

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2017
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NAME OF PROVIDER OR SUPPLIER MOUNT VERNON NURSING AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 8111 TISWELL DRIVE ALEXANDRIA, VA 22306
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(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 3/7/17 through 3/9/17. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.</p> <p>The census in this 98 certified bed facility was 75 at the time of the survey. The survey sample consisted of 16 current Resident reviews (Residents #1 through #13) and 3 closed record reviews (Residents #14 through #16). And;</p> <p>The census in this 32 non-certified bed facility was 16 at the time of the survey. The non-certified bed survey sample consisted of 3 current Resident reviews (Residents #17 through #19).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-340 Dietary and food service program 12VAC5-371-340 (A)-Cross reference to F-371.</p> <p>12VAC5-371-180 Infection Control 12VAC5-371-180 (A,C) Cross Reference to</p>	F 001	<p>12VAC5-371-340 Dietary and food service program 12VAC5-371-340(A)Cross reference to F-371</p> <p>1. No residents or patients had adverse effects. 2. All residents receiving consumable food products have the potential to be affected. 3. The facility will provide education to all</p>	3/24/17

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

TITLE

(X6) DATE

Electronically Signed

03/31/17

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F 001	Continued From page 1 F-441.	F 001	<p>dietary personnel on the correct hot and cold food temperatures and the process for recording the temperatures in the temperature control logs.</p> <p>4. To assure ongoing compliance, the dietary management will conduct daily audits of all temperature control logs and the district dietary manager will make biweekly visits to assure compliance.</p> <p>5. The corrective action was initiated on 3/7/2017 and will be a daily routine for all meals and foods prepared for consumption.</p> <p>6. In order to assure ongoing compliance, the facility will conduct random audits of the temperature logs in the kitchen weekly x 4 weeks, then monthly x 4 months.</p> <p>7. All findings will be submitted to QAPI for review and recommendations.</p> <p>8. The corrective action will be complete by March 24, 2017.</p> <p>12VAC5-371-180 Infection Control 12VAC5-371-180(A,C)Cross reference to F-441</p> <p>1. Resident #10 and #11 had no adverse effects.</p> <p>2. All residents receiving care have the potential to be affected.</p> <p>3. The facility will review hand washing techniques of all staff to assure they are following the policy.</p> <p> A. Re-education will be provided by Staff Development.</p> <p> B. All staff will be observed for proper hand washing techniques.</p> <p> C. The facility will add a visual reminder at sinks for time duration of hand washing.</p>	

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F 001	Continued From page 2	F 001	<p>D. Provide education to all staff on new process.</p> <p>4. In order to assure on going compliance, the facility will conduct a random review of 4 staff during hand washing. This review will be conducted weekly x 4 weeks and then monthly x 4 months.</p> <p>5. All findings will be submitted to QAPI for review and recommendations.</p> <p>6. The corrective action will be completed by March 24, 2017.</p>	