PRINTED: 10/25/2016 FORM APPROVED

CENTERS FOR MEDICARE		& MEDICAID SERVICES	·		THE TRANSPORT AND ADDRESS OF THE PROPERTY OF T	OMB NO. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ł		NSTRUCTION	(X3) DATE SURVEY COMPLETED
ALASZE DE		495114	B. WING			R 10/19/2016
	PROVIDER OR SUPPLIER CY CARE OF ARLING	FON, ELC	de de la companya de	1785 Ş	TADDRESS, CITY, STATE, ZIP COD OUTH HAYES STREET IGTON, VA 22202	E
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFID TAG		PROVIDER'S PLAN OF CORRE (ÉACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DÉFICIENCY)	OULD BE COMPLETION
{F 000}	INITIAL COMMENT		{ F 00	0)	This plan of correct	ion is
	revisit to the first revisit to the first revisit on 8/2/16 and on 8/2/16 through 8 through 10/19/16. Compliance with the Care Requirements are identified within deficiencies are identified within the consumption of the survey.	Medicare/Medicaid second visit conducted 9/19/16 d a standard survey conducted /4/16 was conducted 10/18/16 Corrections are required for following Federal Long Term . Uncorrected deficiencies this report. Corrected ntified on the CMS 2567-B. 240 bed facility was 142 at the The survey sample consisted resident reviews (Residents			respectfully submitt alleged compliance, is not an admission deficiencies existed agreement of them, affirmation that com areas cited have bee the facility is in com participation require	ted as evidence of This submission that the or that we are in It is an rections to the en made and that apliance with
(F 309) SS=D	HIGHEST WELL BE	83.25 PROVIDE CARE/SERVICES FOR IGHEST WELL BEING ach resident must receive and the facility must			F-Tag 309 Criterio Correction	on # 1-
	provide the necessar or maintain the high mental, and psychos	ery care and services to attain est practicable physical,			Resident # 211 has a adverse outcome from pressure medication administered outside Physician was notification below the province blood provin	om blood being e of parameter. ied of resident
	by: Based on clinical re interview, the facility residents in the surv to follow physician's of medication. Residents	cord review and staff staff failed for one of 14 ey sample (Resident # 211) orders for the administration dent # 211 was administered medication that was to be essure.	ADHIOLC	DECT 26 2016	receiving blood presoutside of parameter outside of parameter Criterion#-2-Other A 100% audit of curreceiving blood presous conducted on 10 other residents were	r. r Potentials rrent residents ssure medications 0/26/16 to ensure
BORATORY	PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		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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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		(<u> 2MB NO. 0938-0391</u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		495114			R 10/19/2016
NAME OF	PROVIDER OR SUPPLIER	Walland Landers Company Control Contro		STREET ADDRESS, CITY, STATE, ZIP CODE	70,10120 10
DECENO	V CADE OF ADDING	FON LLC	Ī	1785 SOUTH HAYES STREET	
REGENC	T CARE OF ARLING	ON, LLO		ARLINGTON, VA 22202	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI TAG		D BE COMPLETION
(F 309)	Continued From pa	ge 1	(F 30	O9} Criterion #-3-System C	hange
	Resident # 211 in th	na cunvav comnia o 51		Nursing staff will be re-e	educated on
		ARLINGTON, LLC ARLINGTON, LLC MARY STATEMENT OF DEFICIENCIES EFFICIENCY MUST BE PRECEDED BY FULL ORRY OR LSC IDENTIFYING INFORMATION) From page 1 211 in the survey sample, a 54 male, was admitted to the facility on dimost recently readmitted on 1/22/16 sess that included end stage renal sabetes mellitus, arteriosaterotic heart pertension, hyperlipidemia, history of knee amputation, and seizures. To the most recent Minimum Data Set, with an Assessment Reference Date the resident was assessed under Cognitive Patterns) as being intact, with a Summary Score of 15 out media audit 211 had the following physician's order, dated 7/2/16: Tartrate Tablet 25 mg (milligrams). 2) tablet orally every 12 hours every say), Tue (Tuesday), Thu (Thursday), ay) related to essential (primary) not 1/2 tab (12.5 mg) (Hold for SBP pood Pressure) less than 110.) stolic blood pressure is a measure of arterial blood pressure by which blood ward from the left ventricle and the ation is kept up. Ref. Langenscheid's tionary, Copyright 2002, page 684.) To the control of the control of the page of the proportion of the proportion of the page of the proportion of the page of the proportion of the page of the pa	the importance of follow	ing	
	NAME OF PROVIDER OR SUPPLIER REGENCY CARE OF ARLING (X4) ID PREFIX TAG REGULATORY OR IT Resident # 211 in the year-old female, with diagnoses that disease, diabetes or disease, hypertension a below the knee at According to the minimal and a Quarterly with an of 7/28/16, the resident # 211 had medication order, of the minimal and the properties of the minimal and the minimal and the minimal and the minimal and the modern that the minimal and the modern mospy's 2017 Nurse Edition, page 780.) Review of the Elections and the properties of the Election and t	recently readmitted on 1/22/16		physician's orders and p	
		•		for blood pressure medic	
REGENCY CARE OF ARLING (X4) ID PREFIX TAG (F 309) Continued From p Resident # 211 in year-old female, w 11/11/09 and most with diagnoses the disease, diabetes disease, hypertens a below the knee a According to the n a Quarterly with ar of 7/28/16, the res Section C (Cognitic cognitively intact, w of 15. Resident # 211 ha medication order, Metoprolol Tartrate Give 0.5 (1/2) table Sun (Sunday), Tue Sat (Saturday) relative forced onward fi blood circulation is Medical Dictionary (NOTE: Metoprolo treat mild to model Mosby's 2017 Nursedition, page 780.)	on, hyperlipidemia, history of		Criterion #-4 Monitori		
	According to the mo	ost recent Minimum Data Set,		2 times per week for 4 w	eeks,
				weekly x 4 weeks and th	
				x 4 weeks 4 residents' b	•
		ith a Summary Score of 15 out		medications on each uni	T
	O: 10.			audited by unit manager	
				designee to validate that	
	medication order, da	ated 7/2/16:		blood pressure medication	
	Metoprolol Tartrate	Tablet 25 mg (milligrams).		administered per physici	-
	Give 0.5 (1/2) tablet	orally every 12 hours every		Findings will be given to	
	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION AME OF PROVIDER OR SUPPLIER REGENCY CARE OF ARLING (X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY TAG REGULATORY OR LE F 309) Continued From particles Resident # 211 in the year-old female, we show the knee and According to the mean of 7/28/16, the residence of the year old female, we of 15. Resident # 211 had medication order, of the medication order, of the year old female, we of 15. Resident # 211 had medication order, of the year old female, we of 15. Resident # 211 had medication order, of the year old female, we of 15. Resident # 211 had medication order, of the year old female, we of 15. Resident # 211 had medication order, of the year of the year of the year old from the year of the year old from the year old from the year old from the year old from year of the year old from year of the year old from year old fr			DON/ADON for tracking	
				patterns. Variances will	
		·		investigated and correct	
		,		appropriate. An analysis	
				weekly audits will be pr	
				QA Committee for addi	tional
				oversight and recommen	ndation.
	(NOTE: Metoprolol	is an antihyperlensive used to		Criterion # 5- The facil	ity dotifully
	treat mild to modera	ate hypertension. Ref.		alleges compliance of the	•
		ng Drug Réference, 30th		~	
	Edition, page 780.)			or before 10/28/16. It is	•
	Review of the Electr	onic Medication		to note that the facility	
				maintain compliance wi	th the

