Leewood Healthcare Center

A HEALTHCARE Facility

Serving you from our heart

September 21, 2017

Ms. Elaine Cacciatore, Long Term Care Supervisor Office of Licensure and Certification Division of Long Term Care Services 9960 Mayland Drive, Suite 401 Richmond, VA 23233

Re:

Leewood Healthcare Center (Provider Number 495337)

Dear Ms. Cacciatore:

Enclosed for your review, please find our plan of correction for our survey ending August 30, 2017. We submit this plan of correction as Leewood Healthcare's allegation of compliance. Please contact me directly if you have any questions or require additional information.

Sincerely,

Terrence Kee Administrator

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		1' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Initial Comments			F 000	Plan of Correction	10/6/17
F 001	survey and biennial was conducted 8/28 Corrections are req CFR Part 483 Feder requirements. The will follow. One combine survey. The census in this factorist at the time of the consisted of 20 currection (Residents #1 throus reviews (Residents The facility was out following state licen). This RULE: is not refacility was not	of compliance with the sure requirements: met as evidenced by: in compliance with the last and Regulations	pection 2017. with 42 vey/report ted during lity was ey sample s d record	F 001	determination is consecuted Because the facility make such admissions, the state made in the Plan of Correction of the used agains	on is under The e Plan stitute of the ed are adings r that verity orrect. es no ments ection
		Nursing Services Cross Reference to	F-240		Please refer to F-240	
	12 VAC 5-371-250 12 VAc 5-371-250-(F) Cross Reference	to F-279		Please refer to F-279	
	12 VAC 5-371-220 (12 VAC 5-371-220 (F-309	Nursing Services A, C) Cross Referen	ce to		Please refer to F-309	
	12 VAC 5-371-220 N 12 VAC 5-371-220 (Nursing Services D) Cross Reference	to F-328		Please refer to F-328	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator

(X6) DATE

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F 001	Progedures	age 1 Safety and Emerger (A) Cross Reference		F 001	Please refer to F-518		
	×						

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 09/11/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		TE SURVEY MPLETED
		495337	B. WING			08	3/30/2017
	PROVIDER OR SUPPLIER DD HEALTHCARE CE	NTER		712	REET ADDRESS, CITY, STATE, ZIP CODE 0 BRADDOCK ROAD NANDALE, VA 22003		
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					Plan of Correction		
F 000	INITIAL COMMEN	ΓS	F(000	Leewood Healthcare, 9/201	7	10/6/17
F 240 SS=D	survey Inspection verthrough 8/30/2017. compliance with 42 Term Care requirer survey/report will for investigated during. The census in this 114 at the time of the consisted of 20 cur (Residents #1 through reviews (Residents 483.10(a)(1)(2) CA PROMOTES QUAIN (a)(1) A facility must respect and dignity a manner and in armaintenance or enfort iffer recognizing.	132 certified bed facility was ne survey. The survey sample rent Resident reviews ugh #20) and 4 closed record #21 through #24). RE AND ENVIRONMENT	F2	240	This Plan of Correction submitted as required un State and Federal law. facility's submission of the Fof Correction does not constitue an admission on the part of facility that the findings cited accurate, that the findings cited accurate, that the findings constitute a deficiency, or the scope and seven determination is corrected because the facility makes such admissions, the statement made in the Plan of Correct cannot be used against facility in any subsequadministrative or corrected administrative or corrected and the proceeding.	der The Plan tute the are ngs that rity ect. no ents cion the	
	quality care regardle condition, or payme establish and main practices regarding provision of service residents regardles. This REQUIREMED by: Based on on obse documentation revithe facility staff failed.	nust provide equal access to ess of diagnosis, severity of ent source. A facility must tain identical policies and transfer, discharge, and the es under the State plan for all es of payment source. NT is not met as evidenced evation, staff interview, facility ew and clinical record review, ed, for one resident (Resident ample of 24 residents, to			F 240 Care and Environm Promotes Quality of Life Compliance Date: 10/6/17 Immediate action taken the resident found to habeen affected include:	for	10/6/17
LABORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE

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

Administr

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 240	medication administration proconducted of the fadministration proconducted a Fentanyl Resident #6's uppeasked Resident #6's uppeasked Resident #6's uppeasked Resident #6's uppeasked Resident #6 a black marker to von the patch. On 8/29/17 at 8:30 conducted of the fadministration proconducted of the fadministration proconducted a Fentanyl Resident #6's uppeasked Resident #6 a black marker to von the patch. On 8/29/17 at 8:35 conducted with LPI not write the date of the Resident #6, she date first but it's ea	living experience during stration. plied a pain patch to Resident er to lean forward, and then er to write the day, month and ded: 92 year old who was admitted 7/06. Resident #6's diagnoses uise from a fall, Hypertension, ardiovascular accident, and Set, which was a Quarterly in Assessment Reference Date esident #6 as having a Brief Status Score of 15, indicating ment. A.M. an observation was	F 2	40	transdermal patch and marking the patch post application. The resident's representative who to the nurse of the occurrent of the nurse applying transdermal patch and marking the patch post application. The LPN-A received counseling on the application of transderm patch on 8/29/2017 by the Director of Nursing.	N- ce a ng he as N- ce a ng ng he at hal	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		ATE SURVEY DMPLETED
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	PROVIDER OR SUPPLIER			7120	EET ADDRESS, CITY, STATE, ZIP CODE D BRADDOCK ROAD NANDALE, VA 22003	**	
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENCE REGULATORY OR I On 8/29/17 a reviet documentation, rec Transdermal Delive new patch from paragraph patch with date and patch firmly agains On 8/29/17 at 4:30 (Administration A) (Administration B) No further informat 483.20 (d);483.21 (I COMPREHENSIV 483.20 (d) Use. A facility assessments commonths in the residence and revise the resident. 483.21 (b) Comprehensive comprehensive per each resident, conset forth at §483.1 includes measural to meet a resident and psychosocial comprehensive as	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) age 2 w was conducted of facility yealing the following ery Policy (undated), "Remove ckage and envelope. Label d nurse's initials. Apply new it skin." P.M. the facility Administrator and Director of Nursing were informed of the findings. tion was received. b)(1) DEVELOP E CARE PLANS must maintain all resident pleted within the previous 15 dent's active record and use the ssments to develop, review dent's comprehensive care		X	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRICE OF THE APPR	put risk ation y the Staff SDC) in of ating the on(s) sure ur: rs or serve small nen 3 then the hality lance for rther hality lance inbers ector ment ocial etary,	(X5) COMPLETION DATE
	(i) The services the	at are to be furnished to attain			Director of Maintenance, N Managers, Minimum Data Coordinator, Medical Dire	Set	

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F 279	physical, mental, ar required under §48 (ii) Any services that under §483.24, §48 provided due to the	dent's highest practicable and psychosocial well-being as 3.24, §483.25 or §483.40; and at would otherwise be required 33.25 or §483.40 but are not a resident's exercise of rights uding the right to refuse	F 2	779	Pharmacy Consultant. If is are identified, then additi education will be provided modification of the Plan Correction will be made address the deficient practice	onal and of to	
	rehabilitative service provide as a result recommendations. findings of the PAS rationale in the resident's resident's represent (A) The resident's represent (B) The resident's platture discharge. Further the resident community was asset to the provide provide the resident of the resid	If a facility disagrees with the ARR, it must indicate its dent's medical record.			Comprehensive Care Plan Compliance date: 10/6/17 Immediate actions taken the residents found to have affected: Resident #1's care was updon 9/20/17, by the Unit Man to reflect current problems measurable goals interventions. The intervention to massage by prominences was removed.	for lave ated ager with and skin	10/6/17
	plan, as appropriate requirements set for section. This REQUIREME by: Based on observate record review, and	s in the comprehensive care e, in accordance with the orth in paragraph (c) of this NT is not met as evidenced tion, staff interview, facility clinical record review, the ordevise, and implement a			The MDS coordinator educated by QA/SDC 9/21/17, on the care plan process and using measur goals and interventions.		

