

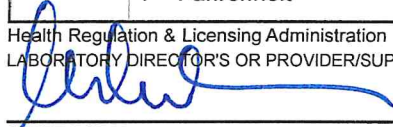
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0031</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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L 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was conducted from on January 13-27, 2022. The survey activities consisted of a review of 15 sampled residents. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 22B District of Columbia Municipal Regulations Chapter 32 and the Centers for Disease Control and Prevention (CDC) recommend practices to 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 DI- Deciliter DMH - Department of Mental Health DOH- Department of Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) F - Fahrenheit</p>	L 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 ADMINISTRATOR (X6) DATE 2/14/22

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L 000	Continued From page 1  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 ROM Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment,	L 000		
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L 000	Continued From page 2  Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	L 000		
L 091	<p>3217.6 Nursing Facilities</p> <p>The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter.</p> <p>This Statute 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) when providing care for one (1) of 15 sampled residents (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>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</p>	L 091	<p>L091</p> <p>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.</p> <p>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.</p> <p>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.</p>	2/23/22

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L 091	<p>Continued From page 3</p> <p>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." 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 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</p>	L 091	<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.</p>	

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L 091	Continued From page 4  are instructed to wear goggles, surgical or N95 face mask, and a gown.	L 091		
L 201	3231.12 Nursing Facilities  Each medical record shall include the following information:  (a)The resident's name, age, sex, date of birth, race, marital status home address, telephone number, and religion;  (b)Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor;  (c)Medicaid, Medicare and health insurance numbers;  (d)Social security and other entitlement numbers;  (e)Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses;  (f)Date of discharge, and condition on discharge;  (g)Hospital discharge summaries or a transfer form from the attending physician;  (h)Medical history and allergies;  (i)Descriptions of physical examination, diagnosis and prognosis;  (j)Rehabilitation potential;  (k)Vaccine history, if applicable, and other pertinent information about immune status in	L 201	L201  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.  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.  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.  4. The Director of Nursing or designee will audit 25% of new admissions in the center to ensure the resident, and/or their	2/23/22

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L 201	<p>Continued From page 5</p> <p>relation to vaccine preventable disease;</p> <p>(l)Current status of resident's condition;</p> <p>(m)Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition;</p> <p>(n)The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged;</p> <p>(o)Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;</p> <p>(p)A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;</p> <p>(q)The plan of care;</p> <p>(r)Consent forms and advance directives; and</p> <p>(s)A current inventory of the resident's personal clothing, belongings and valuables.</p>	L 201	<p>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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L 201	<p>Continued From page 6</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of 15 sampled residents, facility staff failed to make sure a resident's medical record included information about immune status in relation to vaccine preventable diseases (COVID-19). 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 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>	L 201		

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L 201	<p>Continued From page 7</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 (Clinical Executive Director), he 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 if it is documented anywhere else."</p> <p>It should be noted, that during the time of the survey, the facility was not able to provide the surveyor any evidence about the immune status in relation to vaccine preventable diseases (COVID-19) for Resident #6.</p>	L 201		
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