PRINTED: 03/30/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495416	B. WING _			03/26/2021	
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
				211	160 MAPLE BRANCH TERRACE		
ASHBY PO	ONDS INC		ASHBURN, VA 20147		SHBURN, VA 20147		
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
E 000	survey was conducted 03/26/2021. The facil compliance with 42 C Requirement for Long INITIAL COMMENTS An unannounced Mesurvey was conducted Corrections are requirements. The Lisurvey/report will folloom. The census in this 44	ity was in substantial FR Part 483.73, I-Term Care Facilities. dicare/Medicaid standard d 3/23/21 through 3/26/21. red for compliance with 42 I Long Term Care fe Safety Code w. certified bed facility was 27	FO		Preparation and/or execution of this ple correction in general, or this correction in particular, does not constitute admission of agreement by this facilithe facts alleged or conclusions set for this statement of deficiencies. The ple correction and specific corrective agree prepared and/or executed compliance with state and federal laws.	ective te an ity of rth in an of ctions in	
F 656 SS=D	consisted of 17 currer seven closed record r Develop/Implement C CFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The faci implement a comprehe care plan for each resersident rights set fort §483.10(c)(3), that incobjectives and timeframedical, nursing, and needs that are identificant assessment. The complement or maintain the resider physical, mental, and required under §483.2	ensive Care Plans ensive Care Plans elility must develop and ensive person-centered elident, consistent with the elident at §483.10(c)(2) and eludes measurable elimes to meet a resident's mental and psychosocial ed in the comprehensive eliprehensive care plan must	F 6	F56	 1a. The non-pharmacological interver listed on care plan for resident #16 been placed on the medic administration record to ensure pharmacological interventions implemented for as needed medic Tylenol. 1b. The Incentive spirometer order Resident #8 was discontinued on 3/24 1c. The care plan for resident #12 If been updated to reflect the use of a The surgical dressing order for resident #12 was discontinued on 3/24/21. 	have cation non-are ation, or for /21.	
ABORATORY	DIRECTOR'S OR PROVIDER/S	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.

Carla Rebholz, NHA

Director of Continuing Care

04.09.2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147				
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F 656	provided due to the reunder §483.10, include treatment under §483 (iii) Any specialized some habilitative services provide as a result of recommendations. If findings of the PASAF rationale in the reside (iv)In consultation wit resident's representat (A) The resident's good desired outcomes. (B) The resident's prefuture discharge. Fact whether the resident's community was assessed to cal contact agencie entities, for this purpor (C) Discharge plans in plan, as appropriate, requirements set forth section. This REQUIREMENT by: Based on observation record review, and fact was determined that implement or develop for three of 24 resident Residents # 16, # 8 and the services are residents # 16, # 8 and the services was determined that implements # 16, # 8 and the	25 or §483.40 but are not esident's exercise of rights ling the right to refuse (1.10(c)(6)). ervices or specialized at the nursing facility will PASARR afacility disagrees with the RR, it must indicate its ent's medical record. In the resident and the tive(s)-als for admission and eference and potential for illities must document as desire to return to the essed and any referrals to and/or other appropriate esse. In the comprehensive care in accordance with the in in paragraph (c) of this is not met as evidenced entity of the facility staff failed to a comprehensive care plan into in the survey sample, and # 12.	F	656	Continued from page 1 2. DON or designee will review care pourrent residents to ensure comprehensive care plan has developed. 3. Staff Development Coordinated designee will reeducate Licensed Nur Care plan/Service plan policy. 4. ADON or designee will monitor five plans weekly for twelve weeks to ensure care plan is accurate. Findings were ported to the QAPI committee for and further action may be required. 5. Compliance date of 5/6/21.	e a been or or ses on e care ure the will be		
	16's comprehensive on non-pharmacological	led to implement Resident # care plan for the use of interventions prior to the ohysician prescribed as on, Tylenol [1].			(Intentionally left blank)			

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F 656	#12's use of a sling a dressing present on respectively. The findings include: 1. Resident # 16 was diagnoses that include fracture of the femure Resident # 16's most set), an admission as (assessment reference coded Resident # 16 brief interview for me of 0 - 15, 1 - being set for making daily decised J0400 and J0600 Paic coded Resident # 16 a level of 5 [five] on a with ten being the wood the current physician dated "March 2021" of MG [milligrams] table Needed Every Four Horder Date: 2/9/2021 Resident # 16's eMAI administration record documented the about Tylenol. The eMAR for documentation of pair Resident # 16's pain	led to develop a plan for the use of an [1] for Resident # 8. led to develop a plan to address Resident a surgical wound eadmission. s admitted to the facility with ed but were not limited to: [2], dementia [3] and pain. recent MDS (minimum data sessment with an ARD to edate) of 02/09/2021, as scoring a 01 [one] on the ental status (BIMS) of a score everely impaired of cognition sions. Section "J0300, as having occasional pain at pain scale of zero to ten, rse pain. It's order for Resident # 16 documented, "Tylenol 325 to (2). TABLET Oral As Hours Starting 02/09/2021. R [electronic medication of dated February 2021 of physician's order for recommended of the physician's order for for for for for for for for for fo	F	656	(Intentionally left blank)			

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F 656	of Tylenol on: 02/11/02/13/2021 at 9:11 02/18/2021 at 10:19 9:12 a.m. Resident # 16's eM administration recodocumented the ab Tylenol. The eMAF documentation of pResident # 16's painon-pharmacologic review of the eMAF of Tylenol on: 03/02/03/20/2021 at 11:3: The comprehensive dated 02/09/2021 through on facial grimac throughout the day documented in part routine(s) or action Distraction. Relaxa 02/09/2021 through documentation of a implementation of a implemen	A revealed the administration 1/2021 at 8:33 a.m., a.m., 02/17/2021 at 3:06 p.m., 4 a.m., and on 02/23/2021 at 1/4 a.m. and see that included in level, location of pain and at interventions. Further are revealed the administration 1/4/2021 at 10:19 a.m. and on 1/4/2021 a	F 65	(Intentionally left blank)			

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F 656	Further review of the implementation of n interventions prior to needed Tylenol on (On 03/23/20 at apprinterview was condunurse] # 1, regardin comprehensive care identify resident's not meet the needs of the asked to review for the dates list abord Resident # 16's as a agreed that there was documentation of no 02/11/2021 at 8:3 a.m., 02/17/2021 at 10:14 a.m., 02/23/21 at 10:19 a.m. and of RN # 1 further state then they couldn't saw When asked if Resicare plan was being non-pharmacological documentation that RN # 1 stated no. On 03/25/2021 at al # 1, director of contidirector of nursing, with the control of the contidirector of nursing, with the control of the contidirector of nursing, with the control of the control	e notes failed to evidence the on-pharmacological of the administration of as 02/13/2021 at 9:11 a.m. roximately 11:58 a.m., an acted with RN [registered go the purpose of a resident's explan. RN # 1 stated, "To beeds and for staff to follow to the resident." RN # 1 was by the eMAR and nurse's notes ove for the administration of the needed Tylenol. RN # 1	F 65	(Intentionally left blank)			

