Health R	egulation & Licensing	Administration			
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	(X3) DATE SURVEY COMPLETED
		HSA-0010	B. WING		07/28/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	- RESS, CITY, STATE,	ZIP CODE	
CAPITAL	HEALTHCARE ASSO	C DBA CAPITAI	SACHUSETTS A TON, DC 2001	•	
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R 000	virtually from 07/26/2 determine compliant Chapter 99. The Ho care for eight clients include professional sample of eight activ personnel records w findings of the surve administrative record staff interviews.	isions tial survey was conducted 2021 through 07/28/2021 to ce with Title 22B DCMR, me Support Agency provided and employed 10 staff to and administrative staff. A ve client records and ten as selected for review. The y were based on client and d reviews and three client and	R 000	Finding One Corrective Action Needing to be accomplished to address the deficie practice: Capital City Nurses will send an RN tin-home, face to face assessment be 9/1/21. What measures will be put into plate ensure that the deficient practice direccur. We will update our Initial Assessment by 9/1/21 to read that all visits will the place face to face in the client's hom will meet with the DC Supervisory not set the set of t	to do an efore ce to loes not nt Policy take ne. We
R 171	 HSA - Home Suppo 9910.4 Admissions 9910.4 Each home an initial assessment ensure that the client outside of the scope The assessment shareview of information client or the client repertinent data and s that personal care s the client. The assess the home support ag the necessary service manner. Based on record revidetermined that the failed to ensure the home visits during in 	support agency shall conduct t by a registered nurse to t does not require services of personal care services. all include a home visit and a n provided by the prospective presentative and any other hall take place prior to the time ervices are initially provided to ssment must determine whether gency has the ability to provide ces in a safe and consistent iew and interview it was Home Support Agency (HSA) registered nurse conducted hitial assessments in four of reviewed (#2, 3, 4 and #7).	R 171	 update them to the update initial assessment policy. How will the corrective action be monitored to ensure the deficient p does not reoccur. Capital City Nurses DON will run a Streport in our EMR at the end of each starting on 8/25/21. The DON will r each SOC that occurred to ensure it occurred in the home. The DON w this daily for 30 days, weekly for 30 then every month moving forward. See Attached: Completed in person visit Client #2 Update Policy & Nursing I Notes 	practice OC h day eview vill do days

