April 13, 2019

VIA FAX AND OVERNIGHT MAIL

Wietske G. Weigel-Delano, LTC Supervisor
Office of Licensure and Certification
Division of Long Term Care Services
9960 Mayland Drive, Suite 401
Richmond, VA 23233

RECEIVED
APR 16 2019
VDH/OLC

Dear Mrs. Weigel-Delano:

RE: Belvoir Woods Health Care Center at The Fairfax
Provider Number 495197

Please find the Plan of Correction (POC) for Belvoir Woods Health Care Center at the Fairfax. The unannounced survey conducted by the Department of Health's Office of Licensure and Certification ended on March 28, 2019.

The POC addresses each of the alleged deficiencies cited in the Statement of Deficiencies, which accompanied your letter dated April 4, 2019. Belvoir Woods Health Care Center at the Fairfax has taken specific measures to ensure that the alleged deficiencies have been addressed and that measures have been enacted to ensure that such circumstances do not occur.

Accordingly, this letter constitutes our credible allegation of compliance with Medicare and Medicaid program requirements. Belvoir Woods Health Care Center at The Fairfax will complete implementation of the enclosed POC as of May 10th, 2019.

Thank you for your support of Belvoir Woods Health Care Center at the Fairfax. The professionalism and courtesy shown by the surveyors during our recent survey was recognized by my team and very much appreciated. Please extend my appreciation on behalf of the residents, families and team members.

Should you need to contact me, please do so via email Christine.Piracci@sunriseseniorliving.com or by calling 703-781-2402.

Respectfully,

Christine Piracci

Christine Piracci, MSW, LNHA
Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	495197		C 03/28/2019

NAME OF PROVIDER OR SUPPLIER
BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX

STREET ADDRESS, CITY, STATE, ZIP CODE
9160 BELVOIR WOODS PKWY
FORT BELVOIR, VA 22060

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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 03/26/19 through 03/28/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 03/26/19 through 03/28/19. Three complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 56 certified bed facility was 49 at the time of the survey. The survey sample consisted of 22 current resident reviews and eight closed record reviews.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in	F 623	With respect to the specific observation cited: On 3/28/19, the Administrator (ASM #1) provided evidence that the Ombudsman was notified on 3/27/19 of resident #13's transfer to the hospital. On 3/28/19, ASM #1, Administrator provided evidence that the Ombudsman was notified on 3/27/19 of resident #19's transfer to the hospital. RECEIVED APR 16 2019 VDH/OLC	5/10/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 623	Continued From page 1 paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal	F 623	With respect to how the facility will identify residents with the potential for the identified concern and take corrective action: An audit of transfers and discharges for residents transferred or discharged from the facility during the 30 days prior to the end of the survey will be conducted by May 10, 2019 by the Health Information Coordinator or designee. Issues identified will be resolved: a notice will be sent to a representative of the Office of the State Long Term Care Ombudsman by the Health Information Coordinator or designee. With respect to what systemic measures have been put in place to address the stated concern: Refresher training conducted by the Administrator on Notice Requirements Before Transfer/Discharge has commenced. Training of admissions staff, nurses, social worker(s) and the health information officer will be completed by the Administrator or designee by 5/10/19.Over the next three months, transfers/ discharges will be audited by the Health Information Coordinator or designee to confirm that residents and the resident's representative(s) are notified of the transfer or discharge and the reasons for the move, in writing and in a language and manner they understand. The Audit will include confirmation that the facility sent a copy of the notice to a representative of the Office of the State Long Term Care Ombudsman. The Audit will include confirmation that the resident's medical record includes a record of the reasons for the transfer or discharge. The findings of the audits will be reviewed at Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period.	5/10/2019 5/10/2019

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F 623	Continued From page 2 hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).	F 623	With respect to how the plan of corrective measures will be monitored: The Executive Director and/or Administrator are responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction, addressing, and resolving variances that may occur. The Executive Director and/or Administrator are responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	5/10/2019

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F 623	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined that facility staff failed to provide written notification of a facility initiated transfer to the ombudsman, the resident and/or the resident's representative for two of 30 residents in the survey sample, Residents # 13 and # 19. 1. The facility staff failed to notify the ombudsman and provide Resident # 13 or the resident's representative written notification when the resident was transferred to the hospital on 02/09/19. 2. The facility staff failed to notify the ombudsman when Resident # 19 was transferred to the hospital on 02/02/19. The findings include: 1. The facility staff failed to notify the ombudsman and provide Resident # 13 or the resident's representative written notification when the resident was transferred to the hospital on 02/09/19. Resident # 13 was admitted to the facility on 07/20/15 and a re-admission on 11/30/18 with diagnoses that included but were not limited to: hemiplegia (1), benign prostatic hyperplasia (2), anemia (3) and hypertension (4). Resident # 13's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 01/22/19, coded Resident # 13 as scoring a 4 (four) on the brief interview for mental status (BIMS) of a score of 0	F 623		

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F 623	Continued From page 4 - 15, 4 (four) - being severely impaired of cognition for making daily decisions. Resident # 13 was coded as being totally dependent of one staff member for activities of daily living. The nurse's "Progress Notes," dated 02/09/2019 for Resident # 13 at 10:40 p.m. documented, "At around 6:45 pm (p.m.) after dinner, resident wife came to writer that her husband has not [sic] pass urine in the Foley bag since breakfast. This writer assessed pt (patient), abdomen is big with some distension noted. Pt c/o (complained of) pain when abdomen been palpated, pt has suprapubic cath (catheter) for dx (diagnosis) of BPH (benign prostatic hyperplasia). MD (medical doctor) made aware, new order to transfer pt to ER (emergency room) to eval (evaluate) and treat via (by) non-emergence. (Name of Transport) call and came pickup resident at about 8:45 PM (p.m.). Report given to ER nurse (Name of Nurse)." The nurse's "Progress Notes," dated 02/10/2019 for Resident # 13 at 02:31 (2:31 a.m.) documented, "Resident returned to unit at 0200 (2:00 a.m.) from (Name of Hospital) with an 18 Fr (French) pubic catheter with 10cc (cubic centimeters) balloon in place and draining well at this hour. Resident appears comfortable with no distress observed at this hour. New order for cefixime 400 mg (milligrams) 1 (one) cap (capsule) po (by mouth) daily for UTI (urinary tract infection) x (times) 10 days and to discontinue Trimethoprim while resident is [sic] no cefixime and resume post ABT (antibiotic) therapy. Denies pain, no distress observed. Nursing staff will continue to monitor." The facility's "Transfer / Discharge Summary -V2"	F 623		

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F 623	Continued From page 5 form for Resident # 13 with the "Effective Date: 02/09/2019 22:25 (10:58 p.m.)" documented, "F. Signature/Acknowledgement. My signature below indicates that Discharge Instructions were reviewed with me in a language I understand and my questions answered. I have received the medication list or prescriptions identified and have been notified of any medication(s) dispensed in containers that are not child-proof." Review of the headings "1. Signature of Person Receiving Instructions, 2. Relationship to Resident/Guest" and 3."Date Signed" revealed they were left blank. On 03/27/19 at approximately 5:25 p.m., during the end of the day meeting with ASM (administrative staff member) # 1, administrator , a request was made for evidence that the ombudsman was notified of Resident # 13's transfer to the hospital on 02/09/19. On 03/28/19 at approximately 8:30 a.m., ASM # 1 provided a copy of a facsimile to the ombudsman for Resident # 13 dated "MAR -27 0841 PM (March 27, 2019 at 8:41 p.m.)." On 03/28/19 at 8:51 a.m., an interview was conducted RN (registered nurse) # 2, acting director of nursing and the administrator, ASM (administrative staff member) # 1. When asked who is responsible for notifying the ombudsman at the time of a resident's transfer to the hospital RN # 2 stated, "The nurses or designee." When asked about the facsimile to the ombudsman for Resident # 13 dated 3/27/19, ASM # 1 stated that the facsimile was sent after the request was made the day before. When asked how the resident or the resident's responsible party is notified of the resident's transfer to the hospital	F 623		