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		DATE SURVEY COMPLETED
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F 279	(intravenous) potast Resident (Resident Residents. For Resident #1, IV Potassium were no and skin breakdow inappropriately. The findings included: Resident #1 was as 3-23-17. Resident included; pneumon Dementia, congest Hypertension. The Set, (MDS) was a Assessment, with a Date of 7-21-17. It severely cognitively coded as being ext activities of daily liv physical Assist. Resident #1 was fin her back, on 8-28- entrance tour of the Residents hands we pillows, with pitting hand was bruised of circle approximated. The Resident was attempted to arous shaking her arm. In medication pump in Hanging from the pag of 5% dextrose	e plan for the use IV esium and antibiotics for one that in a survey sample of 24 antibiotics, fluids, and t appropriately care planned, n was care planned ed: dmitted to the facility on that is current diagnoses ia, urinary tract infection, ive heart failure, and most recent Minimum Data	F 2	:79	potential to be affected waccomplished by: The facility has determined to all residents have the potential be affected. The MDS coordinators, was managers and supervisors was review all care plans and updidentified problems was measurable goals as interventions. Action taken/systems printo place to reduce the riful of future occurrential include:	hat to nit vill ate ith nd vut sk ce nit ill OC ss, ns,	

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F 279	had no noticeable f 1000 ml., and no fix Resident, and the in piece of medical tar fluid which docume 6:00 a.m., that morninguse at 75 ml per documented as beinterviewed at that Resident was supproposed and that the Resident was supproposed and that the Resident's right and had to be discover night, and that that morning. She had been received inserted central line Resident's upper an infusions. There where the covered with a clear line is inserted in a which flows directly heart, and is considit's proximity to the located in lower had on 8-28-17 severa Resident #1 were of clinical records to be surveyors. An x-rap.m., with a portable an x-ray on Resident.	The 1000 ml (milliliter) bag luid missing, and was still uid was hooked to the infusion was turned off. A large pe was stuck on the bag of inted that it had been hung at ning 8-28-17, and was to hour. No additives were ng in the fluid. LPN B was time, and stated that the osed to have antibiotics for urinary tract infection (UTI), ent was receiving fluids very sick and not drinking. LPN at the peripheral IV access in thand had become infiltrated on tinued by the nurse working thad occurred at 7:00 a.m. stated that a doctor's order to insert a PICC (peripherally e catheter) Line in the rm for the fluid and antibiotic as a single lumen (port) PICC esident's upper inner arm, ar occlusive dressing. A PICC major vein in the upper arm of into the vena cava of the dered a central line because of heart. Peripheral IV's are nds, and arms in lesser veins. I other observations of conducted while waiting for the copied and delivered to be copied and delivered to b	F2	279	How the corrective actio will be monitored to ensur the practice will not recur: The MDS coordinators will aud 5 care plans per day 5 days week for 2 weeks then three times per week for 2 weeks then weekly for 2 months. The MDS coordinator wing present the results of audits to the Quality Assurance Performance Improvement Committee for review and further recommendations. Quality Assurance Performance Improvement Team Member include: Administrator, Director of Nursing, Staff Development Coordinator, Director of Foci Services, Director of Dietar Director of Maintenance, Nursing Managers, Minimum Data Singular Coordinator, Medical Director Director of Rehab Services, and Pharmacy Consultant. If issue are identified, then addition education will be provided and modification of the Plan Correction will be made address the deficient practice.	lit a see en sill ne see or er ty see er ty, g, se et or, nd es al nd of	

film would be read by a radiologist "in a couple of

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F 279	after that." The Re and had not consul at least 10 hours at more hours before	would be sent to the facility sident remained unresponsive, med any nutrition or fluids for this time, and it would be the IV could be accessed.	F	279	F-309 Provide Care/Serv for Highest Well Being Compliance Date: 10/6/17		10/6/17
	Laboratory reports were reviewed in the clinical record and revealed that on 8-24-17 a complete blood count (CBC), basic metabolic profile (BMP), and urinalysis with culture and sensitivity (U/A with C&S) were obtained and resulted on 8-24-17 (4 days prior to survey). A review of Resident #1's clinical record was conducted after tour on 8-28-17 revealing an admission Care Plan dated 3-23-17, that had no measurable interventions, and denied the Resident's congestive heart failure history. A second care plan was derived on 3-30-17, and had been updated on 4-13-17, by the interdisciplinary team. No other records reveal any updates by the interdisciplinary team after 4-13-17 until the time of survey. There were interventions added in May 2017 for falls by the nursing staff, and in July 2017 for bed mobility and contractures by the nursing staff. On				performed on 8/28/2017. resident's order was clarify to give an IV of D5 ½ Normaline with 20meq of K added. The IV was started the nurse on 8/28/2017 5:30 pm by PICC line.	was an	
	stated the Residen infusions which wa peripheral IV in her medications were r 8-25-17 a skin breathe care plan with r intervention to "ma was added, which i when skin breakdo	plan, however the care plan thad a PICC line, for the sincorrect, the Resident had a hand, and the fluids, and not added to the plan. On akdown problem was added to no measurable goals, and an essage bony prominences", sa strictly forbidden practice wn is a potential.			8/28/2017 at 9pm per ord The Zosyn one gram vadministered 8/29/2017 a am as ordered,	der. was	

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F 279	illness. The first vis doctor describes the Obtundation". We describes this definition to less than full aler consciousness), type condition or trauma means "dulled or leterally to stimuli, hand the doctor is or palliative care consequenced that the Rurinary tract infectionsume medications wallow food, or drattempts were made at the time of surveing memented on the peripherally inserted at the time of surveing labs revealed new sodium, low blood consume food, mewhich were not care. Clinical record Labs that a Normal sodium Resident suffered for (hypernatremia) wit 8-24-17, and (154)	ring Resident #1's acute sit was on 8-23-17, where the e Resident as "seen for oster's medical dictionary ition as; "Obtundation refers these (altered level of oically as a result of a medical a." "The root word, obtund, iss sharp" cf. obtuse angle." Resident is responsive non has an altered mental status, dering IV hydration and a ultation. Otes were reviewed and esident had pneumonia, and a con (UTI), and was unable to ons by mouth, and not able to ons by mouth, and not able to ons have a considered when the le. No interventions for this care planned. Oges, medication and IV fluid from 8-24-17 through 8-29-17, by, with none of these exare plan. IV and PICC end central line catheter) line emented on the care plan, and problems of high blood potassium, and inability to dications, and fluids orally, explanned. Se were reviewed, and revealed um range is (137-145), and the	F	279	Identification of other residents having potential to be affected. The facility has determined to all residents have the potential be affected. No other residents we identified with IV medication fluids or additives. The MDS coordinators, and managers and supervisors review all care plans and updidentified problems we	7 to and onia s by The ting was IDS	

