

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

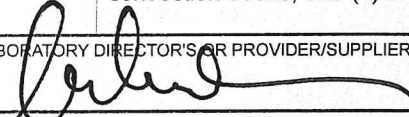
PRINTED: 02/23/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>02/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAPITOL CITY REHAB AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 25TH STREET SE WASHINGTON, DC 20020</b>
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS  A complaint investigation was conducted on February 2, 2023, by the Department of Health, Health Regulations and Licensing Administration. The following deficiencies are based on observations, interview, and records review.	F 000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	
F 812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, facility staff failed to store, serve, and distribute foods under sanitary conditions.  The findings included:  1. Cooking equipment such as two (2) of two (2) convection ovens, one (1) of one (1) gas range	F 812	F812  1. The ovens, range, grease fryers, and flat top grill were all thoroughly cleaned on 2/3/23. The kitchen floor was thoroughly cleaned on 2/3/23. The meal distribution has been improved to ensure that the meals are served at the appropriate temperatures by increasing the food holding temperatures and quickening the tray distribution.  2. The Food Service Director or designee will inspect daily for: 1) cleanliness of the ovens, range, grease fryers, and flat top grill; 2) cleanliness of the floors; and 3) appropriate food serving temperatures.  3. The Food Service Director or designee will in-service the kitchen staff: on the need to keep the ovens, range, grease fryers, and flat top grill clean; on the need to keep the kitchen floor clean; and on serving the meals at the appropriate temperatures.	03/15/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>ADMINISTRATOR</b>	(X6) DATE <b>3/2/23</b>
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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 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.

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NAME OF PROVIDER OR SUPPLIER  <b>CAPITOL CITY REHAB AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 25TH STREET SE</b> <b>WASHINGTON, DC 20020</b>		
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F 812	<p>Continued From page 1</p> <p>oven including the burners (4), two (2) of two (2) grease fryers, and one (1) of one (1) flat top grill, were soiled throughout.</p> <p>2. The kitchen floor, specifically in the food preparation area, was soiled throughout with debris.</p> <p>3. Lunch food temperatures were inadequate and failed to test above 135 degrees Fahrenheit (F) or more during food trays assessment on February 2, 2023, at approximately 1:30 PM. Hot foods such as pepper steak with white rice (132°F), green peas (127°F), from the regular menu, and pepper steak (107°F), mashed potatoes (122°F) and peas (112°F) from the puree menu tested below 135°F.</p> <p>The Food Service Director acknowledged the findings during a face-to-face interview on February 2, 2023, at approximately 2:00 PM.</p>	F 812	<p>4. The Food Service Director or designee will audit: the cleanliness of the ovens, range, grease fryer, and flat top grill; the cleanliness of the floors; and the appropriate food serving temperatures daily for 4 weeks, then weekly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee.</p>		