DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES.

PRINTED: 04/14/2016 FORM APPROVED OMB NO. 0938-0391

		& MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		495319	B. WING	What has been been been been been been been bee	04/07/2016
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
THE VIR	GINIAN			9229 ARLINGTON BLVD	
				FAIRFAX, VA 22031	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 000	INITIAL COMMENT	rs .	FO	00:	
An unannounced Medicare/Medicaid standard survey was conducted 4-5-2016 through 4-7-2016. No complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 55 certified bed facility was 35 at the time of the survey. The survey sample consisted of 9 current Resident reviews (Residents #10 through #13). The Life Safety Code Survey/Report will follow. F 431 483.60(b), (d), (e) DRUG RECORDS, SS=E LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pnarmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.		F 43	VO	were affected by this all was one utilized, and had been frigerator. In refrigerators will ynight nursing staff, re-educated and expired ept for this purpose y for 30 days, or us 30 days. ector of Nursing will 00% compliance is frame. Any non-	

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

Adjuunstiaton

(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 safe 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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Event ID: KHE211

Facility ID. VA0258

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

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DA	ATE SURVEY DMPLETED			
		495319	B. WING			n	1/07/2016			
NAME OF PROVIDER OR SUPPLIER THE VIRGINIAN			STREET ADDRESS, CITY, STATE, ZIP CODE 9229 ARLINGTON BLVD FAIRFAX, VA 22031							
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F 431	permanently affixed controlled drugs list Comprehensive Dru Control Act of 1976 abuse, except when package drug distril	ge 1 pvide separately locked, I compartments for storage of ed in Schedule II of the ag Abuse Prevention and and other drugs subject to a the facility uses single unit button systems in which the inimal and a missing dose can	F4	31						
This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility documentation review, the facility staff failed to ensure expired biologicals were not available for use in one of three medication rooms. On the Dogwood unit, the biological, Tuberculin, was stored in the refrigerator in the medication room, was expired and available for use. The findings included: On the Dogwood unit, the biological, Tuberculin,	by: Based on observati documentation revie ensure expired biolo use in one of three r On the Dogwood un was stored in the rei	on, staff interview, and facility ew, the facility staff failed to egicals were not available for medication rooms. it, the biological, Tuberculin, rigerator in the medication								
	was stored in the ref room, was expired a On 4/7/2016, the me units in the facility we inspection of the me Dogwood unit was of Manager, LPN (Lice approx mately 10 AM medication refrigerat Tuberculin Purified P assist in the diagnos	rigerator in the medication nd available for use. dication rooms on all three are inspected. The dication room on the binducted with the Unit nsed Practical Nurse) A at I. Inspection of the								

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Event ID: KHE211

Facility ID: VA0256

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

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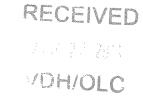
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER THE VIR GINIAN				STREET ADDRESS, CITY, STATE, ZIP CODE 9229 ARLINGTON BLVD FAIRFAX, VA 22031	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO	OULD BE COMPLETION
	date of October 20: having been opene months prior to sun When interviewed of medication room, L. A stated that the me available for use for remove the expired prepare to send it b discarded. LPN A si biologicals expire at Review of the Facilit Policy 5.3 Storage a Biologicals, Syringe revealed the statem "5. Once any m package is opened, manufacturer/supplit expiration dates for staff should record to medication contained shortened expiration The Administrator at of Nursing) were addited to ensure medication after they were expired during the end of dat On 4/7/2016 at 11:10 (Director of Nursing) expired Tuberculin of expired medications available for use. Ti	manufacturer's expiration 16. The vial was dated as d on 10/13/2015 (over 5 vey). during examination of the PN (licensed practical nurse) edication/biological was residents, and she would biological immediately and ack to the Pharmacy to be tated opened medications and fiter 30 days of being opened. ty's Medication Administration and Expiration of Medications, is and Needles on page 2 of 3 ent: redication or biological Facility should follow er guidelines with respect to opened medications. Facility he date opened on the when the medication has a in date once opened." and the Acting DON (Director wised of the failure of the staff ins were not available for use red, on 4/7/2016 at 11:00 a.m.	F 4	31	

