PRINTED: 05/24/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		405000	B. WING		С
NAME OF D		495099	D. WING _	OTDEET ADDRESS SITE OF THE SID SORE	05/05/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET	
FAIRFAX	REHABILITATION AND N	IURSING CENTER		FAIRFAX, VA 22030	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
E 000	Initial Comments		E 00	00	
F 000	survey was conducte 5/5/2022. The facility compliance with 42 C	was in substantial CFR Part 483.73, g-Term Care Facilities.	F 0	00	
	and complaint survey through 5/5/2022. Co compliance with 42 C Term Care requireme survey/report will follor investigated during the substantiated with de substantiated with de substantiated without substantiated without unsubstantiated without unsubstantiated without unsubstantiated without unsubstantiated without unsubstantiated without unsubstantiated without without the substantiated without unsubstantiated without unsubstantiated without without the substantiated without the substantiated without the substantiated without the substantiated without the substantial substantiated without the substantiated with substantiated without the substantiated without the substantiate	edicare/Medicaid standard was conducted 5/3/2022 corrections are required for CFR Part 483 Federal Long ents. The Life Safety Code low. Eight complaints were ne survey, VA00054214-efficiency, VA00053005-efficiency, VA00050870-efficiency, VA00050445-lout deficiency, VA00050446-lout deficiency, VA00050383-efficiency and VA00050151-efficiency.			
F 550 SS=D	183 at the time of the consisted of 42 currer closed record reviews Resident Rights/Exer CFR(s): 483.10(a)(1)(1)(1)(1)(1)(1)(2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	rcise of Rights (2)(b)(1)(2) Rights. ght to a dignified existence, and communication with and	F 5:	50	6/15/22
I ARODATODY	outside the facility, including this section.	cluding those specified in	=	TITLE	(X6) DATE

Electronically Signed 05/18/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495099	B. WING		C 05/05/2022	
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/00/2022	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 550	with respect and dig resident in a manner promotes maintenar her quality of life, recindividuality. The fact promote the rights of \$483.10(a)(2) The faccess to quality car severity of condition must establish and repractices regarding provision of services residents regardless. \$483.10(b) Exercises The resident has the rights as a resident or resident of the Unity \$483.10(b)(1) The fact resident can exercise interference, coercion the facility. \$483.10(b)(2) The refree of interference, reprisal from the fact rights and to be supplexercise of his or he subpart. This REQUIREMEN by: Based on observation document review and the resident review and the supplement of the supplement review and the supplement review a	ity must treat each resident nity and care for each and in an environment that are or enhancement of his or cognizing each resident's sility must protect and a the resident. Incility must provide equal are regardless of diagnosis, are payment source. A facility maintain identical policies and transfer, discharge, and the are under the State plan for all of payment source. Of Rights. A right to exercise his or her of the facility and as a citizen ited States. Incility must ensure that the each is or her rights without an, discrimination, or reprisal desident has the right to be coercion, discrimination, and ality in exercising his or her ported by the facility in the rights as required under this T is not met as evidenced on, staff interview, facility d in the course of complaint	F 55	1. Resident #76 was re-assessed o 05/03/2022. Resident (#76) had care needs met.	n	
	interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced			05/03/2022. Resident (#76) had care		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495099	B. WING _			0	5/05/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE			
FAIDEAVI	DELIABII ITATION AND I	AUDONO CENTED		10701 M	AIN STREET			
FAIRFAX	REHABILITATION AND I	NURSING CENTER		FAIRFA	X, VA 22030			
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F 550	Continued From pag	e 2	F 5	550				
		d to respond to Resident #		and bein exac	uring quality of life, maintaining respect for residents including ag re-directed during behavior control times such as yelling	when		
	76's (R76) vocalizati		Res	alizing. ident #419 was re-assessed on	1			
	(R76) was admitted to the facility with a diagnosis that included by not limited to: slurred speech.			I	04/2022. Resident #419 had no ative outcome noted.			
	On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 03/24/2022, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident is severely impaired of cognition for making daily decisions.			edud dign inclu durii lay i whe	Employees #2, #10, were provided re- education on the importance of ensuring dignity, rights and respect for residents including sleeping when out of bed or during mealtimes in public view. Offer to lay in bed and/or honor rights to stay up in wheelchair and update care plan to their preferences and offer activity preferences			
	observations from th room revealed vocal (R76) appeared to in assistance. Visual o outside of (R76's) ro nursing assistant) #	p.m., auditory (hearing) e hallway outside of (R76's) izations/yelling coming from dicate a need for attention or bservation from the hallway om revealed CNA (certified 16 walking past (R76's) room alizing/yelling without going respond to (R76).		2. the verif the l an a Man slee	Audit of current residents that nursing station will be conducted fy activity preferences are offered Director of Activities or designed audit will be conducted by the Unager or Manager to verify resident pring at nursing station or during altime in public view will be offer	n. sit at d to ed by e and nit ent⊡s		
	observations from th room revealed vocal (R76) appeared to in assistance. Visual o outside of (R76's) ro OSM (other staff me assistant, walking pa were vocalizing/yellir room to respond to (,		lay of their An of nurse voca foun provers and, 3. proverse their contractions of their	down and care plan will be updated as seeping preferences in wheel observation audit conducted on sing units to ensure no residents alizing/yelling for assistance and ded the staff went into the roor yide assistance to meet their color needs. Facility Educator or designee wide in-service to facility staff on	ated to chair. all s were d if n to ncerns		
	On 05/03/22 at 2:07	PM p.m., auditory (hearing)		resid	dents□ right to receive respect	and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495099	B. WING _			1	C / 05/2022
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	00.2022
					0701 MAIN STREET		
FAIRFAX I	REHABILITATION AND N	IURSING CENTER			FAIRFAX, VA 22030		
	OLUMBA A DV OT	ATEMENT OF DEFICIENCIES			·		0.00
(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 550	Continued From page	e 3	F 5	550			
	observations from the	e hallway outside of (R76's)			dignity including residents when		
		zations/yelling coming from			vocalizing/yelling to respond to meet th	eir	
		dicate a need for attention or			needs. Ensuring residents are not left		
		oservation from the hallway			sleeping/eating while in public view, of	er	
		om revealed CNA # 16			to lay down and care plan updated to		
		room while they were			include resident ☐s sleeping preference	es	
	vocalizing/yelling with	nout going into (R76's) room			in wheelchair. Staff will understand the		
	to respond to (R76).				care plan includes the resident□s activ	ity	
					preferences and should offer their activ	ity	
	On 05/03/22 at 2:14 p	o.m., auditory (hearing)			preferences as interested. The Director	r of	
	observations from the	e hallway outside of (R76's)			Activity and the activity staff will be		
		zations/yelling coming from			in-serviced by the Administrator on the		
	(R76) appeared to indicate a need for attention or				process for identifying and offering		
		oservation from the hallway			resident□s activity preferences and		
	• •	om revealed LPN (licensed			updating the care plan regarding their		
		walking past (R76's) room			activity preferences.		
		lizing/yelling without going					
	into (R76's) room to r	espond to (R76).			4. Observation audits will be conduct		
					by the unit managers or designee to ve	rify	
		m., an observation revealed			residents are not vocalizing/yelling for		
		d (R76's) room and asked			assistance, sleeping up in wheelchair o		
		d to go back to bed, (R76's)			during meals unless their preference is		
	vocalized and LPN #	11 assisted them to bed.			sleep up in wheelchair weekly x 4 weel then monthly x 2. The Director of Activi		
		proximately 1:40 p.m. an			will audit resident s that sit at the nurs	ing	
	interview was conduc	cted with LPN # 11 regarding			station have their activity preferences		
	the above observatio	ns. LPN # 11 stated that			offered weekly x 4 then monthly x 2. The	ne	
	they should have che	cked on (R76) when they			audit findings will be reviewed and/or		
		g because they could be in			revised in the QAPI (Quality Assurance	;	
	need of incontinence				Improvement Committee) meeting		
	something else. Whe				monthly for the next 3 months.		
		dent to wait 25 minutes to be					
	•	11 stated that (R76) should					
		that long. When asked why					
		spond when they hear a					
	•	ud enough to be heard from					
	-	stated that the resident's					
	need can be met. Who walk by (R76's) room	hen asked if was dignified to when they were					

NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER PARPAX, VA 22030 STREET ADDRESS, CITY, STATE, 2IP CODE 10791 MAIN STREET FAIRPAX, VA 22030 SUMMARY STATEMENT OF EPROCEDED BY FULL RESULATORY OR I.S.C. IDENTIFYING INFORMATION) F 550 Continued From page 4 vocalizinglyelling out LPN # 11 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with CNA # 16 regarding the above observations. CNA # 16 stated that they should have checked on (R76). When asked if was dignified to walk by (R76's) room when they were vocalizinglyelling out CNA # 16 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with OSM # 17 regarding the above observations. CSM # 16 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with OSM # 17 stated that they were late assisting residents to activities from the same hallway and should have slopped to check on (R76). When asked with yit was important to respond when they hear a resident vocalizing joud enough to be heard from the hallway OSM # 17 stated that the resident may need something, be in pain or could be an emergency. When asked if was dignified to walk by (R76's) from when they were vocalizinglyelling out OSM # 17 stated no. The facility's policy 'Quality of Life - Dignity' documented in part, 'I', Residents shall be treated with dignity and respect at all times. 2. "Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth." On 05/04/2022 at approximately 5:15 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of rursing and ASM # 3, vice president of clinical services and ASM # 6, assistant administrator, were made aware of the findings.	I ? · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
FAIRFAX REHABILITATION AND NURSING CENTER FAIRFAX, VA 2030 (XA) 10 (XA) 10 (REGULATORY OR LSC IDENTIFYING INFORMATION) F 550 Continued From page 4 vocalizingly-elling out LPN # 11 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with CNA # 16 regarding the above observations. CNA # 16 stated that they should have checked on (R76). When asked if was displiced to walk by (R76s) room when they were vocalizingly-elling out CNA # 11 stated that they should have checked on (R76). When asked that they they are resident was displiced to walk by (R76s) room when they were vocalizingly-elling out CNA # 16 stated that they should have be a served in the above observations. CNA # 16 stated that they were vocalizingly-elling out CNA # 16 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with OSM # 17 stated that they were late assisting residents to activities from the same hallway and should have stopped to check on (R76). When asked why it was important to respond when they hear a resident vocalizing loud enough to be heard from the hallway OSM # 17 stated that the resident may need something, be in pain or could be an emergency. When asked if was dignified to walk by (R76s) room when they were vocalizingly-elling out OSM # 17 stated with dignity and respect at all times. 2. 'Treated with dignity and respect at all times. 2. 'Treated with dignity and respect at all times. 2. 'Treated with dignity mass the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth." On 05/04/2022 at approximately 5:15 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of unursing and ASM # 8, isselant to the properties of clinical services and ASM # 8, isselant to the properties of clinical services and ASM # 8, isselant to the properties of clinical services and ASM # 8, isselant to the properties of clinical services and ASM # 8, isselant to the properties and ASM # 8, isselant to the properties of clinical			495099	B. WING _			C 05/05/2022		
FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 550 Continued From page 4 vocalizing/yelling out LPN # 11 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with CNA # 16 regarding the above observations. CNA # 16 stated that they should have checked on (R76). When asked if was dignified to walk by (R76's) room when they were vocalizing/yelling out CNA # 16 stated that they should have checked on (R76). When asked if was dignified to walk by (R76's) room when they were vocalizing residents to activities from the same hallway and should have stopped to check on (R76). When asked why it was important to respond when they hear a resident vocalizing loud enough to be heard from the hallway OSM # 17 stated that they were vocalizing/yelling out OSM # 17 stated no. The facility's policy "Quality of Life - Dignity" documented in part, "1. Residents shall be treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity and ASM # 3, vice president of operations, ASM# 4, vice president of operations, ASM# 4, vice president of operations, ASM# 4, vice president of of olinical services and ASM # 6, assistant			NURSING CENTER		10701 MAIN STREET	E	00/00/2022		
vocalizing/yelling out LPN # 11 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with CNA # 16 regarding the above observations. CNA # 16 stated that they should have checked on (R76). When asked if was dignified to walk by (R76's) room when they were vocalizing/yelling out CNA # 16 stated no. On 05/04/2022 at approximately 1:53 p.m. an interview was conducted with OSM # 17 regarding the above observations. OSM # 17 stated that they were late assisting residents to activities from the same hallway and should have stopped to check on (R76). When asked why it was important to respond when they hear a resident vocalizing loud enough to be heard from the hallway OSM # 17 stated that the resident may need something, be in pain or could be an emergency. When asked if was dignified to walk by (R76's) room when they were vocalizing/yelling out OSM # 17 stated no. The facility's policy "Quality of Life - Dignity" documented in part, "1. Residents shall be treated with dignity and respect at all times. 2. "Treated with dignity and respect at all times. 2. "Treated with dignity" means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth." On 05/04/2022 at approximately 5:15 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 3, vice president of othercal services and ASM # 6, assistant	PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETION		
No further information was presented prior to exit.	F 550	vocalizing/yelling ou On 05/04/2022 at apinterview was conduthe above observation they should have chasked if was dignified when they were vocastated no. On 05/04/2022 at apinterview was conduregarding the above stated that they were activities from the sastopped to check on was important to respect to the hallway OSM # 2 may need something emergency. When a by (R76's) room who out OSM # 17 stated. The facility's policy "documented in part, treated with dignity assisted in maintaining self-esteem and self. On 05/04/2022 at apinterview and self. On 05/04/2022 at apinterview and self. ASM # 2, director of president of operation of clinical services a administrator, were in a self.	proximately 1:53 p.m. an cted with CNA # 16 regarding ons. CNA # 16 stated that ecked on (R76). When d to walk by (R76's) room alizing/yelling out CNA # 16 proximately 1:53 p.m. an cted with OSM # 17 observations. OSM # 17 e late assisting residents to ame hallway and should have (R76). When asked why it pond when they hear a oud enough to be heard from 17 stated that the resident g, be in pain or could be an asked if was dignified to walk en they were vocalizing/yelling in o. Quality of Life - Dignity" "1. Residents shall be and respect at all times. 2." means the resident will be and enhancing his or her f-worth." proximately 5:15 p.m., ASM member) # 1, administrator, nursing and ASM # 3, vice ons, ASM# 4, vice president and ASM # 6, assistant made aware of the findings.	F 5	50				

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	ROVIDER OR SUPPLIER REHABILITATION AND) NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	,	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 550	Continued From pa	ge 5	F 55	50		
	#419's (R419's) dig seated in a wheelch public view, during and 5/4/22. On the most recent admission assessmant reference date) of 3 having short term a problems, and as be making daily decision requiring the extensions.	failed to preserve Resident anity by leaving the resident hair, sleeping and eating in the day and evening on 5/3/22 MDS (minimum data set), an hent with an ARD (assessment B/29/22, R419 was coded as hand long term memory being severely impaired for ons. R419 was coded as sive assistance of two staff erring and moving around the				
	sitting in a wheelch adjacent to the nurs was in full public vie p.m., 6:17 p.m.; 5/4 to the front and asleand asleep); 9:23 a table, breakfast une asleep); 9:51 a.m. (12:02 p.m. (nurse president); 1:40 p.m. p.m. (eating dinner). "I stafffor meeting eand social needs r/physical limitations involvement in cogractivities as desired resident's preferred	air outside the dining room, se station and the wheelchair ew: 5/3/22 at 2:08 p.m., 4:35 at/22 at 7:15 a.m. (head bowed eep), 7:51 a.m. (head bowed eep), 7:51 a.m. (head bowed eep), 7:51 a.m. (head bowed eaten, head bowed and (head bowed and asleep); oractitioner examining at 2:17 p.m.; 5:15 p.m.; 6:00 at 7:17 p.m.; 5:15 p.m.; 6:00 at 7:17 p.m.; 5:15 p.m.; 6:00 at 7:17 p.				

