STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495211	A. BUILDING _____ B. WING _____	R-C 03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTHCARE CENTER	8111 TISWELL DRIVE ALEXANDRIA, VA 22306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{E 000}	Initial Comments	{E 000}		
{F 000}	. INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the COVID-19 Focused Infection Control survey and Abbreviated (complaint) survey conducted on 1/26/2021 through 1/28/2021 was conducted 3/3/2021 through 3/4/2021. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated during the survey. The survey sample consisted of 3 residents. The census in this 130 certified bed facility was 95 at the time of the survey.	{F 000}		
{F 689} SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, facility documentation review, and in the course of a revisit to a complaint investigation, the facility staff failed to mitigate a fall hazard for 1 resident (Resident #101) from a sample of 3 Residents.	{F 689}	1. Fall interventions for resident #101 are in place, and resident continues on 1:1 supervision at this time. 2. On an as-needed basis, the facility will implement 1:1 supervision for 24 hours, then re-evaluate continuing need for this	3/29/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/20/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 689}	Continued From page 1 The findings included: Resident #101 fell twice on 2-23-2021. The Resident first fell at approximately 6:30 p.m. on 2-23-2021, sustaining no injury, and was then placed back in bed unattended and fell again at approximately 9:15 p.m. sustaining a head injury with hematoma and swelling requiring an emergency room visit and evaluation. No fall mats were at the bedside for the second fall. Resident #101 was admitted to the facility on 3-15-2019. The Resident's most recent MDS assessment was an Annual MDS (minimum Data Set) dated 1-2-2021. The document revealed that the Resident required extensive assistance, or was totally dependent for all activities of daily living with 1 to 2 staff member assistance. The Resident was always incontinent of bowel and bladder. The Resident was severely cognitively impaired and not able to complete a Brief Interview for mental status (BIMS) assessment. During initial tour of the facility On 3-3-21 at approximately 1:00 P.M., Surveyor C observed Resident #101's room. There was a scoop mattress on the bed and a fall mat on each side of the bed. Resident #101 was not in the room at the time. At approximately 1:05 P.M., an interview with Certified Nursing Assistant A (CNA A) was conducted. When asked about the recent falls, CNA A stated that she tries to toilet [Resident #101] three times on her 8-hour shift. CNA A also stated that Resident #101 is incontinent of urine and incontinent of bowel. CNA A stated [Resident #101] fell when she was trying to get up by herself. The Residents care plan was reviewed and	{F 689}	level of supervision. 100% audit conducted on all residents, to identify any residents that have the potential to be affected by the alleged deficient practice: - Determine if established fall precautions and protocols were followed. - Residents'□ fall-risk assessments to identify residents at risk for falls. - Residents'□ care plans to ensure appropriate interventions for falls are in place. - Residents'□ Kardex to ensure staff are aware of interventions. 3. Director of Nursing/Designee in-serviced all Licensed Nurses and CNAs on the following policies and procedures related to resident falls: - Fall Prevention Program. - Steps to take after a fall has occurred. - Ensure fall/safety interventions are in place for residents. - Appropriate fall interventions after a fall to reduce risk of injury. - Documentation of all required details of fall. - Obtain statements after every fall. - CNAs check kardex for resident fall/safety interventions. Director of Nursing/Designee in-serviced all non-nursing staff on related procedures and expectations with regards to: - Monitoring the environment for fall-risk hazards, to ensure a safe environment for all staff and residents. - Responding to call lights in a timely manner.	

