

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/11/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON CNTR/FALCONS LANDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>20535 EARHART PLACE STERLING, VA 20165</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare standard survey was conducted 5/9/2017 through 5/11/2017. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.  The census in this 60 certified bed facility was 54 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #1 through #13) and 4 closed record reviews (Residents #14 through #17).		F 000	Plan of Correction – Johnson Center / Falcons Landing  This plan of correction is prepared and executed because it is required by the provisions of the State and Federal Law. The Johnson Center at Falcons Landing (TJC) does not admit that the deficiencies listed exist, nor admit to any statements, findings, facts, or conclusions that form the basis for these alleged deficiencies.  TJC is committed to taking all actions necessary to remain in substantial compliance with the State and Federal Regulations. This Plan of Correction addresses our intention to promote a safe and sanitary environment, and promote the highest practical level of physical, mental, and psychosocial well being.	
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  (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 observation, staff interview, facility documentation review and clinical record review, the facility staff failed to follow the professional standards of nursing for medication administration for one resident, Resident #7 in a survey sample of 17 residents.  Resident #7 received his physician ordered Vitamin B 12 by oral route, rather than the physician ordered sublingual route.		F 281	TJC has elected to use this Plan of Correction as the allegation of compliance. The deficiencies cited in the 2567 have been or will be in compliance by the dates described in the Plan of Correction.  <b>F 281 Services Provided Meet Professional Standards</b>  The Johnson Center at Falcon Centers will provide or arrange services as outlined by the comprehensive care plan.  Resident #7 was not adversely affected.  Residents residing the facility with sublingual medication orders have the potential to be affected.  An audit was conducted from 05/11/17 of physician orders to have medication administered sublingual by the Clinical Coordinator by 05/31/17.  LPN (A) was re-educated on the facility's medication administration and policy and procedure and	06/15/17

LABORATORY DIRECTORS 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 281	Continued From page 1  Resident #7 was admitted to the facility on 4/17/17. Diagnoses included but were not limited to: Generalized muscle weakness and low back pain.  Resident #7's most recent MDS (minimum data set) coded as an admission 5 day assessment, coded the resident with a BIMS (brief interview of mental status) of "15" out of a possible 15, or no cognitive impairment. Resident #7 was coded as requiring standby to limited assistance with ADL's (activities of daily living) such as bed mobility and dressing.  On 5/10/17 at 9:05 AM, a medication pass was observed for this resident. LPN (Licensed practical nurse) A poured the medications in a medicine cup. Included was a pill for Vitamin B 12 2500 mcg (micrograms) sublingual (under the tongue). The medications (including the Vitamin B 12) were taken whole with water by mouth.  Review of the physician's orders dated 4/17/17 revealed an order for Vitamin B 12 2500 mcg sublingual one daily.  On 5/10/17 at 1:30 PM, an interview was conducted with LPN (A). She stated, "I put all the pills in a cup and gave it to him (Resident #7)." When told she had given it by mouth rather than the ordered sublingual route, she stated, "Oh".  Review of the facility's policy and procedure (derived from Lippincott and Mosby per the DON (director of nursing) on Medication Administration-General Guidelines revealed: "Medications are administered in accordance with written orders of the attending physician."Saunder's Nursing Drug	F 281	F 281 (cont)  physician orders by the Assistant Director of Nursing (ADON) on 05/24/17.  The nurses will be re-educated on the medication administration policy and procedure and physician orders by 06/15/17.  The ADON and / or designee will monitor for compliance. Any outliers will be reported to and addressed by the Director of Nursing (DON). With any identified areas of non-compliance, the staff member will be identified, provided with re-education and / or disciplinary action.  The DON or designee will report any findings or trends to the Quality Assurance (QA) Committee for further recommendations.		