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	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER	10	TREET ADDRESS, CITY, STATE, ZIP CODE 0701 MAIN STREET AIRFAX, VA 22030	,		
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION		
F 550	assistant) #2 was in the practice of positivheelchair at or ne public view, for exterior including eating and would not do this. So to be repositioned for breakdown. She standard sumping over in an everybody looking a is going to sleep, the his/her room. She standard the resident. On 5/4/22 at 4:43 purse) #3 was interresident in a wheeled dignified. She state just be sitting in a wespecially out in pursuant of the pursuant of the standard	a.m., CNA (certified nursing nterviewed. When asked about tioning a resident in a ar the nurse station, in full ended periods of time, d sleeping, CNA #2 stated she she stated the resident needed frequently to prevent skin ated: "I would not want to be wheelchair sleeping, with at me." She stated if a resident he resident should be taken to stated this is not dignified for a.m., LPN (licensed practical viewed. She stated leaving a chair in full public view is not d: "I don't think anyone should wheelchair all day long, blic."	F 550	DEFICIENCY			
	stated she did not t sleeping for long pe stated allowing a re does not promote a On 5/5/22 at 12:38 staff member) #1, t director of nursing, president of operati	resident does not. LPN #10 hink R419 was aware of the eriods in public view. She esident to sleep in public view a resident's dignity. p.m., ASM (administrative he administrator, ASM #2, the ASM #3, the regional vice ions, ASM #4 the vice services, and ASM #6, the					

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F 550	Dignity," revealed, in cared for in a manner enhances quality of lift individualityTreated resident will be assist enhancing his or her sometime to the complexity of the c	r policy, "Quality of Life - part: "Each resident shall be that promotes and fe, dignity, respect and with dignity" means the ed in maintaining and self-esteem and self-worth." I was provided prior to exit.	F				0/45/00
F 558 SS=D	S483.10(e)(3) The rig services in the facility accommodation of repreferences except wendanger the health cother residents. This REQUIREMENT by: Based on observation record review, the fact accommodations of rethe call bell [a device pushed to alert staff was within reach for othe survey sample, References in the call bell [a device pushed to alert staff was within reach for othe survey sample, References in the findings include:	sident needs and hen to do so would or safety of the resident or is not met as evidenced in, staff interview and clinical fility staff failed to provide esident needs by ensuring with a button that can be when assistance is needed] one of 55 current residents in	F 5	1. Residen within reach any negative 2. Audit co will be conducall bells are Manager or of the right to reason	Educator or designee will e facility staff on residents onable accommodation by	ave nts nts	6/15/22
		o the facility with a diagnosis		ensuring call	I bells are within residents fety and to enable them to		

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		495099	B. WING _				C 05/2022	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	03/2022	
				10	0701 MAIN STREET			
FAIRFAX	REHABILITATION AND N	IURSING CENTER			AIRFAX, VA 22030			
(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 558	Continued From page	e 8	F 5	558				
	that included by not li	mited to: slurred speech.			for assistance as needed.			
	quarterly assessment reference date) of 03, scored 3 (three) out of interview for mental stresident is severely in making daily decision Status" coded (R76) at extremities (shoulder, On 05/03/22 at 1:54 pt in their room revealed wheelchair toward the Observation of the care	npaired of cognition for is. Section G "Functional as no impairment of upper, elbow, wrist, hand). o.m., an observation of (R76) is foot of the bed. Ill bell revealed it was lying in its bed and out of reach of observation of (R76)			4. Audits will be conducted by the Ur Managers or designee to ensure call b are in within reach weekly x 4, then monthly x 2. The audit findings will be reviewed and/or revised in the QAPI meeting monthly for the next 3 months	ells		
	in their room revealed wheelchair toward the Observation of the cathe middle of resident the resident. Further revealed they were well the comprehensive of 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiate "Interventions/Tasks" Light within reach Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated "Interventions/Tasks" Light within reach Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility. Date Initiated: 03/06/2020 document is a risk for fall as R/T Mobility.	e foot of the bed. Ill bell revealed it was lying in It's bed and out of reach of observation of (R76) ocalizing/yelling. Eare plan for (R76) dated ted in part, "Focus. Resident T (related to) Decreased ed: 03/06/2020." Under it documented in part, "Call						
	observation of (R76) (licensed practical nu							

PRINTED: 05/24/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495099	B. WING				C 05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND N	URSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 03/	03/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 558	to their right hand. We the call bell, (R76) was independently and act when asked if (R76) when informed of obselvated no. When a to place call bell within stated so that they consistence. On 05/04/2022 at approximation (administrative staff or ASM # 2, director of represident of operation of clinical services an administrator, were on the consistent with his or representative (s) when (i) A facility must immore consult with the residual consistent with his or representative(s) when (A) An accident involves the consistent with his or representative (s) when (b) A significant changemental, or psychosocideterioration in health status in either life-throllinical complications (C) A need to alter the a need to discontinue	r bed with the call bell next then asked (R76) to press as able to press the button tivate the call bell system. Was able to reach call bell servation of 5/3/22. LPN # asked why it was important in reach for (R76) LPN uld call for help or servation and ASM # 3, vice as, ASM# 4, vice president d ASM # 6, assistant and aware of the findings. In was presented prior to exit. (iury/Decline/Room, etc.) I)(i)-(iv)(15) Cation of Changes. Rediately inform the resident; ent's physician; and notify, her authority, the resident enthere isving the resident which as the potential for requiring the resident which as the potential for requiring the resident which as the potential for requiring the resident or psychosocial reatening conditions or on; the status (that is, a and the status (the status (that is, a and the status (the status (th		558			6/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495099	B. WING			C 5/05/2022	
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 10701 MAIN STREET FAIRFAX, VA 22030		3/03/2022	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 580	resident from the fac §483.15(c)(1)(ii). (iii) When making not (14)(i) of this section all pertinent informati is available and prov physician. (iii) The facility must resident and the resiwhen there is- (A) A change in room as specified in §483. (B) A change in resid State law or regulation (e)(10) of this section (iv) The facility must update the address (phone number of the representative(s). §483.10(g)(15) Admission to a computate is a composite of §483.5) must discloss its physical configural locations that compripart, and must specific room changes between under §483.15(c)(9). This REQUIREMENT by: Based on resident in facility document reveview, it was determatiled to notify the propractitioner) when mentions.	in of treatment); or insfer or discharge the dility as specified in diffication under paragraph (g), the facility must ensure that son specified in §483.15(c)(2) dided upon request to the dialog promptly notify the dent representative, if any, an or roommate assignment 10(e)(6); or lent rights under Federal or lent rights under Federal or lent as specified in paragraph on. The record and periodically mailing and email) and	F 5	1. Resident #52 medication reviewed, verified medication and administered. There was reaction to his medications be administered late.	available no adverse		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		495099	B. WING				0	
		495099	B. WING _			05/	05/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	CODE			
FAIRFAX I	REHABILITATION AND	NURSING CENTER		10701 MAIN STREET				
174141700		THORSEN SERVER		FAIRFAX, VA 22030				
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE	
F 580	Continued From pa	nge 11	F 5	80				
	staff failed to notify scheduled medicat administration on 4 The findings includ On the most recent admission assessmereference date) of 3	MDS (minimum data set), an nent with an ARD (assessment 3/14/22, R52 was coded as		2. The Pharmacist will comedication reconciliation a resident physician orders to medications are available administration. 3. The Facility Educator Licensed Nurses on the prunavailable medications. In notifying pharmacy for unamedications and notifying pharmacy for unamedications and notifying the productions.	audit on current to verify for will in-service rocess for ncludes available	e all		
	having no cognitive impairment for making daily decisions. R52 was coded as receiving dialysis services and as receiving insulin injections during the look back period. On 5/3/22 at 1:38 p.m., an interview was conducted with R52. R52 stated that during the previous few weeks, they did not receive medications related to diabetes and to dialysis because they were not in the medication cart for the nurse to administer. Review of R52's clinical record revealed the following order with a start date of 3/15/22: "Auryxia (2) Tablet 1 GM (gram) 210 mg Fe (Iron)Give 2 tablets by mouth three times a day for hyperphosphatemia (too much phosphorus in the blood), dialysis pt (patient)." A review of R52's MARs revealed the medication was not available for administration on 4/14/22 at 12:00 p.m. and 5:00 p.m. A progress note dated 4/14/22 documented: "4/14/2022 12:11 p.m. Orders - Administration Note Text: Auryxia Tablet 1 GM 210 MG (Fe)all placed to [name of pharmacy], spoke to [name of pharmacist], stated 'medication will be delivered this evening." Further review of R52's clinical record revealed the following order with a start date of 3/26/22:			medications and notifying unavailable medications in requesting for an alternative applicable and notification of the new medication order documentation on resident record to include the notificand resident/RP. 4. The Unit Manager or or or the second second medication and resident.	ncluding ve medication of resident/R er with ts⊟ clinical cation to MD/	n if RP		
				conduct audits to verify un medications have notificati and to the MD/NP with alter medication ordered if application ordered if application ordered if application if applicable and was administered when average documented on resident weekly x 4 weeks then more audit findings will be review revised in the QAPI meeting the next 3 months.	ion to pharma ernative icable and v order for nd medication vailable and s clinical reco onthly x 2. The wed and/or	ord e		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495099	B. WING		C 05/05/2022	
	REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	03/03/2022	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	BE COMPLETION	
F 580	"Liraglutide (Victoza InjectorInject 1.8 n subcutaneously one mellitus type 2)." A r (medication adminis medication was not on 4/24/22 and 4/26 was at dialysis, and time the medication dated 4/24/22 docur Orders - Administrat Solution Pen-injecto progress note dated "4/26/2022 9:19 p.m Note Text: Liraglutid MG/3MLCall place spoke to [name of pl will be delivered this Further review of R5 the following order w "Trulicity (3) Solution (milliliters) subcutantue (Tuesday) for D and progress note dated documented: "Order Trulicity Solution Pen MG/0.5MLPending pharmacy], spoke to 'medicine will be del was no progress not Trulicity was administance whose instances who	ng (milligrams) time a day for dm2 (diabetes eview of R52's MARs tration records) revealed the available for administration /22. On 4/25/22 the resident was not in the facility at the was due. A progress note mented: "4/24/2022 6:11 p.m. ion Note Text: Liraglutide r 18 MG/3MLpending." A 4/26/22 documented: . Orders - Administration e Solution Pen-injector 18 and to [name of pharmacy], marmacist], stated medicine in the morning." 12's clinical record revealed with a start date of 4/26/22: In Pen InjectorInject 0.5 ml eously one time a day every M2." A review of R52's MAR revealed the medication was ministration on 4/26/22. A 4/26/2022 at 11:08 a.m. s - Administration Note Text:	F 58			

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED
		495099	B. WING _			C 05/05/2022
	OVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 10701 MAIN STREET FAIRFAX, VA 22030	E	00/00/2022
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	DATE
	being available for a A review of R52's carevealed, in part: "Di ordered by the doctor A review of the facility available at all times dispenser for adminity none of the three measuallable on site for R52. On 5/4/22 at 4:43 p.: She stated if a medication cart, she medication cart, she medication dispense available there. She there, she would cal immediate delivery. was for a diabetic, the contacted, and new stated: "A diabetic none Period." She stated in physician notification on 5/5/22 at 12:38 pstaff member) #1, the director of nursing, A president of operation president of clinical sassistant administration concerns. A review of the facility Medications," reveal	related to medications not dministration to R52. re plan dated 3/11/22 abetes medication as or."	F 5	80		

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PLAN OF CORRECTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED		
		495099	B. WING		05/05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00:00:2022
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F 580	ensure that medicat needs of each resid shallNotify the atte situation and explain expected availability are available." No further information REFERENCES (1) "Liraglutide inject diet and exercise proposed in adults and older with type 2 dialet body does not use in cannot control the anough." This informs website https://medlineplus.iml. (2) "Ferric citrate (A blood levels of phose kidney disease who treatment to clean the are not working proposed taken from the website https://medlineplus.iml. (3) "Dulaglutide (Trudiet and exercise proposed in adults with which the body does therefore cannot control control the and exercise proposed in adults with which the body does therefore cannot control control the and exercise proposed in adults with which the body does therefore cannot control the and exercise proposed in adults with which the body does therefore cannot control the and exercise proposed in adults with which the body does therefore cannot control the and exercise proposed in adults with which the body does therefore cannot control the and exercise proposed in adults with which the body does therefore cannot control the and exercise proposed in adults with which the body does therefore cannot control the and exercise proposed in adults with which the body does therefore cannot control the and exercise proposed in adults with which the body does the adults and exercise proposed in adults with which the body does the adults and exercise proposed in adults with which the body does the adults and exercise proposed in adults with which the body does the adults and exercise proposed in adults with which the body does the adults and exercise proposed in adults and exercise proposed in adults with the adults and exercise proposed in adults and exercise pro	ty must make every effort to ions are available to meet the entB. Nursing staff ending physician of the in the circumstances, and optional therapy(ies) that on was provided prior to exit. Ition (Victoza) is used with a ogram to control blood sugar children 10 years of age and obetes (condition in which the insulin normally and therefore mount of sugar in the blood) ions did not control levels well ination was taken from the gov/druginfo/meds/a611003.ht Turyxia) is used to control high phorus in people with chronic are on dialysis (medical ne blood when the kidneys perly)." This information is	F 58	30	

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/00/2022
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 580	Continued From page https://medlineplus.g	ge 15 gov/druginfo/meds/a614047.h	F 58	0	
F 583 SS=D	Personal Privacy/Co CFR(s): 483.10(h)(1 §483.10(h) Privacy a The resident has a r confidentiality of his records. §483.10(h)(l) Person	and Confidentiality. ight to personal privacy and or her personal and medical	F 58	3	6/15/22
	and meetings of fam this does not require private room for eac §483.10(h)(2) The fa residents right to per right to privacy in his	acility must respect the rsonal privacy, including the sor her oral (that is, spoken),			
	the right to send and mail and other letter materials delivered t	ic communications, including If promptly receive unopened s, packages and other to the facility for the resident, wered through a means other e.			
	and confidential pers (i) The resident has of personal and med provided at §483.70 federal or state laws (ii) The facility must Office of the State Lato examine a resider	esident has a right to secure sonal and medical records. the right to refuse the release dical records except as (i)(2) or other applicable . allow representatives of the ong-Term Care Ombudsman int's medical, social, and ds in accordance with State			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495099	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	433033		STREET ADDRESS, CITY, STATE, ZIP CODE		05/05/2022	
FAIRFAX	REHABILITATION AND	NURSING CENTER		10701 MAIN STREET FAIRFAX, VA 22030			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	DATE	
F 583	by: Based on observa document review, i staff failed to prese a physical examina for one of 55 reside Resident #419 (R4 wheelchair in full practitioner (NP) peresident on 5/4/22. The findings includ On the most recent admission assessmere admission assessmere date) of the company of the co	tion, staff interview, and facility the was determined the facility rive a resident's privacy during the strain by the nurse practitioner ents in the survey sample, 19). R419 was seated in a sublic view when the nurse enformed an examination of the entertain the survey sample, 19). R419 was seated in a sublic view when the nurse enformed an examination of the entertain strain s	F 5	1. Resident #419 was not ne affected by the Nurse Practition assessment being conducted a nurse station. 2. ASM #7 was provided 1:1 by the Administrator on dignity personal privacy during physice examination/assessment. 3. NP and MDs will be in-ser Administrator on dignity and perivacy during physical examination/assessment. 4. The Administrator or design conduct observations audits to MD/NP are not performing phy assessments in public view we weeks, then monthly x 2 to ver physical assessment are performed public view. The audit findings reviewed and/or revised in the meeting monthly for the next 3	education and all arviced by ersonal arverify resical eekly x 4 arify no armed in a will be QAPI	the	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ATE SURVEY OMPLETED	
		495099	B. WING _			C 05/05/2022
	ROVIDER OR SUPPLIER	IURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	<u>'</u>	03/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 584 SS=E	was checking on R4' When asked if she re assessments of resic stated she usually se She stated: "It's just I [R419] has been more acknowledged that R preserved by examin view. She stated: "It's this." On 5/5/22 at 12:38 p staff member) #1, the director of nursing, A president of operatio president of clinical s assistant administrate concerns. A review of the facilit Dignity," revealed, in cared for in a manne enhances quality of I individualityStaff sh protect resident priva during assistance wit treatment procedures No further informatio Safe/Clean/Comforta CFR(s): 483.10(i)(1)- §483.10(i) Safe Envir	lg's lower extremity swelling. In gularly performs physical Idents in full public view, she les residents in their rooms. Idents in full public view, she les residents in their rooms. Idents in full public les on the sick end." ASM #7 Idents in full public les the first time l've ever done Image: ASM (administrative les administrator, ASM #2, the Idents in full public les the first time l've ever done Image: ASM #3, the regional vice les and ASM #6, the Idents in full public les the first time l've ever done Image: ASM #4 the vice les and with the services, and ASM #6, the Idents in full public les the first time l've ever done Image: ASM #4 the vice les and ministrator, ASM #2, the Idents in full public les and in first time l've ever done Image: ASM #4 the vice les and	F 5			6/15/22

		IDENTIFICATION NI IMBED:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		495099	B. WING _		0	C 5/05/2022	
	ROVIDER OR SUPPLIER	IURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		5/05/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 584	Continued From page		F 5	84			
	The facility must prov §483.10(i)(1) A safe, homelike environmer use his or her person possible. (i) This includes ensureceive care and serve physical layout of the independence and do (ii) The facility shall entered the protection of the form theft. §483.10(i)(2) Housek services necessary to and comfortable intered for the fing good condition; §483.10(i)(3) Clean being good condition; §483.10(i)(4) Private resident room, as specified in all areas; §483.10(i)(5) Adequate levels in all areas; §483.10(i)(6) Comfor levels. Facilities initiated for the sound levels. This REQUIREMENT by: Based on observation facility staff failed to provide the same and the	clean, comfortable, and at, allowing the resident to all belongings to the extent uring that the resident can vices safely and that the resident passible facility maximizes resident pees not pose a safety risk. Exercise reasonable care for resident's property from loss receping and maintenance of maintain a sanitary, orderly, rior;		Residents on 4th floor dinibeing served meals in a clean homelike environment.			

