

Health Regulation & Licensing Administration

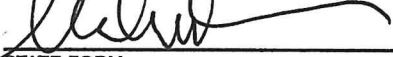
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2022
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NAME OF PROVIDER OR SUPPLIER CAPITOL CITY REHAB AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020
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L 000	<p>Initial Comments</p> <p>An unannounced facility reported incident survey was conducted at Capitol City Rehab and Healthcare Center from April 28, 2022, to May 5, 2022. Survey activities consisted of a review of four (4) sampled residents. The facility's census during the survey was 343.</p> <p>The incident investigated was: DC00010705.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>The following deficiencies are based on observation, record review, and resident and staff interviews.</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</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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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
ADMINISTRATIVE

(X6) DATE
6/13/22

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L 000	<p>Continued From page 1</p> <p>DMH - Department of Mental Health DOH- Department of Health EKG - 12 lead Electrocardiogram 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</p>	L 000		

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L 000	Continued From page 2 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, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	L 000		
L 529	3269.1I Nursing Facilities (I) To be free from mental or physical abuse; This Statute is not met as evidenced by: Based on observation, record review and resident and staff interviews, for one (1) of four (4) sampled residents, the facility's staff failed to ensure a resident was free from physical abuse from an employee. (Resident #1) The findings included: Resident #1 was admitted to the facility on 03/26/2019 with diagnoses which included: Schizophrenia, Dementia without Behavioral Disturbance, Anxiety Disorder, Restlessness, and Agitation. Review of the Quarterly Minimum Data Set dated 03/23/2022 revealed the following: In section C (Brief Interview for Mental Status) - a summary score of "05" indicating the resident has	L 529	L529 1. Resident #1 currently resides in the center and had no ill effects noted from the event. Employee #3 was terminated from the facility. The March 23 rd MDS was modified on 6/9/22 to address the resident's wandering behavior. There was no rejection of care behavior noted during the previous lookback period. The "Resident Appointment Escort" job description was completely revised on 5/13/22 to correctly detail the experience required for the role.	7/5/2022