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F 656	pain of osteoarthritis of breakdown of the lining Acetaminophen is in a analgesics (pain relied reducers). This information website: https://medlineplus.gottml. [2] The thigh bone, or leg bone that connect joint) to the pelvic bor information was obtain https://medlineplus.gotm. [3] A loss of brain fund diseases. It affects me judgment, and behave obtained from the well https://medlineplus.got. 2. The facility staff fair comprehensive care princentive spirometer. [1] Resident # 8 was addiagnoses that including helood pressure at Resident # 8's most reset), an annual assess (assessment reference coded Resident # 8 and and assess (assessment reference coded Resident # 8 and and assess (assessment reference coded Resident # 8 and and assess (assessment reference coded Resident # 8 and and assess (assessment reference coded Resident # 8 and and assess (assessment reference coded Resident # 8 and and assess (assessment reference coded Resident # 8 and and assess (assessment reference coded Resident # 8 and and and assess (assessment reference coded Resident # 8 and and and and assessment reference coded Resident # 8 and and and and assessment reference coded Resident # 8 and	es, and reactions to and to reduce fever. also be used to relieve the (arthritis caused by the ng of the joints). a class of medications called vers) and antipyretics (fever nation was obtained from the ov/druginfo/meds/a681004.h If femur, is the large upper so the lower leg bones (knee ne (hip joint). This ned from the website: ov/ency/imagepages/8844.ht In that occurs with certain the emory, thinking, language, for. This information was obsite: ov/ency/article/000739.htm. Ided to develop a colan for the use of an another than the language of the detail of the facility with the detail of the facility with the detail of the facility with the language of the l	F	656	(Intentionally left blank)		

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F 656	observation of Residincentive spirometer table uncovered. On 03/23/2021 at approbservation of Residincentive spirometer table uncovered. On 03/24/2021 at approbservation of Residincentive spirometer table uncovered. The POS [physician's 8 dated "February 20 Spirometer. Notes: Value 10/20/2020. Frequent The comprehensive dated of 01/11/2021 an incentive spirometer table uncovered. On 03/23/2021 at apprinterview with Reside the incentive spirometer they used it every dated on 3/24/21 at 12:20 staff member] # 2, die staff member]	proximately 11:29 a.m., an ent #8's room revealed an on the resident's computer proximately 2:10 p.m., an ent #8's room revealed an on the resident's computer proximately 9:08 a.m., an ent #8's room revealed an on the resident's computer proximately 9:08 a.m., an ent #8's room revealed an on the resident's computer proximately for Resident #21" documented, "Incentive While awake. Order Date: ncy: Three times Daily." Deare plan for Resident # 8 failed to evidence the use of ter. Droximately 11:29 a.m., an ent # 8. When asked about eter Resident # 8 stated that	F	656				
	of the incentive spiro "Physician's Telephor for Resident # 8 docu incentive spirometer.	meter for Resident # 8. The ne Order" dated 03/24/2021 umented, "D/C [discontinue] " When asked what time the the physician, ASM # 2						

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F 656	Continued From page	e 7	F	656			
	# 1, director of contin	proximately 10:40 a.m., ASM uing care and ASM # 2, ere made aware of the					
	No further information	n was provided prior to exit.					
	References: [1] A device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/0 00451.htm. (Intentionally left blank)						
		nt disorder. This ined from the website: jov/medlineplus/parkinsonsdi					
	3. The facility staff fai comprehensive care #12's use of a sling a dressing present on r	plan to address Resident nd a surgical wound					
	2/14/2021, and most 3/2/21, with diagnose history of a fall with a dementia without behrecent MDS (minimur assessment with an a reference date) of 2/2 coded as moderately	mitted to the facility on recently readmitted on as including, but not limited to shoulder dislocation and naviors (1). On the most an data set), an admission al ARD (assessment 21/21, Resident #12 was cognitively impaired for us, having scored a nine out					

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F 656	status). She was code assistance of one or the mobility, transferring of toileting, and personal as being totally deper two staff members for being unsteady, required moving from a sitting walking, getting on an transferring from surfactor on the following date was observed in her may wheelchair, wearing a 3/23/21 at 12:23 p.m. A review of Resident revealed no evidence revealed a hospital dia 3/1/21. The discharge resident's stay, include right shoulder and surfactor of the patient was made upper Extremity." A review of Resident plan dated 3/2/21 review of R	ief interview for mental ed as requiring the extensive two staff members for bed from bed to chair, dressing, all hygiene. She was coded andent on the assistance of a bathing. She was coded as iring staff assistance, for to standing position, and off the toilet, and face to surface. Is and times, Resident #12 froom, sitting in her a sling on her right arm: and 3/24/21 at 11:45 a.m. If 12's clinical record for an order for the sling. Is dent #12's clinical record scharge summary dated es summary described the ling a diagnosis of a broken regery to repair the break. In part: "Postoperatively in non-weight bearing Right." If 12's comprehensive care ealed no information the surgical wound or the bearing status for her right. If 12's comprehensive care ealed no information the surgical wound or the bearing status for her right.	F	656	(Intentionally left blank)		

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F 656	RN #1 stated the star in the resident's hard care plan, and in the (EMR). RN #1 stated chart" which contains summaries, informating physicians, and other from outside provider information related to bearing status and strength included in the care plan tells us bas resident." When asked comprehensive care information related to status of the right arm did so. After her reviews and summariting nurse is resident this kind of information care plan. On 3/24/21 at 4:11 p. member) #2, an occult was interviewed regard knows a resident's not an arm. OSM #2 stationing of the right arm consultant specialist. Staff needs to know with the toleral the state of the right arm consultant specialist.	or the right arm with a sling. If can look at the documents chart on the unit, on the electronic medical record the facility maintains a "hard shospital discharge on from consulting r information or direction rs. When asked if a a resident's non-weight urgical wound should be olan, RN #1 stated, "Yes. The sically how to take care of a ed to review the plan for Resident #12 for other non-weight bearing in and surgical wound, RN #1 ew, RN #1 stated she did not ation. RN #1 stated the sponsible for making sure on is added to the resident's	F	656	(Intentionally left blank)			
	sling, and they need behind the neck. Who	resident needs to wear the to assess the resident's skin en asked if this information the comprehensive care , "Yes. Absolutely."						

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F 656	nurse) #1 was intervieinformation about a restatus, sling, and surgincluded in the care pShe stated the procesto review the dischargand transcribe those (electronic medical restated the nurse then to CNAs (certified nurnurses who care for the shift-to-shift report. On 3/24/21 at 5:40 p. staff member) #1, the the director of nursing concerns. On 3/25/21 at 4:00 p. facility staff could not information related to On 3/26/21 at 10:08 a about the care plannithe resident is admitted admitting nurse beging #3 stated once she can shares triggered clinical managers. She care plans are written in the care plan binded When asked specificate are plan for the nonsling, and the surgical relies on therapy hear	m., LPN (licensed practical ewed. When asked if esident's non-weight bearing gical wound should be lan, LPN #1 stated it should. It is is for the admitting nurse ge orders from the hospital, orders to the resident's EMR cord) and care plan. LPN #1 passes on that information ring assistants) and other the resident in the m., ASM (administrative administrator, and ASM #2, were informed of these m., ASM #2 stated the locate any additional Resident #12's care plan. a.m., RN #3 was interviewed and process. She stated once and or readmitted, the last the care plan process. RN ompletes her assessment, items for the care plan with the estated any updates for a in the documents contained are in each resident #12's weight bearing status, the I wound, RN #3 stated she wily for these care plan	F	656	(Intentionally left blank)		
		'Ideally, therapy goals would e comprehensive plan of					

