



Fax Cover Sheet

ManorCare Health Services, Arlington
Facility #527
550 S. Carlin Springs Road
Arlington, VA 22204
703-379-7200 ext. 0
703-820-0102-FAX

To: CMS - Paul Wade	From: Rhonda Hardy
Company:	Date: 10-6-16
Fax: 804-527-4502	CC:
Re: CMS 2567- with POC	Number of Pages: 8 pages includes cover

Message

Hello, please see my CMS 2567-
POC and I have registered for
ePOC on 10/5/16.

Thank You

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OCT 07 2016
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2016
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-ARLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH CARLIN SPRINGS ROAD ARLINGTON, VA 22204	
(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

An unannounced Medicare/Medicaid standard survey was conducted 09/20/2016 through 09/22/2016. Three 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 161 bed facility was 122 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Residents #1 through #21) and three (3) closed record reviews (Residents #22 through #24).

F 246 483.15(e)(1) REASONABLE ACCOMMODATION
SS=D OF NEEDS/PREFERENCES

A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, family interview and in the course of a complaint investigation, the facility staff failed to ensure a reasonable accommodation of needs related to personal care items were provided for one of 24 residents in the survey sample Resident #14.

Resident #14 was not provided the correct size briefs.

The findings include:

F 000

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

F 246

F246

It is the practice of the facility to ensure that residents have the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be in danger.

Corrective Action

Resident #14 was reassessed for correct adult brief size and correct briefs were provided.

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

Phonda Hardy

Administrator

(X6) DATE

10/6/16

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2016
FORM APPROVED
OMB NO. 0938-0391

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F 246 Continued From page 1

Resident #14 was originally admitted to the facility on 3/20/09 and readmitted on 4/23/10 with, but not limited to, the following diagnoses: dementia without behavior disturbances, dysphagia (difficulty swallowing) and atrial fibrillation. The most recent Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/29/16 was a quarterly assessment. The resident was assessed as having short and long-term memory impairments and severely impaired in decision-making skills.

On 9/20/16 at approximately 8:45 a.m., during tour, Resident #14's family member shared a list of concerns, regarding the resident. Included on the list of concerns was an allegation that the resident was not being provided the correct size briefs during incontinence care.

On 9/21/16 at approximately 9:00 a.m., Resident #14's family member was interviewed regarding the above allegation. Resident #14's family member stated, "Yes, she [the resident] has on a brief now that is too big." Resident #14's family member raised the resident's gown, with permission, for this Surveyor to observe the brief. The brief was observed tightly drawn and resting underneath the resident's breast.

On 9/21/16 at approximately 9:15 a.m., the unit manager, who was a licensed practical nurse and will be identified as LPN #1 was interviewed regarding the size of the briefs. This Surveyor accompanied LPN #1 to the clean utility room. Two bags of medium briefs were observed on the shelf in the clean utility room. LPN #1 was interviewed regarding the size and color of the briefs. LPN #1 stated, the cream colored briefs

F 246

II

Identification

All residents residing in the facility will be re-fitted for correct adult brief size which will be provided.

III

System Correction

Nursing staff will be educated on proper fitting and size selection for residents who wear adult briefs.

IV

Monitoring

DON or Designee will monitor 15 residents randomly to ensure proper size adult brief is on patient weekly x 4 weeks then monthly for 2 months. Data collected will be forwarded to the Quality Assessment and Assurance Committee for review and action as appropriate. The Quality Assessment and Assurance Committee will determine the need for further audits and/or action plans.

V

Date of Compliance

11/4/2016

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F 246	Continued From page 2 are small, the blue and yellow briefs are medium and large." LPN #1 was asked how did the staff know what size brief was needed for the resident if both the medium and large briefs were the same color. LPN #1 stated, It's [the size] on the bag, pointing to the side of the bag for this Surveyor to see. LPN #1 was interviewed regarding Resident #14's brief size. LPN # stated, "She [the resident] wears a medium." On 9/21/16 at approximately 9:50 a.m., the Certified Nursing Assistant (CNA) #1 entered the resident's room carrying a bag of medium briefs. CNA #1 stated that she was going to change the resident and put the brief that was on the foot of the bed on the resident. CNA #1 was asked the size of the brief that was on the foot of the bed. CNA #1 stated, "It's a large." CNA #1 was asked the reason why she was going to put a large brief on the resident, if the resident wore a medium sized brief. CNA #1 stated, "We do that when we run out (sic)." CNA #1 was interviewed regarding the briefs that were placed in the resident's closet and the size. CNA #1 stated, "They [the briefs] are a medium." CNA #1 was asked if she knew what size brief Resident #14 wore, CNA #1 stated, "Yes, she wears a medium." On 9/21/16 at approximately 5:15 p.m., the administrative staff were made aware of the above findings. This is a complaint deficiency.	F 246			
F 364	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, SS=E PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive	F 364			

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550 SOUTH CARLIN SPRINGS ROAD
ARLINGTON, VA 22204

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F 364 Continued From page 3
value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.

This REQUIREMENT is not met as evidenced by
Based on test tray observation, staff interview, resident interview, group interview, and in the course of a complaint investigation, the facility staff failed to ensure that food served was palatable and at the preferred temperatures.