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F 309 SS=D	8-28-17 at (2.9), an normal blood potas is a very narrow ral small changes in p Potassium is a maj responsible for carhigh potassium, ca Multiple care plan of inappropriate skin in preventing nursing care, providing effect outcomes of care, deficient practice of debrief. No further the facility. 483.24, 483.25(k)(I FOR HIGHEST WI 483.24 Quality of life is a frapplies to all care a residents. Each refacility must provid services to attain of practicable physical well-being, consiste comprehensive as: 483.25 Quality of C Quality of care is a applies to all treatment facility residents. Bassessment of a rethat residents receaccordance with provides as a coordance with provides consistence accordance with p	8-24-17, and worsening on and (2.9) again on 8-29-17. A saium range is (3.5-5.5), which age due to the serious threat of otassium levels in blood. For mineral (electrolyte) diac health. Low potassium, or an result in death. It is missions occurred, and an antervention was planned, staff from planning needed ective care, and assessing the The facility was notified of this in 8-29-17 at the end of day information was provided by an endamental principle that and services provided to facility is ident must receive and the ethe necessary care and in maintain the highest all, mental, and psychosocial ent with the resident's sessment and plan of care.		279	program will be cond the QA/SDC for all n medication admin notifying physicians if going to be a delay in find physician orders or treasupplies and available being delayed or not available in a different setting. A list of available IV additives from the erpharmacy supplies will on each medication nurses to be able to commavailability to the when receiving orders. The MDS nurses managers and supervibe educated by the Conthe care planning	the risk education flucted by nurses on nistration, f there is following atment d/t services ailable, to o provide nt way or fluid and mergency be placed cart for amunicate physician s, unit isors will QA/SDC process, roblems,	

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F 309	but not limited to (k) Pain Manager The facility must provided to reside consistent with pi the comprehensi and the residents (l) Dialysis. The residents who res services, consist of practice, the co care plan, and th preferences. This REQUIREM by: Based on observices well to documentation a facility staff failed practicable well to #1) in the survey For Resident #1, (intravenous) me physician's order practice. The fact an IV access tim services during a The findings included; Resident #1 was 3-23-17. Reside included; pneum Dementia, conger	the residents' choices, including the following: ment. ensure that pain management is ents who require such services, rofessional standards of practice, we person-centered care plan, is goals and preferences. facility must ensure that quire dialysis receive such ent with professional standards omprehensive person-centered e residents' goals and IENT is not met as evidenced wation, staff interview, facility and clinical record review, the to maintain the highest being for 1 Resident (Resident sample of 24 residents. Ithe facility failed to ensure IV adications were administered per is, and standards of professional cility staff further failed to obtain ely, and provide care and an acute illness.	F3	809	How the corrective ac will be monitored to the practice will not r. The unit managers and supervisors will audit notes, orders and 24 reports for orders implemented and not potential delays of suppreservices and notify the phromaternate care and treat days a week for 2 week three times per week for 2 then weekly for 2 months.	ensure ecur: nursing nurses hours being the any olies or tysician tment 5 ks then weeks	

Set, (MDS) was a Significant change

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO.	0938-0391
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION		E SURVEY PLETED
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	PROVIDER OR SUPPLIER DD HEALTHCARE CE	NTER		71	REET ADDRESS, CITY, STATE, ZIP CODE 20 BRADDOCK ROAD NNANDALE, VA 22003		
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F 309	Date of 7-21-17. the severely cognitively coded as being extractivities of daily live physical Assist. Resident #1 was first her back, on 8-28-1 entrance tour of the Residents hands we pillows, with pitting hand was bruised coircle approximated. The Resident was attempted to arous shaking her arm. If medication pump in Hanging from the pag of 5% dextrose mixture, which had was filled with fluid had no noticeable for 1000 ml., and no flow Resident, and the inpiece of medical tare fluid which docume 6:00 a.m., that more infuse at 75 ml per documented as be interviewed at that Resident was suppoper peumonia, and a and that the Resident's right and had to be discontinuation.	ge 10 In Assessment Reference Ite MDS coded Resident #1 as a impaired. Resident #1 was ensively dependent for all ing, and requiring a 1 person It observed lying in bed, on 17 at 2:30 p.m., during a facility. Both of the ere swollen, and elevated on edema in both. The right on the back of the hand, in a sy the size of a silver dollar. Unresponsive when LPN B are her by calling her name, and here was an Intravenous (IV) in the room at bedside. For the fact of the hand it is the fact of the hand it is the 1000 ml (milliliter) bag fluid missing, and was still uid was hooked to the infusion was turned off. A large pe was stuck on the bag of anted that it had been hung at ming 8-28-17, and was to hour. No additives were ing in the fluid. LPN B was time, and stated that the losed to have antibiotics for urinary tract infection (UTI), ent was receiving fluids very sick and not drinking. LPN are the peripheral IV access in thand had become infiltrated ontinued by the nurse working thad occurred at 7:00 a.m.		09	The Director of Nursing w present the results of audits to the Quality Assurance Performant Improvement Committee for review and further recommendations. Quality Assurance Performant Improvement Team Member include: Administrator, Direct of Nursing, Staff Development Coordinator, Director of Social Services, Director of Dietar Director of Housekeepin Director of Maintenance, Nur Managers, Minimum Data State Coordinator, Medical Director of Rehab Services, and Pharmacy Consultant. If issurance identified, then addition education will be provided and modification of the Plan Correction will be made address the deficient practice.	he ce cor er ty ce crs or nt al y, g, se et or, nd es al nd of	