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F 623	Continued From page 6 ASM # 1 stated, "It is documented on the transfer form." After reviewing the "Transfer / Discharge Summary -V2" form for Resident # 13 with the "Effective Date: 02/09/2019 22:25 (10:58 p.m.)" ASM # 1 was asked if section "F" of the form was complete. ASM # 1 stated no. When asked if there was evidence that, the resident or the resident's responsible party was notified of the transfer on 02/09/19, ASM # 1 stated, "No." The facility's policy "Transfer, Discharge & Bed Hold Notices" documented, "3. The SSC (social services coordinator)/designee will complete the following steps before the community transfers or discharges a resident (voluntary or involuntary): a. Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move, in writing, in a language and manner they understand." On 03/28/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, the administrator was made aware of the findings. No further information was provided prior to exit. References: (1) Also called: Hemiplegia, Palsy, Paraplegia, Quadriplegia. Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. This information was obtained from the website: https://medlineplus.gov/paralysis.html.	F 623		

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F 623	Continued From page 7 (2) An enlarged prostate. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html. (3) Low iron. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anemia.html . (4) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html. 2. The facility staff failed to notify the ombudsman when Resident # 19 was transferred to the hospital on 02/02/19. Resident # 19 was admitted to the facility on 03/16/16 and a re-admission on 02/05/19 with diagnoses that included but were not limited to: hemiplegia (1), peripheral vascular disease (2), depressive disorder (3) and syncope and collapse (4). Resident # 19's most recent MDS (minimum data set), a 5-day assessment with an ARD (assessment reference date) of 02/12/19, coded Resident # 19 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 19 was coded as requiring extensive assistance of one staff member for activities of daily living. The nurse's "Progress Notes," dated 02/02/19 at 03:25 (3:25 a.m.) documented, "Event: Fall. Action/Intervention: Resident was assessed,	F 623		

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F 623	Continued From page 8 pressure applied to bleeding site and dry dressing applied to open area on back. Order obtained to send to ER (emergency room) and resident sent to (Name of Hospital) via (by) 911 for further observation and Tx (treatment)." The nurse's "Progress Notes," dated 02/05/19 at 21:45 (9:45 p.m.) documented, "Resident Arrived: (Resident # 19) arrived 2/5/19 at 4:15 pm (p.m.) via ambulance from (Name of Hospital). He was accompanied by his wife." On 03/27/19 at approximately 5:25 p.m., during the end of the day meeting with ASM (administrative staff member) # 1, administrator, a request was made for evidence that the ombudsman was notified of Resident # 19's transfer to the hospital on 02/02/19. On 03/28/19 at approximately 8:30 a.m., ASM # 1 provided a copy of a facsimile to the ombudsman for Resident # 19 dated "MAR -27 0827 PM (March 27, 2019 at 8:27 p.m.)." On 03/28/19 at 8:51 a.m., an interview was conducted RN (registered nurse) # 2, acting director of nursing and the administrator, ASM (administrative staff member) # 1. When asked who is responsible for notifying the ombudsman at the time of a resident's transfer to the hospital, RN # 2 stated, "The nurses or designee." When asked about the facsimile to the ombudsman for Resident # 19 dated 3/27/19, ASM # 1 stated that the facsimile was sent after the request was made the day before. On 03/28/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, the administrator was made aware of the findings.	F 623		

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F 623	Continued From page 9 No further information was provided prior to exit. References: (1) Also called: Hemiplegia, Palsy, Paraplegia, Quadriplegia. Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread This information was obtained from the website: https://medlineplus.gov/paralysis.html. (2) The vascular system is the body's network of blood vessels. It includes the arteries, veins and capillaries that carry blood to and from the heart. Arteries can become thick and stiff, a problem called atherosclerosis. Blood clots can clog vessels and block blood flow to the heart or brain. Weakened blood vessels can burst, causing bleeding inside the body.) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/vasculardiseases.html. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. (4) Fainting. This information was obtained from the website:	F 623		

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F 623	Continued From page 10 https://www.nlm.nih.gov/medlineplus/ency/article/003092.htm.	F 623		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review, and clinical record review, it was determined that facility staff failed	F 625	With respect to the specific observation cited: The Administrator or designee will send written communication to residents #19 and #20 or their responsible parties informing them of the Bed Hold Policy before/Upon transfer as of their dates of transfer. With respect to how the facility will identify residents with the potential to be affected by the identified concern and take corrective action: An audit of residents transferred from the facility during the 30 days prior to the survey end date will be conducted by 5/10/19 by the Health Information Coordinator or designee to confirm residents or their responsible parties were informed of the Bed Hold policy before/upon transfer as of their dates of transfer. Issues identified will be resolved for current residents: the Bed Hold Policy will be sent to current residents and their responsible parties With respect to what systemic measures have been put in place to address the stated concern: Refresher training on Bed Hold Policy Before/Upon Transfer for admissions staff, nurses, social worker(s) and the health information officer has commenced and will be completed by the Administrator or designee by 5/10/19. Over the next three months, transfers and bed hold notifications will be audited by the Health Information Coordinator or designee. The findings from the audits will be reviewed at the Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period.	5/10/2019 5/10/2019 5/10/2019

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	495197		C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX	9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060

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F 625	Continued From page 11 to provide a bed hold policy to the resident or the resident's representative upon transfer to the hospital for two of 30 residents in the survey sample, Residents # 19 and # 20. 1. The facility staff failed to provide Resident # 19 or the resident's representative written notification of the bed hold policy when the resident was transferred to the hospital on 02/02/19. 2. The facility staff failed to send a copy of the bed hold policy to the hospital with Resident #20, at the time of transfer on 01/16/2019. The findings include: 1. The facility staff failed to provide Resident # 19 or the resident's representative written notification of the bed hold policy when the resident was transferred to the hospital on 02/02/19. Resident # 19 was admitted to the facility on 03/16/16 and a readmitted on 02/05/19, with diagnoses that included but were not limited to: hemiplegia (1), peripheral vascular disease (2), depressive disorder (3), and syncope and collapse (4). Resident # 19's most recent MDS (minimum data set), a 5-day assessment with an ARD (assessment reference date) of 02/12/19, coded Resident # 19 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 19 was coded as requiring extensive assistance of one staff member for activities of daily living.	F 625	With respect to how the plan of corrective measures will be monitored: The Executive Director and/or Administrator are responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction, addressing, and resolving variances that may occur. The Executive Director and/or Administrator are responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	5/10/2019

