

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>C</b> <b>08/29/2022</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><b>Initial Comments</b></p> <p>An unannounced complaint survey was conducted at Capitol City Rehab and Healthcare Center from August 16, 2022, to August 29, 2022. Survey activities consisted of a review of six (6) sampled residents. The facility's census during the survey was 322.</p> <p>Complaints DC00010934 and DC00010944, and facility reported incident DC00010925 were investigated during this survey. Deficiencies were cited related to the investigation of DC00010925</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 22B District of Columbia Municipal Regulations.</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</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

*Administrative*

(X6) DATE

9/21/22

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L 000	<p>Continued From page 1</p> <p>Regulations</p> <p>D/C- Discontinue</p> <p>DI- Deciliter</p> <p>DMH - Department of Mental Health</p> <p>DOH- Department of Health</p> <p>EKG - 12 lead Electrocardiogram</p> <p>EMS - Emergency Medical Services (911)</p> <p>F - Fahrenheit</p> <p>FR.- French</p> <p>G-tube- Gastrostomy tube</p> <p>HR- Hour</p> <p>HSC - Health Service Center</p> <p>HVAC - Heating ventilation/Air conditioning</p> <p>ID - Intellectual disability</p> <p>IDT - Interdisciplinary team</p> <p>IPCP- Infection Prevention and Control Program</p> <p>LPN- Licensed Practical Nurse</p> <p>L - Liter</p> <p>Lbs - Pounds (unit of mass)</p> <p>MAR - Medication Administration Record</p> <p>MD- Medical Doctor</p> <p>MDS - Minimum Data Set</p> <p>Mg - milligrams (metric system unit of mass)</p> <p>M- minute</p> <p>mL - milliliters (metric system measure of volume)</p> <p>mg/dl - milligrams per deciliter</p> <p>mm/Hg - millimeters of mercury</p> <p>MN - midnight</p> <p>N/C- nasal canula</p> <p>Neuro - Neurological</p> <p>NFPA - National Fire Protection Association</p> <p>NP - Nurse Practitioner</p> <p>O2- Oxygen</p> <p>PASRR - Preadmission screen and Resident Review</p> <p>Peg tube - Percutaneous Endoscopic Gastrostomy</p> <p>PO- by mouth</p>	L 000		

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L 000	Continued From page 2  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, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	L 000		
L 051	3210.4 Nursing Facilities  A charge nurse shall be responsible for the following:  (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;  (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;  (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;  (d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;  (e)Supervising and evaluating each nursing	L 051	L051  1. Resident #3 no longer resides in the center. Resident #3 was discharged on 8/18/22.  2. The Director of Nursing or designee will review the current residents with enabler assessments for independence, but who prefer not to use enablers, to ensure a care plan with goals and approaches is developed.	10/31/2022