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F 309	had been received inserted central line. Resident's upper a infusions. There we line noted in the Recovered with a cleatine is inserted in a which flows directly heart, and is consitit's proximity to the located in lower had On 8-28-17 severa Resident #1 were clinical records to surveyors. An x-ray on Resident per location of the PICC line for unfilm would be read hours, and results after that." The Read had not consultated the PICC line for unfilm would be read hours, and results after that. The Read had not consultated the per location of	stated that a doctor's order to insert a PICC (peripherally e catheter) Line in the arm for the fluid and antibiotic was a single lumen (port) PICC esident's upper inner arm, ar occlusive dressing. A PICC major vein in the upper arm y into the vena cava of the dered a central line because of the heart. Peripheral IV's are ands, and arms in lesser veins. All other observations of conducted while waiting for be copied and delivered to any technician arrived at 5:00 ple x-ray machine and obtained ent #1 to check placement of use. The technician stated the by a radiologist "in a couple of would be sent to the facility esident remained unresponsive, and any nutrition or fluids for at this time, and it would be the IV could be accessed. Is were reviewed in the clinical ed that on 8-24-17 a complete on the culture and sensitivity (U/A obtained and resulted on 8-24-17 revey). The province of the facility are and sensitivity (U/A obtained and resulted on 8-24-17 revey).		09	F-328 Treatment/Care for Special Needs Compliance Date: 10/6/17 Immediate action taken for the resident found to have been affected include: Resident #1 physician was notified on 8/28/2017 and a order for PICC line insertion was obtained. The PICC line was inserted by and confirmation X-Ray was performed on 8/28/2017. The resident's order was clarified to give an IV of D5 ½ Normal Saline with 20meq of Konadded. The IV was started by the nurse on 8/28/2017 of 5:30 pm by PICC line. The Levaquin 250 mg was administered IV per PICC line 8/28/2017 at 9pm per order the Zosyn one gram was administered 8/29/2017 at am as ordered,	or re as as as as as as as as as	10/6/17
	admission Care P measurable interv	lan dated 3-23-17, that had no					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 309	had been updated interdisciplinary tea any updates by the 4-13-17 until the tin interventions added nursing staff, and in and contractures b 8-24-17 intervention added to the care p stated the Residen infusions which wa peripheral IV in her medications were r 8-25-17 a skin breathe care plan with r intervention to "ma was added, which when skin breakdod Physician progress revealed 2 visits duillness. The first vidoctor describes the Obtundation". We describes this defir to less than full ale consciousness), ty condition or trauma means 'dulled or less than full ale consciousness), ty condition or trauma means 'dulled or less than full ale consciousness of the verbally to stimuli, and the doctor was palliative care consumers. Nursing progress revealed that on 8-in 1/2 normal saling	vas derived on 3-30-17, and on 4-13-17, by the im. No other records reveal interdisciplinary team after me of survey. There were d in May 2017 for falls by the in July 2017 for bed mobility by the nursing staff. On ins for IV antibiotics were olan, however the care plant thad a PICC line, for the is incorrect, the Resident had a rehand, and the fluids, and not added to the plan. On akdown problem was added to incomeasurable goals, and an issage bony prominences", is a strictly forbidden practice with is a potential. In notes were reviewed and uring Resident #1's acute is the was on 8-23-17, where the is Resident as "seen for inster's medical dictionary inition as; "Obtundation refers interess (altered level of pically as a result of a medical at." "The root word, obtund, is sharp' cf. obtuse angle." Resident was responsive non thas an altered mental status, is ordering IV hydration and a	F	309	The resident's #1 care play was updated on 8/29/2017 include measurable goals are interventions for pneumon and urinary tract infections to the MDS coordinator. The intervention for massaging bony prominences were removed by the MD coordinator. Identification of other residents having the potential to be affected. The facility has determined the all residents have the potential be affected. No other residents we identified with IV medication fluids or additives. The MDS coordinators, up managers and supervisors were view all care plans and updatidentified problems were	to nd ia by ne ng as OS er he nat to ere ns, nit vill	

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F 309	Also, a chest x-ray, were ordered to be The following morn notes document that sent to the doctor, a from the doctor for Zithromax 500 mg days for pneumonia IV for 5 days for UT Nursing notes go on Resident was not a food, or drink, and made. Nurses triest critical lab results, at a.m., (midnight) 8-2 was not able to profluids (D5 1/2 NS) thank the doctor agree the D5 1/2 NS was could be obtained. 11:39 p.m.(24 hour Nursing notes deschaving trouble swall 8-26-17 at 8:26 a.m. water, and only able not able to take medication to discontinue the I Zithromax which the Lake, (4 days later) daily "by mouth or I Nursing notes and Turning note	peripheral IV in the left hand. and laboratory blood samples obtained, and were obtained. ing, on 8-24-17 further nursing at the diagnostics results were and new orders were received 2 antibiotics. Those were; (milligrams) by mouth for 5 a, and Rocephin 1 gram daily I. In to state that on 8-24-17 the ble to swallow the medication, drooled when attempts were to contact the doctor with and were unable until 12:12 and were unable until 12:12 and the Resident with the IV that the doctor had ordered, seed to give Dextrose 5%, since unavailable, until the fluid This occurred on 8-25-17 at selater). The Resident #1 as still lowing on 8-25-17. On a., the Resident was asking for the to take sips, still drooling and ds or fluids orally at 9:29 p.m. p.m., still drooling and unable by mouth, the doctor ordered V Rocephin, and by mouth the Resident was never able to and ordered Levaquin 250 mg	F	309	Actions taken/system into place to reduce the of future occurrence. An in-service education provided by QA/SDC for licensed numedication administ notifying physicians if the going to be a delay in follophysician orders or treatment supplies and available supplies and available supplies and available supplies and available supplies and additives to put the orders in a different setting. A list of available IV flux additives from the emergharmacy supplies will be on each medication can urse to be able to communication of availability to the physical when receiving orders. The MDS nurses, unit may and supervisors will be each by the QA/SDC on the planning process, identification of the problems, developments, developments, developments, developments.	rogram y the rses on tration, here is lowing nent d/t ervices able, to provide way or aid and ergency placed part for unicate ysician anagers ducated he care atifying eloping	

7:09 a.m., the Resident's IV had to be removed.

