PRINTED: 11/30/2023 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0084 10/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6856 EASTERN AVE NW #310 CAPITAL CARE, INC** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG **PREFIX** OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 000 INITIAL COMMENTS H 000 An annual licensure survey was conducted on 10/02/2023, 10/03/2023, 10/04/2023, 10/05/2023, 10/06/2023 and 10/10/2023, to determine compliance with Title 22 B DCMR, Chapter 39 (Home Care Agency Regulations). The Home Care Agency provided home care services to 248 patients and employed 284 staff. The findings of the survey were based on the review of administrative records, 12 active patient records, three discharged patient records, 15 personnel records, and a review of the agency's response to complaints and incidents received. The survey findings were also based on the completion of eight patient phone interviews and two home visits. Listed below are abbreviations used throughout this report:

H 364 3914.3(m) PATIENT PLAN OF CARE

HCA - Home Care Agency HHA - Home Health Aide POC - Plan of Care

The plan of care shall include the following:

(m) Emergency protocols; and...

This Statute is not met as evidenced by:

Based on record review and interview, it was determined that the home care agency (HCA) failed to include emergency protocols specific to patient diagnoses in the plan of care (POC) for one of the 12 active patients included in the sample (Patient #2).

Findings included:

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE KANY KENOU

DON

TITLE

(X6) DATE 12/11/2023

H 364

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Health Regulation & Licensing Administration

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0084	B. WING		10/1	0/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE. ZIP CODE		
CADITAL	CARE INC		ERN AVE N			
CAPITAL	CARE, INC	WASHING	TON, DC 20	0012		
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H 364	1. On 10/02/2023 at #2's clinical record swith duration periods 05/31/2023, and 06/The patient's diagnod Diabetes, and Cong showed physician's every month for 12 rassessments, teach medication manager physician vital sign rassesure of 160/90 greater than 110 or greater than 101 or review of the Plan or was receiving Metfor for diabetes manager receiving Metoprolol daily for heart failure of the POC showed parameters relating congestive heart fail would warrant emergency ranges to warrant er the patient's diabete.	1:00 PM, a review of Patient showed two plans of care (POC) is of 06/03/2022, through 101/2023 through 05/31/2024. Sees included Hypertension, estive Heart Failure. The POC orders for skilled nursing visits months to conduct skilled disease management, and ment, and report to the ranges that exceed a blood or lower than 90/60, a pulse rate less than 60, a temperature less than 96. A continued of Care showed that the patient rmin 500 milligrams (mgs) daily ement. The patient was also 150 mgs daily and Lasix 20 mgs a management. A further review no documented evidence of to emergency protocols for ure or diabetes mellitus that gency intervention.	H 364	1.Capital Care Inc Home Health agency identified the beneficiary's POC dated 06/01/2023 through 05/31/2024 that did include emergency protocols including to the patient's diabetes and heart failur POC was updated with the emergency and faxed to the physician for signature Attachment updated POC). Assigned Freviewed the updated POC with benefic PCA. All nurses were retrained by the Eduring a nurse's In-service on 10/31/20 attachment nurse In -service training signeet & agenda) on the importance of documentation ranges to warrant emergintervention relating to patient's applicationary application of the policy protocols that warrant emergintervention relating to patients with application of the POC, the QA RN will complete the emergency protocol wincluded on the POC, the QA RN will conduct a review of the policy with all R quarterly to ensure compliance. 3.Moving forward Capital Care Inc will proposed for the policy with all R quarterly to ensure compliance. 3.Moving forward Capital Care Inc will proposed for the policy with all R quarterly to ensure that all POC in emergency protocols intervention related applicable diagnoses. The audit will be by the DON.	I not reference re. The protocols (see RN staff ciary and DON 23(see gn in gency ble murse will ude gency blicable as not contact the int finding orrect the urse will N staff perform ure will include and to all	10/31/2023
H 435	Skilled services shall	ERVICES GENERALLY Il be provided in accordance as outlined in section 3914.	H 435			

