

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

PRINTED: 02/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

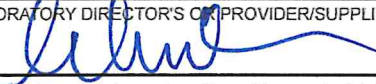
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <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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F 000	<p><b>INITIAL COMMENTS</b></p> <p>A COVID-19 Focused Infection Control Survey was conducted on January 13-27, 2022. The survey activities consisted of a review of 15 sampled residents. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommend practices for COVID-19. The resident census was 306.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C- Discontinue Dl- Deciliter DMH - Department of Mental Health DOH- Department of Health EKG - 12 lead Electrocardiogram</p>	F 000	<p>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.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

 **ADMINISTRATOR** **2/14/22**

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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F 000	Continued From page 1 EMS - Emergency Medical Services (911) F - Fahrenheit FR.- French G-tube- Gastrostomy tube HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP- Infection Prevention and Control Program LPN- Licensed Practical Nurse L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) M- minute mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN midnight N/C- nasal canula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse	F 000			

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F 000	Continued From page 2 ROM Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	F 000		
F 564 SS=E	Inform Visitation Rghts/Equal Visitation Prvl CFR(s): 483.10(f)(4)(vi)(A)-(D)  §483.10(f)(4)(vi) A facility must meet the following requirements: (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section. (B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences. This REQUIREMENT is not met as evidenced	F 564	F564  1. Residents #4, 5, 6, 8, 9,13, 14 and 15 currently reside in the center. No ill effects noted as a result of the cited deficiency. Resident #4 received a virtual visit on 02/04/22. Resident #5 received a virtual visit on 02/09/22. Resident #6 declined a virtual visit. Resident #8 received a virtual visit on 02/09/22. Resident #9 declined a virtual visit. The resident's preference is to communicate by phone call using her personal cell phone. Resident # 13 scheduled a virtual visit for 02/18/22. Resident #14 received a virtual visit on 02/09/22. Resident # 15 declined a virtual visit. The resident's preference is to communicate by phone call using his personal cell phone.  These residents are offered virtual visits on an ongoing basis.	2/23/22

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F 564	<p>Continued From page 3</p> <p>by: Based on record review and staff interview, for eight (8) of eight (8) sampled residents, the facility staff failed to offer/provide virtual visits as a different means of communication and social interaction (with representatives, family and friends) for residents who were on 14-Day isolation due to their COVID-19 positive status. Residents' #4, #5, #6, #8, #9, #13, #14, and #15.</p> <p>The findings included:</p> <p>Review of a correspondence from District of Columbia Health Department dated 01/10/2022, documented, "Summary of DC (District of Columbia) Health Recommendation for [facility's name] ...2. Restrict indoor and outdoor visitation for all residents (except that required for compassionate care, essential personnel, and under federal disability rights law)."</p> <p>Review of document entitled, "Cliniconex Communication Record" (voice mail sent to family/resident representatives) dated 01/10/2022, documented, "There are fourteen new confirmed resident cases of COVID-19 today ...We would also like to assure you of the mitigating steps that we are taking daily to reduce the risk of COVID-19 within the facility ...at this time, we will be temporarily restricting in person visits. We continue to encourage video chats and telephone calls during this interruption ..."</p> <p>Review of the facility's Zoom (video communicaiton) call logs dated 01/12/2022 revealed that a Zoom call was provided for one (1) resident. The record lacked documented evidence that other residents including those residents on 14-Day isolation</p>	F 564	<p>2. The Activity Director or designee will review the current residents in the center who are on isolation due to their positive COVID status to ensure virtual visits are offered to all residents on an ongoing basis and are provided to the residents and their representatives as per their preferences.</p> <p>3. The Administrator or designee will in-service the Activity Director that virtual visits must be offered and/or provided on an ongoing basis and as per their preferences to the residents and their representative for those on isolation due to their positive COVID status.</p> <p>4. The Activity Director or designee will audit 25% of the residents in the center who are on a COVID isolation to ensure a virtual visit was offered and/or provided to them weekly x 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee.</p>	

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F 564	Continued From page 4 (COVID-19 positive) where offered Zoom visits with families, representatives or friends.  Review of Residents' #4, #5, #6, #8, #9, #13, #14, and #15 medical records from 01/10/2022 to 01/12/2022 lacked documented evidence that the facility's staff offered the residents Zoom (video communication) calls.  During a face-to-face interview on 01/13/2022 at approximately 5:00 PM, Employee #2 (Clinical Executive Director) stated that because they have a COVID-19 outbreak in the facility, the DC Health's Epidemiology Department recommended restricting indoor and outdoor visits. And to ensure resident had visits, the Activities Department was providing Zoom (video communication) calls for residents.  During a face-to-face interview on 01/13/2022 at approximately 5:00 PM, Employee # 4 (Director of Activity) stated that they provide several Zooms (video) calls with residents' families and representatives daily. However, residents on 14-Day isolation (COVID-19 positive) are not offered Zoom calls until they (residents) are off Isolation. When asked why where Zoom calls not provided for residents on 14-Day isolation (COVID-19 positive)? She stated that is how the facility has always provided Zoom calls.	F 564		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the	F 880		