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STATEMENT OF DEPICIENCIES MIDPLET (X1) PROVIDERS UPPLIER A BUILDING MARE OF PROVIDER OR SUPPLIER LEEWOOD HEALTHCARE CENTER SIRRET ADDRESS, CITY. STATE. 2IP CODE 120 BRADDOCK ROAD ANNANDALE, VA 22003 STREET ADDRESS, CITY. STATE. 2IP CODE 120 BRADDOCK ROAD ANNANDALE, VA 22003 STREET ADDRESS, CITY. STATE. 2IP CODE 120 BRADDOCK ROAD ANNANDALE, VA 22003 PREFIX TAG PREFIX FROWDERS PLAN OF CORRECTION EACH OFFICIENCY WAS 18 REPRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) FROM THE RESident had not received any IV antibiotic since 5.00 a.m., on 8-27-17 (26 hours previously). Resident #1 was due to receive a first dose of a new morning antibiotic "Levaquin In", on 8-28-17, however, the facility could not infuse it, because there was no IV access. The nursing notes went on to state that the order for Levaquin on 8-28-17 and the (MAR) revealed the medication was given IV at 900 pm. on 8-28-17 for one dose only (40 hours after the last antiblotic V linfusion on 8-27-17 at 5:00 a.m.). Clinical record Labs were reviewed, and revealed that a Normal sodium range is (137-145), and the Resident suffered from high sodium (hypernatremia) with a sodium level of (155) on 8-24-17, and (154) on 8-28-17. The Resident also experienced low potassium (hypokalemia), which was (3.2) on 8-24-17, and dworsening on 8-28-17 at (2.9) and (2.9) again on 8-29-17. A normal blood potassium range is (3.5-5.5), which is a very narrow range due to the serious threat of small changes in potassium evels in blood. Potassium is a major mieral (electrolyte) responsible for cardiac health. Low potassium, or high potassium, can result in death. "potassium chloride in sodium chloride (Potassium Chloride and Sodium Chloride) injection, solution National institutes of Health Rx only DESCRIPTION DESCRIPTION The following IV potassium is major mieral (electrolyte) responsible for cardiac health. Low potassium, or result in death. "potassium chloride and Sodium Chloride) injection, solution National institutes of Health Rx only	CENTE	O FOR MEDICARE	& MEDICAID SERVICES				1	. 0000-0001
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Table Tabl			495337	B. WING			08	/30/2017
LEEWOOD HEALTHCARE CENTER XMANAPORT X	NAME OF F	ROVIDER OR SUPPLIER			l			
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 14 The Resident had not received any IV antibiotic since 5:00 a.m., on 8-27-17 [26 hours previously). Resident #1 was due to receive a first dose of a new morning antibiotic "Levaquin IV", on 8-28-17, however, the facility could not infuse it, because there was no IV access. The nursing notes went on to state that the order for Levaquin on 8-27-17 by telephone order was discontinued on 8-28-17, and the (MAR) revealed the medication was given IV at 9:00 p.m. on 8-28-17 for one dose only (40 hours after the last antibiotic IV infusion on 8-27-17 at 5:00 a.m.). Clinical record Labs were reviewed, and revealed that a Normal sodium range is (137-145), and the Resident suffered from high sodium (hypernatremia) with a sodium level of (155) on 8-24-17, and (154) on 8-28-17. The Resident also experienced low potassium ringe is (3.5-5.5), which is a very narrow range due to the serious threat of small changes in potassium levels in blood. Potassium is a major mineral (electrolyte) responsible for cardiac health. Low potassium, or high potassium, can result in death. The following IV potassium information is taken from the "National Institutes of Health"; and the provided and modification of the Plan of	LEEWOO	D HEALTHCARE CE	NTER		l			
F 309 Continued From page 14 The Resident had not received any IV antibiotic since 5:00 a.m., on 8-27-17 (26 hours previously). Resident #1 was due to receive a first dose of a new morning antibiotic "Levaquin IV", on 8-28-17, however, the facility could not infuse it, because there was no IV access. The nursing notes went on to state that the order for Levaquin on 8-27-17 by telephone order was discontinued on 8-28-17, and the (MAR) revealed the medication was given IV at 9:00 p.m. on 8-28-17 for one dose only (40 hours after the last antibiotic IV infusion on 8-27-17 at 5:00 a.m.). Clinical record Labs were reviewed, and revealed that a Normal sodium range is (137-145), and the Resident suffered from high sodium (hypernatremia) with a sodium level of (155) on 8-24-17, and (154) on 8-28-17. The Resident also experienced low potassium (hypokalemia), which was (3.2) on 8-28-17, and worsening on 8-28-17 at (2.9), and (2.9) again on 8-29-17. A normal blood potassium range is (3.5-5.5), which is a very narrow range due to the serious threat of small changes in potassium levels in blood. Potassium is a major mineral (electrolyte) responsible for cardiac health. Low potassium, or high potassium, can result in death. The following IV potassium information is taken from the "National Institutes of Health"; "potassium chloride in sodium chloride (Potassium chloride and Sodium Chloride) injection, solution National Institutes of Health Rx only DESCRIPTION	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE PRIATE	COMPLETION
Intravenous solutions with potassium chloride (IV Correction will be made to solutions with KCI) are sterile and nonpyrogenic address the deficient practice.	F 309	The Resident had resince 5:00 a.m., on Resident #1 was do new morning antibit however, the facility there was no IV according to the resident was no IV according to the medication was 8-28-17 for one does antibiotic IV infusional record Lab that a Normal sodic Resident suffered for the medication was 8-24-17, and (154) also experienced for which was (3.2) on 8-28-17 at (2.9), and are sponsible for carbigh potassium is a magnessium is a magnessium, carbinate in protassium chlorid (Potassium Chlorid injection, solution National Institutes DESCRIPTION Intravenous solution	not received any IV antibiotic 8-27-17 (26 hours previously). Let to receive a first dose of a otic "Levaquin IV", on 8-28-17, y could not infuse it, because cess. Went on to state that the order 27-17 by telephone order was 28-17, and the (MAR) revealed given IV at 9:00 p.m. on se only (40 hours after the last n on 8-27-17 at 5:00 a.m.). Is were reviewed, and revealed um range is (137-145), and the from high sodium th a sodium level of (155) on on 8-28-17. The Resident ow potassium (hypokalemia), 8-24-17, and worsening on on (2.9) again on 8-29-17. A simm range is (3.5-5.5), which nige due to the serious threat of otassium levels in blood. For mineral (electrolyte) diac health. Low potassium, or n result in death. Institutes of Health"; The in sodium chloride de and Sodium Chloride) The sodium chloride of Health Rx only on the with potassium chloride (IV) on the with previous		309	How the corrective action (section will be monitored to ensure the practice will not recur: The unit managers and nursing supervisors will audit nurse notes, orders and 24 house reports for orders being implemented and note an potential delays of supplies services and notify the physicial for alternate care and treatment days a week for 2 weeks the three times per week for 2 weeks then weekly for 2 months. The Director of Nursing we present the results of audits to the Quality Assurance Performant Improvement Committee freview and further recommendations. Qual Assurance Performant Improvement Team Member include: Administrator, Director of Nursing, Staff Development Coordinator, Director of Soc Services, Director of Housekeeping Director of Maintenance, Nur Managers, Minimum Data Scoordinator, Medical Director Director of Rehab Services, a Pharmacy Consultant. If issuance identified, then addition education will be provided a modification of the Plan Correction will be made	ng es rs ng ng es rs ng ny or an 5 en ks vill he ce for ner ity ce ers or ent ial ry, ng, rse set or, nd nes nal nd of	

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F 309	administration by in Acute treatment of central venous infu Possible Adverse F 1. Hyperkalemia 2. PO administration vomiting, diarrhea, 3. IV administration phlebitis at the infu 4. Rapid IV infusion arrhythmias. Contraindications 8 Hypersensitivity to Severe renal impa Use with caution in Nursing Implication Monitor serum pot serum potassium be effective potassium checking a magnes Continuous cardia IV replacement estinfusions Watch IV site for some Give oral doses with WARNINGS Solutions which coused with great car hyperkalemia, seve conditions in which present. To avoid potassium these solutions raprenal insufficiency administration of protassium intoxica Solutions containing	or injection. They are for atravenous infusion only. symptomatic Hypokalemia for sions. Reactions: In may cause GI irritation, bleeding. In may cause irritation, pain or sion site. In may cause cardiac Reprecautions I potassium chloride products irment or hyperkalemia In patients with cardiac disease is assium concentrations. If evel is not rising with in supplementation, consider sium level. I comonitoring is mandatory for pecially for central signs of irritation or phlebitis. If the nearest feed. Intain potassium ions should be the if at all, in patients with the renal failure and in potassium retention is In intoxication, do not infuse of intoxication, do not infuse or adrenal insufficiency, otassium chloride may cause	F 3	F-518 Train All S Emergency Procedure Compliance Date: 10/6/ Immediate action ta the resident found been affected includ No residents were ident LPN-D and CNA-A serviced on en procedures for fire sa emergency power plug event of power outage activation of the en	s/Drills /17 ken for to have e: ified. were in- mergency afety, the gs in the e and the mergency lopement night /7. other the ted. inned that	10/6/17