		(X3) DATE SU COMPLET					
		495099	B. WING _			05/05	/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	CODE	1 00/00/	LULL
				10701 MAIN STREET			
FAIRFAX I	REHABILITATION AND N	IURSING CENTER		FAIRFAX, VA 22030			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD B THE APPROPRIA	_	(X5) COMPLETION DATE
F 584	Continued From page	e 19	F 5	84			
	residents in the fourth	staff provided lunch to n floor dining room without and trash on meal trays dined.		2. An audit was conducted Manager on the 4th floor d ensure meals were remove meal tray and the disposal were removed from the tab discarded in a trash recept	lining room to ed from the ole coverings ole and	0	
	serving 14 residents dining room was condining room was observed removing dessert bowls and play of the beverages. Stand plastic lids on the trash remained or residents dined. On 5/4/22 at 1:27 p.m. conducted with LPN (LPN #1 stated all item be removed from the set aside out of the restated trash articles splastic lids should be they are removed from	n., an interview was (licensed practical nurse) #1. Ins on the food trays should trays and the tray should be esidents' reach. LPN #1 I such as plastic wrap and thrown away as soon as m food and beverages. LPN and trash left on the trays		3. The Facility Educator w 4th floor Licensed Nurses a the process for serving me room, removing meal from and the disposable coverin removed from the table an- trash receptacle to ensure being served meals in a sa comfortable and homelike 4. The Unit Manager or de conduct observation audits of meals on the 4th floor to are not served on the mea disposable coverings are re the table and discarded in receptacle weekly x 4 wee x 2. The audit findings will and/or revised in the QAPI monthly for the next 3 mon	and CNAs of the meal trainings are discarded residents are afe, clean environment of the service of the service at trash ks then mon be reviewed meeting	n ning ny in a e t. ing s e n thly	
	#2. CNA #2 stated for on place mats on the should be unwrapped stacked somewhere a trash should be place as the meal is being s	(certified nursing assistant) ood items should be placed tables, the food items					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495099	B. WING	B. WING		C 05/05/2022	
	ROVIDER OR SUPPLIER	URSING CENTER		10	TREET ADDRESS, CITY, STATE, ZIP CODE 0701 MAIN STREET AIRFAX, VA 22030	1 00,	00/2022
(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 637 SS=D	member) #1 (the adm director of nursing) w above concern. The facility policy title failed to document in above concern. No further information Comprehensive Assection Comprehensive Assection (Comprehensive Assection (Comprehensit Assection (Comprehensive Assection (Comprehensive Assection (Co	n., ASM (administrative staff ninistrator) and ASM #2 (the ere made aware of the d, "Assistance with Meals" formation regarding the n was presented prior to exit. ssment After Signifcant Chg (ii) nin 14 days after the facility have determined, that nificant change in the mental condition. (For n, a "significant change" he or improvement in the will not normally resolve intervention by staff or by red disease-related clinical is an impact on more than ent's health status, and ary review or revision of the is not met as evidenced ord review and staff mined that the facility staff delectronically submit a DS (minimum data set)		637	Resident #33 had a significant chat MDS completed on 5/6/2022 to reflect to change in her starting dialysis.	the	6/15/22
	sample, Resident #33	of 55 residents in the survey 3 (R33). The facility staff ignificant change MDS 3 began receiving			Audit conducted by the MDS Director designee on new dialysis residents to verify a significant change was completed according to the RAI manual.	0	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 637	Continued From page	÷ 21	F 6	37			
F 63/	hemodialysis for chroon 4/6/2022. The findings include: On the most recent Massessment with an Adate) of 2/27/2022, th 15 on the BIMS (brief assessment, indicatin cognitively impaired for Section O did not door dialysis at the time of Review of the clinical R33's MDS assessmentry tracking record 2/22/2022 and an adrompleted on 2/27/20 evidence documentated assessment completed. The physician orders "Dialysis Days/Time: AM every day shift every day shift ever lated to Chronic Kick (severe). Order Date The progress notes for "4/6/2022 11:59 (11:5 for Hemodialysis at 1 phone, fax number of the second sec	IDS, an admission ARD (assessment reference e resident scored 15 out of interview for mental status) g the resident was not or making daily decisions. Sument R33 receiving the assessment. record revealed a list of ents. The list revealed an was completed on mission assessment was 122. The list failed to ion of a significant change ad for R33. for R33 documented in part, Mon, Tue, Wed, Fri at 10:30 rery Mon, Tue, Wed, Fri at 10:30 rery Mon, Tue, Wed, Fri at 10:40 rery Mon, Tue, Wed, Fri at 10:30 rery Mon, Tue, Wed, Fri at	F	537	 The Regional Director of MDS will in-service the MDS Coordinators on the process to open and complete a significant change assessment for new dialysis residents and on residents that have a significant change according to RAI Manual. Audit for Significant Changes for residents with newly started dialysis wibe conducted by MDS Director or designee to verify a Significant Change was completed per the RAI manual weekly x 4 weeks then monthly x 2 months. The audit findings will be reviewed and/or revised in the QAPI meeting monthly for the next 3 months 	e t the	
	well, went with her so resident over and will The comprehensive of documented in part, "	n but denies [sic] took bring her back." are plan for R33					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495099	B. WING _			C 05/05/2022
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F 637	On 5/5/2022 at 2:56 producted with RN (r MDS director. RN #2 change MDS assessive residents for declines self-balancing, sever weight losses. RN #2 would not affect the Aliving) so they would change assessment a stated that they had a R33 starting dialysis. followed the RAI (resinstrument) manual a completing the MDS According to the RAI October 2018, section significant change as no later than the 14th determination that a seriodent's condition on plus 14 calendar days of electronic submission approximately 4/20 documented in part, 'major decline or impristatus that: 1. Will nowithout intervention be standard disease-relative decline is not confirmately more than on health status; and 3. review and/or revision.	e Initiated: 04/04/2022" D.m., an interview was egistered nurse) #2, the extated that significant ments were completed on a in condition that were not extended that hemodialysis aDL's (activities of daily not complete a significant on the resident. RN #2 updated the care plan for RN #2 stated that they ident assessment is their policy/procedure in assessments. Manual, Version 1.16, dated in 2.6 documented that a sessment is to be completed in calendar day after significant change in the ccurred (determination date ion for this assessment on 0/2022. The RAI Manual 'A "significant change" is a overnent in a resident's to normally resolve itself by staff or by implementing ated clinical interventions, sidered "self-limiting"; 2. The area of the resident's Requires interdisciplinary	F6	337		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED C		
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	ROVIDER OR SUPPLIER	NURSING CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/00/2022
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F 637	operations, ASM #4, services, ASM #6 the ASM #8, the regiona aware of the findings	SM #3, the vice president of the vice president of clinical e assistant administrator and I director of MDS were made	F 637		
F 641 SS=D	Accuracy of Assessin CFR(s): 483.20(g) §483.20(g) Accuracy The assessment murresident's status. This REQUIREMENT by: Based on staff interview, and clinical redetermined that the fromplete an MDS (m 55 residents in the staff (R419). The facility staff (R419). The facility staff (R419) interview s	r of Assessments. It is not met as evidenced View, facility document ecord review, it was facility failed to accurately ninimum data set) for one of curvey sample, Resident #419 taff failed to accurately code cus on the 3/29/22 MDS. MDS (minimum data set), an ent with an ARD (assessment 29/22, R419 was coded as d long term memory ing severely impaired for his in Section C. In in section B, R419 was and understood by others, and	F 641	Resident #419 MDS assessment completed on 5/17/2022 to accurately reflect Section B item B0700, C and D interviews of resident s mental status and mood in compliance with RAI mar guidelines. Social Services no longer completes section C and D of the MDS 2. The MDS Coordinators/Designee audit current residents most recent OB MDS item B0700 and C, D interviews ensure all residents have been accura assessed for their BIMS and Mood interviews. 3. The Regional MDS Consultant or designee will in-service the MDS Coordinators and Occupational Theral on the process on conducting interview and the importance of accurate MDS assessment and coding for section B, and D are following the RAI manual coding instructions and documentation	nual S. will BRA to to ttely pists ws

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	_	(X3) DATE COMP	SURVEY LETED
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F 641	Continued From page	e 24	F 6	41			
F 041	interview with all residence and common the resident in the resident in the residence and common the resident in the resident	dents," R419 was coded as sident is rarely/never nunication. The Brief Status interview was not on was signed by OSM #16, a social worker. O, question D0100 I Resident Mood Interview with was coded as zero, meaning never understood for Resident Mood Interview his section was signed by orker. In., RN (registered nurse) #2 is interviewed. She stated ting nurse assess the new and sometimes the speech When asked what it means if an assessment, she stated son completed that certain in., RN #6, an MDS nurse, a stated an MDS nurse	F 6	and accuracy in cassessments. 4. The Facility Macsignee will audion OBRA MDSs for Sand D interviews of 5 assessments then 5 assessment The audit findings	MDS Coordinator or it newly completed Section B item B0700 to verify coding accurs per week x 4 weeks ints monthly x 2 months will be reviewed and PI meeting monthly for	racy ns. I/or	
	(regarding the reside be understood). She usually completed by when she assessed fresident was able to was able to understa On 5/4/22 at 3:10 p.n interviewed. When as in the MDS answers,	nt's ability to understand and stated sections C and D are a social worker. She stated R419 for communication, the communicate with her, and nd what was being said.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	` '	E SURVEY IPLETED
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F 641	who did not appear to stated she sometimes stated she does not between sections C stated she was not a regarding communic consistent throughout that by not interview miss some important that may affect the result of 5/5/22 at 12:38 p staff member) #1, the director of nursing, A president of operation president of clinical states.	ver returned to a resident to be interviewable, she es does, but not always. She check for consistency and D, and section B. She aware that the questions ration needed to be at the entire MDS. She stated ing a resident, she might to be assessment.	F 6	41		
F 655 SS=D	of the Resident Asses "All personnel who con Resident Assessment Certify the accuracy assessment." No further information Baseline Care Plan CFR(s): 483.21(a)(1) §483.21 Comprehent Planning §483.21(a) Baseline §483.21(a) Baseline §483.21(a)(1) The fair implement a baseling that includes the instance of the second control of	on was provided prior to exit.)-(3) sive Person-Centered Care	F 6	55		6/15/22

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 655	that meet profession. The baseline care profession. (ii) Be developed with admission. (iii) Include the minimal necessary to properincluding, but not lirus (A) Initial goals base (B) Physician order (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommunity services. (F) PASARR recommunity services. (ii) Is developed with admission. (iii) Meets the requirest (b) of this section (e) this section). §483.21(a)(3) The resident and their resident and th	onal standards of quality care. Ithin 48 hours of a resident's mum healthcare information rily care for a resident mited to- ed on admission orders. It is. It is. It is	F 658	Resident # 369 is no longer a res of Fairfax Nursing and Rehabilitation a	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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F 655	Continued From page	e 27	F	655			
		tion, the facility staff failed to mary of the baseline care			discharged on 12/28/2020.		
	plan for 1 of 55 reside Resident #369.	ents in the survey sample,			2. An audit will be conducted by Unit Managers for residents admitted as of 5/11/2022 to ensure baseline care plar		
		I to provide a written #369's (R369) baseline ent and/or the resident's			are completed and a copy given to the resident/RP.		
	representative. The findings include:				3. The Facility Educator or designee in-service all licensed and registered nurses responsible for completing the	will	
	_	IDC (minimum data aat)			resident baseline care plan on admissi		
		IDS (minimum data set), an nt with an ARD (assessment			and the baseline care plan is reviewed within 48 hours of admission with care		
		/20/20, the resident scored			plan goals provided to the resident/RP		
		IMS (brief interview for			upon admission.		
		ting the resident was not			upon aumission.		
		or making daily decisions.			4. The Director of Nursing or designe	÷e	
		ischarged from the facility on			will audit new admissions to the facility		
	12/28/20.	,			verify the base line care plan was completed upon admission and will		
	A review of R369's cl	nical record revealed the			include verification that the care plan is	;	
	resident's baseline ca	re plan was initiated on			sign by resident/RP/ nurse or two nurs	es if	
		riew of R369's clinical record			review of care plan was completed via		
		otes and care conference			phone and uploaded into the resident's		
		I the resident and/or the			clinical record and documented a copy		
	T	tive was provided a written			was provided to the resident/RP weekl	y x	
	summary of the care	plan.			4 weeks then monthly x2. The audit		
	On 5/4/22 at 3:31 p.m	an interview was			findings will be reviewed and/or revised the QAPI meeting monthly for the next		
		(other staff member) #4			months.	3	
	(social worker). OSM	,			monuis.		
	, ,	al services departments are					
		ling a copy of baseline care					
		esentatives and residents, if					
	1 -	OSM #4 stated this should be					
		or a care conference note.					
		m., ASM (administrative					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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F 655 F 656 SS=E	(the director of nursin above concern. The facility policy title documented, "4. The representative will be baseline care plan thato: a. The initial goals of b. A summary of the r dietary instructions; c. Any services and tr administered by the facilit d. Any updated inform of the comprehensive No further information COMPLAINT DEFICI Develop/Implement CCFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The face	administrator) and ASM #2 g) were made aware of the d, "Care Plans- Baseline" resident and their provided a summary of the at includes but is not limited the resident; resident's medications and reatments to be acility and personnel acting y; and nation based on the details reare plan, as necessary." In was presented prior to exit. ENCY Comprehensive Care Plan rensive Care Plans collity must develop and		6556			6/15/22
	care plan for each reserved resident rights set for §483.10(c)(3), that incobjectives and timeframedical, nursing, and needs that are identificant assessment. The condescribe the following (i) The services that a or maintain the reside	ames to meet a resident's mental and psychosocial led in the comprehensive nprehensive care plan must					

NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 656 Continued From page 29 B. WING		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER 10701 MAIN STREET 10701 MAIN STREET FAIRFAX, VA 22030			495099	B. WING		C 05/05/2022
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 656 Continued From page 29 PREFIX TAG REGULATORY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 656			NURSING CENTER		10701 MAIN STREET	, 00.00.2022
1 333	PRÉFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR	BE COMPLÉTION
required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's goals for admission and desired outcomes. (B) The resident's goals for admission and desired outcomes. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and facility document review, it was determined the facility staff failed to develop and/or implement the comprehensive care plan for 14 of 55 residents in the survey sample; Residents #98, #144, #50, #132, #85, #147 were assessed, consent obtained, and care plan updated for bedrails on 05/11/2022. Resident #90 Comprehensive Care Plan has been reviewed and initiated to reflect use of antidection,	F 656	required under §483 (ii) Any services tha under §483.24, §48: provided due to the under §483.10, inclutreatment under §48 (iii) Any specialized rehabilitative service provide as a result of recommendations. I findings of the PASA rationale in the resident's represent (iv) In consultation we resident's represent (A) The resident's godesired outcomes. (B) The resident's pfuture discharge. Fawhether the resident community was assolical contact agencientities, for this purp (C) Discharge plans plan, as appropriate requirements set for section. This REQUIREMEN by: Based on observation interviews, and facil determined the facil and/or implement the for 14 of 55 resident Residents #98, #144 #18, #76 #419, #52. The findings include	3.24, §483.25 or §483.40; and at would otherwise be required (3.25 or §483.40 but are not resident's exercise of rights uding the right to refuse (83.10(c)(6)). services or specialized es the nursing facility will of PASARR (If a facility disagrees with the ARR, it must indicate its dent's medical record. with the resident and the tative(s)-locals for admission and oreference and potential for acilities must document at's desire to return to the dessed and any referrals to dies and/or other appropriate prose. In accordance with the rith in paragraph (c) of this of the comprehensive care est, in accordance with the rith in paragraph (c) of this of the comprehensive care plan to the comprehensive care plan to the survey sample; (a), #50, #132, #85, #9, #97, a), #82, #147 and #4.	F 656	1. Resident #98 is no longer a resident this facility. Residents: #144, #50, #132, #85 #147 were assessed, consent obtaine and care plan updated for bedrails on 05/11/2022. Resident #9 Comprehensive Car Plan has been reviewed and initiated to	e to

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F 656	Continued From page	age 30	F	356			
	comprehensive ca for Resident #98.	re plan for the use of bed rails			diagnosis of congestive heart failure at use of compression stockings.	ıd	
	Resident #98 was	admitted to the facility on			Resident #97 order was updated	for	
	1/25/22 with diagn	osis that included but were not			dialysis fistula/graft site to be monitore	d	
		c subdural hemorrhage,			and documented functioning bruit and		
		se, encephalopathy and			thrill each sift.		
	dementia.				Decident #40 care planned was		
	The most recent M	IDS (minimum data set)			Resident #18 care planned was updated to reflect bilateral lower extrer	nity	
		arterly assessment, with an			contracture/interventions.	Tilly	
		reference date) of 2/1/22,			Contracture/interventions.		
	,	t as scoring a 12 out of 15 on			Resident #76 call bell is in reach	and	
		erview for mental status) score,			facility is following the care plan.	ana	
		dent was moderately cognitively			Resident #419 activity preferences we	re	
	_	of the MDS Section			updated, and the facility is following the		
		s coded the resident as			care plan.		
	requiring extensive	e assistance for bed mobility,			Resident #52 is receiving double		
		hygiene and bathing; total			portions of food per physician s order		
	dependence for ea	ating.			and EMAR updated to document fluid		
					intake every shift/24-hour period to ens	sure	
	A review of the cor	mprehensive care plan dated			care plan is followed.		
		d in part, "FOCUS: ADL			Resident #82 PICC line has beer		
	`	iving) self-care performance			discontinued as of 5/5/2022 and no lor	iger	
	deficit related to pl				uses siderails as of 5/11/2022.		
		: Bilateral 1/4 side rails while in					
		oility." A review of the physician			Resident #4 was assessed on	_	
		22, which revealed, "Bilateral			05/03/2022 and no longer has a sidera	II.	
		in bed to enable mobility." The			O Accelit of a construction will be a construction		
		updated at the time of the			2. Audit of care plans will be conducted	ı by	
	priysiciari order no	r prior to the survey start date.			Unit Managers or designee on current residents using bedrails to verify initiating	ion	
	Δn interview was a	conducted on 5/4/22 at 1:35 PM			discontinue or update use of bedrails.	OH,	
		d nurse) #3. When asked the			An Audit of current residents on		
	, -	e plan, RN #3 stated, the			antidepressants, residents with		
		e plan, ran #3 stated, the			congestive heart failure, residents with		
	· ·	e place for the team to see.			contracture, dialysis fistula/graft site to		
		I rails should be on the care			check for bruit and thrill, PICC line, cal		
		I, yes, the bed rails should be			bells in place, activity preferences, fluid		

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F 656	656 Continued From page 31 F 656		56				
	plans yesterday.	dated these resident's care , ASM (administrative staff		restrictions, double portion ted hose to be conducted designee to verify the care and/or updated or disconti	by MDS or e plan is initia		
	member) #1, the adm regional vice presider the vice president of a #6, the assistant adm of the above concern The facility's "Proper	inistrator, ASM #3, the nt of operations, ASM #4, clinical services and ASM inistrator were made aware		and/or updated or disconting 3. The Director of Nursing the Licensed Nurses, MDS staff on the process for calculated, and/or updated of and followed per plan of continuity the initiation or updated of disease processes with instance.	ng will in-serv S staff, activit ire plans to be or discontinue are. Including f care plans fo	y e d g or	
	resident care plan." The facility's "Care Pl Team" policy dated 9/ facility's care planning responsible for the deindividualized compreresident. The care pl resident's comprehen	hensive care plan for each an is based on the sive assessment."		as CHF, treatments such a psychotropics such as ant devices such as bedrails, CP followed per interventiwithin reach, activity prefeduble portions given, doc fluid restriction, ted hose of fistula/graft to check bruit has physician orders for rePICC lines and /or dialysis to monitor for bruit and the	tidepressants PICC lines are ons for call be erences offer, cumentation of on and dialysi and thrill and esidents with s fistula/graft	nd ells of is	
	2. The facility staff fai comprehensive care for Resident #144. Resident #144 was o side one quarter rails observation at 1:00 P 5/4/22 at 8:15 AM. Resident #144 was a 4/7/22. Resident #14 were not limited to: m diabetes, dementia, r	led to develop the plan for the use of bed rails beserved in bed with right on 5/3/22 on initial resident M, 5/3/22 at 4:45 PM and dmitted to the facility on 4's diagnoses included but etabolic encephalopathy, etention of urine and urinary		4. The Unit Managers of conduct audits on resident to verify CP was initiated of discontinued for bedrails a observation audits to verify followed for call bells in restrictions amounts documented to be on per CP, PICC lines fistula/graft monitor bruit a documentation completed the followed and have physicidialysis fistula/graft site to and thrill and/or PICC lines.	ts using bedroor update or and conduct by care plan weach, fluid mented, ted and thrill to verify CP wan orders for monitor for be.	ails ⁄as ⁄as a	
	tract infection.			The Activities Director or o	designee will		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495099	B. WING _				05/2022
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	OOILULL
				10	0701 MAIN STREET		
FAIRFAX	REHABILITATION AND N	URSING CENTER		F	AIRFAX, VA 22030		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 656	data set) assessment assessment, with an of 4/9/22, coded the roof 15 on the BIMS (brief score, indicating the roognitively impaired. Status: coded the results assistance for bed more walking/locomotion, hygiene/bathing; the eating. A review of Resident plan dated 5/4/22, do Use of Right side 1/4 self-mobility and report INTERVENTIONS- Concek." The care plant time of the physician survey start date. A review of the physician survey start date. An interview was con with Resident #144. side rail, Resident #141. side rail, Resident #15 turn over. An interview was con with LPN (licensed prasked the purpose of stated, the purpose of stated, the purpose of information about the rails should be on the	t recent MDS (minimum t, a Medicare 5 day assessment reference date esident as scoring a 9 out of interview for mental status) resident was moderately MDS Section G- Functional ident as requiring extensive obility, transfers, dressing and personal resident is independent for #144's comprehensive care cumented in part, "FOCUS- rails for enhancement of sitioning while in bed. heck side rails during safety in was not updated at the order and nor prior to the	F6	656	conduct audits to verify the CP activity preferences were followed and offered resident shat sit at the nursing station. The Dietary Manager or designee will verify, and the CP was followed for douportions and are on the meal tray per physician order and dietitian recommendation. Social Service will conduct audits on Cfor antidepressants to verify initiated, and/or updated or discontinued. The MDS Director or designee will conduct audits on CHF, disease processes with interventions, ted hose, residents with contractures, dialysis fistula/graft sites to check for bruit and thrill, PICC line to verify care plan was initiated, update/revised, or discontinue Audits will be conducted weekly x 4 we then monthly x 2 to verify care plans ar initiated, updated, resolved, and follow. The audit findings will be reviewed and revised in the QAPI meeting monthly for the next 3 months.	n. uble P ed. eeks ee eed. /or	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495099	B. WING		05/05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00.00.2022
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLÉTIC
F 656	yesterday. On 5/4/22 at 5:15 F member) #1, the acregional vice president of the vice president of the vice president of the above conce The facility's "Propedated 12/16, which as an assistive devresident care plan." The facility's "Care Team" policy dated facility's care planning responsible for the individualized compresident. The care resident's comprehensive care for Resident #50. Resident #50 was cone quarter rails on	ident had bed rails before M, ASM (administrative staff liministrator, ASM #3, the ent of operations, ASM #4, if clinical services and ASM liministrator were made aware rns. er Use of Side Rails" policy reveals, "The use of side rails ice will be addressed in the Planning-Interdisciplinary 9/13, which reveals, "Our ing/interdisciplinary team is	F 6	,	
	3/9/22. Resident #: were not limited to:	admitted to the facility on 50's diagnoses included but cervical, sternal and tibial enosis and urine retention.			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED
		495099	B. WING _			C 05/05/2022
	ROVIDER OR SUPPLIER	IURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 10701 MAIN STREET FAIRFAX, VA 22030	DE	03/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIAT	DATE
F 656	Resident #50's most set) assessment, a M with an assessment recoded the resident as the BIMS (brief intervindicating the resider impaired. MDS Sectic coded the resident as assistance for bed m walking/locomotion, expersonal hygiene/bat. A review of Resident plan dated 5/4/22, do Resident uses 1/4 raiself-mobility and report INTERVENTIONS-Concolor. The care plan time of the physician start date. A review of the physician start date. An interview was conwith Resident #50. V side rail, Resident #50 with Resident #50 with RN (registered in purpose of the care purpo	recent MDS (minimum data ledicare 5 day assessment, reference date of 3/16/22, is scoring a 15 out of 15 on riew for mental status) score, at was not cognitively on G- Functional Status: is requiring extensive obility, transfers, reating, dressing and hing. #50's comprehensive care recumented in part, "FOCUS-Ils for enhancement of resitioning. Theck side rails during safety in was not updated at the order nor prior to the survey cian orders dated 5/3/22, teral 1/4 side rails while in	F 6	56		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	COMPLETED
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	03/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION
F 656	On 5/4/22 at 5:15 PN member) #1, the adr regional vice preside the vice president of #6, the assistant adr of the above concern. The facility's "Proper dated 12/16, which r as an assistive devic resident care plan." The facility's "Care Facility's "Care Facility's care planning responsible for the dindividualized compresident. The care president's comprehensive care for Resident #132. Resident #132 was a side one quarter rails	M, ASM (administrative staff ministrator, ASM #3, the ent of operations, ASM #4, clinical services and ASM ministrator were made aware as. TUSE of Side Rails" policy eveals, "The use of side rails are will be addressed in the Planning-Interdisciplinary 10/13, which reveals, "Our ag/interdisciplinary team is evelopment of an rehensive care plan for each plan is based on the ansive assessment."	F 65	,	
	4/13/22. Resident # were not limited to: a sacral fracture post f atherosclerotic cardi				
	Resident #132's mos	st recent MDS (minimum			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X:	(X3) DATE SURVEY COMPLETED	
		495099	B. WING _			C 05/05/2022
	ROVIDER OR SUPPLIER	IURSING CENTER		STREET ADDRESS, CITY, STATE, 10701 MAIN STREET FAIRFAX, VA 22030	ZIP CODE	03/03/2022
(X4) ID PREFIX TAG			ID PREFIX TAG	X (EACH CORRECTIV CROSS-REFERENCEI	NN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 656	data set) assessment assessment, with an of 4/20/22, coded the of 15 on the BIMS (bistatus) score, indicatic cognitively impaired. Status: coded the result assistance for bed mistatus: coded the plan dated 5/4/22, do Use Bilateral 1/4 rails self-mobility and reported to fracture on INTERVENTIONS- Coheck." The care platime of the physician start date A review of Resident properties.	assessment reference date resident as scoring a 14 out rief interview for mental ng the resident was not MDS Section G- Functional ident as requiring extensive obility, transfers, dressing and personal ervision for eating. #132's comprehensive care cumented in part, "FOCUS- for enhancement of esitioning while in bed as the sacrum. heck side rails during safety in was not updated at the order nor prior to the survey cian orders dated 5/3/22, teral 1/4 side rails while in	F	656		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		495099	B. WING			C 05/05/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	I	03/03/2022
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 656	Continued From pag		F 6	56		
	member) #1, the adriregional vice preside the vice president of #6, the assistant adm of the above concern. The facility's "Proper dated 12/16, which mas an assistive device resident care plan." The facility's "Care Pare Team" policy dated 9 facility's care planning responsible for the dindividualized compresident. The care president's comprehensive care to include the use of On the most recent Madmission assessment reference date) of 4/15 out of 15 on the Emental status) assess resident is not cognitically decisions. Secondern.	Use of Side Rails" policy eveals, "The use of side rails e will be addressed in the lanning-Interdisciplinary 1/13, which reveals, "Our g/interdisciplinary team is evelopment of an ehensive care plan for each lan is based on the nsive assessment." In was provided prior to exit. ailed to develop a plan for Resident #85 (R85) bed rails. MDS (minimum data set), an ent with an ARD (assessment 4/2022, the resident scored sIMS (brief interview for sment, indicating the ively impaired for making tion G documented R85 ssistance of two or more				
	On 5/3/2022 at 2:28 conducted with R85	p.m., an interview was in their room. R85 was d with bilateral upper bed rails				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495099	B. WING		05/05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/00/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 656	in place on the bed. the rails to grab onto in bed. Additional observation 8:30 a.m., revealed to ever of the provided rails. The physician order part, "Order Date: 4/Bilateral 1/4 side ramobility" The bed rail evaluating part, "3/30/2022 17:5 is/are recommended of the provided with RN # stated that nursing be admission and it was new orders or changes stated that the care provided care to the rather care plan included problems and how to stated that it was a resident. On 5/5/2022 at 11:06 conducted with RN # stated that new admission created by the rather the MDS at there were triggers to the resident with the care plan created by the rather the MDS at the rewere triggers to the resident with the care plan created by the rather the MDS at the rewere triggers to the rewere triggers t	R85 stated that they used when turning and sitting up ons of R85 on 5/4/2022 at the findings above. In prehensive care plan on idence documentation of use s for R85 documented in 12/2022 9:22 (9:22 a.m.) ails while in bed to enable on for R85 documented in 57 (5:57 p.m.)Bed rail(s) I at this time"	F 65	6	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495099	B. WING		C 05/05/2022	
	ROVIDER OR SUPPLIER REHABILITATION AND I	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 656	specific areas includ medications, diuretic stated that they also like atrial fibrillation, On 5/5/2022 at 12:32 staff member) #1, the director of nursing, A operations, ASM #4, services and ASM #6 were made aware of No further informatio 6. The facility staff facomprehensive care which included the umedication and (B) of failure/TED hose (co.) On the most recent Neguraterly assessment reference date) of 4/8 out of 15 on the BI status) assessment, moderately impaired Section I documented diagnosis of heart face R9 receiving an antic assessment period. (A) The physician or state of the state of the physician or state of the state o	ing psychotropic is and anticoagulants. RN #2 included cardiac diagnoses CVA and CHF. 2 p.m., ASM (administrative administrator, ASM #2, the asM #3, the vice president of the vice president of clinical of the assistant administrator the findings. In was provided prior to exit. In wa	F 65	6		
	part, "Lexapro Tablet (Escitalopram Oxala one time a day relate					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		· ,	(X3) DATE SURVEY COMPLETED	
		495099	B. WING _			C 5/05/2022	
	ROVIDER OR SUPPLIER	URSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 10701 MAIN STREET FAIRFAX, VA 22030	•	3/03/2022	
(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 CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	5/4/2022 failed to evitor of an antidepressant. On 5/5/2022 at 11:06 conducted with RN (redirector. RN #2 stated a baseline care plant RN #2 stated that after completed there were add focus areas to the that they also reviewed any specific areas independent on the care plant. RN R9's care plant for antidepresson the care plant for antidepresson the care plant for antidepresson the care plant for antidepressant side of antidepressant side of completed on the eM administration record. (B) The admission readmission order's the control of the physician order's the physician order the physician order.	a.m., an interview was egistered nurse) #2, MDS d that new admissions had created by the nursing staff. er the MDS assessment was e triggers that they used to e care plan. RN #2 stated ed the care plan to address cluding psychotropic and anticoagulants. RN #2 stated they would review cidepressants. b.m., RN #2 stated that they are plan and antidepressants on it. RN #2 stated that effect monitoring was being AR (electronic medication	F6	,			
	tablet by mouth one to (congestive heart fails 04/22/2022" The prodocumented, "TED happlication miscelland BLE (bilateral lower expenses of the content o	ime a day for CHF					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		495099	B. WING _			05/0) 05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, 10701 MAIN STREET FAIRFAX, VA 22030	ZIP CODE	1 00/	30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIV CROSS-REFERENCEI	N OF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
F 656	Continued From pag		F 6	656			
		orehensive care plan on idence documentation for the diagnosis of CHF.					
	stated that nursing be admission and it was new orders or change stated that the care perovide care to the return the care plan include problems and how to stated that it was a resident. RN #3 stated non-compliant with woften refused to put the TED hose should care plan under the #3 stated that resided diagnoses were more swelling and shortner all addressed on the R9's care plan and so care plan for the heat hose.	dilt the care plan on a revised when there were es in condition. RN #3 plan guided them on how to esident. RN #3 stated that and interventions for particular provide the care. RN #3 poadmap of care for the ed that R9 was evering the TED hose and them on. RN #3 stated that is be an intervention on the meart failure care plan. RN ints with heart failure plan, as of breath and these were care plan. RN #3 reviewed that they did not see a art failure diagnosis or TED					
	conducted with RN # stated that new adm plan created by the r that after the MDS a there were triggers tl areas to the care pla also included cardiac fibrillation, CVA and would review R9's ca	6 a.m., an interview was 42, MDS director. RN #2 42 issions had a baseline care aursing staff. RN #2 stated 45 seessment was completed 46 hat they used to add focus 47 n. RN #2 stated that they 48 diagnoses like atrial 48 CHF. RN #2 stated that they 49 are plan for antidepressants. 49 p.m., RN #2 stated that they					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495099	B. WING			C 5/05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	<u> </u>	0/00/2022
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 656	diagnosis or TED he RN #2 stated that the on the care plan and On 5/5/2022 at 12:3 staff member) #1, the director of nursing, operations, ASM #4 services and ASM #4 were made aware of the work of th	care plan and the heart failure one were not addressed on it. They both should be included at they were updating it. 32 p.m., ASM (administrative ne administrator, ASM #2, the ASM #3, the vice president of it., the vice president of clinical it. The assistant administrator of the findings. 32 p.m., ASM (administrative ne administrator, ASM #2, the ASM #3, the vice president of clinical it. The vice president of clinical it. The sistent administrator of the findings. 33 provided prior to exit. It failed to implement the explan to check Resident #1 thrill every day and every explain to check Resident #1 thrill every day and every explain to check Resident #1 thrill every day and every explain the total thrill every day and every explain the explain thrill every day and every explain the explain thrill every day and every explain the explain thrill every day and every explain thrill every	F 63	56		
	and "Hemodialysis	2021. Start Date: 06/11/2021." Diagnosis: ESRD(end stage ysis Days and Time: M/W/F				