A test tray sample/observation conducted in response to complaints received during interviews and complaints received at the Office of Licensure and Certification revealed that food served was bland and cold.

Findings were:

As part of the survey process a group interview was conducted on 09/20/2016 at 2:00 p.m. with nine cognitively intact residents. During the interview the residents were asked about food at the facility. Each of the residents present voiced concerns regarding the food at the facility. Residents from the third floor of the facility stated "We are served last... The food is always cold" Other comments included but were not limited to: "The food is bland, there is no consistency with the flavor, and the food requires a lot of salt and pepper to make it taste good enough to eat."

On 09/21/2016 at 11:15 a.m., the temperatures were obtained on the tray line in the kitchen. The items served for lunch and the temperatures (in Fahrenheit) were:
Garlic Pork Chops 163

F 364 F364

It is the practice of the facility to ensure that residents receive and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance, and food that is palatable, attractive, and at the proper temperature.

I
Corrective Action

The facility has adjusted mealtimes to provide meals to residents that are physically furthest from the kitchen first, and those closest receive meals last. The steam table has been evaluated and service provided. Smaller quantities are placed onto the tray line at a time to conserve heat.

II
Identification

All residents residing in the facility have the potential to be affected by the alleged deficient practice.

III
Systemic Correction

Food Service Manager or Designee will educate kitchen staff regarding proper and safe temperatures as well as new process for delivering trays and placing smaller quantities on steam table.

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F 364 Continued From page 4

Baked Sweet Potato (Half's)	150
Cauliflower	185
Gravy	179
Mechanical Soft Pork	167
Puree Pork	169.5

The dietary manager was interviewed regarding the number of carts sent to the floors in the facility. She stated that there were a total of nine carts that were used for food delivery to the floors. She presented a schedule of dietary meal times. Per the schedule the tray line for lunch was scheduled to begin at 11:40 a.m. The first cart was scheduled to arrive on the "Ortho 1" unit at 11:50 a.m. The last cart was scheduled to be delivered on unit "3 West" at 1:15 p.m.

Plating of food was observed. The plates were observed in a heater in the kitchen. Once the food was plated, the plates were immediately placed in a heated plate holder and covered, then placed in a metal cart to go to the floors. Once a cart was filled the doors were closed and the cart was taken to the designated unit.

The last cart which was designated to be delivered to unit 3 west, was loaded beginning at 12:35 p.m. The last tray was placed on the cart at 12:45 p.m. The dietary staff were then asked to prepare an additional regular diet tray and add it to the cart to be used as a test tray. The dietary manager was asked to obtain a thermometer and come with this surveyor to temp the test tray that was added. The cart was delivered to the floor at 12:50 p.m. As trays were removed from the cart by the staff on unit 3, the doors to the cart were closed. The last tray was removed at 1:05 p.m. After the last tray was served the test tray was removed and temperatures were obtained by the

F 364

IV

Monitoring

Food Service Manager or Designee will audit meal trays for appropriate temperatures once delivered to the floor weekly x 4 weeks and monthly x 2 months.

V

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F 364 Continued From page 5

F 364

dietary manager. The temperatures were:

Garlic Pork Chop:	120
Mashed potatoes:	108
Cauliflower:	113

The food was tasted by the dietary manager and this surveyor. The dietary manager agreed with this surveyor that the food was warm but not hot and not at a preferred temperature for a meal, also that the mashed potatoes were bland. The flavor of the cauliflower was pleasing but the temperature was not. The pork chops were tender with good flavor and while the temperature was not hot, it was acceptable.

The dietary manager and this surveyor discussed the decrease in temperature from the time the tray line temps were obtained at 11:15 a.m., and the time the test tray temps were obtained at 1:05 p.m. The pork chops dropped 43 degrees, the mashed potatoes dropped 61.5 degrees and the cauliflower dropped 72 degrees. The dietary manager stated that the plates were heated and the plate holder was also heated and covered.

This surveyor and the dietary manager returned to the kitchen. Temps were obtained on the food remaining on the tray line at that time (1:20 p.m.). The pork chops on the line were 128, mashed potatoes were 108 and the cauliflower was 134. The tray line steam table had already been turned off. The dietary manager stated, "The steam table is off but these temperatures are the same as on the floor, except for the cauliflower." She pointed out that the cauliflower left in the pan was back in the corner of the pan and still covered with a lid. "Maybe that's the difference", she stated.

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F 364	Continued From page 6	F 364	
	<p>The dietary aid who had originally obtained temperatures was asked if each pan of food originally temped at 11:15 a.m. was the same pan used to serve the food for the last cart. He stated, "Yes, all except the pork chops." He was asked if the second tray of pork chops had been temped. He stated, "Yes, they were 151 degrees."</p> <p>The dietary manager and the dietary aid were asked what the expected temperature drop between the time the temps we obtained on the tray line and the time the food was served on the floor/units would be. Both stated, "Ten to fifteen degrees."</p> <p>The above information was shared with the administrator, the DON (director of nursing) and corporate facility staff during an end of the day meeting on 09/21/2016 at approximately 5:00 p.m.</p> <p>No further information was obtained prior to the exit conference on 09/23/2016.</p> <p>This is a complaint deficiency.</p>		

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