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F 281	Continued From page 2 handbook, 2011, page 1312 included: "Sublingual: Administer while seated, dissolve sublingual tablet under tongue (do not chew or swallow tablet), and do not swallow until tablet is dissolved."  On 5/11/17 at 12:00 PM, the Administrator and DON were notified of above findings.	F 281			
F 386 SS=D	483.30(b)(1)-(3) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS  (b) Physician Visits The physician must--  (1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;  (2) Write, sign, and date progress notes at each visit; and  (3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review, the facility staff failed to ensure Physician orders for recertification were signed timely for one resident (Resident # 4) in a survey sample of 17 residents.  For Resident # 4, the facility staff failed to ensure Physicians orders for recertification were signed timely. No signed Physicians Orders for Recertification were noted between 1/18/2017 and 5/10/2017 (at the time of survey) resulting in	F 386	<b>F 386 Physician Visits - Review Care / Notes / Orders</b>  The Physician(s) of The Johnson Center at Falcons Landing will --  (1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;  (2) Write, sign, and date progress notes at each visit; and  (3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.  Resident #4 was not adversely affected.  His / her medical record was reviewed. A physician order for recertification was signed on 05/11/17.  Residents residing the facility with physician orders for recertification have the potential to be affected.  An audit from 05/11/17 was conducted of by the Medical Records by 05/31/17.  The nurses will be re-education on physician orders for recertification by the DON or designee by 06/15/17.	06/15/17	

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F 386	<p>Continued From page 3</p> <p>111 days since the last signed recertification orders.</p> <p>Findings included:</p> <p>Resident # 4, a 92 year old male, was admitted to the facility on 11/28/2016. Diagnoses included but were not limited to Pneumonia, Hypertension, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Anxiety, Chronic Kidney Disease and Gout.</p> <p>The most recent MDS (minimum data set) was a Significant Change Assessment with an ARD (assessment reference date) of 2/4/2017. Resident # 4 was coded as having a BIMS (Brief Interview for Memory Status) score of 13 indicating no cognitive impairment. Resident # 4 was coded as requiring minimal to total assistance of one staff person for his ADLs (activities of daily living), except requiring total assistance of two staff persons for transfers. Resident # 4 was coded as being always incontinent of bowel and bladder.</p> <p>Review of Resident # 4's clinical record revealed the most recently signed "Certification and Recertification" form was dated as having been signed on 1/18/2017 to recapitulate and reinstitute the Resident's medication, and treatment orders. A thorough review of Resident # 4's clinical record revealed the previously signed Certification and Recertification form was dated as signed on 1/7/2017.</p> <p>On 5/10/2017 at 2:42 PM, an interview was conducted with the Director of Nursing who stated the expectation was that the Physicians would sign Physicians Orders for recertification upon</p>	F 386	<p><b>F 386 (cont)</b></p> <p>The Clinical Coordinator and / or designee will conduct audits monthly to monitor for compliance. Any outliers will be reported to and addressed by the DON. With any identified areas of non-compliance, the staff member will be identified, provided with re-education and / or disciplinary action.</p> <p>The DON or designee will report any findings or trends to the QA Committee for further recommendations.</p>		

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F 386	Continued From page 4 admission to Skilled care, then at 14 days, at 30 days and then every 30 days.  On 5/10/2017 at 3:45 PM, the Administrator and Director of Nursing were informed that the last signed Physicians Orders Sheet noted in the clinical record was dated on 1/18/2017 and the one prior was dated on 1/7/2017. The Director of Nursing and Administrator stated the physicians visit the facility every week to examine residents and sign to recertify orders every month. The Director of Nursing stated she would look for signed recertification orders for Long Term Care. The surveyor asked for a copy of the most recent signed Physicians Orders for Recertification.  On 5/11/2017 at 9:10 AM, the Director of Nursing stated she reviewed Resident # 4's record and noted the physician visited Resident # 4 at least every month and wrote progress notes. The Director of Nursing stated Resident # 4 became a Long Term Care resident in January 2017 but there were no signed recertification orders for Resident # 4 since he became a Long Term Care resident.  During the end of day debriefing on 5/11/2017 at 12:20 PM, the facility Administrator and the Director of Nursing were informed of no signed Physicians Orders for recertification for Long Term Care after the last Skilled Care signature on 1/18/2017.  No further information was provided.	F 386			
F 441	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, SS=D PREVENT SPREAD, LINENS  (a) Infection prevention and control program.	F 441	F 441 Infection Control, Prevent Spread, Linens  The Johnson Center at Falcons Landing has established an infection prevention and control program (IPCP) which includes, at a minimum, the following elements:	06/15/17	