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F 625	Continued From page 12 The nurse's "Progress Notes," dated 02/02/19 at 03:25 (3:25 a.m.) documented, "Event: Fall. Action/Intervention: Resident was assessed, pressure applied to bleeding site and dry dressing applied to open area on back. Order obtained to send to ER (emergency room) and resident sent to (Name of Hospital) via (by) 911 for further observation and Tx (treatment)." The nurse's "Progress Notes," dated 02/05/19 at 21:45 (9:45 p.m.) documented, "Resident Arrived: (Resident # 19) arrived 2/5/19 at 4:15 pm (p.m.) via ambulance from (Name of Hospital). He was accompanied by his wife." Review of the clinical record for Resident # 19 failed to evidence documentation that a bed hold policy was provided to the resident or the resident's representative upon transfer to the hospital on 02/02/19. On 03/28/19 at 8:51 a.m., an interview was conducted RN (registered nurse) # 2, acting director of nursing and the administrator, ASM (administrative staff member) # 1. When asked to describe the process for providing a copy of the facility's bed hold policy at the time of a transfer, RN # 2 stated, ""It is the responsibility of the social worker and if they are not available the responsibility falls to a designee, which may be the nurse." When asked if a bed hold policy was provided to Resident # 19 or their representative at the time of transfer on 02/02/19, ASM # 1 stated, "No." The facility's policy "Transfer, Discharge & Bed Hold Notices" documented, "3. The SSC (social services coordinator)/designee will provide written	F 625		

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F 625	Continued From page 13 information to the resident, family member or legal representative before transfer of a resident to a hospital or for therapeutic leave, consisting of a Discharge, Transfer & Bed Hold Notice Policy that includes: a. The duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the community. B. The reserve bed payment policy in the state plan, if any, c. The community's policies on the duration of the bed-hold." On 03/28/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, the administrator was made aware of the findings. No further information was provided prior to exit. References: (1) Also called: Hemiplegia, Palsy, Paraplegia, Quadriplegia. Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. This information was obtained from the website: https://medlineplus.gov/paralysis.html. (2) The vascular system is the body's network of blood vessels. It includes the arteries, veins and capillaries that carry blood to and from the heart. Arteries can become thick and stiff, a problem called atherosclerosis. Blood clots can clog vessels and block blood flow to the heart or brain. Weakened blood vessels can burst, causing bleeding inside the body.) This information was obtained from the website:	F 625		

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F 625	Continued From page 14 https://www.nlm.nih.gov/medlineplus/vasculardiseases.html. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. (4) Fainting. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/003092.htm. 2. The facility staff failed to send a copy of the bed hold policy to the hospital with Resident #20, at the time of transfer on 01/16/2019. Resident #20 was admitted to the facility on 02/01/2013. Her most recent readmission to the facility was on 01/22/2019 following a hospitalization. Resident #20's diagnoses included, but were not limited to, Chronic Obstructive Pulmonary Disease (1), Parkinson's disease (2), Hypertension (elevated blood pressure) and fracture of the femur (the long bone of the thigh). Resident #20's most recent Minimum Data Set (MDS) Assessment was a 30-Day Assessment with an Assessment Reference Date (ARD) of 02/19/2019. The Brief Interview for Mental Status (BIMS) scored Resident #20 at a 2, indicating profound impairment. A review of Resident #20's Progress Notes revealed the following note dated 01/16/2019 at	F 625		

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F 625	Continued From page 15 4:34a.m: "Transfer/Discharge - Unable to Meet Needs Reason for Transfer/Discharge indicate specific resident need(s) that cannot be met: Resident is alert and verbally responsive to care, was noted laying on her left side on the floor calling for help. Bedside table also on floor partially over resident. Upon assessment, deformity of the right leg was noted with c/o (complaint of) pain and limited ROM (range of motion). Neuro (neurological) checks initiated. MD (medical doctor) and RP (responsible party) notified. 911 called and resident was transferred to ER. ([HOSPITAL NAME]) for evaluation and Tx (treatment). Facility attempts to meet the resident need(s) - include all attempted interventions: Neuro checks initiated. Resident transferred to Hospital due to unable to meet resident needs at this time Discharge Plan include services available at receiving facility: [HOSPITAL NAME] Family/Physician notification and new orders: [DAUGHTER] and on call [MD NAME] Additional Comments: (none)" A further review of Resident #20's medical record revealed no evidence that a copy of the bed hold policy was provided to either Resident #20 or their representative at the time of Resident #20's transfer to the hospital on 01/16/2019. On 03/28/2019 at 8:51 a.m., an interview was conducted RN (registered nurse) # 2, Acting Director of Nursing and ASM (administrative staff member) # 1, the facility Administrator. When asked to describe the process for providing a copy of the facility's bed hold policy at the time of a transfer, RN # 2 stated, ""It is the responsibility of the social worker and if they are not available	F 625		

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F 625	Continued From page 16 the responsibility falls to a designee, which may be the nurse." When asked if a bed hold policy was provided to Resident #20 or their representative at the time of transfer on 01/16/2019, ASM # 1 stated, "No."	F 625		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes.	F 656	With respect to the specific observation cited: Resident # 146 transferred to the hospital on 3/17/18 and did not return to the facility With respect to how the facility will identify residents with the potential to be affected by the identified concern and take corrective action: An audit was initiated by the Acting DNS of residents with PRN (as needed) pain medications to clarify and confirm orders. Issues identified were addressed and resolved by the Nursing Team. The care plans for Residents experiencing pain and/or Resident experiencing falls will be audited by the DNS or designee to confirm the care plans addressed pain, including individualized interventions. Issues identified will be resolved: care plans will be updated and communicated to the Nursing Team through daily communication venues.	5/10/2019 5/10/2019

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F 656	Continued From page 17 (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to implement the comprehensive care plan for one of 30 residents in the survey sample, Resident # 146. The facility staff failed to implement Resident #146's comprehensive care plan for the administration of a PRN (as needed) pain medication for complaints of pain following the resident's fall with injury on 03/17/18. The findings include: Resident # 146 was admitted to the facility on 03/13/18 with diagnoses that included but were not limited to: diabetes mellitus (1), heart failure (2), hypertension (3) and chronic kidney disease (4). Review of the clinical record revealed a comprehensive MDS (minimum data set) for Resident # 146 could not be completed before her discharge from the facility on 03/17/18.	F 656	With respect to what systemic measures have been put in place to address the stated concern. Refresher training for nursing staff on developing and implementing comprehensive care plans, for the administration of a PRN (as needed) pain medication, for complaints of pain, has commenced. Training will be completed by the Director of Nursing or her designee by 5/10/19. Over the next three months, care plans for the administration of PRN (as needed) pain medication, and for complaints of pain, will be audited by the Director of Nursing or designee to confirm that pain is addressed. The findings from the audits will be reviewed at the Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. With respect to how the plan of corrective measures will be monitored: The findings from the audits will be reviewed at the Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. The Executive Director and/or Administrator are responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction, addressing, and resolving variances that may occur. The Executive Director and/or Administrator are responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	5/10/2019 5/10/2019

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F 656	Continued From page 18 Resident # 146's "Post Fall Assessment" dated 03/17/2018 documented, "Alert. Orientated to Person and Place." The POS (physician's order sheet) for Resident # 146 dated "03/01/2018 - 03/31/2-18" documented the following: - "Aspirin EC (enteric coated) [delayed release] [5] Tablet Delayed Release 81 MG (milligram). Give 1 (one) tablet by mouth one time a day for pain. Start Date: 03/13/2018." - "Gabapentin [6] Capsule 300 MG. Give 3 (Three) capsules by mouth at bedtime for pain. Start Date: 03/13/2018." - "Oxycontin ER (extended release) [7] Tablet 20 MG. Give 1 tablet two times a day for pain. Order Date: 03/13/2018. Start Date: 03/13/2018." - "Tylenol [8] Extra Strength Tablet 500 MG (Acetaminophen). Give 2 (two) tablet by mouth three times a day for pain. Order Date: 03/13/2018. Start Date: 03/13/2018." - "Oxycodone [7] Tablet 5 (five) MG. Give 1 (one) tablet by mouth every 6 (six) hours as needed for pain. May take 1-2 (one to two) tablets. Order Date: 03/13/2018. Start Date: 03/13/2018." The eMAR (electronic medication administration record) for Resident # 146 dated "Mar (March) 2018 documented, the above medication orders. Review of the eMAR dated March 2018 revealed Resident # 146 received scheduled pain medications on 03/17 18: Aspirin 81 mg at 11:00 a.m., Oxycontin 20 mg refused at 6:00 a.m., Tylenol 1000 mg at 11:00 a.m., and Oxycodone 5 mg at 3:47 a.m. and at 11:02 a.m. Further review of the eMAR revealed that Resident # 146 did not receive any more PRN (as needed) pain medication for the remainder of the day.	F 656		