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F 880	Continued From page 5 development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.	F 880	F880  1. Resident #2 currently resides in the center. No ill effects noted as a result of the cited deficiency. Employee #6 was counseled on 2/11/22 for failing to wear eye covering when providing incontinent care for a COVID-19 quarantined resident. The box of N95 masks and container of bleach wipes were discarded on 1/14/22.  2. The Director of Nursing or designee will review the current residents in the center to ensure those who are under COVID-19 quarantine have incontinent care provided by staff who are wearing eye covering with appropriate PPE and that care for all other residents is provided by staff who are wearing appropriate source control. The EVS Director or designee rounded in the facility to ensure there are no boxes of N95 masks and/or containers of bleach wipes stored on the floor.  3. The Infection Preventionist or designee will in-service all nursing staff on maintaining infection control and prevention practices by wearing the required PPE when providing incontinent care for COVID-19 quarantined residents and that care for all other residents is provided by staff who are wearing appropriate source control. The Infection	2/23/22	

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F 880	<p>Continued From page 6</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility's staff failed to maintain Infection Control Practices by (1) not wearing required Personal Protective Equipment (PPE) for one (1) of 15 sampled residents and (2) not storing supplies in a sanitary manner. Resident #2.</p> <p>The findings included:</p> <p>Review of the facility's "Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures Policy" with a revision date of July 2020, instructed staff to "... wear eye protection during any resident encounters or procedures."</p> <p>1. Employee #6 (Certified Nurse Aide - CNA)</p>	F 880	<p>Preventionist or designee will in-service all nursing and environmental services staff on proper storage of PPE (N95 face masks) and cleaning supplies (bleach wipes) in order to promote infection control practices.</p> <p>4. The Director of Nursing or designee will audit 25% of the residents under quarantine status to ensure the staff wears eye covering and appropriate PPE when providing incontinent care and that care for all other residents is provided by staff who are wearing appropriate source control weekly x 4, then monthly x 3 months. The EVS Director or designee will audit 25% of the units in the facility to ensure there are no boxes of N95 masks and/or containers of bleach wipes stored on the floor weekly x 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee. Root Cause Analysis (RCA) will be conducted. The results of the RCA will be reviewed at the facility's QAPI meeting.</p>	

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F 880	<p>Continued From page 7</p> <p>failed to wear eye covering (goggles or face shield) when providing incontinent care for Resident #2.</p> <p>During an observation on 01/13/2022 at approximately 7:15 AM, Employee #6 (CNA) was observed providing incontinent care for Resident #2 (who was under quarantine status) without wearing an eye shield (goggles) or a face shield.</p> <p>Resident #2 was re-admitted to the facility on 11/29/2021 with multiple diagnoses, including Hemiplegia and Hemiparesis following Cerebral Infarction, Hypertension, and Muscle Weakness ...</p> <p>Review of a physician's order dated 01/06/2022 instructed, "Maintain Contact/Droplet Precautions possible COVID-19 exposure X 14 days."</p> <p>Review of multiple nursing notes dated from 01/06/2022 to 01/13/2022 documented that Resident #2 was a "PUI (Person Under Investigation) due to possible COVID-19 exposure and on Droplet and Contact Precautions."</p> <p>Review of the resident's care plan revealed the following:</p> <p>Focus Area- "Droplet and Contact Precautions r/t (related to) possible exposure to COVID-19 infection."</p> <p>Interventions included "Ensure staff to wear appropriate PPE (Personal Protective Equipment) ...eye shield/face shield ..."</p> <p>During a face-to-face interview at the time of the observation, Employee #6 stated that she should</p>	F 880		