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F 656	care. Ideally, that's ho stated, however, Res contain these items. A review of the facility Plans," revealed, in p have an individualized developed. Care/Serv guest/resident prefere personal and cultural well as clinical needs centered care plan wi Interdisciplinary Team 72 hours of admission measurable objective goalsresident's discontained in the resident's medical psychosocial needs a resident's comprehent	w that would work." RN #3 ident #12's care plan did not policy, "Care/Service art: "Each guest/resident will d Care/Service plan vice Plans will include ences, strengths, routines, preferences and choices as A comprehensive person Il be developed by the and be completed within and will include s, preferences, harge plan and will address I, nursing, mental and s identified from the sive assessment."	F	(Intentionally left blan	k)		
F 657 SS=D	(1) "Dementia is a grabrain function. This of It affects memory, thin and behavior." This in website https://medlineplus.gc Care Plan Timing and CFR(s): 483.21(b)(2)(2)(48483.21(b)(2) A complete (i) Developed within 7 the comprehensive as	ci)-(iii) ensive Care Plans prehensive care plan must days after completion of seessment. erdisciplinary team, that	F	1. Care plan for resident reviewed to ensure the revisio to reflect a urinary tract infection. 2. DON or designee will reviplan of current resident to ensuplan revisions have been made. 3. Staff Development Coordinates.	n was made on. ew care ure care e.		

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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		20/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 657	resident. (C) A nurse aide with resident. (D) A member of food (E) To the extent pract the resident and the An explanation must medical record if the and their resident reprotect practicable for the resident's care plan. (F) Other appropriated disciplines as determor as requested by the (iii) Reviewed and revite am after each assecomprehensive and assessments. This REQUIREMENT by: Based on staff interview, and clinical redetermined that the finand revise the comprof 24 residents in the #6. The facility failed to use comprehensive care (urinary tract infection antibiotic. The findings include: Resident #6 was admand was most recent with diagnoses include.	responsibility for the d and nutrition services staff. cticable, the participation of resident's representative(s). be included in a resident's participation of the resident presentative is determined de development of the e staff or professionals in pined by the resident's needs are resident. Fised by the interdisciplinary resment, including both the requarterly review T is not met as evidenced friew, facility document record review, it was acility staff failed to review rehensive care plan for one survey sample, Resident	F 653	Continued from Page 12 designee will educate Licens on Care Plan/Service Plan poli 4. ADON or designee will m care plans weekly for twelve ensure they accurately reflect care. Findings will be repor QAPI committee for review a action may be required. 5. Compliance date of 5/06/21	cy. nonitor five weeks to the plan of ted to the and further	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495416	B. WING			03/	26/2021
NAME OF PE	ROVIDER OR SUPPLIER		•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 1160 MAPLE BRANCH TERRACE ISHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 657	data set), an admissi (assessment reference Resident #6 was code cognitively impaired in having scored seven interview for mental serview of Resident the following order, de (4) 250 mg (milligram a day) X 7 days (for servealed a physician and 3/16/21, which docum visit: Urinary burning/ On 3/24/21 at 3:25 p. #1, the clinical manageregarding the purpose comprehensive care us what the resident care plan should inclusive antibiotics prescribed it should. RN #1 was comprehensive care information related to treatment. After her mot see any such information is added. On 3/24/21 at 4:25 p. nurse) #1 was intervitinformation about a refort reatment should.	most recent MDS (minimum on assessment with an ARD ce date) of 12/18/20, ed as being severely for making daily decisions, out of 15 on the BIMS (brief status). #6's clinical record revealed ated 3/16/21: "Cefuroxime is) po (by mouth) BID (twice seven days) for UTI (5)." sident #6's clinical record sprogress note dated mented, in part: "Reason for 'UTIAntibiotic as ordered." m., RN (registered nurse) ger, was interviewed e of a resident's plan. RN #1 stated, "It tells needs." When asked if a ude new infections and for a resident, RN #1 stated asked to review the plan for Resident #12 for ther UTI and antibiotic for eview, RN #1 stated she did stration. She stated the me order from the provider is not sure this kind of to the resident's care plan. m., LPN (licensed practical ewed. When asked if esident's UTI and antibiotic	F	657	(Intentionally left blank)		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
		495416	B. WING _		0;	3/26/2021
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 657	order should update nurse then passes of (certified nursing ass who care for the res report. On 3/24/21 at 5:40 pstaff member) #1, the director of nursing concerns. A review of the facility Plans," revealed, in have an individualized developed. Care/Seguest/resident prefepersonal and culturated well as clinical needs centered care plan velous interdisciplinary Tea 72 hours of admission measurable objective goalsresident's medic psychosocial needs resident's compreheplans will be reviewed ongoing basis by the any change in conditional assessment." No further information (1) "End-stage kidnesstage of long-term (dis when your kidneys body's needs. End-service in the resident's composition of the resident's compreheplans will be reviewed ongoing basis by the any change in conditional conditions."	the care plan. She stated the the care plan. She stated the in that information to CNAs sistants) and other nurses ident in the shift-to-shift o.m., ASM (administrative and ASM #2, and were informed of these administrator, and ASM #2, and were informed of these and care/Service plan rice Plans will include rences, strengths, routines, all preferences and choices as so A comprehensive person will be developed by the mand be completed within the on and will include the es, preferences, scharge plan and will address all, nursing, mental and as identified from the insive assessment Care and interdisciplinary team with	F 6	(Intentionally left blan	ık)	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495416	B. WING			03/26/2021	
NAME OF P	ROVIDER OR SUPPLIER			21	REET ADDRESS, CITY, STATE, ZIP CODE 160 MAPLE BRANCH TERRACE SHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 657	(2) "Diabetes (mellitublood glucose, or blookigh." This information https://medlineplus.go (3) "Dementia is a grabrain function. This or It affects memory, thi and behavior." This in website https://medlineplus.go (4) "Cefuroxime is us caused by bacteria, sof the airway tubes legonorrhea (a sexually disease (an infection person is bitten by a skin, ears, sinuses, thract. Cefuroxime is in called cephalosporin stopping the growth or is taken from the web https://medlineplus.go tml. (5) "Urinary tract infecterm that describes a part of the urinary tracting traction be divided into the ureters) and lower traction that the simple can be divided into the urinary tracting information is tal https://www.ncbi.nlm. 27397/#:~:text=Urina	rom the website by/ency/article/000500.htm. s) is a disease in which your od sugar, levels are too is taken from the website by/diabetes.html. adual and permanent loss of occurs with certain diseases. Inking, language, judgment, information is taken from the by/ency/article/000746.htm. ed to treat certain infections such as bronchitis (infection rading to the lungs); y transmitted disease); Lyme that may develop after a tick); and infections of the incoat, tonsils, and urinary in a class of medications antibiotics. It works by of bacteria." This information is ite by/druginfo/meds/a601206.h ction (UTI) is a collective my infection involving any oct, namely the kidneys, urethra. The urinary tract is upper (kidneys and intertion)."	F	6657	(Intentionally left blank)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495416	B. WING _			03/	26/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658 SS=D	hra). Services Provided Met CFR(s): 483.21(b)(3) Comproduced Services provided as outlined by the commustical Met Professional Services and Services provided as outlined by the commustical Meet professional Services This REQUIREMENT by: Based on observation document review, and was determined that it follow professional statement of the services of the services of the services and Resident #12 transcribe and Resident #12 transcribe and Resident greadmission. The findings include: Resident #12 was add 2/14/2021, and most 3/2/21, with diagnose history of a fall with a dementia without behave recent MDS (minimur assessment with an Adate) of 2/21/21, Resident #12 Resident #12 was add 2/14/2021, and most 3/2/21, with diagnose history of a fall with a dementia without behave the services with an Adate) of 2/21/21, Resident #12 Resident #12 was add 2/14/2021, and most 3/2/21, with diagnose history of a fall with a dementia without behave the services with an Adate) of 2/21/21, Resident #12 Resident #12 was add 2/14/2021, and most 3/2/21, with diagnose history of a fall with a dementia without behave the services with an Adate) of 2/21/21, Resident #12 Resident #12 was add 2/14/2021, and most 3/2/21, with diagnose history of a fall with a dementia without behave the services with an Adate) of 2/21/21, Resident #12 was add 2/14/2021, Resident #12 was add 2/14/	20(bladder%20and%20uret eet Professional Standards ii) ehensive Care Plans d or arranged by the facility, enprehensive care plan,	F 6		 Physician orders were written 3/24/21 for Sling and to discondressing changes. Physician order written on 4/2/21 for weight bearing sets. DON or designee will review hospital admission orders written between 3/15/21-3/31/21 to ensure complete and accurate transcription. Staff Development Coordinated designee will educate Licensed Numbershall Physician Order Policy. ADON or designee will madmission orders five days per we four weeks then weekly for eight we ensure complete and actranscription. Findings will be report the QAPI committee for review and the action may be required. Compliance date of 5/06/21. 	ntinue r was tatus. en or or ses to onitor ek for eks to curate ted to	
	decisions, having sco BIMS (brief interview	red a nine out of 15 on the for mental status). She was e extensive assistance of					

