

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER

CAPITAL HEALTHCARE ASSOC DBA CAPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

**4900 MASSACHUSETTS AVENUE, NW
WASHINGTON, DC 20016**

(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
R 000	<p>9900 General Provisions</p> <p>9900 General Provisions An unannounced initial survey was conducted virtually from 07/26/2021 through 07/28/2021 to determine compliance with Title 22B DCMR, Chapter 99. The Home Support Agency provided care for eight clients and employed 10 staff to include professional and administrative staff. A sample of eight active client records and ten personnel records was selected for review. The findings of the survey were based on client and administrative record reviews and three client and staff interviews.</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>HHA - Home Health Aide HSA - Home Support Agency</p> <p>9910.4 Admissions</p>	R 000	<p>Finding One</p> <p>Corrective Action Needing to be accomplished to address the deficient practice:</p> <p>Capital City Nurses will send an RN to do an in-home, face to face assessment before 9/1/21.</p> <p>What measures will be put into place to ensure that the deficient practice does not reoccur.</p> <p>We will update our Initial Assessment Policy by 9/1/21 to read that all visits will take place face to face in the client's home. We will meet with the DC Supervisory nurses to update them to the update initial assessment policy.</p>	9/1/21
R 171	<p>9910.4 Each home support agency shall conduct an initial assessment by a registered nurse to ensure that the client does not require services outside of the scope of personal care services. The assessment shall include a home visit and a review of information provided by the prospective client or the client representative and any other pertinent data and shall take place prior to the time that personal care services are initially provided to the client. The assessment must determine whether the home support agency has the ability to provide the necessary services in a safe and consistent manner.</p> <p>Based on record review and interview it was determined that the Home Support Agency (HSA) failed to ensure the registered nurse conducted home visits during initial assessments in four of eight client records reviewed (#2, 3, 4 and #7).</p>	R 171	<p>How will the corrective action be monitored to ensure the deficient practice does not reoccur.</p> <p>Capital City Nurses DON will run a SOC report in our EMR at the end of each day starting on 8/25/21. The DON will review each SOC that occurred to ensure it occurred in the home. The DON will do this daily for 30 days, weekly for 30 days then every month moving forward.</p> <p>See Attached:</p> <ol style="list-style-type: none"> Completed in person visit for Client #2 Update Policy & Nursing Meeting Notes 	

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

TITLE

(X6) DATE

STATE FORM

6899

GIGC11

If continuation sheet 1 of 4

9/1/2021

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NAME OF PROVIDER OR SUPPLIER CAPITAL HEALTHCARE ASSOC DBA CAPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016		
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R 171	<p>Continued From page 1</p> <p>Findings included:</p> <p>1. On 07/26/2021 at 1:45 PM a review of Client #2's clinical record showed a start of care, initial nursing assessment dated 09/30/2020. This assessment is conducted to determine if the client's needs exceed the home support agency's ability to safely and consistently provide the personal care services required by the patient, and to prepare a care plan for the home health aides (HHA) to follow while providing personal care. Continued review of this assessment showed documentation by the registered nurse that states, "visit completed via telehealth."</p> <p>The registered nurse failed to conduct an initial assessment in the client's home, to determine that the client does not require services outside of the scope of personal care services and to develop a care plan consistent with client needs.</p> <p>2. On 07/27/2021 at 7:30 AM a review of Client #3's clinical record showed a start of care, initial nursing assessment dated 10/09/2020. This assessment is conducted to determine if the client's needs exceed the home support agency's ability to safely and consistently provide the personal care services required by the patient, and to prepare a care plan for the home health aides (HHA) to follow while providing personal care. Continued review of this assessment showed documentation by the registered nurse that states, "visit completed via telehealth."</p> <p>The registered nurse failed to conduct an initial assessment in the client's home, to determine</p>	R 171	<p><u>Finding Two</u></p> <p>Corrective Action Needing to be accomplished to address the deficient practice:</p> <p>Capital City Nurses will send an RN to do an in-home, face to face assessment before 9/1/21.</p> <p>What measures will be put into place to ensure that the deficient practice does not reoccur.</p> <p>We will update our Initial Assessment Policy by 9/1/21 to read that all visits will take place face to face in the client's home. We will meet with the DC Supervisory nurses to update them to the update initial assessment policy.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not reoccur.</p> <p>Capital City Nurses DON will run a SOC report in our EMR at the end of each day starting on 8/25/21. The DON will review each SOC that occurred to ensure it occurred in the home. The DON will do this daily for 30 days, then weekly for 30 days then every month moving forward.</p> <p>See Attached:</p> <p>3. Completed in person visit for Client #3</p> <p>4. Update Policy & Nursing Meeting</p>	9/1 /21

