

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2016
NAME OF PROVIDER OR SUPPLIER THE VIRGINIAN		STREET ADDRESS, CITY, STATE, ZIP CODE 9229 ARLINGTON BLVD FAIRFAX, VA 22031	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(X5) COMPLETION DATE			

F 000 INITIAL COMMENTS

F 000

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 #1 through #9) and 4 closed records (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 pharmacist 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.

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1. It is our belief that no Resident was affected by this deficient practice. The vial was immediately discarded per policy.
2. It is our belief that no Residents were affected by this deficient practice. This particular vial was one utilized for Employees and not for Residents, and had been inadvertently placed in the wrong refrigerator.
3. All Health Care Center medication refrigerators will be checked nightly for compliance by night nursing staff. All nurses working all shifts will be re-educated regarding the importance of discarding expired medications. A specific log will be kept for this purpose and checks will be performed nightly for 30 days, or until 100% is reached for a continuous 30 days.
4. The Administrator and Acting Director of Nursing will monitor these audits carefully until 100% compliance is reached for a consistent 30 day time frame. Any non-compliant observations will be reported to the Administrator.
5. May 20, 2016

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 431 Continued From page 1

F 431

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

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, was stored in the refrigerator in the medication room, was expired and available for use.

On 4/7/2016, the medication rooms on all three units in the facility were inspected. The inspection of the medication room on the Dogwood unit was conducted with the Unit Manager, LPN (Licensed Practical Nurse) A at approximately 10 AM. Inspection of the medication refrigerator revealed a vial of Tuberculin Purified Protein Derivative (used to assist in the diagnosis of a tuberculosis infection) located in a basket on the second shelf. The vial

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F 431	Continued From page 2 of Tuberculin had a manufacturer's expiration date of October 2016. The vial was dated as having been opened on 10/13/2015 (over 5 months prior to survey). When interviewed during examination of the medication room, LPN (licensed practical nurse) A stated that the medication/biological was available for use for Residents, and she would remove the expired biological immediately and prepare to send it back to the Pharmacy to be discarded. LPN A stated opened medications and biologicals expire after 30 days of being opened. Review of the Facility's Medication Administration Policy 5.3 Storage and Expiration of Medications, Biologicals, Syringes and Needles on page 2 of 3 revealed the statement: "5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened." The Administrator and the Acting DON (Director of Nursing) were advised of the failure of the staff to ensure medications were not available for use after they were expired, on 4/7/2016 at 11:00 a.m. during the end of day debrief. On 4/7/2016 at 11:10 a.m., the Acting DON (Director of Nursing) stated she was shown the expired Tuberculin on the Dogwood unit and that expired medications and biologicals should not be available for use. The Administrator and Acting Director of Nursing stated the medication rooms	F 431			

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F 431	Continued From page 3 would be monitored routinely for expired medications and biologicals.		F 431		
F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>No further information was provided.</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens</p>		F 441	<p>1. No Resident was affected by this deficient practice. The staff was immediately in-serviced about keeping both clean and soiled laundry covered during transport in order to best prevent the spread of infection.</p> <p>2. It was determined that no Residents were affected by this deficient practice.</p> <p>3. Full re-education will be required of all laundry personnel. New signage and taped markings have been placed appropriately to serve as reminders to staff. The current policy has already been revised to reflect the importance of this practice.</p> <p>4. The Director of Building Services will monitor this practice on a daily basis for 30 days, until 100% compliance is reached for a consistent 30 day time frame. Any non- compliant observations will be reported to the Administrator.</p> <p>5. May 20, 2106</p>	

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F 441	Continued From page 4 Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility documentation review, the facility staff failed to separate dirty and clean linens in a manner to prevent the spread of infection. The staff failed to separate dirty and clean linens in the same laundry room, which were open and uncovered, in a manner to prevent the spread of infection. The findings included; On 4-7-16 at 10:00 a.m. during general observations tour of the facility with the Maintenance Director, the Laundry room was observed. The Laundry room was found to be a large open room with washing machines and driers and dirty clothing and linen separated by a half wall from the clean clothing and linen, which did not extend the full length of the room. Clean linens and clothing were open and uncovered, being sorted and folded as dirty linen in large plastic barrels which were uncovered were being brought into the clean folding area. The dirty linen was pulled from one rolling bin, (which was uncovered), and placed in an uncovered plastic barrel by the laundry staff inside of the open exterior door of the laundry room, which was 3 feet from the clean laundry which was actively being folded at the same time. The uncovered	F 441		

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F 441	Continued From page 5 dirty laundry was then pushed into the room with the uncovered clean laundry on sorting tables, by the laundry staff. Immediately upon observing the practice with the Maintenance Director, the Maintenance director stated that is not the way it should be done, and corrected the laundry staff on the deficient practice. The maintenance director was asked for the facility policy on handling linens and laundry. The policy stated as follows: All linen will be handled as potentially contaminated. Soiled linens are always transported from the Healthcare Center in covered carts. Linen will be washed promptly....To prevent the spread of infection, linens are stored appropriately. After they are cleaned, and folded they are put in tubs, covered with clean sheets, and transported to the units. The Administrator was notified of the commingling of uncovered clean and dirty laundry without separation where the laundry entered the room at the end of day debriefing on 4-7-16 at 11:00 a.m. No further information was provided.	F 441		

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