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		I ' '	PLE CONSTRUCTION G	1, ,	(X3) DATE SURVEY COMPLETED	
		495416	B. WING _			03/26/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 658	transferring from bee and personal hygien totally dependent or members for bathing being unsteady, req moving from a sitting walking, getting on a transferring from sur. On the following dat was observed in her wheelchair, wearing 3/23/21 at 12:23 p.m. A review of Residen revealed no evidence for weight bearing stream of the summary including the patient was made to the patient was made to the patient's non-weigh arm. On 03/23/2021 during request was made to member] # 1, director # 2, director of nursi	hbers for med mobility, d to chair, dressing, toileting, e. She was coded as being the assistance of two staff g. Resident #12 was coded as uiring staff assistance, for g to standing position, and off the toilet, and face to surface.	F 6	(Intentionally left blank)	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495416	B. WING			03/	26/2021
NAME OF PE	ROVIDER OR SUPPLIER		•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 1160 MAPLE BRANCH TERRACE ISHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	copy of the front page Nursing Practice" was survey team. On 3/24/21 at 3:25 p. #1, the clinical manageregarding how staff king resident who has a sunon-weight bearing where staff can look at the diard chart on the unit the electronic medicate the facility maintains a contains hospital discinformation or direction RN #1 stated the admonstrated for transcribing orders the hospital discharge reviewing Resident # she did not see order status, sling, or care of stated these orders strom the hospital discontinuation.	e of the "Lippincott Manual of s provided by email to the m., RN (registered nurse) yer, was interviewed, now the care to provide for a argical wound and is ith a sling. RN #1 stated the ocuments in the resident's, on the care plan, and in I record (EMR). She stated a "hard chart" which harge summaries, sulting physicians, and other on from outside providers. In itting nurse is responsible to for the resident's care from the summary to the EMR. After 12's orders, RN #1 stated to see for non-weight bearing of the surgical wound. She hould have been transcribed tharge summary to the EMR cord) when the resident was of the surgical wound was of the surgical wound.	F	658	(Intentionally left blank)		
	member) #2, an occu was interviewed regathe care required for a bearing status to the the information should discharging hospital of stated the facility staff is affected, needs to be position the arm in the non-weight bearing st	pational therapy assistant, rding how facility staff know a resident with non-weight right arm. OSM #2 stated d originally come from the or consultant specialist. She fineeds to know which arm know how to correctly					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495416	B. WING			03/	26/2021
NAME OF P	ROVIDER OR SUPPLIER		•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 1160 MAPLE BRANCH TERRACE SHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	behind the neck. Whe should be included in #2 stated, "Yes. Abso On 3/24/21 at 4:25 p. nurse) #1 was intervisinformation about a restatus, sling, and surgincluded in the physicit should. She stated admitting nurse to reversion the hospital, and the resident's EMR (eand care plan. LPN # passes on that inform nursing assistants) are the resident in the shift on 3/24/21 at 5:40 p. staff member) #1, the the director of nursing concerns. On 3/25/21 at 4:00 p. facility staff could not information related to orders. A review of the facility from Discharge Summ "When a resident is a Care-Skilled Nursing/or another facility, the discharge summary or physician discharges resident, the licensed providerThe nurse of the should be included in the shift of t	to assess the resident's skin on asked if this information the resident's orders, OSM solutely." m., LPN (licensed practical ewed. When asked if esident's non-weight bearing gical wound should be sian's orders, LPN #1 stated the process is for the view the discharge orders to electronic medical record) 1 stated the nurse then nation to CNAs (certified and other nurses who care for iff-to-shift report. m., ASM (administrative administrator, and ASM #2, gowere informed of these	F	658	(Intentionally left blank)		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495416	B. WING _			03/26/2021	
ASHBY PO	ROVIDER OR SUPPLIER			21	TREET ADDRESS, CITY, STATE, ZIP CODE 1160 MAPLE BRANCH TERRACE SHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	"After you receive a water transcribe it onto a way by your health care far carefully, concentrate check it when you're it. No further information. (1) "Dementia is a gray brain function. This on it affects memory, this and behavior." This in website https://medlineplus.go. Respiratory/Tracheos CFR(s): 483.25(i) § 483.25(i) Respirator tracheostomy care and The facility must ensurate and tracheal succare, consistent with practice, the compreheare plan, the resider and 483.65 of this sul This REQUIREMENT by: Based on observation interview, clinical record document review, it was staff failed to provided with professional stars."	nentals of Nursing- mentals of Nursing- med Wilkins 2007 page 169, written medication order, orking document approved acilityread the order on copying it correctly, finished." It was provided prior to exit. Indual and permanent loss of focurs with certain diseases. Inking, language, judgment, information is taken from the Inverse and Suctioning In y care, including of tracheal suctioning. In that a resident who be, including tracheostomy tioning, is provided such professional standards of tensive person-centered test' goals and preferences, opart. It is not met as evidenced In resident interview, staff		658	1. Physician orders were written 3/24/21 to discontinue ince spirometer for Resident #8. 2. DON or designee audited storag incentive spirometers to ensure device was stored in a sanitary mann. 3. Staff Development Coordinator designee will educate Licensed Nu on storage of incentive spirometers. 4. ADON or designee will more incentive spirometer storage five days week for four weeks then weekly for weeks to ensure the device is stored sanitary manner. Findings will be	ntive le of the er. r or lirses unitor s per eight	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495416	B. WING		03	/26/2021
