

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE FOUNTAINS AT WASHINGTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 FILLMORE AVENUE ALEXANDRIA, VA 22311</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Medicare/Medicaid abbreviated standard survey was conducted 11/19/19 through 11/20/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four complaints were investigated during the survey.</p> <p>The census in this 68 certified bed facility was 40 at the time of the survey. The survey sample consisted of 11 resident reviews.</p> <p>Immediate Jeopardy was identified in the area of Quality of Life at a Scope and Severity Level 4, isolated, Past non-compliance.</p>	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal and state laws require it.	
F 569 SS=D	<p>Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)(iv)(v)</p> <p>§483.10(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits-</p> <p>(A) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act;</p> <p>and (B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>§483.10(f)(10)(v) Conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those</p>	F 569		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Koumry Hales Richmond</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12/6/19</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that othersafeguards 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 569	<p>Continued From page 1</p> <p>individual or probate jurisdiction administering the resident's estate, in accordance with State law. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility documentation review, financial record review, and in the course of a complaint investigation, the facility staff failed to convey within 30 days upon discharge or death, the resident funds and a final accounting of those funds for 2 Residents (Resident #1, #6) in a survey sample of 11 Residents. The findings included:</p> <p>1. For Resident #1 the facility staff failed to convey funds/refund for an overpayment on the Resident's account until 88 days after the Resident's discharge.</p> <p>Resident #1 was admitted to the facility on 1/2/18 and discharged on 7/11/18. A closed record review was conducted.</p> <p>On 11/19/19 a review of the closed record for Resident #1 was conducted. It revealed that Resident #1 expired at the facility on 7/11/18.</p> <p>On 11/20/19 a review of the financial records for Resident #1 revealed that on 10/8/18 a check was made payable to Resident #1's son in the amount of \$6,814.99 for an overpayment.</p> <p>2. For Resident #6 the facility staff failed to convey funds/refund for an overpayment on the Resident's account until 13 months after the Resident's discharge.</p>	F 569		

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F 569	<p>Continued From page 2</p> <p>Resident #6 was admitted to the facility on 2/8/18 and discharged on 6/13/18. A closed record review was conducted.</p> <p>On 11/19/19 a review of the closed record for Resident #6 was conducted. It revealed that Resident #1 expired at the facility on 6/13/18.</p> <p>On 11/20/19 a review of the financial records for Resident #6 revealed that on 7/16/19 a check was made payable to Resident #6's estate in the amount of \$8,563.06 for an overpayment. The refund request form was initiated on 5/6/19.</p> <p>On 11/20/19 it was revealed that the business office staff of the facility that were employed during the tenure of Resident #1 and Resident #6, as well as at the time of refunds were no longer employed at the facility.</p> <p>On 11/20/19 a review of the facility policy titled, "Financial Management Resident Refunds/Credit Balances" was reviewed. The policy read, "To ensure the accuracy of any refunds a complete account history must be generated and reviewed. Resident refunds, according to most State and Federal Regulations, and some State Medical Assistance Plans, require refunds to be issued between 14 and 30 days after discharge."</p> <p>On 11/20/19 at 11:27 AM an interview was conducted with the facility Administrator. When asked what his expectation regarding refunds is, the Administrator stated, "I expect when a resident discharges, we issue a refund timely, within the company guidelines with what the policy says and within the regulatory requirements." When asked if he was aware the</p>	F 569	<p>F569 Notice and Conveyance of Personal Funds</p> <ol style="list-style-type: none"> <li>1. Residents #1 and #6 no longer reside in the facility.</li> <li>2. A 365-day lookback was completed to ensure conveyance of personal funds deposited with the facility upon death, discharge, or eviction. No other residents were affected by this deficient practice.</li> <li>3. The business office manager has been educated on ensuring patient's personal funds deposited with the facility are conveyed upon death, discharge or eviction.</li> <li>4. Administrator/designee to complete quality improvement monitoring of personal fund refunds to ensure they are done in a timely manner. Monitoring will be done biweekly for 1 month and quarterly as needed. Findings will be reviewed at monthly QAPI meeting. Monitoring schedule will be modified based on findings.</li> <li>5. Date of compliance: 12/31/19</li> </ol>	
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F 569	Continued From page 3 regulation required this to be completed within 30 days, the facility administrator stated, "yes".  On 11/20/19 during an end of day meeting with the facility Administrator, Director of Nursing and Associate Director they were made aware that for Resident #1 and Resident #6 the facility staff failed to meet the regulatory requirement for conveyance of funds due to these Residents within 30 days after discharge.	F 569		
F 678 SS=J	No further information was provided. Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)  §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed to provide consistent basic life support, including CPR (Cardiopulmonary resuscitation) prior to the arrival of emergency medical personnel and to notify emergency medical personnel for 1 Resident (Resident #5) in a survey sample of 11 Residents.  This resulted in Immediate Jeopardy at level 4 isolated on 02/26/2019. Past non-compliance was reviewed and the Immediate Jeopardy was abated on 03/28/2019.	F 678	Past noncompliance: no plan of correction required.	