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October 2016 revealed that on 10/15/16 (a

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Facility ID: VA0186

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regulatory requirement.

OCT 26 2016

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

PRINTED: 10/25/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		DNSTRUCTION .	(X3) DATE SURVEY COMPLETED	
		495114	B. WING			R 10/19/2016	
NAME OF PROVIDER OR SUPPLIER REGENCY CARE OF ARLINGTON, LLC				1785	ET ADDRESS, CITY, STATE, ZIP CODE SOUTH HAYES STREET INGTON, VA 22202	1 10/13/2070	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
(F 309)	Continued From page 2 Saturday), Resident # 211 received one dose of Metoprolol at approximately 9:00 p.m. Resident # 211's blood pressure at the time of administration was noted on the EMAR as 97/68, with 97 being the systolic pressure. At 10:30 a.m. on 10/19/16, the surveyor and the Director of Nursing (DON) reviewed the resident's EMAR for the month of October 2016. After reviewing the Metoprolol administration entry for the 9:00 p.m. dose on 10/15/16, the DON stated that "the Metoprolol should not have been given." 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS			09}			
/F 240)				40)			
(F \$ 12) SS=D				12}	F Tag-312 Criterion #	1 Correction	
	A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.				Resident # 201 toe nails were clipped and filed on 10/18/2016.		
					Criterion #2-Other Po	tentials	
	This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, and clinical record review, the facility staff failed to provide nail care for one of 14 residents, Resident #201. Facility staff did not trim Resident #201's toe nails. Resident #201 stopped this surveyor during initial tour of the facility and asked if she could have her toe nails cut. She stated they were long and they hurt. Findings were:				A 100% audit was conducted on current residents' toe nails to ensure other residents were not affected.		
					Criterion #3 System (Change	
					Podiatrist will in house weeks and as needed. No will be re-educated on to importance of ensuring nails are trimmed and/or routinely and as needed	lursing staff he residents' toe r file	

