

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

PRINTED: 03/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 12/06/2018
NAME OF PROVIDER OR SUPPLIER REGENCY CARE OF ARLINGTON, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1785 SOUTH HAYES STREET ARLINGTON, VA 22202		
(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 revisit to the standard survey conducted 10/30/18 through 11/1/18 was conducted 12/4/18 through 12/6/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. One complaint was investigated during the survey.	{F 000}			
{F 684} SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review, the facility staff failed to follow physician orders for one of eighteen residents in the survey sample. Resident #108 was administered one spray in each nostril of the medication Flonase when the physician's order required two sprays in each nostril.</p> <p>The findings include:</p>	{F 684}	<p>How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident #108 still resides in the facility and is now receiving their medications as ordered by the physician. Once surveyor intervention was communicated to the Director of Nursing and the Administrator, LPN #2 was</p>		12/21/18

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

TITLE

(X6) DATE

Electronically Signed

12/13/2018

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 684}	<p>Continued From page 1</p> <p>Resident #108 was admitted to the facility on 11/14/18 with diagnoses that included chronic respiratory failure, congestive heart failure, gastroesophageal reflux disease, insomnia, depression, lymphedema, obesity and high blood pressure. The minimum data set (MDS) dated 11/21/18 assessed Resident #108 as cognitively intact.</p> <p>On 12/4/18 at 9:05 a.m., a medication pass observation was conducted with licensed practical nurse (LPN) #2 administering medications to Resident #108. During this observation, Flonase (Fluticasone Propionate Suspension) 50 mcg (micrograms)/actuation spray was given with one spray administered into each nostril.</p> <p>Resident #108's clinical record documented a physician's order dated 11/15/18 for Fluticasone Propionate Suspension 50 mcg/actuation with the dosage listed as two sprays in each nostril each day for treatment of allergy.</p> <p>On 12/4/18 at 12:00 p.m., LPN #2 was interviewed about the Flonase spray dosage administered for Resident #108. After reviewing the physician's order, LPN #2 stated the order required two sprays of Flonase in each nostril instead of one.</p> <p>These findings were reviewed with the administrator and director of nursing during a meeting on 12/5/18 at 2:45 p.m.</p>	{F 684}	<p>educated the same day by the Director of Nursing.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice; All residents with Fluticasone Propionate Suspension orders have the potential to be affected. The nursing team will audit 100% of residents with current Fluticasone Propionate Suspension orders to make sure each resident is receiving the medication according to physician orders.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; LPN #2 was educated the same day when the deficient practice was noted by the Director of Nursing. The LPN's & RN's were educated on quality of care and the importance of following physician orders by the Director of Nursing and/or Assistant Director of Nursing.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; The nursing management team will audit fluticasone propionate suspension orders weekly for 3 months and randomly thereafter to ensure that each resident is receiving the medication as ordered by the physician. Results of the audit will be reported to the QAPI Committee for a period of three (3) months. The QAPI committee will determine what, if any additional interventions are needed at the end of the three month period.</p>		

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