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L 051	<p>Continued From page 3</p> <p>employee on the unit; and</p> <p>(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of six (6) sampled residents, the charge nurse failed to develop a care plan with goals and approaches to address the resident's preference to use a bed without side rails (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 05/10/22 with multiple diagnoses including Difficulty Walking, Radiculopathy Cervical region, Lower Back Pain, Generalized Muscle Weakness, and Vitamin D Deficiency.</p> <p>The Quarterly MDS (Minimum Data Set) assessment dated 07/13/22 documented a Brief Interview of Mental Status summary score of "15" indicating the resident was cognitively intact. The resident was coded for extensive assistance and requiring physical assistance of one person for bed mobility and using a wheelchair Under Section G Functional Status. Under Section J Health Conditions showed Resident #3 was not coded for falls. Under Section O Special Treatments, Procedures and Programs the resident was coded for receiving occupational and physical therapy services; and Under Section P Restraints and Alarms the resident was coded as bedrail not used.</p>	L 051	<p>3. The Director of Nursing or designee will in-service the licensed nurses to develop a care plan with goals and approaches for residents with enabler assessments for independence, but who prefer not to use enablers.</p> <p>4. The Director of Nursing or designee will audit 20% of the residents who have assessments requiring enablers for independence, but who prefer not to use enablers, to ensure a care plan with goals and approaches is developed. Audits will be done weekly 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 051	<p>Continued From page 4</p> <p>Review of the medical record revealed the following:</p> <p>05/10/22 [Side Rail/Grab bar Evaluation] documented, " ...Resident is currently using a grab bar for positioning or support ...bilateral ... [side rails] are indicated and serve as an enabler to promote independence ...resident educated ..."</p> <p>07/26/22 at 6:15 AM [Nursing Note] documented, "At 05:05 AM resident called for help. Upon responding, resident was observed on the floor beside her bed with face down in prone position with the two arms on her side. When writer asked resident what happened, she stated that I was trying to adjust my position in bed, and I rolled over and fell but did not hit her head on the floor. On assessment, no discoloration or swelling or visible injury noted, ROM (range of motion) positive on upper and her lower extremities, denies pain, lung sound clear on auscultation, abdomen soft and nondistended, resident assisted back to her bed after assessment. Neurological assessments initiated. No neurological deficit noted. PT Consult initiated ..."</p> <p>07/30/22 at 6:23 AM (created date and time) [Nursing Note] - "Resident requested for a bed with siderails for enabling. A new bed was given to her but the next day, resident said she did not like the bed and that she wanted her old bed which did not have the side rails. Beds were swapped as she requested ..."</p> <p>NOTE: The above nursing note was created four (4) days after the resident fell on 07/26/22. The note states, the Resident requested for a bed with siderails for enabling...A new bed was given to her but the next day...however there are no dates</p>	L 051		
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L 051	Continued From page 5  and times recorded to reflect the occasion(s).  Review of Residents #3's comprehensive care plans showed no evidence that a care plan was created with goals and approaches to address the resident's preference of using a bed without rails.  During a face-to-face interview on 08/17/22 at approximately 11:00 AM, Employee #6 (ADON) stated that a care plan was not developed to address Resident #3's preference of using a bed without bedrails.	L 051		
L 052	3211.1 Nursing Facilities  Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:  (a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;  (b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers;  (c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;  (d) Protection from accident, injury, and infection;  (e) Encouragement, assistance, and training in self-care and group activities;	L 052	L052  1. Resident #3 no longer resides in the center. Resident was discharged on 8/18/22.  2. The Director of Nursing or designee will review the current residents with enabler assessments for independence, but who prefer not to use enablers, to ensure they have been reassessed for enablers; are educated on the hazards involved in not using enablers when performing bed mobility; that the education is documented; and have a care plan with goals and approaches developed.	10/31/2022

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L 052	<p>Continued From page 6</p> <p>(f)Encouragement and assistance to:</p> <p>(1)Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2)Use the dining room if he or she is able; and</p> <p>(3)Participate in meaningful social and recreational activities; with eating;</p> <p>(g)Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h)Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i)Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j)Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of six (6) sampled residents, the facility staff failed to ensure that sufficient nursing time was given to reevaluate/reassess and educate Resident #3 on the use of bedrails as an enabler to promote independence with bed mobility when her bed was changed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 05/10/22 with multiple diagnoses including Difficulty Walking, Radiculopathy Cervical Region,</p>	L 052	<p>3. The Director of Nursing or designee will in-service the licensed nurses that residents with enabler assessments for independence, but who prefer not to use enablers, have been reassessed for enablers; are educated on the hazards involved in not using enablers when performing bed mobility; that the education is documented; and have a care plan with goals and approaches developed.</p> <p>4. The Director of Nursing or designee will audit 20% of the residents with assessments for enablers for bed mobility, but who prefer not to use enablers, have been reassessed for enablers; are educated on the hazards involved in not using enablers when performing bed mobility; that the education is documented; and have a care plan with goals and approaches developed. Audits will be done 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 052	<p>Continued From page 7</p> <p>Lower Back Pain, Generalized Muscle Weakness, and Vitamin D Deficiency.</p> <p>The Quarterly MDS (Minimum Data Set) assessment dated 07/13/22 documented a Brief Interview of Mental Status summary score of "15" indicating the resident was cognitively intact. The resident was coded for extensive assistance and requiring physical assistance of one person for bed mobility and using a wheelchair Under Section G Functional Status. Under Section J Health Conditions showed Resident #3 was not coded for falls. Under Section O Special Treatments, Procedures and Programs the resident was coded for receiving occupational and physical therapy services; and Under Section P Restraints and Alarms the resident was coded as bedrail not used.</p> <p>Review of the medical record revealed the following:</p> <p>05/10/22 [Side Rail/Grab bar Evaluation] documented, "...Resident is currently using a grab bar for positioning or support ...bilateral ... [side rails] are indicated and serve as an enabler to promote independence ...resident educated ..."</p> <p>07/26/22 at 6:15 AM [Nursing Note] documented, "At 05:05 AM resident called for help. Upon responding, resident was observed on the floor beside her bed with face down in prone position with the two arms on her side. When writer asked resident what happened, she stated that I was trying to adjust my position in bed, and I rolled over and fell but did not hit her head on the floor. On assessment, no discoloration or swelling or</p>	L 052		