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{F 689}	Continued From page 2 revealed that the Resident was confused, had a history of falls with serious injury, and was care planned for the use of the following interventions; Scoop mattress, fall mats beside the bed, protective helmet while out of bed, and the bed was to be kept in low position. Nursing progress notes were reviewed for the Resident, and revealed the following; 2-23-21 at 2:56 a.m., "Resident alert with numerous episodes of confusion, had Resident in hallway monitoring and safety precaution being maintained. Reoriented resident back to wheelchair during several attempts of getting out of bed or from wheelchair. Cam boot on fractured ankle and intact. Awake and lying in bed was agitated and restless for hours. writer and nursing assistants took turns with monitoring resident on tour. Safety precaution maintain,..." 2-23-21 at 7:38 p.m., "COMS (R) Post fall evaluation" - "2-23-21 6:30 p.m., fall was not witnessed...." 2-23-21 at 7:57 p.m., "COMS (R) Post fall evaluation" - "2-23-21 7:57 p.m., fall was not witnessed, safety evaluation not completed, Resident noted on floor...transferred back to bed...." After the first unwitnessed fall the Resident then was placed in bed at 6:30 p.m., and fell again at 9:15 p.m. after being incontinent. 2-23-21 at 10:12 p.m., "Notified about fall, this is residence (sic) (resident's) 2 fall (sic) (second fall), she now has a large hematoma on forehead, hematoma is approximately 4 inches	{F 689}	- Observing a resident that has fallen or is at risk for falling. 4. Director of Nursing/Designee will conduct daily audits Monday-Friday x 8 weeks of all current residents fall documentation, as well as all new admissions, to ensure fall documentation and interventions are in place. Designated Ambassadors within non-nursing departments will conduct regular checks of their assigned High Fall Risk Residents to ensure all respective interventions are in place, immediately notifying a member of Nursing Management regarding any items not in place so it can be corrected in a timely manner. Results of these audits will be presented at both the weekly Risk Management Meeting and monthly QAPI Committee Meetings x3 months for their review and recommendations.	

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{F 689}	Continued From page 3	{F 689}		

wide...transport to ER (emergency room) for evaluation."

2-24-21 at 01:50 a.m., "COMS (R) Post fall evaluation" - "2-23-21 9:15 p.m., fall was not witnessed, hematoma to right center of forehead, did injury occur, yes, did fall result in ER visit/hospitalization , yes, was fall mat beside bed, no, was Resident incontinent, yes, fall with head trauma, transport to ER (emergency room)..."Resident now on one to one.

On 3-3-21 staff interviews were conducted in person and onsite from 10:30 a.m., through 3:30 p.m., and revealed the following;

Certified Nursing Assistant CNA (A) - stated "we started having group activities so (name) Resident #101 is not stuck in her room, we try to toilet her 3 times during a shift. She is incontinent of urine, and that's why she falls trying to get up, she's in a wheelchair."

Licensed Practical Nurse LPN (A) - stated "she forgets she has a broken ankle and tries to walk, she is very demented and only knows her name. She can't be redirected. After she broke her ankle she has had 2 falls and is one to one now."

Licensed Practical Nurse LPN (B) - stated "I was only here for her first fall, then I left for the day as my shift was over. She had been sitting in her wheelchair eating dinner and was found on the floor, it was an unwitnessed fall. She is too confused to be redirected. We put her to bed, and I told the CNA coming in to keep walking by her room and checking on her, after the second fall that day they started using sitters."

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{F 689}	Continued From page 4	{F 689}		

On 3-4-21 at 10:45 a.m., a survey team meeting was held with the Administrator and DON (Director of Nursing).

The DON stated "All of our interventions for falls are on the Resident's care plans". When asked what the course of events are after a Resident falls, the DON replied "We supervise, assess the Resident, write a plan in the care plan, and educate staff on the change." "The falling star program was discussed for only frequent fallers on 2-23-21, and put in place on 2-25-21." "Sitters are put in place by the Nursing supervisor when someone falls, and then she calls me to decide if it is to be continued and the duration of the sitter." "Cost is no issue for the facility, and only some Residents have sitters, it's individualized."

The facility Fall Protocol and policy were requested and supplied. Review of the facility documents revealed the following:

Policy "It is the policy of this facility to promote resident centered care by providing a fall risk observation upon admission, quarterly, and following any fall that occurs." Procedure: 1. Complete the fall risk observation found in the electronic medical records." 2. Institute appropriate precautions that are individualized to the resident needs."

On 3-3-21 at the end of day meeting at 4:45 p.m., Resident #101's falls were reviewed with the Administrator and Director of Nursing (DON). They stated that the Resident had been placed on the "Falling Star program" on 2-25-21 which was for residents who were described as "frequent fallers". The Administrator and DON were asked to provide investigations and statements by staff

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{F 689}	Continued From page 5 of the falls and precipitating and mitigating information, none were received.	{F 689}		