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F 441	Continued From page 5  The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);  (2) Written standards, policies, and procedures for the program, which must include, but are not limited to:  (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;  (ii) When and to whom possible incidents of communicable disease or infections should be reported;  (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;  (iv) When and how isolation should be used for a resident; including but not limited to:  (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the	F 441	<b>F 441 (cont)</b>  (1) A system for preventing, identifying, reporting, investigation, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);  (2) Written standards, policies, and procedures for the program, which must include, but are not limited to:  (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;  (ii) When and to whom possible incidents of communicable disease or infections should be reported;  (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;  (iv) When and how isolation should be used for a resident; including but not limited to:  (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.  (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and  (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.		

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F 441	<p>Continued From page 6</p> <p>least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation and clinical record review, the facility failed for two residents (Resident #9 and Resident #10) in a survey sample of 17 residents, to ensure an effective prevention infection control program.</p> <p>LPN (licensed practical nurse) B did not wash her hands effectively between Resident #9 and Resident #10.</p> <p>The findings included:</p> <p>Resident #9 was admitted to the facility on 4/9/17. Diagnoses included but were not limited to:</p>	F 441	<p><b>F 441 (cont)</b></p> <p>(3) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will contact an annual review of its IPCP and update their program, as necessary.</p> <p>Residents #9 &amp; #10 were not adversely affected.</p> <p>Residents residing in the facility have the potential to be affected.</p> <p>LPN (B) was re-educated on the infection control prevention and control program and proper handwashing technique on 05/19/17.</p> <p>The staff will be re-education on proper handwashing technique by the DON and / or designee by 05/15/17.</p> <p>The Clinical Coordinator and / or designee will conduct random audits to monitor for compliance. Any outliers will be reported to and addressed by the DON. With any identified areas of non-compliance, the staff member will be identified, provided with re-education and / or disciplinary action.</p>		

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F 441	<p>Continued From page 7</p> <p>Pneumonia, septicemia and high blood pressure.</p> <p>Resident #9's most recent MDS (minimum data set) coded 4/16/17 coded as an admission 5 day assessment, coded the resident with a BIMS (brief interview of mental status) of "13" out of a possible 15, or no cognitive impairment. Resident #9 was coded as requiring extended to total assistance with ADL's (activities of daily living) such as bed mobility and dressing.</p> <p>Resident #10 was admitted to the facility on 8/15/15. Diagnoses included but were not limited to: Alzheimer's dementia and high blood pressure.</p> <p>Resident #10's most recent MDS (minimum data set) dated 2/7/17 coded as a quarterly assessment, coded the resident with a BIMS (brief interview of mental status) of "12" out of a possible 15, or no cognitive impairment. Resident #10 was coded as requiring extended assistance with ADL's (activities of daily living) such as bed mobility and dressing.</p> <p>On 5/10/17 at 9:30 AM, LPN (B) prepared Resident #9's medications and administered both oral medications and eye drops. LPN (B) went to the sink, washed her hands and turned off the faucet with her bare hands.</p> <p>On 5/10/17 at 9:50 AM, LPN (B) prepared Resident #10's medications and again administered both oral medications and eye drops. She went to the sink, washed her hands and turned off the faucet with her bare hand.</p> <p>On 5/11/17, the facility handwashing procedure</p>	F 441			

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F 441	<p>Continued From page 8</p> <p>was reviewed. The last step in the procedure was to "Use clean dry paper towel to turn off faucet."</p> <p>On 5/11/17 at 10:10 AM, an interview with the infection control nurse, RN (registered nurse A) was conducted. She stated she taught the following procedure (by CDC- centers for disease control) for handwashing: "Turn on faucet wash hands, soap, rub between fingers and up to wrist for 20 seconds. Rinse, get a paper towel and dry hands. Use a paper towel to turn off the faucet."</p> <p>On 5/11/17 at 12:00 PM, the Administrator and DON (director of nursing) were notified of above findings.</p>	F 441			

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