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	, ,	ATE SURVEY OMPLETED	
		495099	B. WING _			C 05/05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDEDICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 656		ge 43 ay/Friday) Pick up time: 0600 06/11/2021. Start Date:	F 6	56		
	The comprehensive revision date of 04/0 "Focus: The resider to) End stage renal Time: M/W/F @ 063 0600. Date Initiated "Interventions/Tasks "Access fistula site ordered. Date Initiated The facility's progre 05/02/2022 through documentation of (Focus of Checked on 05/02/2022 through documentation of (Focus of Checked on 05/02/2022 through to 11:00 p.m. to 7:00 at the 3:00 p.m. to 11:17:00 a.m. shifts; and 05/05/2022 during to 15/05/2022 during to	care plan for (R97) with a 08/2022 documented in part, at has hemodialysis r/t (related disease. Dialysis Days and 30 (6:30 a.m.) Pick up time: d: 04/08/2022." Under it documented in part, for positive bruit /thrill as ed: 07/13/2021." ss notes for (R97) dated 05/05/2022 revealed 897's) bruit and thrill being 022 at 3:01 p.m. and on p.m. Further review of the d to evidence documentation thrill being checked on the 7:00 a.m. to 3:00 p.m. and 11:00 p.m. to d on 05/03/2022 and the 7:00 a.m. to 3:00 p.m., o.m. and 11:00 p.m. to 7:00 a.m. and 11:00 p.m. to 7:00 a.m. and 11:00 p.m. to 7:00 a.m. to 3:00 p.m., o.m. and 11:00 p.m. to 7:00				
	The eTAR [electron dated May 2022 fail	ic treatment record] for (R97) ed to evidence documentation thrill being checked on the				
	conducted with LPN 7. After reviewing the plan, eTAR progress	7 a.m., an interview was I (licensed practical nurse) # ne physician's order, care s notes and for the date 7 was asked if the care plan				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495099	B. WING		C 05/05/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 03/03/2022	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 656	bruit and thrill every stated that the care p When asked to descr plan LPN # 7 stated t how to take care of th On 05/05/2022 at app (administrative staff in administrator, ASM # ASM # 3, the vice president # 6, the assistant adm aware of the findings. No further information References: (1) Dialysis treats end removes waste from skidneys can no longe (and other types of di of the kidneys when t information was obtai https://medlineplus.go 00707.htm. (2) The last stage of of is when your kidneys body's needs. This in from the website: https://medlineplus.go (3) An abnormal cont parts, such as an org another structure. Fis of an injury or surgery obtained from the we	brithe monitoring of (R97's) hift every day. LPN # 7 lan was not being followed. libe the purpose of the care hat it was a road map on he resident. broximately 5:15 p.m., ASM hember) # 1, the 2, the director of nursing, he sident of operations, ASM# brich clinical services and ASM hinistrator, were made h was presented prior to exit. d-stage kidney failure. It hyour blood when your r do their job. Hemodialysis alysis) does some of the job hey stop working well. This hed from the website: by/ency/patientinstructions/0 chronic kidney disease. This hean no longer support your hormation was obtained by/ency/article/000500.htm. hection between two body an or blood vessel and tulas are usually the result of. This information was	F 65	6		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 03/03/2022
(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	D BE COMPLETION
F 656	Continued From pag	ge 45	F 65	6	
	you should feel a ge a "thrill." Another sig stethoscope a loud s called a "bruit." If bo and normal, the graf This information was https://www.vascula visions/vascular-surgcess/#:~:text=When Ofingertips,is%20stil. 8. Facility staff failed comprehensive care	plan to address Resident			
	on the most recent quarterly assessment reference date) of 02 scored 9 (nine) out of	to the facility with diagnoses of limited to: multiple sclerosis and cerebral palsy (3). MDS (minimum data set), a not with an ARD (assessment 2/10/2022, the resident of 15 on the BIMS (brief			
	resident is moderate for making daily dec Functional Limitation "B. Lower extremity (R18) as "Impairmer Review of the completed 03/09/2021 do the resident has an a self-care performance Multiple Sclerosis, q	status), indicating the ely impaired of cognition intact isions. Section "G0400 as in Range of Motion" under (hip, knee ankle, foot)" coded at on both sides." Tehensive care plan for (R18) becumented in part, "Focus: ADL (activities of daily living) are deficit r/t (related to) uadriplegia, upper extremity antia, generalized weakness,			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 03/03/2022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION
F 656	Under "Interventions part, "CONTRACTU contractures of the (skin care to keep clebreakdown. Date In review of the compre address the contract extremities. On 05/04/22 at 3:03 conducted with RN (director. When asked comprehensive care contractures of their RN # 2 stated that it plan and that it should plan. On 05/05/2022 at ap (administrative staff ASM # 2, director of president of operation of clinical services a administrator, were substant and spinal core sheath, the material your nerve cells. This blocks messages be body, leading to the information was obtat https://medlineplus.go.	rate Initiated: 03/09/2021. Araks" it documented in RES: The resident has upper extremities) Provide ean and prevent skin itiated: 09/22/2018." Further chensive care plan failed to tures of (R18's) bilateral lower p.m., an interview was registered nurse) # 2, MDS	F 656		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G		TE SURVEY MPLETED
		495099	B. WING			C 5/05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 0	5/05/2022
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 656	with the way messay and muscles. Paraly partial. It can occur obody. It can also occobe widespread. Parabody, including both Paralysis of the arm This information was https://medlineplus.cg (3) A group of disorce ability to move and to posture. This information website: https://www.nlm.nih.y.html. 9. The facility staff of comprehensive care call bell within reach (R76) was admitted that included by not On the most recent quarterly assessment reference date) of 00 scored 3 (three) out interview for mental resident is severely making daily decision Status" coded (R76) extremities (shoulded On 05/03/22 at 1:54 in their room reveals wheelchair toward the source of the same and the same a	ges pass between your brain resis can be complete or on one or both sides of your cur in just one area, or it can alysis of the lower half of your legs, is called paraplegia. It is an allegs is quadriplegia. It is obtained from the website: gov/paralysis.html. Hers that affect a person's or maintain balance and nation was obtained from the gov/medlineplus/cerebralpals alled to implement the replan to keep Resident # 76's or to the facility with a diagnosis limited to: slurred speech. MDS (minimum data set), and the with an ARD (assessment 3/24/2022, the resident of 15 on the BIMS (brief status), indicating the impaired of cognition for ons. Section G "Functional as no impairment of upper resident, and observation of (R76) and they were sitting in	F 65	56		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE S	ETED
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	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COL 10701 MAIN STREET FAIRFAX, VA 22030)E		
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F 656	the resident. Further revealed they were volume of their room revealed wheelchair toward the Observation of the cathe middle of residenthe resident. Further revealed they were volume of the comprehensive of the comprehe	t's bed and out of reach of observation of (R76) ocalizing/yelling. p.m., an observation of (R76) dependent of the bed. all bell revealed it was lying in t's bed and out of reach of observation of (R76) ocalizing/yelling. care plan for (R76) dated of the did in part, "Focus. Resident of the company of	F	656			
		oximately 12:35 p.m., ASM member) # 1, administrator,					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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F 656	president of operat of clinical services administrator, were administrator, were No further informat 10. The facility staff activities care plan On the most recent admission assessing reference date) of the company	of nursing and ASM # 3, vice ions, ASM# 4, vice president and ASM # 6, assistant made aware of the findings. ion was presented prior to exit. If failed to implement R419's for individual activities. If MDS (minimum data set), an ment with an ARD (assessment 3/29/22, R419 was coded as and long term memory being severely impaired for ons. R419 was coded as sive assistance of two staff ferring and moving around the ates and times, R419 was air outside the dining room, se station. The wheelchair was 5/3/22 at 2:08 p.m., 4:35 p.m., to 7:15 a.m. (head bowed and (breakfast tray on overbed eaten, head bowed and (head bowed and asleep);	F 656				
	resident); 1:40 p.m p.m. (eating dinner A review of R419's revealed, in part: " stafffor meeting e and social needs r/ physical limitations	care plan dated 3/28/22 The resident is dependent on emotional, intellectual, physical of (related to) cognitive deficits,The resident will maintain nitive stimulation, social					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		LETED
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F 656	shows and the news On 5/4/22 at 4:34 p.r assistant) #2 was into is made aware of a rushe stated she usual resident is unable to prefers. On 5/4/22 at 4:43 p.r nurse) #3 was intervinot usually reference activities to determin to do during the day. On 5/4/22 at 5:17 p.r member) #1, the admidirector of nursing, A president of operatio president of clinical sassistant administrat concerns. On 5/5/22 at 10:16 a member) #17, an activities assistant administration concerns.	activities are watching game on TV, listening to music." In., CNA (certified nursing erviewed. When asked if she esident's preferred activities, ly is not, especially if a tell her what the resident In., LPN (licensed practical ewed. She stated she does a resident's preferred e what a resident might like In., ASM (administrative staff ninistrator, ASM #2, the SM #3, the regional vice ins, ASM #4 the vice inservices, and ASM #6, the or, were informed of these I.m., OSM (other staff	F	656		
	He stated he goes and them of group activities attended BINGO on group activities on 5/	ies on that unit for the day. round to residents to inform es. He stated R419 had 5/3/22, but had refused any 4/22. When asked if he was rerences for individual				
	activities as documer stated he was not. H residents' care plans knew R419 enjoyed When asked if TV, th	nted on the care plan, he e stated he does not see the . He stated, however, that he TV, the news, and music. he news, or music had been ring the times the resident				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495099	B. WING			05/	05/2022	
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F 656	on 5/5/22 at 10:39 at director, was intervie a resident is first adri is completed, usually She stated if a resident interests in an if family. She stated she communicates what activities assistants, determines the resident their dislikes. She family was interview cognitively able to an stated R419's family watching game show listening to music. Sounengaged in group "we would make surpreferred channel or asked if R419's activity implemented on 5/3/2 was not. She stated R419 individual activity resident's preference on 5/5/22 at 2:03 purpose of a resident facility staff on how the resident. LPN #11 states and their dislity staff on how the states on the care plant.	ir outside the dining room, he hings were not done." a.m., OSM #18, the activities ewed. OSM #18 stated when mitted, an initial assessment by by the activities assistant. It is not able to express interview, she interviews the me then verbally the family has said to the She stated the staff lent's interests, their likes, he stated in R419's case, the ed because the resident was inswer those questions. She is stated the news on TV, and he stated if a resident is activities, or is in their room, he the TV is on either to their is to a music station." When writing the staff was not offering wates according to the example. In LPN #11 stated the int's care plan is to instruct the to give the best care for the stated all of his nursing care is lan. In was provided prior to exit. If failed to follow Resident lan for double portions as	F	656				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 656	Continued From pag	e 52	F 6	556			
	admission assessme reference date) of 3/ having no cognitive i decisions. R 52 was therapeutic diet.	· ·					
	On 5/3/22 at 1:38 p.m., Resident #52 (R52) was interviewed. R52 had multiple complaints about food served to him. R52 stated the dietary staff consistently failed to provide double portions, as recommended by the dietician. R52 stated the food on the meal tray frequently did not match the published meal ticket.						
	completed. R52's dir lifted the cover. The following food: two s each less than 1/4 in inches in length, app width; approximately pieces of small chop pack of saltines, fres The meal ticket docu contain cranberry jui- the tray. The meal tick	m., R52's interview was inner tray was delivered. R52 meal tray contained the mall pieces of baked fish, ich thick, approximately 3 roximately, two inches in 1/3 cup of green peas with 4 ped onion, 1 boiled egg, a h fruit salad, and a white roll. Imented the tray should ice, but there was none on exet documented the tray eat roll and double portions.					
	wheelchair beside the on the overbed table meal tray contained medium chicken leg, mixed vegetables, a square of combread approximately 1/2 cu	m., R52 was seated in the e bed. R52's lunch tray was . R52 lifted the cover. The the following food: one approximately 1/3 cup of boiled egg, a four inch a bowl containing up of lettuce, four slices of at pieces of diced tomatoes.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD B -REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	angel food cake, but The resident's meal to Salad - NO tomatoes R52's clinical record dated 3/30/22: "DIET K [potassium] foods) Regular Thin Liquid of concentrated sweets A review of R52's car revised on 3/11/22 reshas nutritional proble problemProvide, see A review of R52's clir Nutritional Evaluation R52's most recent redocumented, in part: interviewResident interviewReside	d the tray should contain there was none on the tray. icket documented: "TossedDouble Portions." contained the following order: Liberal Renal (Avoid high dietRegular texture, consistency, NCS (no); DOUBLE PORTIONS." re plan dated 3/1/22 and vealed, in part: "Resident m or potential nutritional erve diet as ordered." nical record revealed a and dated 3/9/22, following admission. This evaluation "Additional notes from a salso a former LTC (long foodservices. Reports that the facility's food thus y department for follow up	F	956	DEFICIENCY)		
	Further review of R52 the following Nutrition (other staff member) dietician), dated 3/30 today with head of so resident several time strategies to address mealsGiven that refeels that [R52] does	e of further follow up of R52's references. 2's clinical record revealed in Note, written by OSM #12, the RD (registered //22: "Spoke with resident rocial workRD reminded is of the role of the RD and perceived issues with sident reports that [R52] not get enough food, RD to ons from dietary department."					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	` '	TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, Z 10701 MAIN STREET FAIRFAX, VA 22030	•	0/00/2022
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 656	director, was inter a resident is admirstaff goes to the rethe resident to det preferences. OSM preferences are deplaced on each reshe stated the RE about food preferences are deplaced on a residuck food on a residucket, OSM #13 sticket to the staff of the kitchen line, and the tray for accuration is checked to make present if that is well to any food item be member of her staresident about the is documented on OSM #13 stated so couple of times." So resident to move find the tray for accuration of the staresident about the is documented on OSM #13 stated so couple of times." So resident to move find the tray for accuration of the staresident to move find the tray for accuration of the staresident about the is documented on OSM #13 stated so couple of times." So resident to move find the tray for accuration of the start and the tray for accuration of the tray for accuration	a.m., OSM #13, dietary viewed. OSM #13 stated when ted, she or a member of her esident's room and interviews termine the resident's food a #13 states the resident's ocumented on the meal ticket sident's meal tray at each meal. It is also interviews the resident ences at the time of admission. It is responsible for making sure dent's tray matches the meal tated a staff member "calls" the member serving the plates on and a supervisor double checks acy. OSM #13 stated each tray the sure double portions are that is ordered for the resident. Destitution needs to be made due eing unavailable, she or a suff attempts to speak to each changes, and the substitution each resident's meal ticket. The heas spoken to R52 "a She stated she had offered the rom a renal diet to a regular	F	656	ENCY)	
	preferences, as w She stated she co a resident's food p #13. She stated st residents who are	ws residents about strong food ell as other nutritional concerns. mmunicates information about preferences by email to OSM ne follows up monthly on on dialysis. She stated R52				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495099	B. WING _				05/2022
	ROVIDER OR SUPPLIER	URSING CENTER		10	REET ADDRESS, CITY, STATE, ZIP CODE 701 MAIN STREET AIRFAX, VA 22030	1 03/	03/2022
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F 656	Continued From page	⇒ 55	F	656			
	preoccupied with food	ed the resident can be d. She stated she does not for the accuracy of meals ay to day.					
	staff member) #1, the director of nursing, A president of operation president of clinical s	m., ASM (administrative administrator, ASM #2, the SM #3, the regional vice ns, ASM #4 the vice ervices, and ASM #6, the or, were informed of these					
	On 5/5/22 at 2:03 p.m., LPN #11 stated the purpose of a resident's care plan is to instruct the facility staff on how to give the best care for the resident. LPN #11 stated all of his nursing care is based on the care plan.						
	11.b. The facility staff plan regarding a fluid	failed to follow R52's care restriction.					
	a fluid restriction order also stated that some compliant with the rest members consistently	R52 stated that they were on ered by his physician. R52					
	updated 4/24/22 reve	e plan dated 3/1/22 and aled, in part: "Resident is on nitor fluid intake per MD					
	following order with a	/sician's orders revealed the start date of 3/8/22: "Fluid t1500 ml (milliliters) Total					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE	LETED
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F 656	Per Day; Nursing 660 240 ml evening shift, 840 ml total (360 ml kml dinner)." A review of R52's MA administration record administration record records for April and evidence of the exact received on any shift, total. On 5/4/22 at 4:34 p.m assistant) #2 was ask resident is on a fluid in nurse tells her. When amount of fluid a resishift, she stated she is nowhere to record tells the nurse if she in unusual about a residuring her shift. On 5/4/22 at 4:42 p.m nurse) #3 was interviewho is on a fluid restrorder. She stated eacrestriction has a block administration record the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift. She stated the providence of the total amount of fluiduring the shift.	oml total (240 ml day shift, 180 ml night shift); Dietary breakfast, 240 ml lunch, 240 ml shift, 240 ml lunch, 240 ml lunch, 240 ml shift, 240 ml lunch, 240	F 656			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED		
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	PROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	00/00/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 656	for any shifts. She state been entered correct record system. She restriction order autofor the fluid amounts every shift. On 5/5/22 at 12:38 p staff member) #1, the director of nursing, A president of operation president of clinical states assistant administration concerns. On 5/5/22 at 2:03 p. purpose of a resident facility staff on how the resident. LPN #11 states based on the care place of the facility staff on the information of the facility staff failed comprehensive care a PICC line IV (intraction of side rails, for Resident #82 was as 3/31/22. On the most	ated the order must not have tly into the electronic medical stated usually a fluid omatically generates a place to be recorded on the MAR a.m., ASM (administrative ele administrator, ASM #2, the ASM #3, the regional vice ans, ASM #4 the vice services, and ASM #6, the acor, were informed of these ated all of his nursing care is an. Asy policy, "Encouraging and evealed, in part: "Follow concerning fluid intake or ecording fluid intake and and fluid intake in mls." The was provided prior to exit. The details of the use and care of venous) site; and for the use	F 650			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/05/2022
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLÉTION
F 656	Resident #82 score (brief interview for a resident was not contained assistance for all of living. On 5/03/22 at 2:44 Resident #82 was a side rails up and arathe bed for the adm. A. IV care: A review of the clin following physician. -An order dated 4/1 solution reconstitut gram intravenously leg ulcer infections (Methicillin-resistant coccyx OM (osteon.) -An order dated 4/2 reconstituted 3.375 gram intravenously wound.	Reference Date) of 4/2/22, and 15 out of 15 on the BIMS mental status, indicating the organitively impaired for making the resident was coded as on for eating and extensive ther areas of activities of daily. PM and on 5/4/22 at 1:55 PM, observed in bed with bilateral in IV (intravenous) pole next to ministration of IV antibiotics. Ical record revealed the is orders: 4/22 for Vancomycin (1) and 1.5 GM (gram), Use 1.5 in the morning for sacral and with MRSA at Staphylococcus aureus); myelitis). Ical record Zosyn (2) solution (3-0.375) GM, Use 3.375 every 8 hours for sacral	F 65	,	
	PICC (3) Line to rig lumen every shift for external catheter le s/s (signs and sympand complications every 24 hoursTr	ted 3/31/22 for the following: that upper arm with double or facility protocolmonitor ongthmonitor insertion site for otoms) infections, infiltration, one Primary IV tubing eatment for Right upper arm ty protocol change dressing			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG	, ,	TE SURVEY MPLETED
		495099	B. WING_			C 5/05/2022
	ROVIDER OR SUPPLIER	7777		STREET ADDRESS, CITY, STATE, ZIP CO. 10701 MAIN STREET FAIRFAX, VA 22030	•	5/05/2022
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 656	connection clave after Right upper arm every change IV connection upper arm every day dressing using sterile biopatch, and stat look. B. Side rails: A review of the clinic Rail Evaluation" date the assessment for the risk and benefits were provided. This assessuse of side rails was a A review of the comprevealed that neither resident care needs interventions were care. On 5/4/22 at 2:00 PN conducted with LPN	ine dressing kitchange IV er blood drawTreatment for ry day shift every 2 day(s) in claveTreatment for Right exhift every 7 day(s) change expected central line dressing kit, ck. all record revealed a "Bed ed 3/31/22 that documented the use of side rails and that the explained and consent was essment documented that the recommended. orehensive care plan of the above observed and physician ordered are planned.	F 6	56		
	PICC line IV access, of, and medications of, and medications of PICC line be care play should be. When as care planned if a result should be. On 5/5/22 at 12:59 Found conducted with ASM Member), the Assistant asked what was the	en asked if a resident has a should the presence, care related to the use of the anned, they stated that it ked if side rails should be ident has them, they stated it				

