

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/11/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELVOIR WOODS HEALTH CARE CENTER AT THE FA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	<p><b>Non Compliance</b></p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE is not met as evidenced by: 12VAC5-371-140. Policies and procedures Cross reference to F880</p> <p>12VAC5-371-180. Infection control Cross reference to F880 Nursing Services 12VAC5-371-220 A, C.1 cross reference to F686</p> <p>F558 cross referenced to state regs, no crosswalk found. F-695 cross reference to state reg 12 VAC 5-371-220 (D) .</p>	F 001	<p>A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> <li>- Upon receipt of the concern by survey team, resident #93 was assessed and has since been monitored for any signs or symptoms of infection. No signs or symptoms reported or identified at this time.</li> <li>- Upon receipt of the concern by survey team, community's DNS provided immediate corrective education for LPN #2 regarding infection control measures while administering medication.</li> </ul> <p>B. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> <li>- The team member identified (LPN #2) was individually educated on infection control measures related to administering medication, including hand hygiene and disinfecting of surfaces.</li> <li>- The team member (LPN #2) also went through additional medication administration observation with facility's DNS to confirm understanding and compliance with infection control measures after the education on 08/24/21 and she passed.</li> </ul> <p>C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>- Root Cause Analysis (RCA) was conducted on 8/24/21 with assistance from facility's Infection Preventionist and QAPI Committee along with front line nurses. The RCA came up with the following intervention plans.</li> <li>- DNS and/or designee will educate all nurses on proper infection control measures while administering medication, including hand hygiene and disinfecting of surfaces.</li> <li>- All nurses will go through medication administration observation by DNS and/or designee to confirm understanding and compliance with proper infection control measures while administering medication.</li> <li>- Medication administration observation for all new hires (regardless of their experience) prior to working on the floor as a part of orientation program.</li> <li>- The new hires will also go through random medication administration observation during their 90 day period to confirm the compliance.</li> </ul> <p>D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> <li>- DNS and/or designee will conduct random medication observation beginning week of 08/23/21 weekly for 3 months to confirm medications are administered in accordance with appropriate infection control measures. Issues identified will be addressed and resolved along with refresher training as needed.</li> <li>- Administrator and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</li> <li>- During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</li> <li>- The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</li> </ul>	<p>8/11/21</p> <p>8/11/21</p> <p>8/11/21</p> <p>8/24/21</p> <p>8/24/21</p> <p>8/24/21</p> <p>8/31/21</p> <p>9/16/21</p> <p>8/24/21</p> <p>8/24/21</p> <p>8/27/21</p>

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

*[Signature]*

TITLE

Administrator

(X8) DATE

08/31/2021

STATE FORM

6599

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If continuation sheet 1 of 1

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