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		C	FORM APPROVED 1 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495114	B. WING		R
NAME OF	PROVIDER OR SUPPLIER	a manufacture de la constitución	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	10/19/2016
2004 2000 AND 2007 E T AN			1	1785 SOUTH HAYES STREET	
KEGENC	Y CARE OF ARLING	ON, LLG		ARLINGTON, VA 22202	
(X4) ID PREFIX TAG	CY CARE OF ARLINGTON, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Resident #201 was admitted to the facility on 08/06/2016. Her diagnoses included but were limited to: Hypertension, Type II Diabetes Mellitus, Atrial fibrillation and systolic congestive heart failure. The most recent MDS (minimum data set) was significant change assessment with a reference date of 10/07/2016. Resident #201 was assessed as having a cognitive summary score of "13", indicating she was cognitively intact.		IO PREFI) TAG	PROVIDER'S PLAN OF CORRECTION	DBE COMPLETION
(F 312)	Resident #201 was	admitted to the facility on	{F 31	2}	
	limited to: Hyperter Mellitus, Atrial fibrilla	sion, Type II Diabetes		Criterion # 4 Monitoring Weekly x 4 weeks, bi-wee	
	assessed as having a cognitive summary score			weeks and then randomly a 4 residents' toe nails on ea- will be checked by unit ma and or designee to ensure t	k 4 weeks ch unit .nagers oe nails
	10/18/2016 beginning surveyor was leaving at approximately 9:1 was sitting in her what station, stopped this	lity was conducted on ag at 8:30 a.m. As this g the fourth floor of the facility 5 a.m., Resident #201, who eelchair at the nurse's surveyor and stated, "Please by are too long. Please."		are kept trimmed and finding be given to DON/ADON for of patterns. Variances will investigated and corrected appropriate. An analysis of weekly audits will be proving the proving the proving and the proving the	or tracking be as Tthe
	unit manager RN (re him to speak with the repeated her reques stated, "The podiatri	esident #201 and found the gistered nurse) #1 and asked e resident. Resident #201 to the unit manager. He st is coming on Fridayyou		QA Committee for addition oversight and recommenda Criterion # 5- The facility alleges compliance of these	nal tion. dutifully
	stated, "No, today. F are too long. They hi stated, "The podiatri	ils cut then." The resident lease cut my toe nails, they urt." The unit manager again st is coming on Friday." This unit manager if this surveyor		or before 10/28/16. It is als to note that the facility will maintain compliance with t	o worthy be in and

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could visualize Resident #201's feet.

The unit manager took Resident #201 to her room and removed her socks. The toe nails were painted silver. The color did not extend to the cuticle of her toe nails indicating the nails had grown out since they had last been polished. The great toe of the right foot was short, yellowed and appeared thick. The great toe nail was not

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regulatory requirement.

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CENTE	KS FOR MEDICARE]"	, a			<u>OMB NO. 0938-</u> 0391		
FRÉFIX (EACH DEFICIENCY REGULATORY OR LETTE TAGE REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR LETTE TAGE REGULATORY OR REGU	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPL ING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
- and the confidence of the co		495114	8. WING			10	R 9/19/2016	
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	MARKET AND ADDRESS OF THE PARTY		
REGENO	Y CARE OF ARLING	FON, LLC			785 SOUTH HAYES STREET			
***	CONTRACTOR AND			Д	ARLINGTON, VA 22202			
PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
{F 312}	polished. The secon and overlapped her right foot were left foot had been p	ge 4 Ind toe of her right foot rested the great toe. The nails on ong. All of the toe nails on her ainted. Three of the four nails	{F 3	12}				
	care about the color "The podiatrist will themthe podiatrist you." Resident #201 was stated, "Yes, they have unit manager sfrom the room to ge	ed, "Please cut them! don't r." The unit manager stated, be here Friday to cut can do it without harm to stated, "No, please, today." asked if she was in pain. She urtplease cut them today." ent another staff member t nail clippers. He then cut				٠		
	looked at one of the stated, "I am not go ingrown. The podia finished cutting the asked if that felt bet better." She was as since she had her to	toes on her left foot he toes on her left foot he ing to cut this one, it is trist will look at it." When he toe nails, Resident #201 was ter. She stated, "Yes, it is iked how long it had been be nails trimmed. She stated						
	podiatrist came to the	as asked how often the re facility. He stated, "Every month."						
	conducted. The PO contained the follow Care to be provided written 08/06/2016, was reviewed. The 10/18/2016 were presented.	onic clinical record was S (physician order sheet) ing order: "Medical Foot as indicated." The order was The progress note section following notes written esent: "Resident c/o pain, level 3/10, medicated					TO THE PARTY OF TH	