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F 309	exists edema with In patients with dim administration of sepotassium ions may potassium retention. The intravenous accan cause fluid and resulting in dilution concentrations, copulmonary edema. The risk of dilution proportional to the administered parer solute overload caperipheral and pull proportional to the such solutions. Geriatric Use: Clin Chloride in Dextros In general, dose seshould be cautious of the dosing range frequency of decref function, and of codrug therapy. These drugs are kexcreted by the kid reactions to these patients with impael elderly patients are renal function, and it me function. PRECAUTIONS Potassium replace primarily by serial	aillure, severe renal a clinical states in which there sodium retention. Annished renal function, colutions containing sodium or any result in sodium or any result in sodium or and diministration of these solutions and/or solute overloading of serum electrolyte angested heart failure states or all states is inversely electrolyte concentration of anteral solutions. The risk of the using congested states with monary edema is directly electrolyte concentrations of a studies of Potassium		09	How the corrective action will be monitored to ensure the practice will not recur	vice the fire wer the and (s) ure r: unit 5 for for dge for the ing	

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F 309	cause death througarrhythmias or arreportassium-contain with caution in the particularly in digital presence of renal of Care should be exneedle (or catheter vein and that extra Nausea, vomiting, have been reported signs and symptor include paresthesis paralysis, listlessoweakness and heat hypotension, cardicularly electrocardiograph disappearance of Islurring of the QRS a biphasic curve at There were no physically a biphasic curve at There were no physically a biphasic curve at There were no physically was hyperthere was no men potassium), which was actually was hyperthere was no men potassium) in the Physician orders on 8-2 meq (milliequivaled).	evels. entrations of potassium may gh cardiac depression, est. ing solutions should be used presence of cardiac disease, alized patients or in the disease. ercised to insure that the r) is well within the lumen of the vasation does not occur. abdominal pain and diarrhea d with potassium therapy. The ns of potassium intoxication as of the extremities, flaccid ess, mental confusion, aviness of the legs, ac arrhythmias, heart block, aic abnormalities such as P waves, spreading and S complex with development of and cardiac arrest." Visician visits or notes from ight of 8-28-17 (5 days later) am had entered, found and ff the issues with IV care for surveyors had left the building doctor diagnosed sepsis, from the UTI, and hyponatremia (low is incorrect, the Resident matremic (high sodium) and tion of the hypokalemia (low	F 3	The QA/SDC will preser results of reviews to the Q Assurance Perform Improvement Committee review and fi	uality nance for urther uality nance mbers rector oment Social etary, eping, Nurse a Set ector, s, and ssues tional d and n of de to	

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	PROVIDER OR SUPPLIER DD HEALTHCARE CE	NTER		71	REET ADDRESS, CITY, STATE, ZIP CODE 20 BRADDOCK ROAD NNANDALE, VA 22003		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 309	meq (milliequivaler normal saline solut bag dose, due to lo result is reported to Resident had been point, and the blood worsened. The physician was a.m., The doctor whad been given on hypokalemia. The fluids that he order administration, had facility at the time of homes don't usuall further stated that accommodate the well, because they Dextrose 5% with ordered just 5% deasked why IV antibutimely, and he state awhile to be instilled asked if these thing accomplished in a Resident who was she could have be these things would immediately. The facility policy of was reviewed, and must be followed. In summary of the	age 18 aged to Potassium chloride 20 ats) IV in dextrose 5% - 1/2 ion at 75 ml per hour for 1 liter by potassium, after a stat BMP of the MD (doctor). The hypokalemic for 5 days at this d potassium issue had interviewed on 8-30-17 at 9:00 as asked why no potassium 8-24-17 when labs showed doctor stated that some of the ed, and potassium for IV I not been available to the of his order, because nursing y infuse potassium IV. He he had changed orders to facility in regard to IV fluids as were having trouble getting 1/2 normal saline, so he extrose instead. He was further of that the PICC line had taken ed that the PICC line had taken ed that the Resident. When gs could have been more timely manner for this now septic, he stated "yes", en sent to the hospital where I have been received on medication administration I stated that doctor's orders evidence provided by the 1 was acutely ill with	F3	809			

pneumonia, and a UTI. The Resident was not

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495337	B. WING		30	3/30/2017		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 7120 BRADDOCK ROAD ANNANDALE, VA 22003	ODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE		
F 328	antibiotics by moutand ordered hydra administered timel because the facility necessary services transferred to an awhere those services Fluids were unavaraccess for at least antibiotics were not 8-27-17 until the Lp.m. on 8-28-17 (Aresident had been diagnosed as "Seppotassium were unneeded, and no micelectrocardiogram during or after the The facility was not not 8-28-17, 8-29-2 day debrief. No fuby the facility. 483.25(b)(2)(f)(g)(FOR SPECIAL NECESTER SPECIAL	and was unable to consume th for 5 days. Potassium IV, tion fluids were not y, and care was delayed y was unable to provide the s. The Resident was not acute care setting (hospital) ces could be provided timely. ilable because of lack of IV 12 hours. The Rocephin IV of administered from 5:00 a.m. evaquin was available at 9:00 to hours). By this time the n seen again by the doctor, and otic. Medications such as IV navailable in this setting as onitoring or EKG's as) were performed before, potassium infusions. Otified of this deficient practice 17, and 8-30-17 at the end of arther information was provided (5)(h)(i)(j) TREATMENT/CARE EEDS To ensure that residents receive and care to maintain mobility alth, the facility must:		09				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495337	B. WING		08	/30/2017	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP (7120 BRADDOCK ROAD ANNANDALE, VA 22003	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 328	appointments (f) Colostomy, ur The facility must require colostomy services, receive professional stan comprehensive puthe resident's goal (g)(5) A resident receives the apprenent on prevent contincluding but not diarrhea, vomiting abnormalities, and (h) Parenteral Fluadministered constandards of prace physician orders, person-centered goals and preference (i) Respiratory can and tracheal suctioning, is proprofessional stan comprehensive presidents' goals at this subpart.	reterostomy, or ileostomy care. rensure that residents who y, ureterostomy, or ileostomy such care consistent with dards of practice, the reson-centered care plan, and als and preferences. who is fed by enteral means repriate treatment and services inplications of enteral feeding limited to aspiration pneumonia, g, dehydration, metabolic id nasal-pharyngeal ulcers. raids. Parenteral fluids must be resistent with professional ratice and in accordance with the comprehensive care plan, and the resident's	F 33	28			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495337	B. WING		08/30	0/2017	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 7120 BRADDOCK ROAD ANNANDALE, VA 22003			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 328	person-centered and preferences, prosthetic device This REQUIREM by: Based on observed ocumentation a facility staff failed intravenous antibusing care for survey sample of For Resident #1, (intravenous) me physician's order practice. The fact an IV access time The findings included; pneum Dementia, congenty pertension. The findings included; precent practice included; pneum Dementia, congenty pertension. The findings included included; pneum Dementia, congenty pertension. The findings included included; pneum Dementia, congenty pertension. The findings included i	ctice, the comprehensive care plan, the residents' goals to wear and be able to use the . ENT is not met as evidenced vation, staff interview, facility and clinical record review, the to provide specialized piotic and potassium infusion and Resident (Resident #1) in the facility failed to ensure IV edications were administered per is, and standards of professional cility staff further failed to obtain ely, during an acute illness.	F 328				

