

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/10/2023
NAME OF PROVIDER OR SUPPLIER CAPITAL CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6856 EASTERN AVE NW #310 WASHINGTON, DC 20012		
(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) COMPLETE DATE
H 000	<p>INITIAL COMMENTS</p> <p>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.</p> <p>Listed below are abbreviations used throughout this report:</p> <p>HCA - Home Care Agency HHA - Home Health Aide POC - Plan of Care</p>	H 000		
H 364	<p>3914.3(m) PATIENT PLAN OF CARE</p> <p>The plan of care shall include the following:</p> <p>(m) Emergency protocols; and...</p> <p>This Statute is not met as evidenced by:</p> <p>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).</p> <p>Findings included:</p>	H 364		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE 12/11/2023

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STATE FORM

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H 435	<p>Continued From page 3</p> <p>09/20/2023, with no documented evidence of the patient's weight to alert the physician of any weight gain that may necessitate emergency intervention.</p> <p>2. On 10/05/2023 at 11:40 AM, a review of Patient #9's Plan of Care (POC) with a service period from 12/15/2022 through 11/30/2023 showed the patient had diagnoses to include Diabetes Mellitus, Congestive Heart Failure, and Hypertension. The POC included orders for skilled nursing services once a month for skilled assessment and evaluation, teaching the patient management of their disease process, 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.</p> <p>A continued review of the clinical record showed that the skilled nurse visited the patient on 06/16/2023, 07/07/2023, 0821/2023, and 0930/2023, with no documented evidence of the patient's weight to alert the physician of any weight gain that may necessitate emergency intervention.</p> <p>At the time of the survey, the agency failed to provide skilled services as ordered on the POC for Patients #8, and #9.</p>	H 435			

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