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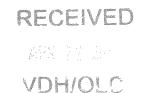
X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495319 EMENT OF DEFICIENCIES NUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	A. BUILDIN B. WING	PLE CONSTRUCTION G STREET ADDRESS, CITY, STATE, ZIP CODE 9229 ARLINGTON BLVD	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 04/07/2016
EMENT OF DEFICIENCIES	D		04/07/2016
NUST BE PRECEDED BY FULL			1 04/07/2018
NUST BE PRECEDED BY FULL		9229 ARLINGTON BLVD	
NUST BE PRECEDED BY FULL		FAIRFAX, VA 22031	
	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETION
Continued From page 3 would be monitored routinely for expired med cations and biologicals. No further information was provided. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens		DEFICIENCY)	
		consistent 30 day time frame. A	ny non-
	e 3 poutinely for expired origicals. In was provided. CONTROL, PREVENT blish and maintain an gram designed to provide a infortable environment and evelopment and transmission on. Program blish an Infection Control it - ols, and prevents infections edures, such as isolation, in individual resident; and of incidents and corrective original control Program dent needs isolation to infection, the facility must exhibit employees with a sero infected skin lesions in residents or their food, if smit the disease, quire staff to wash their tresident contact for which	PREFIX TAG PREFIX	AUST DE PRECEDED BY FULL DENTIFYING INFORMATION) F 431 TAG TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) F 431 TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) F 431 1. No Resident was affected by practice. The staff was immedia about keeping both clean and so covered during transport in order the spread of infection. 2. It was determined that no Resident practice affected by this deficient practice. 3. Full re-education will be required and prevents infections and prevents infections and prevents infections. The diffection of incidents and corrective entires. The Director of Building Semonitor this practice on a daily days, until 100% compliance is consistent 30 day time frame. A compliant observations will be a Administrator. S. May 20, 2106 Tag PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULT (EACH CORRECTION SHOULT (EACH CORRECTIVE ACTION SHOULT (EACH CO

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F 441	Continued From pa Personnel must hal transport linens so infection.	ge 4 ndle, store, process and as to prevent the spread of	F4	.41	
	by: Based on observat documentation reviseparate dirty and o prevent the spread The staff failed to so in the same laundry	NT is not met as evidenced ion, staff interview, and facility ew, the facility staff failed to clean linens in a manner to of infection. Eparate dirfy and clean linens room, which were open and oner to prevent the spread of			
	observed. The Laur large open room wit driers and dirty cloth half wall from the cloth did not extend the fullinens and clothing wheing sorted and following being sorted and following half barrels which brought into the cleatinen was pulled from uncovered), and platerel by the laundry exterior door of the least tree and plate the sorter of the least tree and tree tree and tree tree tree tree tree tree tree tre	a.m. during general			

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being folded at the same time. The uncovered

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THE VIR	THE VIRGINIAN				ARLINGTON BLVD	
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F 441	Continued From pa	ae 5	г 4	,		
	oonandea i rani pa	en pushed into the room with	F 4	14 1		
	the uncovered clear the laundry staff.	n laundry on sorting tables, by				
	Immediately upon o	bserving the practice with the				
	Maintenance Direct	or, the Maintenance director				
	stated that is not the way it should be done, and corrected the laundry staff on the deficient practice.					
	•					
		rector was asked for the dling linens and laundry. The pws:				
	covered carts. Lines promptlyTo preve- linens are stored ap- cieaned, and folded	ed linens are always Healthcare Center in				
	The Administrator wa	as notified of the				
	commingling of unco	overed clean and dirty laundry			id Materia.	
	room at the end of d	there the laundry entered the ay debriefing on 4-7-16 at			K	CEIVED
	11:00 a.m. No furthe	er information was provided.				
						\$ 92 D.C
					\/r)H/OLC
					W Land	" " " ULU