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F 656	Continued From page 19 The comprehensive care plan for Resident # 146 dated 03/14/2018, documented, "Focus: The resident has chronic pain. Date Initiated 03/14/2018. Under "Interventions" it documented, "Administer medication per MD (medical doctor) orders, pain assessment every shift. Date Initiated: 03/14/2018." The facility's "Safe Resident Movement Program Resident Evaluation Form" for Resident # 146 dated 03/1/3/18 documented, "Gait Belt. Resident bears weight on both legs and sits independently. Ambulates and transfers with physical assistance of 1 (one)." Under "Comments" it documented, "One person assist (assistance)." The facility's "Fall Investigation Worksheet" for Resident # 146 dated 03/17/18 at 1:15 p.m., documented, "Activity: "Unassisted transfer." Under "Resident Interview:" it documented, "I felt like voiding before therapy, I think I could it, lost balance and fell." Under "Interventions immediately after fall" it documented, "Resident assessed for pain treatment done to skin. Advise to always call for help." The nurse's "Progress Notes" for Resident # 146 dated 03/17/2018 17:34 (5:34 p.m.) documented, "Writer was on the hallway heard resident screaming for help, arrived observed resident on the floor on her right side. Resident assessed noted skin tear to right forearm area 0.1 x 0.1 cm (0.1 length by 0.1 width centimeters) (upper) 0.5 x 0.5 (lower). Range of motion done able to move extremities. Resident complaining of pain to right elbow and hip area. (Name of Physician) made aware of resident complaining of pain to right hip after falling order to transfer resident to ED (emergency department) for further evaluation.	F 656		

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F 656	Continued From page 20 Resident left facility at 1720 (5:20 p.m.) via (by) stretcher alert and oriented x (times) 3 (three), accompanied by daughter." The facility's "PT (physical Therapy) Daily Treatment Note" written by OSM (other staff member) # 7, physical therapy assistant, dated 03/17/2018 documented, "Pt (patient) was found on the floor in the bathroom after her lunch having been seen by OT (occupational therapy) for proper safety sequencing for commode tf (transfer). Pt had attempted to tf herself without help from staff, using a transport chair by standing at the sink to side step to the commode. OT had been aware of this maneuver and advised pt against using the unsafe technique. PTA (physical therapy assistant) provided floor to wc (wheelchair) tf after (RN [registered nurse] # 4) performed Facility Fall Recovery (unwitnessed) Assessment and directed PTA to employ transfer technique. Pt was mod (moderate) Max (maximum) for floor to wc tf and pain level was 10/10 (ten out of ten) according to pt, but the Wong Facial Features (9) would indicate 5/10 (five out of ten) and with proper pain reduction technique, decreased to 2/10 (two out of ten), with nursing meds (medications) from (RN # 7). (RN [registered nurse] # 7) called POA (power of attorney)." On 03/27/19 at approximately 12:23 p.m., an interview was conducted with RN # 4. When asked if he completes a pain assessment when a resident falls, RN # 4 stated, "Any time someone falls we do a pain assessment." When asked if a pain assessment was done for Resident # 146, RN #4 stated "Yes." When asked if Resident # 146 was yelling or screaming in pain after the fall, RN # 4 stated, "No." When asked if he gave	F 656		

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BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX	9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060

(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) COMPLETION DATE
F 656	Continued From page 21 Resident # 146 any pain medication following the fall, RN # 4 stated, "No because she was already on scheduled pain medication." (*Note the MAR above documented Resident #146 refused and did not receive the scheduled pain medication at 6:00 a.m., before her fall). An attempt to interview OSM (other staff member) # 7, physical therapy assistant was unsuccessful due to the fact that he was no longer employed with the facility. On 03/27/19 at 2:05 p.m., an interview was conducted with RN # 2, acting director of nursing. When asked about the process staff follow if a resident has a fall and is cognitively intact stating they are having a ten out of ten for pain, RN # 2 stated, "I would give pain medication based on the physician's orders for prn (as needed) pain medication. It should be documented in the nurse's progress notes." On 03/28/19 at 3:05 p.m., an interview was conducted with LPN (licensed practical nurse) # 3 regarding care plans. When asked to describe the purpose of a resident's care plan, LPN # 3 stated, "So we can set goals, interventions and for progress and what is expected of the resident." When asked if an intervention documented on the care plan should be followed, LPN # 3 stated, "Yes." When asked if the comprehensive care plan is being followed if it documents to administer medication as ordered and a PRN pain medication is not administered when a resident states they are having pain, LPN # 3 stated, "No." On 03/28/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, the	F 656		

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F 656	Continued From page 22 administrator was made aware of the findings. No further information was provided prior to exit. Complaint deficiency References: (1) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. (2) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm. (3) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html. (4) Kidneys are damaged and can't filter blood, as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.html. (5) Prescription aspirin is used to relieve the symptoms of rheumatoid arthritis (arthritis caused by swelling of the lining of the joints), osteoarthritis (arthritis caused by breakdown of the lining of the joints), systemic lupus erythematosus (condition in which the immune system attacks the joints and organs and causes	F 656		

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F 656	Continued From page 23 pain and swelling) and certain other rheumatologic conditions (conditions in which the immune system attacks parts of the body). Nonprescription aspirin is used to reduce fever and to relieve mild to moderate pain from headaches, menstrual periods, arthritis, colds, toothaches, and muscle aches. Nonprescription aspirin is also used to prevent heart attacks in people who have had a heart attack in the past or who have angina (chest pain that occurs when the heart does not get enough oxygen). Nonprescription aspirin is also used to reduce the risk of death in people who are experiencing or who have recently experienced a heart attack. Nonprescription aspirin is also used to prevent ischemic strokes (strokes that occur when a blood clot blocks the flow of blood to the brain) or mini-strokes (strokes that occur when the flow of blood to the brain is blocked for a short time) in people who have had this type of stroke or mini-stroke in the past. Aspirin will not prevent hemorrhagic strokes (strokes caused by bleeding in the brain). Aspirin is in a group of medications called salicylates. It works by stopping the production of certain natural substances that cause fever, pain, swelling, and blood clots. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682878.html. (6) Used to help control certain types of seizures in people who have epilepsy. Gabapentin capsules, tablets, and oral solution are also used to relieve the pain of postherpetic neuralgia (PHN; the burning, stabbing pain or aches that may last for months or years after an attack of shingles). Gabapentin extended-release tablets (Horizant) are used to treat restless legs syndrome (RLS; a condition that causes	F 656		

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F 656	Continued From page 24 discomfort in the legs and a strong urge to move the legs, especially at night and when sitting or lying down). Gabapentin is in a class of medications called anticonvulsants. Gabapentin treats seizures by decreasing abnormal excitement in the brain. Gabapentin relieves the pain of PHN by changing the way the body senses pain. It is not known exactly how gabapentin works to treat restless legs syndrome. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a694007.html. (7) Oxycodone is used to relieve moderate to severe pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682132.html. (8) Acetaminophen is used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a681004.html. (9) This tool was originally created with children for children to help them communicate about their pain. Now the scale is used around the world with people ages 3 and older, facilitating	F 656		