CENTE	42 LOK MEDICAKE	& WIEDICAID SERVICES	,			OIVID IVO	. 0000 000	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495337	B. WING			08	3/30/2017	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 328	circle approximated. The Resident was attempted to arous shaking her arm. medication pump in Hanging fom the pof 5% dextrose, and which had tubing on with fluid. The 100 noticeable fluid missand no fluid was he infusion was turned tape was stuck on documented that if that morning 8-28-per hour. No additionally being in the fluid, time, and stated that to have antibiotics tract infection (UTI receiving fluids being in the fluid, time, and stated that on the discontinued by the that had occurred stated that a doctor insert a PICC (per catheter) Line in the fluid and antibiotic lumen (port) PICC upper inner arm, of dressing. A PICC in the upper arm we cava of the heart, because of it's pro-	on the back of the hand, in a y the size of a silver dollar. unresponsive when LPN B e her by calling her name, and There was an Intravenous (IV) in the room at bedside. ump was an open one liter bag d 1/2 normal saline mixture, onnected to it, and it was filled in middliliter) bag had no ssing, and was still 1000 ml., boked to the Resident, and the droff. A large piece of medical the bag of fluid which had been hung at 6:00 a.m., 17, and was to infuse at 75 ml ives were documented as LPN B was interviewed at that at the Resident was supposed for pneumonia, and a urinary), and that the Resident was cause she was very sick and B went on to say that the sign in the Resident's right hand		328				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495337	B. WING		08	/30/2017
	PROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP (7120 BRADDOCK ROAD ANNANDALE, VA 22003		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	AND A REFERENCED TO THE	N SHOULD BE	(X5) COMPLETION DATE
F 328	Resident #1 were clinical records to surveyors. An x-rap.m., with a portab an x-ray on Reside the PICC line for u film would be read hours, and results after that." The Reand had not consulat least 10 hours a more hours before Laboratory reports record and reveale blood count (CBC) and urinalysis with with C&S) were ob (4 days prior to sur A review of Reside conducted after to admission Care Pl measurable interventions added interdisciplinary teany updates by the 4-13-17 until the ti interventions added nursing staff, and and contractures to 8-24-17 interventions added to the care stated the Resider	al other observations of conducted while waiting for one copied and delivered to ay technician arrived at 5:00 le x-ray machine and obtained ent #1 to check placement of se. The technician stated the by a radiologist "in a couple of would be sent to the facility esident remained unresponsive, amed any nutrition or fluids for at this time, and it would be the IV could be accessed. Were reviewed in the clinical ed that on 8-24-17 a complete by basic metabolic profile (BMP), culture and sensitivity (U/A obtained and resulted on 8-24-17		328		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		495337	B. WING			08/30/2017	
	PROVIDER OR SUPPLIER	J		STREET ADDRESS, CITY, STATE, Z 7120 BRADDOCK ROAD ANNANDALE, VA 22003	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	THE PART OF THE PA	TION SHOULD BE THE APPROPRIA		
F 328	medications were r 8-25-17 a skin breathe care plan with r intervention to "ma was added, which it when skin breakdo Physician progress revealed 2 visits du illness. The first vi doctor describes th Obtundation". We describes this defir to less than full ale consciousness), ty condition or trauma means "dulled or le The note states the verbally to stimuli, and the doctor is o palliative care cons Nursing progress r revealed that on 8- in 1/2 normal saling the doctor to begin per hour through a Also, a chest x-ray were ordered to be The following morn notes document th were sent to the do received from the of were; Zithromax 50 for 5 days for pneudaily IV for 5 days	hand, and the fluids, and not added to the plan. On akdown problem was added to no measurable goals, and an ssage bony prominences", is a strictly forbidden practice wn is a potential. Inotes were reviewed and uring Resident #1's acute sit was on 8-23-17, where the resident as "seen for obster's medical dictionary nition as; "Obtundation refers rtness (altered level of pically as a result of a medical a." "The root word, obtund, ess sharp" cf. obtuse angle." Resident is responsive non has an altered mental status, rdering IV hydration and a sultation. Inotes were reviewed and esultation. Inotes were reviewed and esultation.		328			