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R 171	<p>Continued From page 2</p> <p>that the client does not require services outside of the scope of personal care services and to develop a care plan consistent with client needs.</p> <p>3. On 07/26/2021 at 3:00 PM a review of Client #4's clinical record showed a start of care, initial nursing assessment dated 04/30/2021. This assessment is conducted to determine if the client's needs exceed the home support agency's ability to safely and consistently provide the personal care services required by the patient, and to prepare a care plan for the home health aides (HHA) to follow while providing personal care. Continued review of this assessment showed documentation by the registered nurse that states, "visit completed via telehealth."</p> <p>The registered nurse failed to conduct an initial assessment in the client's home, to determine that the client does not require services outside of the scope of personal care services and to develop a care plan consistent with client needs.</p> <p>4. On 07/27/2021 at 9:00 AM a review of Client #7's clinical record showed a start of care, initial nursing assessment dated 11/16/2020. This assessment is conducted to determine if the client's needs exceed the home support agency's ability to safely and consistently provide the personal care services required by the patient, and to prepare a care plan for the home health aides (HHA) to follow while providing personal care. Continued review of this assessment showed documentation by the registered nurse that states, "visit completed via telehealth."</p> <p>The registered nurse failed to conduct an initial assessment in the client's home, to determine</p>	R 171	<p><u>Finding Three</u></p> <p>Corrective Action Needing to be accomplished to address the deficient practice:</p> <p>Capital City Nurses will send an RN to do an in-home, face to face assessment before 9/1/21.</p> <p>What measures will be put into place to ensure that the deficient practice does not reoccur.</p> <p>We will update our Initial Assessment Policy by 9/1/21 to read that all visits will take place face to face in the client's home. We will meet with the DC Supervisory nurses to update them to the update initial assessment policy.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not reoccur.</p> <p>Capital City Nurses DON will run a SOC report in our EMR at the end of each day starting on 8/25/21. The DON will review each SOC that occurred to ensure it occurred in the home. The DON will do this daily for 30 days, weekly for 30 days then every month moving forward.</p> <p>See Attached:</p> <p>5. Completed in person visit for Client #4</p> <p>6. Update Policy & Nursing Meeting Notes</p>	9/1/21

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R 171	Continued From page 3 that the client does not require services outside of the scope of personal care services and to develop a care plan consistent with client needs. During an interview with the Director of Nursing (DON) on 07/28/2021 at 12:30 PM, the DON acknowledged the findings.	R 171	<p><u>Finding Four</u></p> <p>Corrective Action Needing to be accomplished to address the deficient practice:</p> <p>Capital City Nurses will send an RN to do an in-home, face to face assessment before 9/1/21.</p> <p>What measures will be put into place to ensure that the deficient practice does not reoccur.</p> <p>We will update our Initial Assessment Policy by 9/1/21 to read that all visits will take place face to face in the client's home. We will meet with the DC Supervisory nurses to update them to the update initial assessment policy.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not reoccur.</p> <p>Capital City Nurses DON will run a SOC report in our EMR at the end of each day starting on 8/25/21. The DON will review each SOC that occurred to ensure it occurred in the home. The DON will do this daily for 30 days, weekly for 30 days then every month moving forward.</p> <p>See Attached:</p> <p>7. Completed in person visit for Client #7</p> <p>8. Update Policy & Nursing Meeting Notes</p>	9/1/ 21