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F 656	Continued From page 25 communication and improving assessment so pain management can be addressed. This information was obtained from the website: https://wongbakerfaces.org/.	F 656		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to follow professional standards of practice for one of 30 residents in the survey sample, Resident #22. The facility staff failed to clarify Resident #22's physician orders for pain medications of tramadol (1) and oxycodone (2) to determine which and when medication should be administered based on pain level parameters. The findings include: Resident #22 was initially admitted to the facility on 2/5/19 with a most recent readmission on 2/11/2019, with diagnoses that included but were not limited to: Osteoarthritis (3), anemia (4), and hypertension (5). Resident #22's most recent MDS (minimum dada set) an admission assessment with an ARD (assessment reference date) of 2/18/19 coded the resident as scoring a 15 on the brief interview for mental status (BIMS) out of a score of zero	F 658	With respect to the specific observation cited: Resident # 146 transferred to the hospital on 3/17/18 and did not return to the facility. With respect to how the facility will identify residents with the potential to be affected by the identified concern and take corrective action: , An audit is being initiated of current residents with PRN (as needed) pain medications by the Nursing Team. Orders containing PRN (as needed) pain medications are being reviewed with the medical provider by a Nurse and clarified to determine which medication and when medication should be administered based on pain level parameters. The care plans for residents experiencing pain were audited by the Resident Assessment Coordinator (RAC) or designee to confirm the care plans address pain, including individualized interventions. Issues identified are being resolved: care plans are being were updated and communicated to the Nursing Team through daily communication venues. With respect to what systemic measures have been put in place to address the stated concern: Refresher training on following medication administration standards for administration of PRN pain medications has commenced for nursing staff. Training will be completed by the Director of Nursing or designee by 5/10/19. Over the next three months, audits will be conducted by the DNS or designee of physician orders for PRN pain medications to confirm there is clarification regarding which medication and when medication should be administered based upon pain level parameters. Issues identified will be resolved, if needed. The findings from the audits will be reviewed at the Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period.	5/10/2019 5/10/2019 5/10/2019

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F 658	Continued From page 26 to15, 15 indicating that the resident is cognitively intact for daily decision making. Resident #22 was coded as requiring extensive assistance of two staff members for activities of daily living, and as independent with eating. The POS (physician's order sheet) dated 3/27/19 for Resident #22 documented the following: - "OxyContin Tablet ER (extended release) 12 Hour Abuse-Deterrent 10 MG (milligram) [Oxycodone HCL (hydro-chloride) ER] Give 10 mg by mouth every 12 hours as needed for pain. Order Dated: 2/12/2019." - "Tramadol HCL (hydrochloride) Tablet 50 MG Give 1(one) tablet by mouth every 6 (six) hours as needed for pain." The comprehensive care plan for Resident #22 dated 2/11/19 documented, under focus area, "The resident is on pain medication therapy." Under interventions it documented, "Administer pain medication as ordered by the physician. Monitor/document side effects and effectiveness q (every) shift." Review of Resident #22's progress notes revealed the following documentation: - On 2/6/19 [22:33] 10:33 p.m., oxycodone HCl 5mg one tablet for pain level not specified. - On 2/6/19 [18:35] 6:35 p.m., oxycodone HCl 5mg one tablet for left hip pain for pain level six out of 10. - On 2/12/19 [06:56] 6:56 a.m., oxycodone 5mg one table given for pain level five out 10 for general discomfort - On 2/12/19 [16:52] 4:52 p.m., oxycodone HCl 5mg 1 tablet left hip pain for pain level five out 10 - On 2/12/19 [20:45] 8:45 p.m., oxycodone HCl	F 658	With respect to how the plan of corrective measures will be monitored: The Executive Director and/or Administrator are responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction, addressing, and resolving variances that may occur. The Executive Director and/or Administrator are responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	5/10/2019

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F 658	Continued From page 27 5mg 1 tablet pain level was zero out 10 - On 2/13/19 [08:44] 8:44 a.m., oxycodone HCl 5mg 1 tablet for both legs pain for pain level five out 10 - On 2/13/19 [11:31] 11:31 a.m., oxycodone HCl 5mg 1 tablet left hip pain level zero out of 10 - On 2/12/19 [21:00] 9:00 p.m.; oxycodone HCl 5mg 1 tablet left hip pain for pain level five out 10 - On 2/13/19 [22:53] 10:53 p.m., oxycodone HCl 5mg 1 tablet left hip pain for pain level five out 10 - On 2/16/19 [17:54] 5.54 p.m., Tramadol HCl 50 mg 1 tablet given for pain level zero out 10 - On 2/17/19 [21:31] 9:31 p.m., Tramadol HCl 50 mg 1 tablet given pain level zero out 10 - On 2/14/19 [21:48] 9:48 p.m., Tramadol HCl 50 mg 1 tablet given pain level zero out 10 - On 3/20/19 [04:07] 4:07 a.m.; tramadol HCl 50 mg one tablet for general discomfort with a pain scale five out of 10. On 3/27/19 at approximately 2:36 p.m., an interview was conducted with RN (register nurse) #2, regarding the process staff follows when residents complain about pain. RN #2 stated, "I ask the resident for the pain level from zero to ten, the pain location, and the quality of their pain before I give them their pain medication." When asked about the facility process staff follows for administering PRN (as needed) medication, RN #2 stated, "I look at the doctor's order to determine what pain medication the resident has order for before I give it to the resident." When asked how the staff know which medication to administer if a resident has two as needed pain medications ordered, RN #2 stated the order should be rated on the pain scale with parameters indicating which one to give. RN #2 added the resident's pain is rated on the pain scale of zero - ten, zero is no pain, and ten is the	F 658		

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F 658	Continued From page 28 highest pain level." RN #2 continued to state, "A cognitively intact resident will tell the nurse what pain medication they desire." When asked if Resident #22's as needed pain medication orders should have parameters, RN #2 stated, "Yes." RN # 2 stated, "I will call the physician to clarify the order parameters before giving the pain medication." On 3/27/19 at 4:49 p.m., an interview was conducted with ASM (administrator staff member) #2, regional director of resident care, RN, regarding the process staff follows for administering as needed pain medications. ASM #2 stated, "The order should be written as an example for mild pain from one to five give one tablet or for pain level from five to ten give two tablets." After reviewing Resident #22's physician orders for as needed pain medication (as documented above), ASM #2 was asked if Resident #22's as needed OxyContin Tablet ER and Tramadol orders should have parameters. ASM #2 stated, "Yes, there are no parameter and the orders should have a parameter. In Resident #22's case there was no distinction when to administer tramadol or OxyContin." On 3/28/19 at 8:52 a.m., a follow up interview was conducted with RN #2. When asked if Resident #22's orders should have been clarified, RN #2 stated, "Yes, the orders needed to be clarified. The physician needed to be called to add parameter to the orders." When asked which standard of practice the facility follows for the administration of pain medications. RN #2 stated, "We follow the facility policies and procedures manual." On 3/28/19 at approximately 10:30 a.m., the	F 658		