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 695	Continued From page 21 sample, Resident #8. The facility staff failed to store Resident #8's incentive spirometer in a sanitary manner when not in use.		F 69	reported to the QAPI committee and further action may be requ	ired.	
	The findings include	e:		5. Compliance date of 5/06/21.		
	diagnoses that incluhigh blood pressure Resident # 8's mosset), an annual asse (assessment refere coded Resident # 8 assessment for mer	dmitted to the facility with uded but were not limited to: e and Parkinson's disease [2]. It recent MDS (minimum data essment with an ARD nce date) of 01/2102021, as scoring a 10 on the staffintal status (BIMS) of a score moderately impaired of g daily decisions.		(Intentionally left blank)		
	observation of Resi incentive spiromete computer table unc On 03/23/2021 at a observation of Resi	pproximately 11:29 a.m., an dent #8's room revealed an r [1] on the resident's overed. pproximately 2:10 p.m., an dent #8's room revealed an r on the resident's computer				
	observation of Resi incentive spiromete table uncovered. The POS [physiciar 8 dated "February 2 Spirometer. Notes:	pproximately 9:08 a.m., an dent #8's room revealed an r on the resident's computer a's order sheet] for Resident #2021" documented, "Incentive While awake. Order Date: ency: Three times Daily."				
		e care plan for Resident # 8 I failed to evidence the use of				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495416	B. WING			03/26/2021	
NAME OF P	ROVIDER OR SUPPLIER			21	REET ADDRESS, CITY, STATE, ZIP CODE 160 MAPLE BRANCH TERRACE SHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 695	interview with Reside the incentive spirome they used it every day. On 3/24/21 at 12:20 pstaff member] # 2, dir this surveyor a copy of discontinue the use of for Resident # 8. The Order" dated 03/24/2 documented, "D/C [dispirometer." When a was signed by the ph "Around 11:00 a.m." On 03/23/20 at approinterview was conductinurse] # 1. When as spirometer was a piece RN # 1 stated yes. Whe incentive spirome stated, "Traditionally incompleted was made to member] # 1, director # 2, director of nursin nursing that the facility copy of the front page Nursing Practice" was survey team. "Wash the mouthpiece Avoid immersing the	proximately 11:29 a.m., an an an # 8. When asked about the Resident # 8 stated that y. D.m., ASM [administrative fector of nursing, provided of a physician's order to fine incentive spirometer a "Physician's Telephone of the incentive stated with RN [registered fine incentive sked what time the order ysician ASM # 2 stated with RN [registered fine incentive ce of respiratory equipment, when asked about storage of the when not in use, RN # 1 it is not stored in anything." The entrance conference a ASM [administrative staff of continuing care and ASM g, for the standard of y follows. At 12:41 p.m. a e of the "Lippincott Manual of its provided by email to the spirometer itself in water and dry it. spirometer itself in water and spirome	F	695	(Intentionally left blank)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	(X3) DATE SURVEY COMPLETED	
		495416	B. WING		03/26/2021
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		,
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETION
F 695	Place the mouthpie between exercises, spirometer, if applic to avoid inadverten the incentive spiror reach." Lippincott's Edition) 2013. On 03/25/2021 at a # 1, director of condirector of nursing, findings. During the that after the this standard the incentive spirometer should hinterview. ASM # 2 correct way to store verbally confirmed should have been on when not in use du No further information. References: [1] A device used to healthy after surger illness, such as prespirometer teaches breaths. This infort website: https://medlineplus 00451.htm. [2] A type of moven.	on of extraneous material. Indee in a plastic storage bag and label it and the cable, with the patient's name it use by another patient. Keep ineter within the patient's is Nursing Procedures (6th in procedures) (6th in proced	F 69	(Intentionally left blank)	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED
		495416	B. WING		03/26/2021
	ROVIDER OR SUPPLIER ONDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 695 F 697 SS=D	https://www.nlm.nih.gsease.html. Pain Management CFR(s): 483.25(k) §483.25(k) Pain Man The facility must ens provided to residents consistent with profe the comprehensive p and the residents' go This REQUIREMEN' by: Based on staff interv review, it was determ failed to implement a program consistent v practice, and the con care plan for one of 2 sample, Resident # 1 conduct a pain asses attempt/provide non- interventions prior to physician prescribed Tylenol to Resident # The findings include: Resident # 16 was a diagnoses that include fracture of the femur Resident # 16's most set), an admission as (assessment referen coded Resident # 16 brief interview for me of 0 - 15, 1 - being se	gov/medlineplus/parkinsonsdi lagement. ure that pain management is swho require such services, ssional standards of practice, person-centered care plan, hals and preferences. T is not met as evidenced view and clinical record hined that the facility staff complete pain management with professional standards of hiprehensive person-centered 24 residents in the survey 16. The facility staff failed to esments and failed to pharmacological the administration of as needed pain medication \$16 on multiple occasions.	F 69		non- needed desident decords ded dessment tions decords ded dessment tions decords decords ded dessment tions decords