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with Tylenol 650 mg [milligrams] at 9:00 a.m. with

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- VLIV/1-1	AND THE MEDICALLE	EDICARE & MEDICAID SERVICES			(<u>_OMB NO. 0938-0391</u>		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER REGENCY CARE OF ARLING (X4) ID PREFIX TAG (EACH DEFICIENCY REGULATORY OR IT (EACH DEFICIENCY OR IT (EACH DEFICIENCY OR IT REGULATORY OR IT (EACH DEFICIENCY OR IT REGULATORY OR IT (EACH DEFICIENCY OR IT REGULATORY OR IT (EACH DEFICIENCY (EA	495114	B. WING			R 10/19/2016			
NAME OF I	PROVIDER OR SUPPLIER			នា	REET ADDRESS, CITY, STATE, ZIP CODE			
DECEN	V (* A B)* (A)	TON 110		17	85 SOUTH HAYES STREET			
SALESEIV.	T CARE OF ARLING	TON, LLG		A	RLINGTON, VA 22202			
PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OBE	(X5) COMPLETION DATE	
{F 312}	good results" "Re 650 mg before nail effective toe nail trii [sic] [medical docto	ge 5 sident medicated with Tylenol trimming. Tylenol was mmed without incident. md r] was in building and made	{F 3	12}			,	
,	the problem: "Resi- included but were not resident/family/care always be cut straiged File rough edges with feet daily for open a blisters, edema or rough the control of 10/18/2016 at 2 practical nurse) #1 progress notes writh Resident #201's feet feet and the control of the	:50 p.m., LPN (licensed was interviewed regarding the en on 10/18/2016 regarding						
	At 2:55 p.m., the un podiatrist was here not everyone was sis coming back on F showed this surveyounit. Resident #201 September but was was asked when the facility. He state cut themanyone cless than ten minute nursing assistants] I the baths."	it manager stated, "The but there was a long list and eenthat is why the podiatrist riday." The unit manager or the podiatrist list for the was not on the list for on the list for October. He podiatrist had last been at ed, "I don't knowyou saw me ould have done that, it took esthe CNA's [Certified ook at the nails when they do						

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pages read: Podiatry Consults Month:

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CENTERS FOR MEDICARE & MEDICAID SERVICES				ADDRESS AND DOLL	<u>UMB NO. 0938-0391</u>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495114	B. WING			R 10/19/2016	
NAME OF	PROVIDER OR SUPPLIER		1	STF	REET ADDRESS, CITY, STATE, ZIP CODE		
DECENIC	V CADE OF ADUMO	FON LLC		178	5 SOUTH HAYES STREET		
MEGEIAC	Y CARE OF ARLING	ION, LLG		AR	LINGTON, VA 22202		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 COMPL	(5) ETION ITE
{F 312}	Continued From pa	ge 6	{F 3	123			
,		vith September 2016 and	ţ, J	,J			
		idents were listed by room					
		son and date seen. The date					
		in on either the September or					
		e DON presented a fax cover					
	sheet addressed to the podiatrist that was sent on 10/07/2016. According to the DON the podiatrist						
	had been at the fac						
	Resident #201 was not seen on that visit due to the number of residents who needed podiatry						
	services.						-
	to the conference re speak with this surv skin sweep on 10/4 any issues. She is The DON continued morning and she to at them and we got	ON (director of nursing) came from with the unit manager to reyor. She stated, "We did a and 10/7, we did not identify on the list for the podiatrist." It, "I was on the floor this id me about her feet I looked an order for Tyleno! I was there but then you showed were long."					
	During a meeting with the DON and the administrator on 10/18/2016 at approximately 4:30 p.m. nail care was discussed. The DON was asked where nail care was documented. She stated "We don't really document nail care it is part of the daily routine." No further information was obtained prior to the exit conference on 10/19/2016.						
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