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F 678	<p>Continued From page 4 The findings included:</p> <p>1. For Resident #5 the facility staff failed to call 911 and perform consistent CPR until emergency medical personnel arrived.</p> <p>Resident #5 was admitted to the facility on 11/24/16, with a readmission date of 1/16/19, and expired on 2/26/19. A closed record review was conducted. Resident #5's diagnoses included but were not limited to: heart failure, cognitive communication deficit, obstruction of bile duct, and encounter for surgical aftercare following surgery on the digestive system.</p> <p>Resident #5's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 1/28/19 was coded as an admission assessment. Resident #6 was coded as having had a BIMS (brief interview for mental status) score of 13, which indicated cognitively intact. Resident #6 was coded as having required extensive assistance of facility staff for ADL's (activities of daily living) to include: transfers, dressing, eating, personal hygiene, and bed mobility.</p> <p>On 11/19/19-11/20/19 a review of the closed clinical record for Resident #5 was conducted. The nursing notes contained the following entries:</p> <p>2/26/19 11:33 AM "during rounds CNA [Certified Nursing Assistant] found resident unresponsive. RN [Registered Nurse] and DON [Director of Nursing] were notified. No signed of vitals noted. a pronounced expired at 11:14 am by DON [sic]. At 11:20 AM Dr. [name redacted] was notified. At 11:28Am Resident's son [name redacted] was notified. He stated he wants to find out the cause</p>	F 678		
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F 678	<p>Continued From page 5 of his mothers death and that he will contact other family members and the funeral home".</p> <p>2/26/19 1:15 PM "clarification: CNA assigned to resident went to provide care and found her unresponsive. CNA called writer in to assess resident, upon assessment resident was difficult to arouse and she had no pulse, CPR was started and DON was called to the room and she pronounced resident dead. MD/RP were made aware".</p> <p>2/26/19 1:33 PM "Writer was called to residents room due to change in condition, per nurse, aide went to provide care to resident and she was found unresponsive, CPR was started and was on going when writer arrived to the room, on assessment by writer there was absence of vital signs BP, pulse and respiration. Writer pronounced resident at 11:14 PM [sic]. MD made aware and he stated he will call family, RP [name redacted] was made aware, stated he will call the funeral home."</p> <p>Review of the Physician order sheet and plan of care signed 1/16/19 by the nurse and signed 1/18/19 by the physician revealed a code status of full code indicated by the box checked that stated: "yes- CPR".</p> <p>Review of the FRI (Facility Reported Incident) which was reported 2/28/19 revealed a typed summary attached to the report form which read, "At approx. 11:00 am CNA found resident unresponsive. CNA called for the nurse. The nurse assessed the resident an [sic] initiated CPR. CPR was interrupted when the LPN, went to get assistance from the DON. DON assessed the resident, found not vitals [sic] and pronounced</p>	F 678		