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L 052	<p>Continued From page 8</p> <p>visible injury noted, ROM (range of motion) positive on upper and her lower extremities, denies pain, lung sound clear on auscultation, abdomen soft and nondistended, resident assisted back to her bed after assessment. Neurological assessments initiated. No neurological deficit noted. PT Consult initiated ..."</p> <p>07/30/22 at 6:23 AM (created date and time) [Nursing Note] - "Resident requested for a bed with siderails for enabling. A new bed was given to her but the next day, resident said she did not like the bed and that she wanted her old bed which did not have the side rails. Beds were swapped as she requested ..."</p> <p>NOTE: The above nursing note was created four (4) days after the resident fell on 07/26/22. The note states, the Resident requested for a bed with siderails for enabling...A new bed was given to her but the next day...however there are no dates and times recorded to reflect the occasion(s).</p> <p>Additionally, review of Residents #3's comprehensive care plan did not include any documented evidence that facility staff addressed the resident's preference not to use bedside rails as an enabler to promote independence with bed mobility (Resident #3).</p> <p>Continued review of Resident #3's medical record, including progress notes and assessments, showed no evidence that after the resident had a change in beds, that she was re-assessed to ensure she could safely perform bed mobility without the use of side rails. In addition, there was no evidence that Resident #3 was provided education about the hazards associated with not using siderails when</p>	L 052		
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L 052	Continued From page 9  performing bed mobility independently.  During a face-to-face interview on 08/17/22 at approximately 11:00 AM, Employee #6 (ADON) stated that she provided education on not using bed siderails, however she did not document it. Additionally, the employee said Resident #3 was not re-assessed for using bed rails since the assessments are conducted quarterly, and the last assessment was completed on 05/10/22.	L 052		
L 206	3232.4 Nursing Facilities  Each incident shall be documented in the resident's record and reported to the licensing agency within forty-eight (48) hours of occurrence, except that incidents and accidents that result in harm to a resident shall be reported to the licensing agency within eight (8) hours of occurrence.  This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of six (6) sampled residents, the facility staff failed to report a suspicion of a crime (confinement in a bathroom) involving a resident and an employee to the State Agency or law enforcement within 24 hours of knowledge of the event (Resident #1).  The findings included:  Review of the facility's policy titled, "Abuse Investigation and Reporting" revised in July 2017, showed direction for staff to report all alleged violations involving abuse, neglect, exploitation or exploitation ...to the State licensing/certification	L 206	L206  1. Resident #1 currently resides in the center. No ill effects noted as a result of the deficiency. Resident #1 remains on one-to-one monitoring to increase his supervision for resident and staff members' safety. Employee #3 was suspended on 8/1/22 and has not returned to the facility. Employee #5 received a disciplinary action on 8/19/22 for failure to report information of a possible assault.  2. The Director of Nursing and other clinical leaders performed a review of current resident incidents in the facility on 8/3/22, and ongoing, to identify if there was any other alleged sexual assault between a resident and an employee. No other allegation of sexual assault between a resident and staff member has been reported.	10/31/2022

