State of Virginia

F 001 Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and procedures Cross reference to F880 12VAC5-371-180. Infection control Cross reference to F880 Nursing Services 12VAC5-371-220 A, C.1 cross reference to F686 F558 cross referenced to state regs, no crosswalk found. F-695 cross reference to state reg 12 VAC 5-371-220 (D). F 001 A Address how correction action will be accomplianed for those residents found to have been affected by the deficient practice: - Upon receipt of the concern by survey leam, community's ONS provided immediate orar septine of any eigns or symptoms of infection. No legis or symptoms reported or identified at this time Upon receipt of the concern by survey leam, community's ONS provided immediate orar septine or synchrons of the state Upon receipt of the concern by survey leam, community's ONS provided immediate orar septine or any eigns or symptoms of infection. No legis or symptoms or prepared or identified at this time Upon receipt of the concern by survey leam, community's ONS provided immediate orar synchrons for any eigns or symptoms of infection. No legis or symptoms of infection control measures and calculation. No legis or symptoms of infection control measures related to administration deciration. B, Address how the facility will identify other residents having the potential to be affected by the same deficient practice: - The learn member (LPN #2) also went through additional medication administration deciration. Interest in infection control measures while the orar infection control measures while the orar potential to be affected by the sentence or infection control measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: - Root Cause Analysis (RCA) was conducted on 82/4/21 with assistance from facility and facility and facility. Infection control measures while administration proper infecti	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
BELVOIR WOODS HEALTH CARE CENTER AT THE FA 9160 BELVOIR WA 22080 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (RECH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOOT Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and procedures Cross reference to F880 Nursing Services 12VAC5-371-180, Infection control Cross reference to F880 Nursing Services 12VAC5-371-220 A, C.1 cross reference to F686 F558 cross referenced to state regs, no crosswalk found. F-695 cross reference to state reg 12 VAC 5-371-220 (D). BELVOIR WOODS PKWY FORT BELVOIR, VA 22080 PROVIDER'S PLAN OF CORRECTION (RACH CORRECTIVE ACTION SHOULD BE CAMPLET TO THE APPROPRIATE DATE OF COMPLETE TO THE APPROPRIATE DATE OF COMPLETE TO THE APPROPRIATE DATE OF COMPLETE TO THE APPROPRIATE COMPLET			VA0028	B. WING			2021	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PROFIT TAG REGULATORY INFORMATION PROFI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9160 BELVOIR WOODS PKWY							
The facility was out of compliance with the following state licensure requirements: Upon receipt of the concern by survey learn, resident #33 was assessed and has since been monitored for any sign or symptoms of infection. No signs or symptoms reported or featingfield at this time. No signs or symptoms of infection. No signs or symptoms reported or featingfield at this time. No signs or symptoms of infection. No signs or symptoms of infection. No signs or symptoms propried or propried in the state of the concern by survey learn, community's DNS provided immediate corrective education for LPN #2 reparting infection control cross reference to F880 12VAC5-371-180. Infection control Cross reference to F880 Nursing Services 12VAC5-371-220 A, C.1 cross reference to F686 F558 cross referenced to state regs, no crosswalk found. F-695 cross reference to state regs, no crosswalk found. F-695 cross reference to state regs, no crosswalk found. F-695 cross reference to state regs 12 VAC 5-371-220 (D). F558 and of segret even will be put into place or systemic changes made to ensure that the deficient practice will not recur. R24/21 and she passed. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. R64/21 and she passed. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. R74/21 and she passed. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. R74/21 and she passed. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. R74/21 and she passed. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. R74/21 with assistance from facilitys infection promises. R74/21 intraces will go through medication administration observation by DNS and/or designe	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
- 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 measules. Issues identified will be addressed and resolved along with refresher training as needed. - Administrator and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months. - 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. - 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.		The facility was out of following state licensus. This RULE: is not me 12VAC5-371-140. Pol Cross reference to F8 12VAC5-371-180. Infectors reference to F8 Nursing Services 12VAC5-371-220 A, CF558 cross reference crosswalk found. F-695 cross reference crosswalk found.	et as evidenced by: dicies and procedures detailed and	F 001	found to have been affected by the deficient practica: - Upon receipt of the concern by survey learn, resident #s and has since been monitored for any signs or symptoms No signs or symptoms reported or identified at this time. - Upon receipt of the concern by survey tearn, community immediate corrective education for LPN #2 regarding infer measures white administering medication. B. Address how the facility will identify other residents have to be affected by the same deficient practice: - The tearn member identified (LPN #2) was individually a infection control measures related to administering medical hand hygiene and disinfecting of surfaces. - The tearn member (LPN #2) also went through additions administration observation with facility's DNS to confirm u and compliance with infection control measures after the 08/24/21 and she passed. C. Address what measures will be put into place or system made to ensure that the deficient practice will not recur: - Root Cause Analysis (RCA) was conducted on 8/24/21 from facility's Infection Preventionist and QAPI Committee front line nurses. The RCA came up with the following into DNS and/or designee will educate all nurses on proper measures while administering medication, including hand disinfecting of surfaces. - All nurses will go through medication administration observation during their 90 day period to confirm the compliance infection control measures while administering medication a observation during their 90 day period to confirm the compliance infection administration observation for all new hires (their experience) prior to working on the floor as a part of program. - The new hires will also go through random medication a observation during their 90 day period to confirm the compliance with the facility plans to monitor its performance that solutions are sustained: - DNS and/or designee will conduct random medication issues identified will be addressed and resolved along will training as needed. - Administrator and/or designee will report results	23 was assessed a of infection. 2's DNS provided oction control oction, including all medication inderstanding education on oction octi	8/11/21 8/11/21 8/24/21 8/24/21 8/31/21 9/16/21 8/24/21	

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