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	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 10701 MAIN STREET FAIRFAX, VA 22030		00/00/2022	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	revise a care plan, the nurses. When asked a PICC line should be should be. When as are being administer be care planned for seactions, they stated asked if the use of si planned, they stated planned. On 5/5/22 at 9:10 a.r. conducted with RN # unit manager. RN #3 that nursing built the it was revised when seed that the changes in condition plan guided them on resident. RN #3 statincluded intervention how to provide the care roadmap of care for that after the MDS as there were triggers the areas to the care pla also reviewed the care specific areas. The facility policy, "Contendisciplinary Tear documented, "Our face are played as the care played and the car	en asked who can develop or bey stated the MDS staff and if the presence and care of ecare planned, they stated it ked if the medications that ed via the PICC line should side effects and adverse if they were not sure. When de rails should be care that side rails should be care that side rails should be care in., an interview was if (Registered Nurse), the if (Registered Nurse) stated care plan on admission and intere were new orders or if (Render and the care plan in the care plan in the care plan in the resident. If a.m., an interview was if (Registered Nurse) is for particular problems and interest in the care plan in the resident. If a.m., an interview was if (Registered Nurse) is for particular problems and interest in the resident. If a.m., an interview was if (Registered Nurse) is for particular problems and interest in the resident. If a.m., an interview was if (Registered Nurse) is for particular problems and interest in the resident. If a.m., an interview was if (Registered Nurse) is for particular problems and interest in the resident. If a.m., an interview was if (Registered Nurse) is for particular problems and interest in the plan i	F 6	56			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	33/33/2322
(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 SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION
F 656	comprehensive card developed within set the resident assess. The facility policy, "conducted. This poof side rails as an a addressed in the resident of side rails as an a addressed in the resident of Operation of Clinical Services, Administrator, were No further information References: (1) Vancomycin is a certain serious infectinformation obtaine https://medlineplus.ml (2) Zosyn is an antiliand skin, gynecologinfections. Information obtaine https://medlineplus.tml (3) PICC line is a pecatheter. Information obtaine	e plan for each residentA e plan for each resident is even (7) days of completion of ment (MDS)" Proper Use of Side Rails" was dicy documented, "The use ssistive device will be sident care plan" M, ASM #1 the Administrator, r of Nursing, ASM #3 the Vice ions, ASM #4 Vice President and ASM #6 the Assistant made aware of the findings. on was provided. In antibiotic used to treat etions. d from gov/druginfo/meds/a601167.ht piotic used to treat pneumonia gical, and abdominal d from gov/druginfo/meds/a694003.h eripherally inserted central	F 65	56	
	13. Facility staff fai	led to develop a			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		03/03/2022	
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 656	comprehensive care for Resident #147. Resident #147 was a 6/11/22. On the most Data Set), a signification an ARD (Assessment 3/22/22, Resident #1 BIMS (brief interview the resident was cog daily decisions. The requiring supervision assistance for all oth living. On 5/03/22 at 2:59 Frobservations were moved with bilated the assessment for the clinic Rail Evaluation dated the assessment for the risk and benefits were provided. This assessment for the comprevealed that the use planned. On 5/04/22 at 2:00 From the conducted with LPN #8. When asked with plan, they stated it were. When asked if	admitted to the facility on at recent MDS (Minimum ant change assessment with at Reference Date) of 47 scored 8 out of 15 on the afor mental status, indicating antively impaired for making resident was coded as a for eating and extensive er areas of activities of daily and 5/4/22 at 1:55 PM, ande of Resident #147, who areal side rails up. all record revealed a "Bed and 6/11/21 that documented the use of side rails and that the explained and consent was assement documented that the recommended. The provided rails was not care as a side rails was not care.	F 6	56			
	On 5/5/22 at 12:59 F	M an interview was					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION G		PLETED
		495099	B. WING			C 05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/	03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 656	Member), the Assista asked what was the they stated that it was for the resident. Wh revise a care plan, the nurses. When asked should be care plans should be care plans as conducted with RN # unit manager. RN # care plan on admiss there were new order RN #3 stated that the how to provide care that the care plan in particular problems a RN #3 stated that it is the resident. On 5/5/2022 at 11:06 conducted with RN (MDS director. RN # had a baseline care staff. RN #2 stated assessment was contact they used to add plan. RN #2 stated for care plan to address. The facility policy, "Conterdisciplinary Teal documented, "Our fare planning/Interdisciplinary Teal documented, "Our fare planning/Interdisciplinary Teal documented, "Our fare planning/Interdisciplinary the development of a comprehensive care	#6 (Administrative Staff ant Administrator. When purpose of the care plan, is so staff knows how to care en asked who can develop or ney stated the MDS staff and dif the use of side rails ned, they stated that side rails ned, they stated that side rails ned. m., an interview was f3 (Registered Nurse), the rails of a stated that nursing built the sion and it was revised when resor changes in condition. The care plan guided them on to the resident. RN #3 stated cluded interventions for and how to provide the care. Was a roadmap of care for the read that new admissions plan created by the nursing that after the MDS repleted there were triggers of focus areas to the care that they also reviewed the any specific areas. Care Planning - m" was reviewed. This policy incility's Care inary Team is responsible for	F 65	6		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495099	B. WING		05/05/2022	
	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 03/03/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 656	developed within sev the resident assessm. The facility policy, "Pronducted. This policy of side rails as an assaddressed in the resident of side rails as an assaddressed in the resident of Operation of Clinical Services, and Administrator, were not further information. The facility staff faile comprehensive care for Resident #4. Resident #4 was adm. On the most recent of the quarterly assessment. Reference Date) of the able to be interviewed moderately cognitive decisions on the staff coded as requiring exportant of the composition. The sident #4 was obside rails up. A review of the composition of the compositi	roper Use of Side Rails" was by documented, "The use sistive device will be dent care plan" I, ASM #1 the Administrator, of Nursing, ASM #3 the Vice ons, ASM #4 Vice President and ASM #6 the Assistant made aware of the findings. In was provided. Id to develop a plan for the use of side rails with an ARD (Assessment /30/22, Resident #4 was not d and was coded as being by impaired for making daily interview. The resident was coded as sistence es of daily living. M and 5/4/22 at 1:55 PM, erved in bed, with bilateral	F 656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495099	B. WING		C 05/05/2022	
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	, 33/33/22	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
F 656	side rails. On 5/04/22 at 2:00 conducted with LPN #8. When asked wiplan, they stated it vicare. When asked planned if a resident should be. On 5/5/22 at 12:59 conducted with ASN Member) #6, the Astasked what was the they stated that it with for the resident. With revise a care plant should be care plant should be care plant should be care plant should be care plant with manager. RN # care plan on admissible there were new ord RN #3 stated that it how to provide care that the care plan in particular problems RN #3 stated that it the resident. On 5/5/2022 at 11:0 conducted with RN #3 stated that it the resident.	PM, an interview was I (Licensed Practical Nurse) hat was the purpose of a care was to guide the resident's if side rails should be care t has them, they stated it PM an interview was I (Administrative Staff esistant Administrator. When e purpose of the care plan, as so staff knows how to care hen asked who can develop or they stated the MDS staff and ad if the use of side rails ned, they stated that side rails	F 656			