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F 697	Continued From page 31 Resident # 146 was admitted to the facility on 03/13/18 with diagnoses that included but were not limited to: diabetes mellitus (1), heart failure (2), hypertension (3) and chronic kidney disease (4). Review of the clinical record revealed a comprehensive MDS (minimum data set) for Resident # 146 could not be completed before her discharge from the facility on 03/17/18. Resident # 146's "Post Fall Assessment" dated 03/17/2018 documented, "Alert. Orientated to Person and Place." The POS (physician's order sheet) for Resident # 146 dated "03/01/2018 - 03/31/2-18" documented the following: - "Aspirin EC (enteric coated) [delayed release] [5] Tablet Delayed Release 81 MG (milligram). Give 1 (one) tablet by mouth one time a day for pain. Start Date: 03/13/2018." - "Gabapentin [6] Capsule 300 MG. Give 3 (Three) capsules by mouth at bedtime for pain. Start Date: 03/13/2018." - "Oxycontin ER (extended release) [7] Tablet 20 MG. Give 1 tablet two times a day for pain. Order Date: 03/13/2018. Start Date: 03/13/2018." - "Tylenol [8] Extra Strength Tablet 500 MG (Acetaminophen). Give 2 (two) tablet by mouth three times a day for pain. Order Date: 03/13/2018. Start Date: 03/13/2018." - "Oxycodone [7] Tablet 5 (five) MG. Give 1 (one) tablet by mouth every 6 (six) hours as needed for pain. May take 1-2 (one to two) tablets. Order Date: 03/13/2018. Start Date: 03/13/2018." The eMAR (electronic medication administration	F 697	With respect to what systemic measures have been put in place to address the stated concern: Refresher training regarding adhering to pain medication parameters has commenced for nursing staff and will be completed by the Director of Nursing or her designee by 5/10/19. Over the next three months, audits will be conducted by the DNS or designee of physician orders for pain medications to determine which and when medication should be administered based upon pain level parameters. The findings from the audits will be reviewed at the Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. With respect to how the plan of corrective measures will be monitored: The Executive Director and/or Administrator are responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction, addressing, and resolving variances that may occur. The Executive Director and/or Administrator are responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	5/10/2019 5/10/2019

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F 697	Continued From page 32 record) for Resident # 146 dated "Mar (March) 2018 documented, the above medication orders. Review of the eMAR dated March 2018 revealed Resident # 146 received scheduled pain medications on 03/17 18: Aspirin 81 mg at 11:00 a.m., Oxycontin 20 mg refused at 6:00 a.m., Tylenol 1000 mg at 11:00 a.m., and Oxycodone 5 mg at 3:47 a.m. and at 11:02 a.m. Further review of the eMAR revealed that Resident # 146 did not receive any more PRN (as needed) pain medication for the remainder of the day. The comprehensive care plan for Resident # 146 dated 03/14/2018 documented, "Focus: The resident has chronic pain. Date Initiated: 03/14/2018. Under "Interventions" it documented, "Administer medication per MD (medical doctor) orders, pain assessment every shift. Date Initiated: 03/14/2018." The facility's "Safe Resident Movement Program Resident Evaluation Form" for Resident # 146 dated 03/13/18 documented, "Gail Belt. Resident bears weight on both legs and sits independently. Ambulates and transfers with physical assistance of 1 (one)." Under "Comments" it documented, "One person assist (assistance)." The facility's "Fall Investigation Worksheet" for Resident # 146 dated 03/17/18 at 1:15 p.m., documented, "Activity: "Unassisted transfer." Under "Resident Interview:" it documented, "I felt like voiding before therapy, I think I could it, lost balance and fell." Under "Interventions immediately after fall" it documented, "Resident assessed for pain treatment done to skin. Advise to always call for help." The nurse's "Progress Notes" for Resident # 146	F 697		

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F 697	Continued From page 33 dated 03/17/2018 17:34 (5:34 p.m.) documented, "Writer was on the hallway heard resident screaming for help, arrived observed resident on the floor on her right side. Resident assessed noted skin tear to right forearm area 0.1 x 0.1 cm (0.1 length by 0.1 width centimeters) (upper) 0.5 x 0.5 (lower). Range of motion done able to move extremities. Resident complaining of pain to right elbow and hip area. (Name of Physician) made aware of resident complaining of pain to right hip after falling order to transfer resident to ED (emergency department) for further evaluation. Resident left facility at 1720 (5:20 p.m.) via (by) stretcher alert and oriented x (times) 3 (three), accompanied by daughter." The facility's "PT (physical Therapy) Daily Treatment Note" written by OSM (other staff member) # 7, physical therapy assistant, dated 03/17/2018 documented, "Pt (patient) was found on the floor in the bathroom after her lunch having been seen by OT (occupational therapy) for proper safety sequencing for commode tf (transfer). Pt had attempted to tf herself without help from staff, using a transport chair by standing at the sink to side step top the commode. OT had been aware of this maneuver and advised pt against using the unsafe technique. PTA (physical therapy assistant) provided floor to wc (wheelchair) tf after (RN [registered nurse] # 4) performed Facility Fall Recovery (unwitnessed) Assessment and directed PTA to employ transfer technique. Pt was mod (moderate) Max (maximum) for floor to wc tf and pain level was 10/10 (ten out of ten) according to pt, but the Wong Facial Features (9) would indicate 5/10 (five out of ten) and with proper pain reduction technique, decreased to 2/10 (two out of ten), with nursing meds	F 697		

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NAME OF PROVIDER OR SUPPLIER
BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX

STREET ADDRESS, CITY, STATE, ZIP CODE
9160 BELVOIR WOODS PKWY
FORT BELVOIR, VA 22060

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F 697	Continued From page 34 (medications) from (RN # 7). (RN # 7) called POA (power of attorney)." An attempt to interview OSM (other staff member) # 7, physical therapy assistant was unsuccessful due to the fact that he was no longer employed with the facility. On 03/27/19 at approximately 12:23 p.m., an interview was conducted with RN # 4. When asked if he completes a pain assessment when a resident falls, RN # 4 stated, "Any time someone falls we do a pain assessment." When asked if a pain assessment was done for Resident # 146, RN #4 stated "Yes." When asked if Resident # 146 was yelling or screaming in pain after the fall, RN # 4 stated, "No." When asked if he gave Resident # 146 any pain medication following the fall, RN # 4 stated, "No because she was already on scheduled pain medication." (*Note the MAR above documented Resident #146 refused and did not receive the scheduled pain medication at 6:00 a.m., before her fall). On 03/27/19 at 2:05 p.m., an interview was conducted with RN # 2, acting director of nursing. When asked to describe the procedure staff follow for an unwitnessed fall, RN # 2 stated, "We do an assessment, head to toe, checking for any injuries, suspected fractures and skin tears, level of consciousness, alertness, being able to follow directions and verbally communicate, bleeding and stopping it if it occurs. We ask the patient to move their arms and leg, squeeze our hand and if they cannot do theses it may be indications of possible fractures. If they are able to move them, then you transfer them to the bed or a wheelchair. Call the doctor if there is an injury or if there is not an injury to let them know the resident fell. If we	F 697		

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F 697	Continued From page 35 suspect a fracture we don't move them, we call 911 and keep the patient comfortable." When asked about pain, RN # 2 stated, "We also assess for pain while doing the head to toe assessment by using the pain scale zero to10, zero being no pain and 10 being extreme pain and the location of the pain. We check vital signs as well." RN #2 was asked how often staff would check vitals signs and where they would be documented. RN # 2 stated, "They are taken for the first 15 minutes, for one hour, then, 30 minutes for an hour, then every hour for four hours, then every four hours for 48 hours, then every eight hours every shift for three days and it is documented on the neurological assessment." When asked if a resident is cognitively intact and they state they are having a ten out of ten for pain, RN # 2 stated, "I would give pain medication based on the physician's orders for prn (as needed) pain medication. It should be documented in the nurse's progress notes." On 03/28/19 at 1:13 p.m., an interview was conducted with RN # 2, acting director of nursing. When asked if Resident # 146 should have been offered a pain medication following her fall, RN # 2 stated "Yes." RN # 2 was further asked if there was documentation that the prn pain medication was offered and or if the resident refused it, RN # 2 re-reviewed the fall assessment, eMAR and nurse's notes for Resident #146 and stated, "No. The assessment was done and the monitoring was done but they didn't manage her pain." On 03/28/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, the administrator was made aware of the findings. No further information was provided prior to exit.	F 697		