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		495416	B. WING			03/	26/2021
NAME OF P	ROVIDER OR SUPPLIER		•	211	REET ADDRESS, CITY, STATE, ZIP CODE 160 MAPLE BRANCH TERRACE SHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 697	coded Resident # 16 a level of 5 [five] on a with ten being the wo The current physiciar dated "March 2021" of MG [milligrams] table Needed Every Four HOrder Date: 2/9/2021 The comprehensive of dated 02/09/2021 dowill need assistance of pain management receive my pain mediphysician. I will appe by no facial grimacing throughout the day." documented in part, "routine(s) or action(s) Distraction. Relaxation 02/09/2021." Resident # 16's eMAI administration record documented the about Tylenol [1]. The eMAI documentation of pair Resident # 16's pain the non-pharmacolog or provided. Further revealed the administration of pair Resident # 3 a. 02/11/2021 at 8:33 a. 02/17/2021 at 3:06 p. a.m., and on 02/23/20	as having occasional pain at pain scale of zero to ten, rse pain. It's order for Resident # 16 documented, "Tylenol 325 tt (2). TABLET Oral As dours Starting 02/09/2021. It with monitoring effectiveness throughout the day. I will cation as prescribed by ar comfortable as evidenced g, guarding, or groaning Under "Other Goals" it These are non-medical I take to alleviate pain: n. Date Begun: R [electronic medication glated February 2021 re physician's order for R failed to evidence assessment that included level, location of pain and ical interventions attempted review of the eMAR cration of Tylenol on: m., 02/13/2021 at 9:11 a.m., m., 02/18/2021 at 10:14 occ per section of medication of Italian. R [electronic medication of pin and ical interventions attempted review of the eMAR cration of Tylenol on: m., 02/13/2021 at 9:11 a.m., m., 02/18/2021 at 10:14 occ per section of medication of Italian.	F	697	(Intentionally left blank)		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495416	B. WING		03/26/2021
NAME OF PI	ROVIDER OR SUPPLIER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 MAPLE BRANCH TERRACE ASHBURN, VA 20147	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
F 697	Tylenol. The eMAR documentation of particles and provided. Further return administration of 10:19 a.m. and on 00:19 a.m. and on 00:19 a.m. and on 00:19 a.m. and on 00:17/2021 through documentation of a attempted/ provided interventions prior to needed Tylenol on 00:17/2021 at 3:06 a.m., 02/23/2021 at 10:19 a.m. and on 00:17/2021 at 3:06 a.m., 02/23/2021 at 10:19 a.m. and on 00:17/2021 at 3:06 a.m., 02/23/2021 at 10:19 a.m. and on 00:17/2021 at 3:06 a.m., 02/23/2021 at 10:19 a.m. and on 00:17/2021 at 3:06 a.m., 02/23/2021 at 10:19 a.m. and on 00:17/2021 at 3:06 a.m., 02/23/2021 at 10:19 a.m. and on 00:19 a.m. and on 0	by e physician's order for failed to evidence ain assessment that included a level, location of pain and al interventions attempted or eview of the eMAR revealed for Tylenol on: 03/04/2021 at 03/20/2021 at 11:32 a.m. # 16's progress notes dated 03/24/2021 failed to evidence pain assessment and the lonon-pharmacological of the administration of as 02/11/2021 at 8:33 a.m.,, p.m., 02/18/2021 at 10:14 9:12 a.m., 03/04/2021 at 10:14 9:12 a.m., 03/04/2021 at 03/20/2021 at 11:32 a.m. the notes failed to evidence the on-pharmacological of the administration of as old on 02/13/2021 at 9:11 a.m. Foximately 11:58 a.m., an acted with RN [registered go to the procedure staff istering an as needed pain stated that the resident should in by determining a pain level 16, the nurse would look for the as grimacing, yelling or the Resident # 16's level of sident # 16's confusion and tia. RN #1 stated staff should	F 697	(Intentionally left blank)	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495416	B. WING		03/26/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147	1 33/23/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
F 697	medication. When the pain assessmen non-pharmacologic record, RN # 1 state in the nurse's notes review the eMAR a list above for the act 16's as needed Tyle was no evidence of assessment or the non-pharmacologic # 1 further stated the then they couldn't s. The facility's policy documented in part screened and assest the effectiveness of determination of poensure highest prace Process: 1. Guest/r admission/re-admis condition and per s. Nurse completes part Assessment with the guest/resident, respective interdisciplinary associates as approximately approximately pain interdisciplinary associates as approximately pain interdisciplinary associates as approximately pain interdisciplinary associates as approximately pain and/or relieved or not relie non-medicinal appris developed addressing pain and/or relieved addressing pain and/or relieved or not relie non-medicinal appris developed addressing pain addressing pain and/or relieved or not relie non-medicinal appris developed addressing pain addr	ribed, and administer the asked if the staff document and attempted al strategies in the clinical ed that they are documented. RN # 1 was then asked to and nurse's notes for the dates diministration of Resident # enol. RN # 1 stated that there adocumentation of a pain attempts of al strategies documented. RN eat if it wasn't documented ay that it was being done. "Pain Management , "Policy: Guests/residents are assed for the existence of pain, it pain relief efforts and tential underlying causes to esticable level of wellbeing. esidents will be assessed at assion, significant change of tate/federal regulations. 2. In section of the Holistic	F 69	(Intentionally left blank)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		495416	B. WING			03/	26/2021
NAME OF P	ROVIDER OR SUPPLIER		•	21	TREET ADDRESS, CITY, STATE, ZIP CODE 1160 MAPLE BRANCH TERRACE SHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 697	request was made to member] # 1, director # 2, director of nursin nursing that the facilit copy of the front page Nursing Practice" was survey team. According to "Fundar Lippincott, Williams a "Standards of Care Grepeatedly by question nonverbal signs of papain rating scale. Hel non-pharmacologic meffective pain manage physical examination visit. Evaluate objective patient's pain includin and impact on daily a intensity scale of 0 (no pain) or other scale a On 03/25/2021 at app # 1, director of continuity director of nursing, we findings. No further information References: [1] Acetaminophen is	g the entrance conference a ASM [administrative staff] of continuing care and ASM g, for the standard of cy follows. At 12:41 p.m. a set of the "Lippincott Manual of se provided by email to the standard of cy follows. At 12:41 p.m. a set of the "Lippincott Manual of se provided by email to the standard of cy follows. Assess pain conting patient, looking for continuing patient, looking for continuing patient, looking for continuing appropriate per the patient employ continuing assessment continuing assessment continuing assessment cy for pain at each cycly the nature of the cy	F	697	(Intentionally left blank)		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	LTIPLE CONSTRUCTION (X3) DATE SUR' COMPLETE		
		495416	B. WING _		03	3/26/2021
ASHBY PO	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) (CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 698	pain of osteoarthritis breakdown of the lini Acetaminophen is in analgesics (pain relie reducers). This information website: https://medlineplus.gtml. [2] The thigh bone, oleg bone that connection to the pelvic boinformation was obtainttps://medlineplus.gtm. [3] A loss of brain fur diseases. It affects mindgment, and behave obtained from the weathers://medlineplus.gtm.	also be used to relieve the (arthritis caused by the ng of the joints). a class of medications called evers) and antipyretics (fever mation was obtained from the ov/druginfo/meds/a681004.h r femur, is the large upper ests the lower leg bones (knee ne (hip joint). This ined from the website: ov/ency/imagepages/8844.ht action that occurs with certain nemory, thinking, language, vior. This information was	F 6	(Intentionally left) 1. Physicians order for dial	lysis services for	
SS=D	require dialysis recei with professional sta comprehensive perso the residents' goals a This REQUIREMEN' by: Based on observation document review, and was determined that implement a compre	ure that residents who ve such services, consistent indards of practice, the con-centered care plan, and and preferences. Γ is not met as evidenced ion, staff interview, facility d clinical record review, it the facility staff failed to hensive program for dialysis 4 residents in the survey		Resident #6 was writted Facility is unable to conduct resident's #6 dialysis at communicate with the dialysis services for Residents services for Residents receiving dialyphysician orders for dialyphysician orders for dialycumentation of assessing access site and communication dialysis provider has been	ct assessment of access site or lialysis provider ident #6 prior to ewed records of vsis to ensure alysis services, ment of dialysis ication with the	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION		E SURVEY PLETED
		495416	B. WING _			03	3/26/2021