		(X3) DATE SURVEY COMPLETED			
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	05/05/2022
(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 APPROPRIA DEFICIENCY)	
F 656	assessment was com that they used to add plan. RN #2 stated th care plan to address. The facility policy, "Ca	pleted there were triggers focus areas to the care nat they also reviewed the any specific areas.	F 656		
	documented, "Our fac Planning/Interdisciplir the development of a comprehensive care p comprehensive care p	nary Team is responsible for n individualized plan for each residentA plan for each resident is en (7) days of completion of			
F 658 SS=D	Staff Member) the Ad Director of Nursing, A Operations, ASM #4 Services, and ASM # Administrator, were m No further information	nade aware of the findings. n was provided. eet Professional Standards	F 658		6/15/22
	as outlined by the cormust- (i) Meet professional: This REQUIREMENT by:	d or arranged by the facility, mprehensive care plan,		Resident #52 order for Eliquis was	;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER	1,0000		S	TREET ADDRESS, CITY, STATE, ZIP CODE	05/	05/2022	
INAME OF T	TOVIDER OR OUT LIER				0701 MAIN STREET			
FAIRFAX F	REHABILITATION AND	NURSING CENTER						
					AIRFAX, VA 22030			
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F 658	Continued From pag	ge 67	F 6	558				
	facility document rev	view, and clinical record			corrected on 4/5/2022 by the Nurse			
	•	nined that the facility staff			Practitioner and had no adverse reaction	ons		
		nscribe an order according to			from the delay in the order.			
		ds of practice for one of 55			,			
		ey sample, Resident #52			2. An audit will be conducted on			
		aff failed to accurately			residents receiving Eliquis by the Unit			
		er for Eliquis (1), which was			Manager or designee to verify if Eliquis	;		
	held on 3/28/22.				medication ordered to hold the medical	tion		
					and a resume date to administer and w	ere		
	The findings include	:			resumed and administered per physicia	an		
					order.			
	On the most recent I	MDS (minimum data set), an						
		ent with an ARD (assessment			3. The Facility Educator or designee			
		14/22, R52 was coded as			in-service the Licensed Nursing staff w	ith		
		impairment for making daily			1:1 education completed to LPN #3 on			
		coded as receiving and			medication administration policy, 5 righ			
	-	seven days of the look back			of medication administration, , accurate	-		
	period.				receiving medication orders, clarification	n		
					of orders, and transcribing orders as			
	On 5/3/22 at 1:38 p.i				received, the process for physician ord			
		R52 stated they had been			to hold medications -date to hold and a			
	_	I fibrillation (2) during a recent			resume date to administer per physicia	n		
		stated the physician ordered			order.			
		fibrillation. R52 stated they			4 The Unit Manager or designed will			
		tient skin graft procedure on the physician wanted the			 The Unit Manager or designee will conduct audits to verify new medication 			
		of the procedure, then			orders to ensure that orders are received			
	•	. R52 stated the facility did			clarified, and transcribed accurately,	ou,		
		s until "several days later."			physician orders for medications on ho	ld		
	-	eatedly asked for the Eliquis,			have a hold date and a resume date ar			
		stated there was no order.			administered per physician order. The			
					audit findings will be reviewed and/or			
	A review of R52's nh	ysician's orders revealed the			revised in the QAPI meeting monthly for	or		
		blet 5 MG (milligrams). Give			the next 3 months.			
	• .	o times a dayMonitor for						
	_	nd black tarry stools. Start						
		e 3/28/22." A second						
		Eliquis was dated 4/5/22:						
		. Give 1 tablet by mouth two						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	<u>-</u>	33/33/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL RESCRIPTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	times a day for A Fik bruising, and black to A review of R52's procedure on 3/29/2 Further review of R52 the following provide 3/29/22: "Patient exafrom skin graft procestable, cont (continual A review of R52's carevealed, in part, the anticoagulant theraptibrillationAdminist as ordered by physical On 5/3/2022 at 12:2 staff member) #2, the that the nursing start Lippincott. On 5/5/22 at 11:10 and nurse) #3 was interved about it until 3/28/22 the NP (nurse practite to hold the Eliquis of the procedure. She order correctly into the She stated the providence of the providence of the procedure of the procedure of the procedure. She order correctly into the She stated the providence of the procedure of the procedure of the procedure of the procedure. She order correctly into the She stated the providence of the procedure of the	o. Monitor for bleeding, arry stools. Start date 4/5/22." ogress notes revealed the te: "3/28/22 Note Text: Eliquis tablet by mouth two times a eding, bruising, and black prior to an upcoming 2." 62's clinical record revealed er progress note dated amined in the hall, returning edure A fib (atrial fibrillation), e) Apixaban." are plan dated 4/28/22 e following: "Resident is on by r/t (related to) atrial er anticoagulant medications cian." o p.m., ASM (administrative e director of nursing stated adard of practice was	F 6	58		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER) NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00:00:2022
(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 APPROF	D BE COMPLETION
F 658	generally does a check the unit, but she did the unit, but she did On 5/5/22 at 12:38 staff member) #1, the director of nursing, president of operation president of clinical assistant administration concerns. No further informat According to "Fund Lippincott, Williams "After you receive a transcribe it onto a by your health care carefully, concentration check it when you're order duplications to receive a medication REFERENCES (1) "Apixaban (Eliquistrokes or blood clofibrillation (a condition in the body and position to caused by hear also used to preven a blood clot, usually embolism (PE; a blow one having hip	d it right back." She stated she hart audit for all new orders on d not catch the error. p.m., ASM (administrative he administrator, ASM #2, the ASM #3, the regional vice ions, ASM #4 the vice services, and ASM #6, the ator, were informed of these ion was provided prior to exit. amentals of Nursingand Wilkins 2007 page 169, a written medication order, working document approved facilityread the order ate on copying it correctly, refinished. Be sure to look for that could cause your patient to on in error" uis) is used help prevent to be in people who have atrial ion in which the heart beats ing the chance of clots forming esibly causing strokes) that is to valve disease. Apixaban is to the deep vein thrombosis (DVT; by in the leg) and pulmonary ood clot in the lung) in people replacement or knee	F 658		
	replacement surger treat DVT and PE a prevent DVT and P	ry. Apixaban is also used to and may be continued to E from happening again after is completed. Apixaban is in a			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE COM	
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER	URSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	03/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / 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)	DATE
F 658	class of medications of works by blocking the substance that helps information was taken https://medlineplus.go tml. (2) "Atrial fibrillation is	called factor Xa inhibitors. It action of a certain natural blood clots to form." This is from the website by/druginfo/meds/a613032.h	F 658		
F 679 SS=D	rhythms. Atrial fibrillation beat much faster than upper and lower chamas they should. When chambers do not fill collood to your lungs at feel tired or dizzy, or ypalpitations or chest pyour heart, which incredots and can leads to complications. Atrial fivithout any signs or sibrillation can lead to life-threatening complication. Activities Meet Interest CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The fact the comprehensive as	pain. Blood also pools in eases your risk of forming e strokes or other ibrillation can also occur ymptoms. Untreated serious and even ications." This information is e gov/health-topics/atrial-fibrill st/Needs Each Resident illity must provide, based on esessment and care plan	F 679		6/15/22
	and the preferences of program to support re- activities, both facility individual activities ar designed to meet the	seessment and care plan of each resident, an ongoing sidents in their choice of esponsored group and d independent activities, interests of and support the psychosocial well-being of			

	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495099	B. WING			l '	05/ 2022	
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	03/	03/2022	
TO THE OT THE	TO VIDER OR OUT FILER				0701 MAIN STREET			
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(V4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIADEFICIENCY)		COMPLETION DATE	
F 679	Continued From page	e 71	F 6	679				
	each resident, encou	raging both independence						
	and interaction in the							
	This REQUIREMENT by:	is not met as evidenced						
	•	n, staff interview, facility			1. Resident #419 activities preference	es		
		d clinical record review, it the facility staff failed to			were updated on 5/15/2022.			
		a resident's assessed			2. An audit will be conducted by the			
		residents in the survey			Activities Director for current residents	to		
		19 (R419). The facility staff			ensure activity preferences are up to da	ate.		
	failed to provide R419	9 with preferred activities of			1:1 Education provided to CNA# 2,			
	watching television or	r listening to music by			OSM#17, and LPN #3 by the Activities			
	•	eated in a wheelchair at the			Director on how to access the care plan	า		
		g room, adjacent to the			for resident activity preferences.			
		ing and eating in public						
		and evening on 5/3/22 and			3. The Facility Educator or designee	will		
	5/4/22.				in-service the Activity staff, Licensed			
	The finalines in aluela.				Nurses, CNAs on how to access reside	nt		
	The findings include:				care plans to find residents activity preferences and offering activity			
	On the most recent M	IDS (minimum data set), an			preferences and offering activity preferences if the residents is interested	d		
		nt with an ARD (assessment			and/or willing.	u		
		29/22, R419 was coded as			and/or willing.			
	having short term and				4. The Activity Director will conduct			
		ng severely impaired for			observation audits on residents sitting a	at		
		is. R419 was coded as			the nursing station to ensure residents			
		ve assistance of two staff			activity preferences are being offered a	nd		
	members for transfer	ring and moving around the			documenting if resident preferences are	Э		
	unit.				being met or declines weekly x 4 then			
					monthly x 2. The audit findings will be			
		s and times, R419 was			reviewed and/or revised in the QAPI			
	_	r outside the dining room,			meeting monthly for the next 3 months.			
		station. The wheelchair was						
		3/22 at 2:08 p.m., 4:35 p.m.,						
		:15 a.m. (head bowed to the						
		i1 a.m. (head bowed and						
	table, breakfast unea	reakfast tray on overbed						
		ead bowed and esleep);						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		495099	B. WING		05/05/2022		
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER	10	TREET ADDRESS, CITY, STATE, ZIP CODE 0701 MAIN STREET AIRFAX, VA 22030	, 00.00.2022		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION		
F 679	resident); 1:40 p.m p.m. (eating dinner p.m. (care plan dated 3/28/22 The resident is dependent on emotional, intellectual, physical treated to cognitive deficits,The resident will maintain entitive stimulation, social dractivities are watching game as on TV, listening to music." D.m., CNA (certified nursing enterviewed. When asked if she resident's preferred activities, ally is not, especially if a tell her what the resident viewed. She stated she does be a resident's preferred ine what a resident might like	F 679				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495099	B. WING _				05/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET AD	DDRESS, CITY, STATE, ZIP CODE	1 00,	00,2022	
				10701 MAI	N STREET			
FAIRFAX I	REHABILITATION AND N	URSING CENTER		FAIRFAX,	, VA 22030			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 679	Continued From page		F	579				
	them of group activitie attended BINGO on 5 group activities on 5/2 aware of R419's prefer activities as document stated he was not. He residents' care plans. knew R419 enjoyed TWhen asked if TV, the provided to R419 duri was in the wheelchair stated: "No. Those this of the completed, usually She stated if a resident is first admission completed, usually She stated if a resident their interests in an infamily. She stated she communicates what the activities assistants. So determines the reside and their dislikes. She family was interviewe cognitively able to anstated R419's family swatching game shows listening to music. She unengaged in group a "we would make sure preferred channel or that activities activities implemented on 5/3/2	ted on the care plan, he estated he does not see the He stated, however, that he TV, the news, and music. It is news, or music had been any the times the resident routside the dining room, he are were not done." Im., OSM #18, the activities wed. OSM #18 stated when itted, an initial assessment by the activities assistant. In the stated the staff entity is not able to express terview, she interviews the estated the staff entity interests, their likes, as stated in R419's case, the dibecause the resident was swer those questions. She estated the news on TV, and the stated if a resident is activities, or is in their room, the TV is on either to their to a music station." When the staff was not offering						
	resident's preference.							

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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	ROVIDER OR SUPPLIER REHABILITATION AND N	IURSING CENTER	•	10	TREET ADDRESS, CITY, STATE, ZIP CODE 0701 MAIN STREET AIRFAX, VA 22030	, <u>Jo</u> ,	00,2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			(X5) COMPLETION DATE
F 679	and Room Visit Programments whose situation in other those residents whose situation prevents participation in other those residents who activitiesFor those situation prevents participated and for those who do group activities, the arindividualized activities goals of an effective andividualized activities the resident's activity Activity Assessment, resident's Compreheners of Compreheners of the programment of the programme	y policy, "Individual Activities ram," revealed, in part: will be provided for those ation or condition prevents types of activities, and for do not wish to attend group residents whose condition or ricipation in group activities, not wish to participate in activities program provides es consistent with the overall activities program. es offered are reflective of interests, as identified in the progress notes and the nsive Care Plan." In was provided prior to exit. The was provided to seed on the comprehensive dent, the facility must ensure es treatment and care in essional standards of nensive person-centered		684	 Resident #52 physician order was updated to include the ability for nurses document fluid intake amount every sh on 5/4/2022. An audit of residents on fluid 		6/15/22