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PRINTED: 11/30/2023 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0084 10/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6856 EASTERN AVE NW #310 CAPITAL CARE, INC** WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG **PREFIX** OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 10/31/2023 H 435 H 435 Continued From page 2 1.Capital Care has reviewed the skilled nursing visit notes of patient #8 and #9 and is unable to retrospectively correct the documentation to include the weigh for all patients with CHF. Moving forward, CCI will ensure that the RN staff visit notes include the weigh for all patients with This Statute is not met as evidenced by: CHF. If RN unable to weigh the patient, then, the reason will be documented on the visit note. All Based on record review and interview, the home nurses were retrained by the DON during a care agency failed to ensure that skilled services nurse's In-service on 10/31/22023 on the were provided in accordance with the plan of care importance of weight monitoring for disease for two of the 12 active patients in the sample management. (Patients #8, and #9). 2. CCI's QA RN will reinforce the use of scales Findings included: provided to the RN staff and reinforce the provision of weight log (see attachment patient's 1. On 10/05/2023 at 11:00 AM, a review of Patient weight log) to the patients during RN's In-service. #8's Plan of Care (POC) with a service period from This log will be reviewed on the a monthly basis 02/01/2023 through 01/31/2024 showed the patient during RN's visit and will notify the physician of had diagnoses to include Chronic Kidney Disease, any discrepancy. Congestive Heart Failure, and Hypertension. The 3. Moving forward CCI will perform quality audits POC included orders for skilled nursing services on all RN monthly visit note to measure 12/11/2023 once a month for skilled assessment and compliance. CCI's QA RN will perform audits to evaluation, teaching the patient management of ensure that all RN skilled visit note include their disease process, medication management. documentation of weight or reason if unable to supervising the home health aides, and reporting to weigh the patient for all patients with CHF. The physician vital sign ranges that fall outside of the QA RN will contact the assigned RN staff to following established parameters: a body discuss the deficient finding with the requirement temperature below 96 or greater than 101, a pulse and the RN staff will correct the skilled visit note less than 60 or greater than 110, blood pressure within 1 business day. Weight monitoring tool greater than 160/90 or less than 90/60 and a weight was added to our Monthly QA tool on 12/6/2023 gain of greater than two pounds in 24 hours or five to ensure compliance (monthly QA tool). pounds in one week. A Further review of the clinical record showed that the patient was being treated with Metoprolol 100 milligrams (mgs) two times

daily, Spironolactone 25 mgs two times daily, and Lasix 20 mgs. daily for congestive heart failure.

A continued review of the clinical record showed that the skilled nurse visited the patient on 06/09/2023, 07/14/2023, 08/12/2023, and

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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HCA-0084	B. WING		10/1	0/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CAPITAL	CARE, INC		TERN AVE NOTE TON, DC 20				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
	patient's weight to all gain that may neces 2. On 10/05/2023 at #9's Plan of Care (P 12/15/2022 through had diagnoses to inc Congestive Heart Fa POC included orders once a month for ski evaluation, teaching their disease proces	documented evidence of the lert the physician of any weight sitate emergency intervention. 11:40 AM, a review of Patient OC) with a service period from 11/30/2023 showed the patient clude Diabetes Mellitus, ailure, and Hypertension. The sit for skilled nursing services lled assessment and the patient management of s, medication management,					
	supervising the home health aides, and reporting to physician vital sign ranges that fall outside of the following established parameters: a body temperature below 96 or greater than 101, a pulse less than 60 or greater than 110, blood pressure greater than 160/90 or less than 90/60 and a weight gain of greater than two pounds in 24 hours or five pounds in one week. A Further review of the clinical record showed that the patient was being treated with Metoprolol 100 milligrams (mgs) daily, Spironolactone 50 mgs daily, and Hydrochlorothiazide 25 mgs daily for congestive heart failure.						
	that the skilled nurse 06/16/2023, 07/07/2 0930/2023, with no opatient's weight to all gain that may neces	of the clinical record showed e visited the patient on 023, 0821/2023, and documented evidence of the left the physician of any weight sitate emergency intervention. Tryey, the agency failed to ces as ordered on the POC for					

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2ZVD11

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HCA-0084 B. WING 10/10/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAPITAL CARE, INC

6856 EASTERN AVE NW #310 WASHINGTON, DC 20012

CAPITAL	CARE, INC	WASHINGTON, DC 200		
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H 435	Continued From page 4	H 435		
	During an interview with the Director of 10/10/2023 at 2:00 PM, the deficiency acknowledged.	f Nursing on was		

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6899 2ZVD11 If continuation sheet 5 of 5