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	•	
ASHBY PO	ONDS INC				HBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 698	obtain physicians' or dialysis services and resident's dialysis are maintain regular corprovider. The findings included Resident #6 was ad and was most recens with diagnoses included (End Stage Renal Defined Beautiful (End Stage Renal Defined St	6. The facility staff failed to orders for Resident #6's do for assessment of the occess site, and failed to immunication with the dialysis. I mitted to the facility on 6/7/19, the readmitted on 12/11/20, ding, but not limited to ESRD isease) (1), diabetes (2), and emost recent MDS (minimum sion assessment with an ARD ince date) of 12/18/20, ded as being severely for making daily decisions, in out of 15 on the BIMS (brief status. She was coded as staff assistance for ADLs ing), including bed mobility, dressing, and personal orded as having received during the look back period. It #6's clinical record revealed it #6's clinical record revealed it #6's clinical note: she is getting hree times a week." The note	F 6	98	Continued from Page 30 3. Staff Development Coordinated designee will educate Licensed Nursi Dialysis Policy. 4. ADON or designee will not documentation of physician orded dialysis services, assessment of coaccess site and regular communication with dialysis provider weekly for weeks. Findings will be reported QAPI committee for review and action may be required. 5. Compliance date of 5/06/21.	nonitor rs for lialysis ication twelve to the	
	plan dated 3/10/21, 3/23/21, revealed, ir Dialysis center M W Friday)Send medi	t #6's comprehensive care most recently updated on part: "I am on Dialysis. Go to F (Monday, Wednesday, cation list with resident, and assess for bleeding on			(Intentionally left blank)		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′			ATE SURVEY MPLETED
		495416	B. WING _			03/26/2021
NAME OF PI	ROVIDER OR SUPPLIER		A. BUILDING COM			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE
F 698	the day of dialysisI of dialysis center] M, On 3/24/21 at 3:25 p #1, the clinical mana regarding physicians receiving dialysis. RN an order for the dialy location of the dialysis the assessment of the site. When asked to dialysis communication the dialysis center has "worksheets" the fact the center. She state evidence that the fact communicate regular RN #1 stated this contact both the facility acconstantly updated on On 3/24/21 at 4:25 p nurse) #1 was interving Resident #6's dialysis resident goes to dialy that the resident has the staff assesses for bleeding. LPN #1 stated she the of folder used to excl. Resident #6, but was often it was used. On 3/24/21 at 5:40 p	will go for dialysis at [name	F 6		ank)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495416	B. WING			03/	26/2021	
NAME OF P	ROVIDER OR SUPPLIER		•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 1160 MAPLE BRANCH TERRACE SHBURN, VA 20147			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 698	concerns. On 3/25/21 at 4:00 p. facility staff could not information related to communication syste. A review of the facility in part: "Communication care team and the dia a day to relay resident regarding dialysis. The Manager/Designee of the designated contact communication, coord collaborationto the Manager/designee with Book for each resident The Dialysis Communication accompanies the resivisit to enhance communication. (1) "End-stage kidney stage of long-term (chis when your kidneys body's needs. End-stage renainformation is taken finhttps://medlineplus.go. (2) "Diabetes (mellitus blood glucose, or blood high." This information https://medlineplus.go.	m., ASM #2 stated the locate any additional dialysis orders or a dialysis m for Resident #6. / policy, "Dialysis," revealed, ion between the Continuing alysis center will be 24 hours at guest concerns/issues the Clinical feach neighborhood will be ct person to provide dination and dialysis team. The Clinical feach neighborhood will be ct person to provide dination and dialysis team. The Clinical feach neighborhood will be ct person to provide dination and dialysis team. The Clinical feach neighborhood will be ct person to provide dination and dialysis team. The Clinical feach neighborhood will be ct person to provide dialysis. In the who is receiving dialysis. In the whole is received prior to exit. / disease (ESKD) is the last provided prior to exit. / disease (ESKD) is the last provided y disease. This can no longer support your age kidney disease is also all disease (ESRD)." This rom the website povency/article/000500.htm.	F	698	(Intentionally left blank)			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		495416	B. WING _		03/26/2021	
NAME OF PE	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
F 698	It affects memory, the and behavior." This website https://medlineplus.cg (4) "When your kidney your blood. They also your bones strong at your kidneys fail, you the work your kidney have a kidney transput treatment called dial types of dialysis. Bot your body of harmfut water. Hemodialysis sometimes called art go to a special clinical a week." This inform website https://medliction." This inform water water to a special clinical week." The sinform website https://medliction." This inform water your access. Through your access well, you can feel a your dialysis center wibration." This inform website	coccurs with certain diseases. inking, language, judgment, information is taken from the gov/ency/article/000746.htm. Beys are healthy, they clean or make hormones that keep and your blood healthy. When us need treatment to replace as used to do. Unless you blant, you will need a sysis. There are two main the types filter your blood to rid a wastes, extra salt, and uses a machine. It is a artificial kidney. You usually for treatments several times ation was taken from the ineplus.gov/dialysis.html. Four lifeline. You will need to Wash the area around your d warm water every day. igns of infection, such as When blood is flowing and your access is working wibration over the area. Let know if you can't feel the mation is taken from the	F 6	,		
F 757 SS=D	Drug Regimen is Fre CFR(s): 483.45(d)(1 §483.45(d) Unneces	ee from Unnecessary Drugs	F 7	1. Facility is unable to condust assessments or provide pharmacological intervention for as pain medication administered to F #16 prior to 3/24/21.	non- needed	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		E SURVEY PLETED
		495416	B. WING _			03	/26/2021
NAME OF P	ROVIDER OR SUPPLIER		•	21	REET ADDRESS, CITY, STATE, ZIP CODE 160 MAPLE BRANCH TERRACE SHBURN, VA 20147	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 757	guille drug when used- §483.45(d)(1) In exceeduplicate drug therap §483.45(d)(2) For ex §483.45(d)(3) Without use; or §483.45(d)(5) In the consequences which reduced or discontinut §483.45(d)(6) Any constated in paragraphs section. This REQUIREMENT by: Based on staff interview, it was determ failed to ensure the infrom unnecessary more sidents in the survey the facility staff failed assessment and failed non-pharmacological administering as need to Resident #16. The findings include: Resident # 16 was and diagnoses that include fracture of the femure	essive dose (including by); or cessive duration; or at adequate monitoring; or at adequate indications for its presence of adverse indicate the dose should be used; or combinations of the reasons (d)(1) through (5) of this are is not met as evidenced view and clinical record ined that the facility staff medication regimen was free edications for one of 24 ey sample, Resident # 16. It to conduct a pain and to attempt / provide interventions prior to the ded pain medication Tylenol,	F	757	Continued from Page 34 2. DON or designee will review recresidents receiving as needed medicine to ensure a pain assessment non-pharmacological interventions provided prior to administration. 3. Staff Development Coordinated designee will educate Licensed Nur Pain Management Policy 4. ADON or designee will monite administrations of as needed medication five days per week to weeks then weekly for eight we ensure a pain assessment and pharmacological interventions are prior to administration. Findings reported to the QAPI committee for and further action may be required. 5. Compliance date of 5/06/21.	pain ent and were or or or reses on or five pain or four eeks to d non-rovided will be	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		l' '		(3) DATE SURVEY COMPLETED	
		495416	B. WING _			03/	26/2021	