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L 529	<p>Continued From page 3</p> <p>severe cognitive impairment.</p> <p>In section E (Behavior) the resident was not coded as having behaviors and rejection of care.</p> <p>Review of Resident #1's care plan dated 3/26/19 revealed the following:</p> <p>Focus- ...At risk for elopement R/T (related to recent wandering, confusion and diagnosis of encephalopathy dated 03/26/2019; Goals- Resident will not leave the building/facility unescorted ...; Interventions included: Check wander guard functioning [every] evening by the nursing supervisor if resident allowed to keep wander guard on; Distract [Resident #1] from wandering by offering pleasant diversions, structured activities, food, conversation, television;</p> <p>Staff will continue to redirect [Resident #1] to his room and assigned unit.</p> <p>Review of the resident's medical record showed the following Situation, Background, Assessment and Recommendation (SBAR) Note dated 4/21/2022 at 11:30 AM that documented, "Alleged physical altercation between resident and staff ...investigation in progress."</p> <p>Review of the "Department of Health Compliant/Incident Report" submitted by the facility on 04/21/2022 at 12:48 PM documented the following: "On April 21, 2022, at approximately 11:30 a.m., [Resident #1] was allegedly involved in an altercation in the lobby with a staff member when the staff member redirected him. An assessment was completed by the nurse. There was no evidence of injury. The investigation protocol has been initiated."</p>	L 529	<p>2. The DON or designee will interview or assess current residents for s/s of physical abuse to ensure there were no staff to resident altercations. The MDS Director or designee will review all MDS assessments submitted in the past 30 days for residents with wandering or rejection of care to ensure the residents' behaviors are accurately coded. The HR Director or designee will review new employee files for those hired in the past 30 days to ensure their job description records the employee's signature, full date and details the correct experience required for the role.</p> <p>3. The Nurse Educator or designee will in-service all facility staff on an ongoing basis on the resident's right to be free from all forms of abuse and will include tactics on how to redirect residents with cognitive impairments. The facility will schedule staff education through community recognized experts, to include techniques to effectively communicate and interact with residents with cognitive impairments, and on Resident's Rights. New staff orientation will include expanded education on resident abuse with appropriate techniques to interact with residents with cognitive impairments.</p>	
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L 529	<p>Continued From page 4</p> <p>A 4/21/2022 at 15:06 (3:06 PM) Incident Note documented, "Alleged physical altercation between resident and staff member while staff member was trying to re-direct resident away from the facility lobby area. When asked what happened, resident who is alert and oriented x 1-2 with intermittent confusion denied that event/incident happened. Upon assessment, no injury noted, resident denied hitting his head, denies pain/discomfort at this time. [Medical Director] updated with no new order given at this time. Police called and 2 officers responded ... Staff was interviewed and arrested for simple assault and escorted off the facility at 12:23 p.m. by the police. Investigation in progress. DOH ...RP (responsible party) ... called and a message was left to call back. V/S (vital signs) 137/86 (blood pressure), 73 (pulse), 18 (Respirations), 97.8 (temperature), 02 (oxygen saturations) 98% on room air."</p> <p>During a face-to-face interview conducted on 04/28/2022 at 9:25 AM, with Resident #1, he was asked if anyone treat you roughly? The resident did not reply. When asked if anyone has pushed him, he replied, "No one better push me. I will get my M***** F*** gun."</p> <p>Observation of the facility's video footage (without audio) was conducted on 04/28/2022 at approximately 10:40 AM. The video showed the following:</p> <p>Employee #3 (Resident Escort) suddenly appears in the video and immediately walked up to the resident, placed his left hand on the resident's chest, his right hand on the resident's side, and pushed him against the wall. He then pointed his index finger towards the unit where the resident came from, while verbally addressing the</p>	L 529	<p>Resident Council will be provided with review of resident right to be free from all forms of abuse and the process to report any allegations of resident abuse.</p> <p>The Nurse Educator or designee will in-service the MDS staff that the MDS section "E" must accurately document the residents' behaviors exhibited, including wandering and the rejection of care.</p> <p>The NHA or designee will in-service the HR staff that all job descriptions must detail the appropriate experience for the job role; must be signed and dated fully; and that job applications are filled out completely.</p> <p>4. The DON or designee will interview 20% of residents to ensure residents are free from physical abuse from employees weekly x 4, then monthly x 3 months. The MDS Director or designee will audit 20% of MDS assessment submissions to ensure that section "E" is adequately coded to note the residents' behaviors and/or rejection of care weekly x 4, then monthly x 3 months. The HR Director or designee will audit all new hires to ensure their job description records the employee's signature, full date and notes the correct</p>	
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L 529	<p>Continued From page 5</p> <p>resident. The resident can be seen with his back against the wall agitated and talking back to Employee #3. About 10 seconds later, Employee #3 forcefully starts to push Resident #1 back towards the door he just exited. The resident resists and as Employee #3 continue to push him, Resident #1 then falls backward. With the resident on the floor, on his back, Employee #3 bends over him and continues to aggressively handle him. Resident #1 then grabs Employee #3 by both legs, and they go back and forth for about 6 to 7 seconds until other facility staff intervene. Other staff to include (Employee #6) could be seen separating Employee #3 from Resident #1.</p> <p>Review of the personnel file for Employee #3 showed the following:</p> <ul style="list-style-type: none"> -Background check dated 02/01/2022 showed as clear in the areas for- Federal Bureau of Investigations, Nurse Aide Registry, Sex Offender, Office of the Inspector General Exclusion List. -An offer letter dated 01/31/2022 for a full time, Resident Escort with a contingent start date of 02/10/2022. -A signed job description for a "Resident Escort" signed by Employee #3 and "01/31/___" was listed as the date with no year recorded. The Director Human Resources also signed the job description as the witness however did not record the date to indicate when she signed the document. <p>It should be noted the facility's job description for a "Resident Escort" listed under experience that one "must be a licensed in accordance with laws of this state. One (1) year experience as a</p>	L 529	<p>experience for their role weekly x 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee. The Committee will determine the need for further intervention and/or action plans.</p>	
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L 529	<p>Continued From page 6</p> <p>Certified Nursing Assistant/Geriatric Nursing Assistant." There was no evidence found in Employee #3's personnel file that showed he was as a certified nursing assistant.</p> <p>The personnel file revealed the employee received the following education:</p> <ul style="list-style-type: none"> -Elder Justice Act on 2/10/2022; -Abuse, Neglect, Exploitation Prevention on 2/16/2022; -Challenging Behaviors: Care and Interventions for Individuals Experiencing Dementia on 2/15/2022; -Cognitive Impairment: Advanced training certificate dated 2/15/2022; -Customer Service Strategies training certificate dated 2/16/2022; -Resident Rights training certificate dated 2/17/2022. <p>During a face-to-face interview 04/28/2022 at approximate 10:30 AM, Employee #1 (Administrator) stated, "[Employee #3] was taken terminated for abuse. He was taken out the facility in hand cuffs.</p> <p>During a face-to-face interview on 05/05/2022 at approximately 11:00 AM, with Employees #1, #2, #4, and #7 the following was stated: Employee #4 Human Resources Director stated, "The job description was created by corporate." Employee #1 stated, "We don't require that (certified nurse aide certification) for escort appointments this is an error to require that- they used a CNA template for the escort, and it was not sufficiently edited."</p> <p>Employee #1 acknowledged that there are clerical errors on the job description.</p>	L 529		
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