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

TITLE

(X6) DATE

9/1/2021

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HSA-0010 B. WING 07/28/202 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4900 MASSACHUSETTS AVENUE, NW CAPITAL HEALTHCARE ASSOC DBA CAPITAL 4900 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IDENTIFYING INFORMATION) PREFIX PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IDENTIFYING INFORMATION) PREFIX PREFIX CADITION NUMBER: 000 R 171 Continued From page 1 R 171 R 171 Findings included: 000 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 What measures will be put into place to ensure that the deficient practice does not reoccur. 9/	Health R	egulation & Licensing	Administration			
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Priery TXG CEAH DEPICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFX TXG CEAH DEPICTIVE ACTIONS PROJUCE BE CROSS-REFERENCED TO THE APPROPRIATE Com D R 171 Continued From page 1 R 171 R 171 R 171 Image: Continued From page 1 R 171 Findings included: 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. Conduct an initial assessment in the client's needs exceed the client does not require services outside of the scope of personal care services and to develop a care plan consistent with client needs. We will update our initial assessment picy. We will the corrective action be monitored to ensure the deficient practice does not reccur. 9//21 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. Conduct an initial assessment the deficient practice does not reccur. Capital City Nurses DON will run a SOC report in our EMR at the end of each day starting on g/25/21. The DON w	CAPITAL	HEALTHCARE ASSO				
 Findings included: Findings included: 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. Scontinued review of this assessment showed documentation by the registered nurse that states, "visit completed via telehealth." The registered nurse failed to conduct an initial assessment in the client's home, to determine that the client services outside of the scope of personal care services and to develop a care plan consistent with client needs. 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 the client's needs exceed the home support agency's ability to safely and consistently provide the personal care services envices envices envices frequires of the client's needs exceed the home support agency's ability to safely and consistently provide the personal care services drives of the sasessment is conducted to determine that all dis (HHA) to follow while providing personal care. Sconal care services and to develop a care plan consistently provide the personal care services envices envices frequired by the patient, and to prepare a care plan for the home health aides (HHA) to follow while providing personal care. Sconal care services due to the same services the deficient practice does not recurse to ccurred in the home. The bolw will review each SOC that occurrent to ensure that states, "visit completed via telehealth." The registered nurse that states, "visit completed via telehealth." The registered nurse that states, "visit completed via telehealth."	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
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telehealth." 3. Completed in person visit for Client The registered nurse failed to conduct an initial #3		Findings included: 1. On 07/26/2021 at clinical record show assessment dated 0 conducted to determ the home support ag consistently provide required by the patie for the home health providing personal co assessment showed registered nurse that telehealth." The registered nurse assessment in the c the client does not re scope of personal ca care plan consistent 2. On 07/27/2021 at clinical record show assessment dated 1 conducted to determ the home support ag consistently provide required by the patie for the home health providing personal ca assessment dated 1	1:45 PM a review of Client #2's ed a start of care, initial nursing 9/30/2020. This assessment is ine if the client's needs exceed gency's ability to safely and the personal care services ent, and to prepare a care plan aides (HHA) to follow while are. Continued review of this I documentation by the t states, "visit completed via e failed to conduct an initial lient's home, to determine that equire services outside of the are services and to develop a with client needs. 7:30 AM a review of Client #3's ed a start of care, initial nursing 0/09/2020. This assessment is nine if the client's needs exceed gency's ability to safely and the personal care services ent, and to prepare a care plan aides (HHA) to follow while are. Continued review of this I documentation by the		Corrective Action Needing to be accomplished to address the deficient practice: Capital City Nurses will send an RN to of in-home, face to face assessment before 9/1/21. What measures will be put into place ensure that the deficient practice does reoccur. We will update our Initial Assessment If by 9/1/21 to read that all visits will take face to face in the client's home. We meet with the DC Supervisory nurses to update them to the update initial asses policy. How will the corrective action be mon to ensure the deficient practice does r reoccur. Capital City Nurses DON will run a SOC in our EMR at the end of each day start 8/25/21. The DON will review each SO occurred to ensure it occurred in the h The DON will do this daily for 30 days, weekly for 30 days then every month re forward.	lo an re s not policy e place will o ssment itored not report ing on C that ome. then
Health Regulation & Licensing Administration		telehealth." The registered nurse assessment in the c	e failed to conduct an initial lient's home, to determine		#3	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0010		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
				07/28	3/2021	
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R 171	the scope of person	ge 2 not require services outside of al care services and to develop ent with client needs.	R 171	Finding Three Corrective Action Needing accomplished to address th practice:		9/1/21
	clinical record show assessment dated (conducted to detern the home support a consistently provide required by the patie for the home health providing personal of assessment showed registered nurse that telehealth." The registered nurs assessment in the of the client does not r	3:00 PM a review of Client #4's ed a start of care, initial nursing 04/30/2021. This assessment is nine if the client's needs exceed gency's ability to safely and the personal care services ent, and to prepare a care plan aides (HHA) to follow while care. Continued review of this d documentation by the tt states, "visit completed via e failed to conduct an initial dient's home, to determine that equire services outside of the are services and to develop a t with client needs.		Capital City Nurses will serve in-home, face to face asses 9/1/21. What measures will be put ensure that the deficient p reoccur. We will update our Initial A by 9/1/21 to read that all vi place face to face in the clie will meet with the DC Supe update them to the update assessment policy. How will the corrective act monitored to ensure the d does not reoccur.	sment before t into place to ractice does not ssessment Policy isits will take ent's home. We rvisory nurses to initial	
	clinical record show assessment dated f conducted to detern the home support a consistently provide required by the patie for the home health providing personal of assessment showed	9:00 AM a review of Client #7's ed a start of care, initial nursing 1/16/2020. This assessment is nine if the client's needs exceed gency's ability to safely and the personal care services ent, and to prepare a care plan aides (HHA) to follow while care. Continued review of this d documentation by the tt states, "visit completed via		Capital City Nurses DON wi report in our EMR at the er starting on 8/25/21 . The D each SOC that occurred to o occurred in the home. Th this daily for 30 days, week then every month moving f See Attached: 5. Completed in per Client #4	nd of each day ON will review ensure it e DON will do ly for 30 days forward.	
		e failed to conduct an initial lient's home, to determine		6. Update Policy & Notes	Nursing Meeting	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HSA-0010			(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		X3) DATE SURVEY COMPLETED	
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	the scope of persor a care plan consiste During an interview	not require services outside of hal care services and to develop ent with client needs. with the Director of Nursing 21 at 12:30 PM, the DON findings.		Finding FourCorrective Action Needing to be accomplished to address the deficient practice:Capital City Nurses will send an RN to do an in-home, face to face assessment before 9/1/21.What measures will be put into place to ensure that the deficient practice does not reoccur.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.How will the corrective action be monitored to ensure the deficient practice does not reoccur.Capital City Nurses DON will run a SOC repor in our EMR at the end of each day starting of 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, weekl for 30 days then every month moving forward See Attached:7.Completed in person visit for Client #78.Update Policy & Nursing Meeting Notes	e 9/1/ 21 nt d d rt n t y rd.	