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F 880	<p>Continued From page 8</p> <p>have worn goggles while providing care for Resident #2.</p> <p>During a face-to-face interview on 01/13/2022 at approximately 7:45 AM, Employee #5 (Nursing Supervisor) stated that staff should wear goggles, surgical or N95 face masks, and a gown when providing care for residents under quarantine status.</p> <p>During a face-to-face interview on 01/13/2022 at approximately 7:45 AM, Employee #2 (Clinical Executive Director) stated that when providing care for residents under quarantine status, staff are instructed to wear goggles, surgical or N95 face mask, and a gown.</p> <p>2. During an observation of 01/13/2022 at approximately 8:00 AM, a box of N95 masks and a container of bleach wipes were noted on the floor in front of Room 104 on Unit 1 South.</p> <p>During a face-to-face interview on 01/13/2022 at approximately 8:10 AM, Employee #7 (Registered Nurse) stated that the items should not be stored on the floor. The employee then said she would clean the box (N95 mask) and canister before returning them to the unit.</p> <p>It should be noted that the facility was under a COVID-19 outbreak status at the time of the survey. The facility's census was 306 residents, and 106 of the residents were positive for COVID-19. The remaining (200) residents were under a quarantine status for possible exposure to COVID-19.</p>	F 880		
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii)	F 887		

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F 887	<p>Continued From page 9</p> <p>§483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following:</p> <p>(i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized;</p> <p>(ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine;</p> <p>(iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;</p> <p>(iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses;</p> <p>(v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;</p> <p>Note: States that are not subject to the Interim Final Rule - 6 [CMS-3415-IFC], must comply with requirements of 483.80(d)(3)(v) that apply to staff under IFC-5 [CMS-3414-IFC] and</p> <p>(vi) The resident's medical record includes documentation that indicates, at a minimum,</p>	F 887	<p>F887</p> <ol style="list-style-type: none"> <li>1. Resident #6 currently resides in the center. No ill effects noted as a result of the cited deficiency. Resident #6 was offered the COVID vaccine 2/10/22 and consented to receive the vaccination when he is eligible.</li> <li>2. The DON or designee will review all current residents in the center to ensure that they, or their representative on behalf of the resident, were provided an opportunity for the resident to receive the COVID 19 vaccine and that the resident / RP response is documented in the electronic health record.</li> <li>3. The Infection Preventionist or designee will in-service admission staff and all licensed nurses that the resident, and/or their representative on behalf of the resident, must be provided with an opportunity for the resident to receive the COVID 19 vaccine while residing in the facility, and that the resident / RP response must be documented in the electronic health record.</li> </ol>	2/23/22

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
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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  <b>01/27/2022</b>	
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>		
(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
F 887	<p>Continued From page 10</p> <p>the following:</p> <p>(A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and</p> <p>(B) Each dose of COVID-19 vaccine administered to the resident; or</p> <p>(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, for one (1) of 15 sampled residents, facility staff failed to provide a resident with the opportunity to accept or refuse the COVID-19 vaccine(s). Resident #6.</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on 08/16/2021 with multiple diagnoses that included: Anemia, Legal Blindness, and Disorder of Bilirubin Metabolism.</p> <p>Review of the Quarterly Minimum Data Set dated 10/08/2021 revealed that facility staff coded the</p>	F 887	<p>4. The Director of Nursing or designee will audit 25% of new admissions in the center to ensure the resident, and/or their representative on behalf of the resident, have been offered the COVID 19 vaccine to the resident weekly x 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee.</p>	

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F 887	<p>Continued From page 11 following:</p> <p>In section C (Cognitive Patterns), a Brief Interview for Mental Status summary score of "12", indicating moderate cognitive impairment.</p> <p>In section Q (Participation in Assessment and Goal Setting), Participation in Assessment, "1-yes" and "resident has no guardian or legally authorized representative."</p> <p>Review of the comprehensive care plan revealed a focus area, "[Resident Name] is at risk for heathcare associated infections (COVID-19 Infection) r/t (related to) COVID-19 pandemic", initiated on 08/16/2021.</p> <p>Review of the "Immunization" section of the electronic health record on 01/13/2022 lacked documented evidence that facility staff provided or offered Resident #6 the opportunity to accept or refuse the COVID-19 vaccine(s).</p> <p>Continued review of Resident #6's paper health record on 01/13/2022, revealed that there was no COVID-19 vaccination card or any other documentation to indicate that the immunization(s) was previously received/administered anytime before his admission to the facility on 08/16/2021.</p> <p>During a telephone interview conducted on 01/13/2021 at approximately 1:00 PM with Employee #2 Deapar (Clinical Executive Director), stated, "All the immunization information [consent, refusal, administration date and time] would be in PCC (Point Click Care- the facility's electronic health record system). I will look through his [Resident #6] medical record and see</p>	F 887		

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NAME OF PROVIDER OR SUPPLIER  CAPITOL CITY REHAB AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020		
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F 887	Continued From page 12 if it is documented anywhere else."  It should be noted, that during the time of the survey, the facility was not able to provide the surveyor any evidence that Resident #6 was offered the COVID-19 vaccine.	F 887		