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F 678	<p>Continued From page 6 the resident decreased. 911 was not called during CPR. When administrative team became aware, EMS was called, police arrived and investigated. The resident was then pronounced by EMS."</p> <p>Review of the facility policy titled "Cardiopulmonary Resuscitation- CPR" revealed the following: I. "CPR is to be initiated on any resident that does not have a "No Code" or a "DNR" order from the resident's physician." V. "CPR may be discontinued by an associate if the resident is revived, the physician orders CPR to be discontinued, or when relieved by Emergency Medical Services (EMS) personnel." VII. "Advanced life-support personnel (paramedics) will assume responsibility upon arriving at the community."</p> <p>Review of the facility investigation revealed no details as to the time 911 was called. On 11/20/19 the facility Administrator was asked if he had any further information regarding the incident for Resident #5. The Administrator reported he had no further records or information to provide.</p> <p>The facilities typed summary attached to the FRI also revealed the following plan of correction:</p> <p>The LPN and DON involved in the incident were terminated.</p> <p>All staff were re-educated regarding emergency protocols, CPR and EMS initiation process.</p> <p>In addition, the facility implemented a color coded system in the paper-charts of Residents to indicate their code status (green=full code,</p>	F 678		
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F 678	Continued From page 7 red=DNR).  On 11/20/19 at 11:27 AM the facility Administrator and Director of Nursing were made aware that Immediate Jeopardy was being called with past non-compliance.  On-site CPR training was provided to staff on the following dates: 3/4/19, 3/7/19, 3/8/19, 3/12/19, 3/13/19, 3/14/19, 3/21/19, 3/26/19, 3/27/19, 3/28/19.  On 11/20/19 the survey team confirmed that staff had been trained in CPR and knew to call 911 so that EMS could respond and that CPR would continue uninterrupted until EMS took over after arriving on-site. The survey team reviewed charts of current Residents to ensure code status is correctly identified in the charts.  Review of the facility staff listing revealed that all but 8 employees had current CPR certification. Therefore in the event of a Resident being found unresponsive there was evidence that trained staff would be available to provide CPR until EMS arrive.  No further information was provided.	F 678		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information	F 842	F842 Resident Records – Identifiable Information  1. Resident #2 no longer resides in the facility.  2. A 60—day lookback was completed on all patients currently residing in the facility. No other residents were affected by this deficient practice.  3. The medical records coordinator and unit clerk have been educated on ensuring all patients have a complete clinical record with emphasis on the filing of MARs/TARs.  4. DON/designee to complete quality improvement monitoring of filing MARs/TARs monthly x 3 months and quarterly as needed. Findings will be reviewed at the monthly QAPI meeting. Monitoring schedule will be modified based on findings.  5. Date of compliance: 12/31/19	

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F 842	<p>Continued From page 8 except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p>	F 842		
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F 842	<p>Continued From page 9</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to maintain a complete clinical record for one Resident (Resident #2) in a survey sample of 11 Residents. The findings included:</p> <p>For Resident #2 the facility failed to maintain a medication administration record for the month of January 2019.</p> <p>Resident #2 was admitted to the facility on 1-28-19, and discharged on 3-1-19. The Resident's diagnoses included; fall with right femur fracture, hypertension, diabetes, chronic</p>	F 842		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	<p>Continued From page 10 revealed that the Resident was admitted with medications, and treatments. The Resident's Medication and treatment administration records were requested for her entire stay.</p> <p>The Medication and Treatment Administration Records (MAR's/TAR's) were received and reviewed on 11-19-19 at 3:00 p.m. and revealed that only February and March 2019 were submitted to surveyors. The Administrator was made aware of this, and he stated "that is all we have, there is no record for January in the medical records department."</p> <p>On 11-20-19 at the end of day meeting at 11:30 a.m., the Administrator, Director of Nursing and Human Resources Director were made aware of the failure to maintain a complete clinical record for Resident #2. No other information was available to be provided by the facility.</p>	F 842			