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F 697	Continued From page 36 Complaint deficiency References: (1) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm. (2) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm. (3) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html. (4) Kidneys are damaged and can't filter blood, as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.html. (5) Prescription aspirin is used to relieve the symptoms of rheumatoid arthritis (arthritis caused by swelling of the lining of the joints), osteoarthritis (arthritis caused by breakdown of the lining of the joints), systemic lupus erythematosus (condition in which the immune system attacks the joints and organs and causes pain and swelling) and certain other rheumatologic conditions (conditions in which the immune system attacks parts of the body). Nonprescription aspirin is used to reduce fever	F 697		

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F 697	Continued From page 37 and to relieve mild to moderate pain from headaches, menstrual periods, arthritis, colds, toothaches, and muscle aches. Nonprescription aspirin is also used to prevent heart attacks in people who have had a heart attack in the past or who have angina (chest pain that occurs when the heart does not get enough oxygen). Nonprescription aspirin is also used to reduce the risk of death in people who are experiencing or who have recently experienced a heart attack. Nonprescription aspirin is also used to prevent ischemic strokes (strokes that occur when a blood clot blocks the flow of blood to the brain) or mini-strokes (strokes that occur when the flow of blood to the brain is blocked for a short time) in people who have had this type of stroke or mini-stroke in the past. Aspirin will not prevent hemorrhagic strokes (strokes caused by bleeding in the brain). Aspirin is in a group of medications called salicylates. It works by stopping the production of certain natural substances that cause fever, pain, swelling, and blood clots. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682878.html. (6) Used to help control certain types of seizures in people who have epilepsy. Gabapentin capsules, tablets, and oral solution are also used to relieve the pain of postherpetic neuralgia (PHN; the burning, stabbing pain or aches that may last for months or years after an attack of shingles). Gabapentin extended-release tablets (Horizant) are used to treat restless legs syndrome (RLS; a condition that causes discomfort in the legs and a strong urge to move the legs, especially at night and when sitting or lying down). Gabapentin is in a class of medications called anticonvulsants. Gabapentin	F 697		

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F 697	Continued From page 38 treats seizures by decreasing abnormal excitement in the brain. Gabapentin relieves the pain of PHN by changing the way the body senses pain. It is not known exactly how gabapentin works to treat restless legs syndrome. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a694007.html. (7) Oxycodone is used to relieve moderate to severe pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682132.html. (8) Acetaminophen is used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a681004.html. (9) This tool was originally created with children for children to help them communicate about their pain. Now the scale is used around the world with people ages 3 and older, facilitating communication and improving assessment so pain management can be addressed. This information was obtained from the website: https://wongbakerfaces.org/.	F 697		

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F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on medication pour and pass observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to store medications in a safe manner for one of 4 nursing hallways, West hallway. On 3/27/19, during a medication pour and pass observation on the West hallway, LPN (licensed practical nurse) #2 left medication packets on top	F 761	With respect to the specific observation cited: LPN # 2 received refresher training conducted by the Administrator or Acting DNS on securing and storing medications in a safe manner. With respect to how the facility will identify residents with the potential to be affected by the identified concern and take corrective action: By 5/10/19, the DNS or designee will conduct random med pass observations and cart audits to confirm medications are secured appropriately. Issues identified will be resolved and "in the moment" refresher training will be initiated if needed. With respect to what systemic measures have been put in place to address the stated concern: Refresher training on securing and storing Drugs and Biologicals has commenced for nursing staff. Training will be completed by the Director of Nursing or designee by 5/10/19. Med administration passes and med cart audits will be conducted by the DNS or designee monthly for 3 months to confirm that medications are secured. The findings from medication pass observations and med cart audits will be reviewed at the Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period.	5/10/2019 5/10/2019 5/10/2019

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F 761	Continued From page 40 of the medication cart unsecured and the medication cart was out of LPN #2's the line of sight. The findings include: Resident #41 was admitted to the facility on 11/29/13, with diagnoses that include but are not limited to: high blood pressure, peripheral vascular disease, arrhythmia, abdominal aortic aneurysm, obstructive uropathy, chronic kidney disease, diverticulosis, benign prostatic hyperplasia, and aortic valve disorder. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 3/1/19. The resident was coded as cognitively intact in ability to make daily life decisions. On 3/27/19 07:56 a.m., LPN #2 (Licensed Practical Nurse) was observed preparing and administering medications to Resident #41. The following medications were prepared and administered: Norvasc (1) 5 mg (milligrams), 1 tab (tablet) Aspirin (2) 81 mg, 1 tab Flexeril (3) 5 mg, 1 tab Colace (4) 100 mg, 1 tab Dymista (5) 137/50 mcg (micrograms), 1 spray each nostril Claritin (6) 10 mg, 1 tab Metoprolol (7) 50 mg, 1 tab Thera Multivitamin (8) 400 mcg, 1 tab Miralax (9) 17 gm (gram), 1 cap full On 3/27/19 at 8:11 a.m., LPN #2 went into the resident's room leaving all the medication packs and the Dymista on top of cart unsupervised.	F 761	With respect to how the plan of corrective measures will be monitored: The Executive Director and/or Administrator are responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction, addressing, and resolving variances that may occur. The Executive Director and/or Administrator are responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	5/10/2019

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F 761	Continued From page 41 On 3/27/19 at 8:12 a.m., LPN #2 returned to cart to get the Dymista nasal spray, and then went back in room, leaving all the medication packs on top of cart, unsupervised. A staff member passed by the cart. The cart was mainly in front of the doorway of the room, however the door was halfway closed, causing the majority of the cart to be out of line of sight; and LPN #2 never looked back at the cart from the resident's bedside. In addition, LPN #2 was also in the bathroom at one point washing her hands, wherein the cart was completely out of line of sight. On 3/27/19 at 8:15 a.m., in an interview with LPN #2, she stated that she should not leave medications unsupervised on top of the medication cart, and that it was an oversight on her part. A review of the facility policy "General Dose Preparation and Medication Administration" documented, "3.9 Facility staff should not leave medications or chemicals unattended." On 3/27/19 at 5:30 PM, ASM #1 (Administrative Staff Member, the Administrator) was made aware of the findings. No further information was provided by the end of the survey. References: (1) Norvasc - Used to treat high blood pressure Information obtained from https://medlineplus.gov/druginfo/meds/a692044.html (2) Aspirin - "....is also used to prevent heart	F 761		

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F 761	Continued From page 42 attacks in people who have had a heart attack in the past or who have angina....to reduce the risk of death in people who are experiencing or who have recently experienced a heart attack....to prevent ischemic strokes...or mini-strokes...in people who have had this type of stroke or mini-stroke in the past." Information obtained from https://medlineplus.gov/druginfo/meds/a682878.html (3) Flexeril - to relax muscles and relieve pain and discomfort caused by strains, sprains, and other muscle injuries. Information obtained from https://medlineplus.gov/druginfo/meds/a682514.html (4) Colace - Used to relieve constipation Information obtained from https://medlineplus.gov/druginfo/meds/a601113.html (5) Dymista - Used to treat allergy symptoms Information obtained from https://medlineplus.gov/druginfo/meds/a697014.html and from https://medlineplus.gov/druginfo/meds/a695002.html (6) Claritin - Used to treat allergy symptoms Information obtained from https://medlineplus.gov/druginfo/meds/a697038.html (7) Metoprolol - Used to treat high blood pressure Information obtained from https://medlineplus.gov/druginfo/meds/a682864.h	F 761		

