

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/01/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/14/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOODWIN HOUSE ALEXANDRIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4800 FILLMORE AVE ALEXANDRIA, VA 22311</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) COMPLETION DATE
E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 10/12/2021 through 10/14/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.  INITIAL COMMENTS	F 000			
F 812 SS=E	An unannounced Medicare/Medicaid standard survey was conducted 10/12/21 through 10/14/21. No complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.  The census in this 80 bed certified facility was 71 at the time of the survey. The survey sample included twenty-three current resident reviews and two closed record reviews.  Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812			11/18/21

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

TITLE

(X6) DATE

Electronically Signed

10/28/2021

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 812	<p>Continued From page 1</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility document review it was determined facility staff failed Store, food in accordance with professional standards for food service safety in one of eight kitchens observed, Powell small house kitchen.</p> <p>The facility failed to dispose of plain Greek yogurt with a best by date of 9/19/21 and honey mustard dressing with a use by date of 1/13/21 located on the Powell small house kitchen.</p> <p>The findings include:</p> <p>On 10/12/2021 at approximately 1:30 p.m., an observation was made of the Powell small house kitchen in the facility. Observation of the French door refrigerator located in the kitchen area revealed an unopened 32 ounce container of plain Greek yogurt. The container was observed to have the manufacturers date documenting "Best by 19 Sept 2021." Observation of the standing side by side refrigerator/freezer located in the pantry area of the Powell small house kitchen revealed a one gallon container of honey mustard dressing approximately one-quarter full. The container was observed to have a manufacturer's date of "mfg: 21/Jan/2020" with a facility label documenting "prep date: 12/13/20, Use by: 1/13/21."</p> <p>On 10/12/2021 at 1:44 p.m., an interview was conducted with CNA (certified nursing assistant)/Care Partner #1. CNA #1 stated that</p>	F 812	<ol style="list-style-type: none"> <li>1. To correct the deficient food storage practices in Powell Small House - Dining Services staff, under the direction of the Dining Services Director, the kitchen pantries, refrigerators and freezers have been checked for expired food and items were discarded. Staff members who work in this kitchen have been reminded of the proper storage procedures and for when to discard expired items.</li> <li>2. All residents have the potential to be affected by the deficient practice.</li> <li>3. To ensure these deficient practices will not recur. Dining Services staff in the Small House Health Care Center, Care Partners and Nurses will be re-educated on food handling policies and procedures including when to discard foods, labeling and sanitary storage of food items.</li> <li>4. To ensure solutions are sustained, the Sous Chef or designee will audit 2 kitchens per week for 4 weeks. Ongoing monitoring by the Sous Chef or designee will be conducted by auditing one kitchen each week for the following 3 months. Results will be reviewed by the Quality Assurance Committee.</li> <li>5. Corrective Action Plan will be completed by 11-18-2021.</li> </ol>		

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F 812	<p>Continued From page 2</p> <p>they worked in the Powell small house kitchen serving resident meals and maintaining the kitchen area. CNA #1 stated that they checked for expired items each morning prior to breakfast and the night shift staff also checked for any expired items or food items that may have gone bad. CNA #1 observed the 32 ounce container of plain Greek yogurt and stated that they used the manufacturer's best by date on the container as the date to discard items. CNA #1 stated that the container with the best by date of 19 Sept 2021 should have been discarded and not available for use in the refrigerator. CNA #1 observed the one gallon container of honey mustard dressing with the label documenting use by 1/13/21 and stated that they only kept dressings for one month after opening and they were not sure how that container was not caught during their checks. CNA #1 stated the container was approximately one-quarter full.</p> <p>On 10/13/2021 at 3:07 p.m., an interview was conducted with OSM (other staff member) #1, executive chef and OSM #2, the director of dining. OSM #2 stated that they had checks in place to ensure expired items were removed promptly. OSM #2 stated that the cooks came in and checked the kitchens once a day and the overnight care partner staff had a checklist in place to complete. OSM #2 stated that any opened refrigerated items were dated when opened. OSM #2 stated that they dated the one gallon dressing containers with the first day of prep and then a one month use by date. OSM #2 stated that some of the products did not come with an expiration date or a best by date and that was the reason for their labeling system. OSM #2 stated that products that had a best by date from the manufacturer were discarded on that</p>	F 812			

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F 812	<p>Continued From page 3</p> <p>date. OSM #2 stated that they used the best by date as the expiration date.</p> <p>On 10/13/2021 at approximately 3:15 p.m., a request was made to OSM #1 and OSM #2 for the manufacturer's recommendations for shelf life storage of the one gallon honey mustard dressing after opening and for the best by dates on the plain Greek yogurt.</p> <p>On 10/13/2021 at 4:20 p.m., OSM #1 stated that they had checked with the manufacturer regarding the one gallon dressing containers and they did not provide any specific guidelines for shelf life after opening so they followed their policy of discarding after one month. OSM #1 stated that the manufacturer also did not have any specific guidelines for use regarding the best by dates and both items should have been discarded prior to 10/12/2021.</p> <p>On 10/13/2021 at approximately 10:00 a.m., a request was made to ASM (administrative staff member) #2, the director of nursing for the facility policy on storage of refrigerated food items in the kitchen.</p> <p>The facility policy "Intake and Storage of Food" dated 4/1/2017 documented in part, "...Before use food will be checked for expiration date and discarded if expired..."</p> <p>On 10/13/2021 at approximately 4:45 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p>	F 812			