

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

PRINTED: 07/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER JOHNSON CNTR/FALCONS LANDING			STREET ADDRESS, CITY, STATE, ZIP CODE 20535 EARHART PLACE STERLING, VA 20165		
(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
E 000	Initial Comments	E 000			
	An unannounced Emergency Preparedness survey was conducted 07/10/2018 through 07/12/2018. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced Medicare/Medicaid standard survey was conducted 07/10/2018 through 07/12/2018. 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.				
F 577	The census in this 60 certified bed facility was 51 at the time of the survey. The survey sample consisted of 15 current Resident reviews and 3 closed record reviews.	F 577			
SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11)				7/26/18
	§483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.				
	§483.10(g)(11) The facility must- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys,				

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

TITLE

(X6) DATE

Electronically Signed

07/17/2018

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 577	<p>Continued From page 1</p> <p>certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and</p> <p>(iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.</p> <p>(iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, and staff interview the facility failed to post, in a place readily accessible to residents, family members, and legal representatives, the results of the most recent survey of the facility.</p> <p>Findings:</p> <p>On 7/10/2018, an observation was made of the nursing facility. Posted survey results were not found.</p> <p>On 7/11/2018 at 1:45PM, during the Resident Council interview, residents were asked if they knew where to find the most recent survey findings. Of the 6 residents in attendance, none could verbalize where the most recent survey findings could be located.</p> <p>On 7/11/2018 at 2:10PM, Administrative Employee B (the Director of Nursing) was asked where the most recent survey findings were posted. Administrative Employee B showed the surveyor an empty plastic chart holder mounted on the wall near the nurse's station.</p> <p>On observation, the chart holder was not labeled.</p>	F 577	<p>The survey results binder has been properly labeled</p> <p>Signs will be posted visibly throughout the facility indicating that the survey results are available and the location of the binder.</p> <p>A letter will be sent to all residents and residents' representatives notifying them of the availability of the survey results and the location</p> <p>Residents and family members will be notified both at admission and in regular resident council meetings of their right to view the survey results and the location</p> <p>Management rounds will include making sure that the survey results are in the specified location. The outcome of management rounds will be documented and reported at quality assurance meetings.</p>		

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F 577	Continued From page 2 There was no signage that survey findings were available at the location. Administrative Employee B was asked if a resident could locate the survey findings, and replied "No. There isn't a sign." Administrative Employee B was asked where, specifically, the survey findings were located, and she replied "They are supposed to be in this plastic holder. I don't know where they are." On 7/12/2018, at 8:00AM, an observation was made of the designated location for survey findings. A binder labeled "Survey Results" was in the plastic chart holder. The binder needed to be facing out towards the corridor with the top uppermost to read the label, and there was no signage directing residents, family members, and legal representatives to the binder containing the survey findings. Administrative Employee B was asked if a resident could locate the survey findings if the binder was in any other position than upright and facing forward, and replied "No. There is a label on only one side."	F 577			
F 812 SS=D	No further information was provided prior to exit. 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	F 812		7/26/18	

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F 812	<p>Continued From page 3</p> <p>gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, policy review, and staff interview the facility failed to store frozen food in accordance with professional standards for food service safety.</p> <p>Findings:</p> <p>On 7/11/2018 at 8:10AM, an observation was made of the walk-in freezer. An open plastic bag containing 6 frozen sausage patties was noted as being unsealed and unlabeled. Employee A (the head Chef) was asked what the bag contained, and he stated "it has the sausage from this morning that wasn't used". When asked for his observations of the food, Employee A stated "it was on the tray line this morning. It should be put back in the original box, or sealed and labeled."</p> <p>A review of the provider's policy titled "PROPER FOOD HANDLING AND SANITATION" last revised March 2014 showed the following:</p> <p>3.4 FREEZER STORAGE (walk-in and reach-in)</p> <p>3.4.2 All stored food must be wrapped, stored in sealed containers or secured in a tied plastic bag.</p> <p>3.4.3 All stored food must be properly labeled with date and product name.</p> <p>No further information was provided prior to exit.</p>	F 812	<p>The head chef on duty per shift will maintain a written log of food storage inspections including proper storage, labelling and dating. Incorrect storage will be corrected immediately and documented in the log.</p> <p>All food service staff will be inserviced on proper food handling and storage procedures per policy</p> <p>Non-compliance with food handling and storage policies will result in employee disciplinary action</p> <p>No residents were adversely affected</p>		