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F 761	Continued From page 43 tml (8) Thera Multivitamin - Multivitamins are a combination of many different vitamins that are normally found in foods and other natural sources. Multivitamins are used to provide vitamins that are not taken in through the diet. Multivitamins are also used to treat vitamin deficiencies (lack of vitamins) caused by illness, pregnancy, poor nutrition, digestive disorders, and many other conditions. Information obtained from https://www.drugs.com/mtm/multivitamins.html (9) Miralax - Used to treat constipation Information obtained from https://medlineplus.gov/druginfo/meds/a603032.html	F 761		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and	F 812	With respect to the specific observation cited: Dining and Nursing Staff received refresher training on serving food in a safe manner, including hand washing, serving of plates, and food safety. The refresher training was conducted by the Certified Dietary Manager (CDM). With respect to how the facility will identify residents with the potential to be affected by the identified concern and take corrective action: Following the findings, meals were observed by the CDM or designee to confirm food was served in a sanitary manner. "In the moment" refresher training was conducted with team members by the CDM, as needed.	5/10/2019 5/10/2019

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F 812	Continued From page 44 serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review, it was determined that the facility staff failed to serve food in a sanitary manner for one of one dining rooms; the main dining room. 1. OSM (other staff member) #2 was observed touching food served to residents with bare fingers. OSM #2 and RN (registered nurse) #3 also were observed touching the food surface of residents' plates while assisting and serving residents the lunch meal in the main dining room. 2. OSM (other staff member) #6, dietary aide failed to keep his fingers from touching the food surface of plates while serving the resident's lunch in the main dining room. The findings include: 1. OSM (other staff member) #2 was observed touching food served to residents with bare fingers. OSM #2 and RN (registered nurse) #3 also were observed touching the food surface of residents' plates while assisting and serving residents the lunch meal in the main dining room. On 3/26/19 between 12:36 p.m., and 12:43 p.m., an observation of the main dining room meal service was conducted. OSM (other staff member) #2 was observed placing a tray of plates on the tables as she served each table. OSM #2 was observed grabbing the plates from the tray touching the top of the rim of the plates	F 812	With respect to what systemic measures have been put in place to address the stated concern: Refresher training on the serving of food in a safe manner has commenced. Training will be completed by the CDM or designee by 5/10/19. Weekly during the next three months, meals will be observed by the CDM or designee to confirm food is served in a sanitary manner. The findings from meal observations will be reviewed at the Quality Assurance / Performance Improvement (QAPI) meetings. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period. With respect to how the plan of corrective measures will be monitored: The Executive Director and/or Administrator are responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction, addressing, and resolving variances that may occur. The Executive Director and/or Administrator are responsible for confirming the status of this Plan of Correction is reviewed and discussed at QAPI meetings and action initiated if required.	5/10/2019 5/10/2019

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F 812	Continued From page 45 with her bare fingers and then placed the plates in front of the residents. OSM #2 did not sanitize her hands before grabbing each plate with her bare fingers touching the top of the rim of the plates and serving the plates to each resident. On 3/26/19 at 12:42 p.m., OSM #2 was observed bringing a tray of plates to a table in the dining room. OSM #2 then grabbed a crab cake off a plate on the tray with her bare fingers and placed it on a resident's plate. OSM #2 did not sanitize her hands before grabbing the crab cake with her bare fingers or use a utensil such as tongs. On 3/26/19 at 12:42 p.m., RN (registered nurse) #3 was observed sitting at a table with residents and was asked to feed a resident at a different table. RN #3 did not wash or sanitize her hands after leaving the table she was at before going to the new table to feed the resident. OSM #2 brought a tray of plates to the table in the dining room and was serving the residents but not the Resident RN #3 was going to assist with eating. RN #3 was observed grabbing the resident's plate she was going to feed; she touched the top of the rim of the plate with her bare fingers and placed the plate in front of the resident. RN #3 then began feeding the resident. RN #3 did not sanitize her hands before grabbing the plate with her bare fingers touching the top of the rim of the plate and feeding the resident. On 03/27/19 at approximately 10:41 a.m., an interview was conducted with OSM #1, dietary manager. When asked how a resident's plate of food should be handled when it is served, OSM #1 stated, "The hands and fingers should not be on the eating surface of the plate."	F 812		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	495197		C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX	9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060

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F 812	Continued From page 46 On 3/27/19 at 10:53 a.m., an interview was conducted with RN #3. When asked about feeding a resident in the dining room, RN #3 stated, "I am new here and I was asked to help feed a resident. She is on a pureed diet and needs assistance with eating. I was not there the whole time and they pulled me to help feed her." When asked to describe her actions when OSM #2 brought the resident's plate to the table, RN #3 stated, "I was there when she (OSM #2) brought the food." When asked how she handled the plate, RN #3 stated, "I lifted from the bottom and put it in front of her (the resident), the cover was not on it the server (OSM #2) lifted the cover." RN #3 demonstrated using a plastic plate by holding the plastic plate with her thumbs on the top of the rim of the plate. When asked if it was okay for bare fingers to touch the top of the rim of the plate, RN #3 said, "I did not have my thumb were the food is at." When asked if she should have her bare fingers on the top of the rim of the plate, RN #3 said, "No." Review of facility's policy, "Dining Room Service" documented, "Policy ...Residents should be encouraged to receive dining room service whenever possible, be served with dignity and promptly assisted ...Procedure ...Eating surfaces of plates should not come in contact with staff clothing or hands. Cups and glasses should be handled on the outside of the containers, Knives, forks, and spoons should be handled by the handles." On 3/27/19 at approximately 5:15 p.m., ASM (administrative staff member) #1 the Administrator and RN #2 the acting DON (Director of Nursing) were made aware of the findings. No further information was provided by	F 812		

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F 812	Continued From page 47 the end of the survey. 2. OSM (other staff member) #6, dietary aide failed to keep his fingers from touching the food surface of plates while serving the resident's lunch in the dining room. On 03/26/19 at approximately 12:10 p.m., an observation of lunch being served to the residents was conducted in the facility's dining room. Observations during the meal service revealed OSM (other staff member) #6, dietary aide served five residents their lunch. Four residents received dinner plates containing several food items and one resident received a bowl of fruit and a bowl of cottage cheese. Further observation of OSM # 6's service revealed that after removing the plastic covering over each plate, OSM # 6 picked up the plate from the serving tray by placing his thumbs on the food surface portion of each plate and bowl he served. On 03/27/19 at approximately 10:23 a.m., an interview was conducted with OSM (other staff member) # 6, dietary aide. When asked to describe his responsibilities, OSM # 6 stated, "I serve the residents in the dining room. I take the resident's orders for what they want to eat, take the lid off the plate, take the plate off the tray and place it in front of them." When asked where he places his fingers when serving a plate of food for the resident, OSM # 6 stated, "Under the plate not on the edge." When informed of the observation on 03/26/19 during the lunch meal, OSM # 6 stated, "It was my mistake I was in a hurry." On 03/27/19 at approximately 10:41 a.m., an interview was conducted with OSM (other staff member) #1, dietary manager. When asked how	F 812		

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F 812	Continued From page 48 a resident's plate of food should be handled when it is served, OSM # 1 stated, "The hands and fingers should not be on the eating surface of the plate." On 03/27/19 at approximately 5:25 p.m., ASM (administrative staff member) # 1, administrator, was made aware of the above findings. No further information was provided prior to exit.	F 812		

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