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L 206	<p>Continued From page 10</p> <p>agency ... law enforcement official ... not later than twenty-four (24) hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury.</p> <p>Resident #1 was admitted to the facility on 10/11/21. The resident had multiple diagnoses including Major Depressive Disorder, Anxiety Disorder, Schizophrenia, and Mood Disorder.</p> <p>A Quarterly MDS assessment dated 06/20/22 documented the resident had a Brief Interview for Mental Status (BIMs) summary score of "15" indicating the resident was cognitively intact. Further review of the MDS showed Resident #1 was coded for not exhibiting physical behavioral symptoms that were directed toward others including abusing others sexually. Additionally, being totally dependent on the physical assistance of two staff members for bed mobility and one staff member for personal hygiene.</p> <p>Review of a Facility Reported Incident (DC00010925) dated 08/05/22 [Friday] at 11:21 AM, documented, "On 08/01/22 at approximately 10:30 AM, [Detective's name], Sexual Assault Unit of the Metropolitan Police Department informed Administration that a report was received from a Capitol City employee [Employee #1] on 07/31/22. The report alleged that the employee was sexually assaulted by [Resident #1's name]. Per the report, the alleged encounter took place on 06/17/22. [Resident #1] was interviewed by the DON [Director of Nursing]. He admitted to performing oral sex on [Employee #1] and stated it was consensual ... [Employee #1] was also interviewed by the DON. [Employee #1] acknowledged that the resident performed oral sex but added it was against her will. [Employee</p>	L 206	<p>3. The Director of Nursing or designee will in-service the clinical leaders on the facility abuse reporting policy and that any suspected assault is reported to the State Agency and/or law enforcement as required.</p> <p>4. The Director of Nursing or designee will audit all allegations of alleged sexual assault involving a resident and staff member to ensure that the suspected assault is reported to the State Agency and/or law enforcement as required. Audits will be done 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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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 08/29/2022
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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 206	<p>Continued From page 11</p> <p>#1] alleged that [Resident #1] led her into the bathroom and prevented her from leaving. [Employee #1] stated that she did not call for help at the time, or report the incident, in order to maintain her privacy ..."</p> <p>During a face-to-face interview on 08/16/22 at 10:12 AM, Employee #4 (CNA) stated that [Employee #3] told her that [Resident #1] pushed her in the bathroom and performed oral sex on her. The employee then said [Employee #3] told a supervisor but he said, "he couldn't help". When asked if she able to remember the date [Employee #3] told her about the incident? Employee #4 could not recall.</p> <p>During telephone interview on 08/16/22 at 1:00 PM, Employee #5 (Nursing Supervisor, informed of the incident) stated that Employee #3 posed him a hypothetical question about what she should do if a resident tried to corner her in the bathroom. He then asked [Employee #3] if the incident really happened, and Employee #3 confirmed it. When he asked her if [Resident #1] touched her, she answered, "No". Employee #5 stated that when he attempted to move [Employee #3] from the unit and report the incident to the police and state agency, [Employee #3] refused, saying, "Strike it out. You never had this conversation with me." When questioned, why he didn't inform his Administrator, the police, or the State Agency, he stated, "I didn't want to look like a liar." When inquired, what date and time did this conversation with [Employee #3] occur? He could not remember and further stated, [Employee #3] told him a few weeks later that she was calling the police to report the incident with [Resident #1].</p> <p>Review of Resident #1's clinical record and the</p>	L 206		

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>C</b> <b>08/29/2022</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 206	<p>Continued From page 12</p> <p>facility incident report(s) lacked documented evidence that the suspected incident was reported to Law Enforcement and the State Agency within 24 hours of having knowledge of the incident.</p> <p>Note: This is a repeat deficiency from a recertification survey conducted on 12/23/21.</p>	L 206		