NAME OF PE	ROVIDER OR SUPPLIER			21	REET ADDRESS, CITY, STATE, ZIP CODE 160 MAPLE BRANCH TERRACE SHBURN, VA 20147			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 757	(assessment reference coded Resident # 16 brief interview for men of 0 - 15, 1 - being se for making daily decis J0400 and J0600 Paicoded Resident # 16 a level of 5 [five] on a with ten being the wo The current physician dated "March 2021" of MG [milligrams] table Needed Every Four HOrder Date: 2/9/2021 Resident # 16's eMAR administration record documented the above Tylenol. The eMAR for documentation staff of assessment of Reside location of pain and minterventions attempted administration of the administration of Tyle a.m., 02/13/2021 at 9 p.m., 02/18/2021 at 1 02/23/2021 at 9:12 a. Resident # 16's eMAR administration record.	sessment with an ARD se date) of 02/09/2021, as scoring a 01 [one] on the ntal status (BIMS) of a score verely impaired of cognition sions. Section "J0300, n Assessment Interview" as having occasional pain at pain scale of zero to ten, rse pain. I's order for Resident # 16 locumented, "Tylenol 325 t (2). TABLET Oral As lours Starting 02/09/2021. R [electronic medication dated February 2021 re physician's order for ailed to evidence ompleted a pain ent # 16's pain level, on-pharmacological ed or provided prior to the as needed pain medication. eMAR revealed the nol on: 02/11/2021 at 8:33 :11 a.m., 02/17/2021 at 3:06 0:14 a.m., and on m. R [electronic medication dated March 2021 re physician's order for ailed to evidence ompleted a pain ent # 16's pain level, one physician's order for ailed to evidence ompleted a pain ent # 16's pain level,	F	757	(Intentionally left blank)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	495416 B. WING			03/26/2021			
NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC			21	REET ADDRESS, CITY, STATE, ZIP CODE 160 MAPLE BRANCH TERRACE SHBURN, VA 20147			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 757	administration of the Further review of the administration of Tyle a.m. and on 03/20/20 The comprehensive of dated 02/09/2021 dowill need assistance of pain management receive my pain mediphysician. I will apper by no facial grimacing throughout the day." documented in part, "routine(s) or action(s) Distraction. Relaxation 02/09/2021." Review of Resident # 02/09/2021 through 00 documentation of a primplementation of a primplementation of no interventions prior to needed Tylenol on 02/21/7/2021 at 3:06 p. a.m., 02/23/2021 at 910:19 a.m. and on 03 Further review of the implementation of no interventions prior to needed Tylenol on 02/21/2021 at 910:19 a.m. and on 03 Further review of the implementation of no interventions prior to needed Tylenol on 02/23/20 at approximately ap	ed or provided prior to the as needed pain medication. eMAR revealed the nol on: 03/04/2021 at 10:19 21 at 11:32 a.m. care plan for Resident # 16 cumented in part, "Goals: I with monitoring effectiveness throughout the day. I will ication as prescribed by ar comfortable as evidenced g, guarding, or groaning. Under "Other Goals" it 'These are non-medical of take to alleviate pain: in. Date Begun: 16 16's progress notes dated 13/24/2021 failed to evidence ain assessment and the in-pharmacological the administration of the as 2/11/2021 at 8:33 a.m.,, im., 02/18/2021 at 10:14 in 12/20/2021 at 11:32 a.m. notes failed to evidence the	F	757	(Intentionally left blank)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495416	B. WING		_	03/26/2021	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STA	ATE, ZIP CODE		
ASHBY PO	ONDS INC			21160 MAPLE BRANCH TE	RRACE		
ASIDIF	UNDS INC			ASHBURN, VA 20147			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRI DEFICIENCY)		
F 757	look for nonverbal or moaning to deter pain because of Rediagnosis of dement ask simple yes/no or non-pharmacologic repositioning to alle help check the physmedication. When and attempted nonare documented in stated that they are notes. RN # 1 was eMAR and nurse's for the administration needed Tylenol. RI documented evider assessment or attenon-pharmacologic administering the arm at 16 on the dates arm RN # 1 further states then they couldn't succeeded Tylenol. The facility's policy documented in part screened and assest the effectiveness of determination of poensure highest prace. Process: 1. Guest/radmission/re-admis condition and per succeeded the part screened and per screened and per succeeded the part screened and per succeeded the part screened and per screen	desident # 16, the nurse would clues such as grimacing, yelling mine Resident # 16's level of sident # 16's confusion and thia. RN #1 stated staff should questions, try all strategies such as eviate their pain. If it doesn't sician's orders for what ribed, and administer the asked if the pain assessment epharmacological strategies the clinical record, RN # 1 documented in the nurse's then asked to review the notes for the dates list above on of Resident # 16's as N # 1 agreed that there was no note staff completed a pain mpted/ provided all strategies prior to so needed Tylenol to Resident and times documented above. The date if it wasn't documented any that it was being done. "Pain Management to gray and the existence of pain, if pain relief efforts and tential underlying causes to exicable level of wellbeing. The existence of tate/federal regulations. 2. The existence of the Holistic was section of the Holistic	F	(Intentio	nally left blank)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495416 B. WING			03/26/2021			
NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC			21	REET ADDRESS, CITY, STATE, ZIP CODE 160 MAPLE BRANCH TERRACE SHBURN, VA 20147	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 757	Numerical Pain Intensiobservations to identify Assessment will incluse thin beliefs that material perception of pain. 5 existing pain and/or have relieved or not relieved non-medicinal approasis developed address pain as well as nonmarelieving pain." On 03/25/2021 at app # 1, director of conting director of nursing, we findings. No further information References: [1] Acetaminophen is moderate pain from have menstrual periods, contoothaches, backache vaccinations (shots), Acetaminophen may pain of osteoarthritis breakdown of the lining Acetaminophen is in an analgesics (pain relied reducers). This inform website: https://medlineplus.gottml. [2] The thigh bone, or	riate. 3. Nurse uses the sity Scale and/or physical fy presence of pain. 4. de cultural, spiritual and / or y impact an individual's. Nurse will notify provider of istory of pain presently de by medications and aches. 9. Care/Service plan ing causative factor(s) of edicinal approaches to proximately 10:40 a.m., ASM using care and ASM # 2, ere made aware of the area and sore throats, es, and reactions to and to reduce fever. also be used to relieve the (arthritis caused by the ag of the joints). The class of medications called a class of medications	F	757	(Intentionally left blank)		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495416	B. WING		03/26/2021	
NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		03/20/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 812 SS=E	https://medlineplus.gm. [3] A loss of brain furth diseases. It affects in judgment, and behas obtained from the with https://medlineplus.getood Procurement, CFR(s): 483.60(i)(1) §483.60(i) Food safe The facility must - §483.60(i) Food safe The facilities from using gardens, subject to safe growing and food facilities from using gardens, subject to safe growing and food from consuming food from consuming food from consuming food Safe Food in according to the facility of the food in according to the facility of the facility	ained from the website: gov/ency/imagepages/8844.ht nction that occurs with certain memory, thinking, language, vior. This information was ebsite: gov/ency/article/000739.htm. Store/Prepare/Serve-Sanitary n(2) ety requirements. ure food from sources ered satisfactory by federal, ities. food items obtained directly s, subject to applicable State gulations. hes not prohibit or prevent produce grown in facility compliance with applicable od-handling practices. hes not preclude residents ds not procured by the facility. et, prepare, distribute and lance with professional	F 79		s in the ce with staff on food monitor dis not shelf gs will or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495416	B. WING		03/26/2021
NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 812	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 8	DEFICIENCY)	OT NATE
	from the walk-in refi On 03/24/2021 an ii OSM # 1. After revi Storage Guidelines' above items found i refrigerator, OSM #	nterview was conducted with lew of the facility's "Food ' and the observation of the			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X3)	(X3) DATE SURVEY COMPLETED	
		495416	B. WING _			03/26/2021	
NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 812	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 41 asked to describe the process to prevent expired food items being available for use OSM # 1 stated that the facility's sous-chef and lead cook conduct inspections of food items every Friday and look for expired items and ensure that there are correct dates on all food items. The facility policy "Food Storage Guidelines. [Version 04.2018]" documented in part, "Food or Product. Sauces (soy, Steak, ect)." Under "If Unopened" it documented, "1 [one] year." Under "After Opening" it documented, "2 [two] months refrig [refrigerated]." On 03/25/2021 at approximately 10:40 a.m., ASM [administrative staff member] # 1, director of continuing care and ASM # 2, director of nursing, were made aware of the findings. No further information was provided prior to exit.		F8	(Intentionally left blan	ık)		