Event ID: TJVY11

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495337	B. WING			08	/30/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7120 BRADDOCK ROAD ANNANDALE, VA 22003			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
	food, or drink, and made. Nurses trie critical lab results, a.m., (midnight) 8-was not able to profluids (D5 1/2 NS) and the doctor agr the D5 1/2 NS was could be obtained 11:39 p.m.(24 hou Nursing notes deshaving trouble swa 8-26-17 at 8:26 a. water, and only abnot able to take m On 8-27-17 at 3:18 to take medication to discontinue the Zithromax which the	able to swallow the medication, drooled when attempts were at to contact the doctor with and were unable until 12:12:25-17 at which time the facility ovide the Resident with the IV that the doctor had ordered, reed to give Dextrose 5%, since is unavailable, until the fluid. This occurred on 8-25-17 at rs later). Cribed Resident #1 as still callowing on 8-25-17. On m., the Resident was asking for one to take sips, still drooling and reds or fluids orally at 9:29 p.m. 5 p.m., still drooling and unable in by mouth. The doctor ordered IV Rocephin, and by mouth the Resident was never able to and ordered Levaquin 250 mg	F	328			
	Record (MAR) dod 7:09 a.m., the Res The Resident had since 5:00 a.m., o Resident #1 was onew morning antik	I the Medication Administration cumented that on 8-28-17 at sident's IV had to be removed. not received any IV antibiotic n 8-27-17 (26 hours previously). due to receive a first dose of a piotic "Levaquin IV", on 8-28-17, ity could not infuse it, because ccess.					
	for Levaquin on 8- discontinued on 8 the medication wa	went on to state that the order -27-17 by telephone order was -28-17, and the (MAR) revealed as given IV at 9:00 p.m. on					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495337	B. WING		08	/30/2017	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 7120 BRADDOCK ROAD ANNANDALE, VA 22003			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ARRON BEFFERENCED TO T	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 328	Clinical record Lat that a Normal sood Resident suffered (hypernatremia) w 8-24-17, and (154 also experienced which was (3.2) o 8-28-17 at (2.9), a normal blood potais a very narrow resmall changes in Potassium is a maresponsible for cahigh potassium, of The following IV p from the "National potassium chloride and Sood National Institutes DESCRIPTION Intravenous solut solutions with KC solutions in water administration by ? Acute treatmen for central venous Possible Adverse 1. Hyperkalemia 2. PO administration by its distribution of the interest of the	on on 8-27-17 at 5:00 a.m.). by were reviewed, and revealed fium range is (137-145), and the from high sodium with a sodium level of (155) on the on 8-28-17. The Resident low potassium (hypokalemia), in 8-24-17, and worsening on and (2.9) again on 8-29-17. A assium range is (3.5-5.5), which range due to the serious threat of potassium levels in blood. The again of the alth. Low potassium, or an result in death. Total titutes of Health"; The in sodium chloride (Potassium ium Chloride) injection, solution is of Health Rx only from the potassium chloride (IV) are sterile and nonpyrogenical for injection. They are for intravenous infusion only. It of symptomatic Hypokalemia infusions. Reactions: The first first first first first first for injection, and the potassium or for injection. They are for intravenous infusion only. It of symptomatic Hypokalemia infusions. Reactions: The first		328			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		ATE SURVEY DMPLETED		
		495337	B. WING		_ 08	8/30/2017		
	PROVIDER OR SUPPLIER DD HEALTHCARE CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 BRADDOCK ROAD ANNANDALE, VA 22003				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCEI	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE		
	? Severe renal imp? Use with caution disease Nursing Implication? Monitor serum poserum potassium deffective potassium checking a magne? Continuous card IV replacement estinfusions? Watch IV site for Give oral doses ward Warnings Solutions which coused with great can hyperkalemia, sever conditions in which present. To avoid potassium these solutions raprenal insufficiency administration of potassium intoxical solutions containing with great care, if a congestive heart for insufficiency and in exists edema with In patients with din administration of spotassium into such potassium into such potassium into such can cause fluid an resulting in dilution concentrations, copulmonary edema	o potassium chloride products airment or hyperkalemia in patients with cardiac in patients with cardiac in patients with cardiac in solutions. If evel is not rising with a supplementation, consider sium level. In actional in gradients with the nearest feed. In a signs of irritation or phlebitis, with the nearest feed. In a signs of irritation or phlebitis, with the nearest feed. In a potassium ions should be re, if at all, in patients with the re renal failure and in a potassium retention is in intoxication, do not infuse or adrenal insufficiency, otassium chloride may cause at all, in patients with ailure, severe renal in clinical states in which there is sodium retention. In inished renal function, olutions containing sodium or any result in sodium or incomplete in sodium or solute overloading in of serum electrolyte ingested heart failure states or incomplete incom	F3	15				
FORM CMS-2	567(02-99) Previous Version	is Obsolete Event ID: TJVY1	1	Facility ID: VA0142	If continuation she	secraye 200133		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495337	B. WING		08	/30/2017	
	PROVIDER OR SUPPLIER		•	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ADAGA BEEFBENAED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 328	proportional to the administered pare solute overload caperipheral and pull proportional to the such solutions. Geriatric Use: Clin Chloride in Dextro In general, dose so should be cautious of the dosing rang frequency of decrefunction, and of codrug therapy. These drugs are kexcreted by the kin reactions to these patients with impaelderly patients are renal function, car selection, and it mustion. PRECAUTIONS Potassium replace primarily by serial potassium levels at issue potassium levels at issue potassium levels at issue potassium levels at its potassium contain with caution in the particularly in digit presence of renal Care should be expeedle (or cathete vein and that extra	al states is inversely electrolyte concentration of interal solutions. The risk of using congested states with monary edema is directly electrolyte concentrations of ical studies of Potassium se Injection, USP election for an elderly patient is, usually starting at the low endie, reflecting the greater eased hepatic, renal, or cardiac incomitant disease or other mown to be substantially drugs may be greater in ired renal function. Because is more likely to have decreased e should be taken in dose ay be useful to monitor renal ement therapy should be guided electrocardiograms. Plasma are not necessarily indicative of evels. entrations of potassium may gh cardiac depression, est. hing solutions should be used a presence of cardiac disease, alized patients or in the		328			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		495337	B. WING		08	/30/2017
	PROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CO 7120 BRADDOCK ROAD ANNANDALE, VA 22003		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 328	signs and symptom include paresthesia paralysis, listlessnoweakness and heathypotension, cardia electrocardiograph disappearance of slurring of the QRS a biphasic curve at There were no phy 8-23-17 until the niafter the survey tead iscussed with star Resident #1, and sfor the night. The pneumonia and the sodium), which was actually was hyper there was no ment potassium) in the physician orders where was no ment potassium STAT (at the order was chamed (milliequivale normal saline solutions and the solution bag dose, due to be result is reported to Resident had been point, and the bloowersened.	d with potassium therapy. The as of potassium intoxication as of the extremities, flaccid ess, mental confusion, winess of the legs, ac arrhythmias, heart block, ic abnormalities such as a waves, spreading and a complex with development of and cardiac arrest. The sician visits or notes from and		328		
		vas asked why no potassium n 8-24-17 when labs showed				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495337	B. WING		08	/30/2017
	PROVIDER OR SUPPLIEF	3		STREET ADDRESS, CITY, STATE, ZIP 7120 BRADDOCK ROAD ANNANDALE, VA 22003		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 328	fluids that he orde administration, ha facility at the time homes don't usua further stated that accommodate the well, because they Dextrose 5% with ordered just 5% d asked why IV anti timely, and he sta awhile to be instill asked if these thin accomplished in a Resident who was she could have be these things would immediately. The facility policy was reviewed, and must be followed. In summary of the facility, Resident if pneumonia, and a drinking or eating antibiotics by mou and ordered hydra administered time because the facility necessary service transferred to an where those service transferred to an where those services antibiotics were in a summary of the facility or eating antibiotics were unavancees for atleast antibiotics were in a summary of the facility or eating antibiotics were unavancees for atleast antibiotics were in a summary or the facility.	e doctor stated that some of the red, and potassium for IV d not been available to the of his order, because nursing Illy infuse potassium IV. He he had changed orders to a facility in regard to IV fluids as y were having trouble getting 1/2 normal saline, so he extrose instead. He was further biotics had not been given ted that the PICC line had taken ed in the Resident. When had so could have been a more timely manner for this is now septic, he stated "yes", been sent to the hospital where do have been received	F	328		

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	COMPLETED	
		495337	B. WING			08	3/30/2017
	PROVIDER OR SUPPLIER DD HEALTHCARE CE	NTER :		712	REET ADDRESS, CITY, STATE, ZIP CODE 20 BRADDOCK ROAD INANDALE, VA 22003		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	. (X5) COMPLETION DATE
F 518	Resident had been diagnosed as "Sept potassium were un needed, and no mo (electrocardiogram during or after the part on 8-28-17, 8-29-11 day debrief. No fur by the facility. 483.75(m)(2) TRAI PROCEDURES/DE	O hours). By this time the seen again by the doctor, and tic". Medications such as IV available in this setting as unitoring or EKG's s) were performed before, botassium infusions. ified of this deficient practice 7, and 8-30-17 at the end of ther information was provided IN ALL STAFF-EMERGENCY RILLS	F 3		3		
	procedures when the periodically review staff; and carry out those procedures. This REQUIREME by: Based on staff into	ain all employees in emergency ney begin to work in the facility; the procedures with existing unannounced staff drills using NT is not met as evidenced erview, the facility staff failed to rained in emergency					
	Certified Nursing A describe fully what	Nurse D (LPN D), and ssistant A (CNA A) could not response should be made to elopement protocols.					
	8-29-17 at 11:30 p. themselves, and w do if a fire alarm so	were interviewed by phone on m. They both identified ere asked to describe what to bunded. Neither could state " and continued to say					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495337	B. WING			08	/30/2017
	PROVIDER OR SUPPLIER DD HEALTHCARE CE	NTER		7120	ET ADDRESS, CITY, STATE, ZIP CODE BRADDOCK ROAD ANDALE, VA 22003		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 518	power, they stated seemed unaware of outlets for Resident elopement protoco report to the superveport to the admin would "call the state long that would take police would be call surveyor about call could not be located.	asked if they had emergency yes at the nursing station, and of any other emergency power t use. When asked about its both stated they would visor, and the supervisor would istrator, and the administrator e." Neither could answer how e, and could not describe that its describe that its describe ing the police if a Resident		518			