 2 South stairwell #3 were found to have combustible items being stored in them. The items included dust pans, mop buckets, and floor restoration materials which could obstruct clear passage for the staff and visitors in the event of fire. This deficient practice could obstruct evacuation from floors 1, 2, and 3 in the event of a fire emergency.			K0211			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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K0211 SS = E Bldg. 01	Continued from page 1 Employee #3, Employee #4 and Employee #5 acknowledged the findings during face-to-face interview on August 10, 2026, at approximately 1:00PM.	K0211					
K0911 SS = D Bldg. 01	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This STANDARD is NOT MET as evidenced by: Based on observations and interview, facility staff failed to maintain unobstructed access and working space in front of electrical equipment (electrical panel) to permit ready and safe operations and maintenance of such equipment in the event of an electrical emergency as evidenced by one (1) of 8 electrical panels of the facility being obstructed by a clean linen container on the 3 North section of the facility. The findings include: During a Federal Recertification Life Safety Code walkthrough of the facility on August 10th, 2026, between 10:00am and 2:00pm, the 3 North Clean Linen closet's electrical panel was found to have a clean linen container stored directly in front of the electrical panel, which could delay ready and safe operation and maintenance in the event of an electrical emergency. This deficient practice could delay safe operations and the performance of needed maintenance in the event of an electrical emergency. Employee #3, Employee #4 and Employee #5 acknowledged the findings during face-to-face interview on August 10, 2026, at approximately 1:00PM.	K0911					

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E0000	Initial Comments An unannounced Emergency Preparedness survey was conducted by the DC Health on 8/14/2026 in accordance with 42 CFR §483.73 federal requirements for Long-Term Care (LTC) facilities to participate in Medicare and Medicaid programs. The regulation requires LTC facilities to maintain an active emergency plan, risk assessments, a communication plan, and regular training and testing exercises. During this Emergency Preparedness survey, it was determined that Capitol City Rehab and Healthcare Center was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.			E0000			

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