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				10	0701 MAIN STREET		
FAIRFAX I	REHABILITATION AND N	URSING CENTER		F	AIRFAX, VA 22030		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
F 684	Continued From page 75		F 6	384			
	amount of fluid consu	n April and May 2022, the Imed each shift by R52, who Indered fluid restriction .			restriction will be conducted by the Uni Manager or designee to verify resident on a fluid restriction have documentation of fluid intake amounts on each shift.	s	
	The findings include:				The Facility Educator or designee	will	
	admission assessme reference date) of 3/1 having no cognitive in decisions. R52 was a services during the local On 5/3/22 at 1:38 p.m conducted with R52. was on a fluid restrict R52 also stated that a compliant with the resumembers consistently R52 had consumed in almost never." A review of R52's phy following order with a	·			in-service the Licensed Nurses and CNA son accurately reporting fluid intake amounts every shift with documentation in the clinical record. Documentation of additional fluid intake amounts each shift when the resident i observed or verbalizes drinking more a not adhering to the fluid restriction. Residents that choose not to adhere to fluid restriction will have CP initiated, and/or updated, documented resident/leducation with understanding risk for floverload and complications etc. and MD/NP and dialysis unit will have documented notification by the License Nurses of the resident not adhering to fluid restriction. 4. Audits will be conducted by Unit	e s and RP uid	
	Per Day; Nursing 660 240 ml evening shift, 840 ml total (360 ml total dinner)." A review of R52's MA administration record administration record records for April and levidence of the exact received on any shift, total.	ml total (240 ml day shift, 180 ml night shift); Dietary preakfast, 240 ml lunch, 240 .Rs (medication s), TARs (treatment			Manager or designee to verify resident on fluid restrictions have fluid intake amounts documented each shift and residents that choose not to adhere to fluid restriction have the additional amo of fluid intake documented on their clin record weekly x 4 then monthly x 2. Th audit findings will be reviewed and/or revised in the QAPI meeting monthly for the next 3 months.	the ount ical e	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER REHABILITATION AND N	IURSING CENTER		STREET ADDRESS, CITY, ST 10701 MAIN STREET FAIRFAX, VA 22030	TATE, ZIP CODE	1 001	00/2022
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F 684	fluid restrictionsmo orders." On 5/4/22 at 4:34 p.m assistant) #2 was asl resident is on a fluid nurse tells her. When amount of fluid a resishift, she stated she is nowhere to record tells the nurse if she unusual about a residuring her shift. On 5/4/22 at 4:42 p.m nurse) #3 was interviwho is on a fluid restronder. She stated earestriction has a bloc administration record the total amount of fluiduring the shift. She that anyone was calconsumed in a 24 ho She stated the provice physician) needed to order to make decision When shown R52's M 2022, she stated she for any shifts. She stated entered correct record system. She stated in order auto	ealed, in part: "Resident is on nitor fluid intake per MD n., CNA (certified nursing ked how she is informed if a restriction. She stated the asked if she records the dent consumes during her does not. She stated: "There an amount." She stated she notices there is anything dent's fluid consumption n., LPN (licensed practical lewed. She stated a resident riction must have a doctor's ch resident on a fluid k on the MAR (medication) in which the nurse enters aid consumed by a resident lestated she was not aware ulating a total amount of fluid for any resident. Her (nurse practitioner or be able to see the totals in ons about a resident's care. MARs for April and May did not see any fluid totals ated the order must not have by into the electronic medical	F	684			
	On 5/5/22 at 12:38 p.	m., ASM (administrative administrator, ASM #2, the					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495099	B. WING _			C 05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND N	URSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		
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F 684	president of operation president of clinical seassistant administrate concerns. A review of the facility Restricting Fluids," respecific instructions or restrictions Be accurate when reaffluid intake on the integration output record. Record No further information Dialysis	SM #3, the regional vice ins, ASM #4 the vice ervices, and ASM #6, the or, were informed of these in policy, "Encouraging and evealed, in part: "Follow concerning fluid intake or cording fluid intakeRecord take side of the intake and		598		6/15/22
SS=E	require dialysis receive with professional star comprehensive personal the residents' goals at This REQUIREMENT by: Based on staff intervand clinical record revenue facility staff failed for a complete dialysi residents in the surver (R97). The facility staff failed star in the surver (R97). The facility staff physician order.	iew, facility document review view, it was determined that to provide care and service s [1] program for one of 55 by sample, Residents #97 aff failed to assess R97's		 Resident #97 electronic treatmen record was updated on 5/10/2022 to reflect evidence of documentation of resident #97 bruit and thrill being monitored every shift. An Audit will be completed by the Unit Manager or designee on hemodialysis residents with dialysis fistula/graft sites to verify the resident a physician order to monitor for bruit a thrill each shift and documented every 	e has nd	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER REHABILITATION AND N	URSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030			00/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE	
F 698	included but were not disease [2], depende On the most recent Mannual assessment wereference date) of 04 scored 2 (two) out of interview for mental sersident is moderatel for making daily decis Treatments, Procedu (R97) for "Dialysis" were the physician's order documented in part, 10 Order set every shift fistula (3) to L (left) at Order Date: 06/11/20 and "Hemodialysis Derenal disease) Dialys (Monday/Wednesday (6:00 a.m.). Date: 06/11/2021." The comprehensive of revision date of 04/08 "Focus: The resident to) End stage renal decided Time: M/W/F @ 0630 0600. Date Initiated: "Interventions/Tasks" "Access fistula site for ordered. Date Initiated: The facility's progress 05/02/2022 through 06 documentation of (R9 checked on 05/02/20	Ilimited to: end stage renal nt on renal dialysis. IDS (minimum data set), an vith an ARD (assessment /05/2022, the resident 15 on the BIMS (brief tatus), indicating the y impaired of cognition intact sions. Section "O Special res and Programs" coded hile a resident. I sheet for (R97) DIALYSIS: Hemodialysis Monitor AV (arterial/venous) m Monitor bruit and thrill (4). 21. Start Date: 06/11/2021." lagnosis: ESRD(end stage sis Days and Time: M/W/F /Friday) Pick up time: 0600 /11/2021. Start Date: Leare plan for (R97) with a st/2022 documented in part, has hemodialysis Days and (6:30 a.m.) Pick up time: 04/08/2022." Under it documented in part, r positive bruit /thrill as	F	698	shift the bruit and thrill is functional. 3. The Facility Educator or designee in-service the Licensed Nurses on the process for transcribing a physician order for monitoring the dialysis fistula/graft store bruit and thrill with documentation to verify the dialysis fistula/graft site was monitored for bruit and thrill and is functional each shift. 4. The Unit Managers or designee with conduct audits on residents with a dialy fistula/graft site to verify has a physicial order for monitoring bruit and thrill each shift with documentation completed weekly audit x4 weeks and monthly x2 months. The audit findings will be reviewed and/or revised in the QAPI meeting monthly for the next 3 months.	der site o ill ysis n		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		495099	B. WING		C 05/05/2022			
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION			
F 698	progress notes failed of (R97's) bruit and to 05/02/2022 during the 11:00 p.m. to 7:00 at the 3:00 p.m. to 11:00 p.m. shifts; and 05/05/2022 during the 3:00 p.m. to 11:00 p.m. a.m. shifts. The eTAR [electronic dated May 2022 failed of (R97's) bruit and to dated May 2022 failed of (R97's) bruit and to dates listed above. On 05/04/2022 at apinterview was condupractical nurse) # 12 documenting that (R being checked accorders LPN # 12 stands on to document it at it could be evidenced was being checked I not documented the On 05/04/2022 at apinterview was deing checked I not documented the On 05/04/2022 at apinterview as deing checked I not documented the On 05/04/2022 at apinterview as deing checked I not documented the On 05/04/2022 at apinterview and in the I was a demandated by the I wa	d to evidence documentation thrill being checked on the 7:00 a.m. to 3:00 p.m. and the amount of the many and the color of	F 69	8				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	09/09/2022	
(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)	DATE	
F 698	kidneys can no longe (and other types of di of the kidneys when t information was obtain https://medlineplus.go 00707.htm. (2) The last stage of cis when your kidneys body's needs. This inform the website: https://medlineplus.go (3) An abnormal conriganother structure. Fiss of an injury or surgery obtained from the well https://medlineplus.go (4) When you slide you should feel a gen a "thrill." Another sign stethoscope a loud swicalled a "bruit." If both and normal, the graft This information was https://www.vasculartvisions/vascular-surgicess/#:~:text=When%	r do their job. Hemodialysis alysis) does some of the job hey stop working well. This ned from the website: by/ency/patientinstructions/0 chronic kidney disease. This can no longer support your aformation was obtained by/ency/article/000500.htm. Hection between two body an or blood vessel and tulas are usually the result of the the total transfer of	F 698			
F 700 SS=E	CFR(s): 483.25(n)(1)-		F 700		6/15/22	
		npt to use appropriate stalling a side or bed rail. If				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODI 10701 MAIN STREET FAIRFAX, VA 22030	<u>'</u>	0.00.2022		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE		
F 700	correct installation, urails, including but nelements. §483.25(n)(1) Assess entrapment from bed sentrapment from bed sentrapment from bed to installation. §483.25(n)(2) Revie bed rails with the reserver representative and control to installation. §483.25(n)(3) Ensurare appropriate for the sentral from the se	used, the facility must ensure use, and maintenance of bed of limited to the following as the resident for risk of drails prior to installation. We the risks and benefits of sident or resident obtain informed consent prior that the bed's dimensions are resident's size and weight. We the manufacturers' and specifications for installing	F 7		discharged			
	record review, it was staff failed to implem 6 of 55 residents in 1 #368, #144, #50, #1 The findings include 1. The facility staff in Resident #368 (R36 need and failed to ol use of bed rails. On the most recent admission assessment reference date) of 4/4	s determined that the facility nent bed rail requirements for the survey sample, Residents 32, #4 and #147.		Resident #144 did not hat negative outcome from the betwell evaluation not being complete #144 bed rail evaluation was on 05/12/2022. Based on bedtwell evaluation, resident #144 is a for left side ¿ bedrail as an entientrapment reviewed with resident and RP. Consent collected, Mowere obtained for use of bed rebedrail care plan updated to releft side ¿ bedrail to act as an maintain independence with bedrail care.	drail ed. Resident completed rail candidate abler. ing ident #144 ID orders rail and eflect use of enabler to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495099	B. WING _			05/	05/2022	
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F 700	Continued From pag	e 82	F 7	700				
	· -	e resident is not cognitively			Resident #50 did not have any			
	impaired for making				negative outcome. Resident #50 bed r	ail		
	impaired for making	daily deciclene.			evaluation was completed on 05/12/20			
	A review of R368's c	linical record revealed a bed			Risks/benefits of bedrail including			
		4/19/22. The evaluation			entrapment reviewed with resident #50).		
		the use of bed rail(s) likely to			Resident is own RP. Care plan update			
		an accident or pose as a			reflect use of bed rail.Resident #132 di			
	barrier for this patien	t? (i.e. Is it likely that the			not any negative outcome. Resident #	132		
	resident might attem	pt to climb over, around or			bed rail evaluation was			
		tit the bed in an unsafe			completed on 05/12/2022 and care pla	n		
		of getting caught in between			updated. Risks/benefits of bedrail			
		and the mattress etc.)			including entrapment reviewed with			
		ndations: Based on the above			resident #132. Resident is her own RP	-		
		ation is as follows: b. Bed						
		d or recommended at this			Resident #4 did not have any			
	time"				negative outcome. Resident #4 bed ra			
	A marriant of DOCOLA	May 2022 physicianla and an			evaluation/assessment was completed			
		May 2022 physician's orders der for bed rails. R368's			05/12/2022. Resident #4 does not mee criteria for use of bedrail.Risks/benefits			
		ated 4/19/22 failed to reveal			bedrail including entrapment reviewed	o OI		
	-	ding bed rails. Further			with resident #4 and RP. Bed rail order	-		
		ical record failed to reveal			was discontinued.			
		nformed consent for the use			was alsoonanasa.			
	of bed rails was obta				Resident #147 did not have any			
					negative outcome. Bedrail			
	On 5/3/22 at 2:20 p.i	m. and 5/4/22 at 9:38 a.m.,			assessment/evaluation was completed	on		
		lying in bed with bilateral			5/12/2022 for resident #147. Assessme			
	quarter bed rails in the	ne upright position.			indicates resident requires the use of			
					bedrail as an enabler. Risks/benefits of	of		
	On 5/4/22 at 3:58 p.i	m., OSM (other staff			bedrail including entrapment reviewed			
	, ,	ector of rehab) stated she			with resident #147 and RP.			
	could not find any the	• •						
	consents for R368's	bed rails.			2. The Unit Managers/Designee will			
					conduct an audit of current residents to			
	On 5/4/22 at 4:43 p.i				verify documentation was complete an			
		(licensed practical nurse) #3			accurate on the bedrail assessment to			
	'	oleted R368's bed rail			determine continue need for bedrail,			
		stated a bed rail assessment			request for bedrails with education of r			
	is included on a form	that is completed upon a			and benefits, consent with documentat	ion		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		495099	B. WING _			05/	05/2022
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FAIDEAVI	DELIA DIL ITATIONI AND	NUDOING CENTED		10	0701 MAIN STREET		
FAIRFAX I	REHABILITATION AND	NURSING CENTER		F	AIRFAX, VA 22030		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC 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 700	assess if bed rails we deter and restrict a rinformed consent is deemed a benefit for that although the nurassessment upon accusually completes a regards to R368's be stated that after she and after speaking we R368 did not need be did not obtain inform. On 5/4/22 at 5:20 p. member) #1 (the addirector of nursing) we above concern. The facility policy titl Rails" documented, made to determine to of entrapment and reconsent for side rail resident or legal reprotential benefits an No further information. The facility staff faresident #144 had to the for use of side rails. Resident #144 was did side one quarter become sident observation. PM and 5/4/22 at 8:300.	LPN #3 stated the nurses ould benefit a resident or resident. LPN #3 stated obtained if bed rails are ra resident. LPN #3 stated reses complete a bed rail dmission, the therapy staff secondary assessment. In red rail assessment, LPN #3 completed her assessment with R368, LPN #3 believed red rails and therefore, she red consent. The drail assessment with R368, LPN #3 believed rails and therefore, she red consent. The drail assessment with R368, LPN #3 believed rails and therefore, she red consent. The drail assessment will be resident's symptoms, risk reason for using side rails9. The drail assessment will be resentative, after presenting drisks" The drail assessment prior to exit. The risks is benefits reviewed resident to evidence that the risks is benefits reviewed resident to posserved in bed with right drails on 5/3/22 on initial rails on 5/3/22 at 4:45 at 1.5 AM.	F	700	obtained from the resident (as able) an RP, a physician order obtained for use bedrails and the care plan was initiated updated for bedrail use or discontinuation of bedrails. 3. The Facility Educator or designee in-service the Licensed Nurses on the facility bed rail policy and on the processor documentation, completion of the bedrail assessment in the resident evaluation form or bedrail assessment form, conducted on new admits, as needed for changes and quarterly □ the bedrail assessment includes education the resident (as able) and RP with risks and benefits of bedrail use for bed mobility, not used as a restraint and including risk for entrapment, the conset for bedrails will be obtained from the resident (as able) and the RP and completed on the bedrail assessment verify the resident (as able) and the RI agreed to the plan of care for bedrails fapplication and discontinuation, obtain physician order for use of bedrails and care plan initiated, updated or discontinued for bedrail use. 4. The Unit Managers or designee with conduct audits on residents with new orders or request for bed rails to verify bed rail assessment, consent obtained from resident (as able)/RP with education for risk and benefits documented and completed, and a physician order for bedrails obtained, care plan for bedrails initiated, updated or discontinued weeling initiated updated or discontinued weeling in the processor in the plan of the	of lor on will ss ent to Prora	
		admitted to the facility on 44's diagnoses included but			initiated, updated, or discontinued week x 4 then monthly x 2. The audit findings		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	· ,	ATE SURVEY DMPLETED
		495099	B. WING			C 05/05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		05/05/2022	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 700		ge 84 metabolic encephalopathy, , retention of urine and urinary	F 700	will be reviewed and/or revised in QAPI meeting monthly for the new months		
	data set) assessment assessment, with a of 4/9/22, coded the 15 on the BIMS (briscore, indicating the cognitively impaired Status: coded the reassistance for bed walking/locomotion	est recent MDS (minimum ent, a Medicare 5 day in assessment reference date e resident as scoring a 9 out of def interview for mental status) e resident was moderately d. MDS Section G- Functional esident as requiring extensive mobility, transfers, d. dressing and personal e resident is independent for				
	plan dated 5/4/22, o Use of Right side 1 self-mobility and re	nt #144's comprehensive care documents in part, "FOCUS-/4 rails for enhancement of positioning while in bed. Check side rails during safety				
		sician orders dated 5/3/22, ght side 1/4 (one quarter) side enable mobility."				
		e on 5/3/22 at approximately d rail assessment and consent				
	Bed rail assessmer on 5/4/22 at 9:15 A	nts and consent were provided M.				
	#144 was dated 5/3 "Bed rail(s) is/are re	d Rail Evaluation" for Resident 3/22 at 6:38 PM and revealed ecommended at this time." bed rail assessment were not				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		495099	B. WING		05/05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER	1	TREET ADDRESS, CITY, STATE, ZIP CODE 0701 MAIN STREET FAIRFAX, VA 22030	,
(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 APPROPE DEFICIENCY)	BE COMPLETION
F 700	An interview was cowith Resident #144 side rail, Resident #144 side rail, Resident # turn over. On 5/4/22 at 1:35 P conducted with RN asked who assesse consent for use of bursing does the iniconsent. Therapy canother assessment An interview was cowith LPN (licensed asked who conduct LPN #3 stated, we admission, to see if would be a restraint get consent, this is department and the	of the physician order nor start date Inducted on 5/3/22 at 4:45 PM When asked if he used the tata tated, yes, I use it to M, an interview was (registered nurse) #3. When is the resident and obtains the resident and obtains the tata tassessment and obtains to the safter that and does	F 700	,	
	can benefit from be informed consent at line of defense and We make sure the edone. On 5/4/22 at 5:15 P member) #1, the adregional vice president of the vice president of the consent at the vice president of the vice pr	d rails. We also obtain and educate. We are the first we educate and get consent. education and consent are M, ASM (administrative staff ministrator, ASM #3, the ent of operations, ASM #4, f clinical services and ASM ministrator were made aware			
	The facility's "Prope	r Use of Side Rails" policy			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495099	B. WING		C 05/05/2022
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		00/00/2022	
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE.
F 700	dated 12/16, which is benefits of side rails resident. Consent for obtained from the reafter presenting pote. No further information. 3. The facility staff far Resident #50 had the the use of side rails. Resident #50 was of one quarter rails on observation at 1:30 5/4/22 at 8:30 AM. Resident #50 was an 3/9/22. Resident #50 was an 3/9/22. Resident #50 was an 3/9/22. Resident #50 were not limited to confractures, spinal stering the resident at the BIMS (brief interindicating the resident and	reveals, "The risks and will be considered for each or the side rail use will be risident or legal representative, ential benefits and risks." on was provided prior to exit. alled to evidence that the risks / benefits reviewed for beserved in bed with right side 5/3/22 on initial resident PM, 5/3/22 at 5:00 PM and dmitted to the facility on for side and urine retention. It recent MDS (minimum data Medicare 5 day assessment, reference date of 3/16/22, as scoring a 15 out of 15 on view for mental status) score, in twas not cognitively ion G- Functional Status: as requiring extensive mobility, transfers, eating, dressing and atthing. It #50's comprehensive care occuments in part, "FOCUS-ails for enhancement of	F 700		

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		(X3) DATE SURVEY COMPLETED C	
	495099	B. WING		05/05/2022	
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		1 00/00/2022	
(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
check" A review of the phy which revealed, "B bed to enable mob A request was mad 4:41 PM for the be for Resident #50. Bed rail assessment on 5/4/22 at 9:15 A bed rail assessment of the physician or date A review of the "Bet #50 was dated 5/3." Bed rail(s) is/are referenced as for the stated, nursing does obtain consent for stated, nursing does obtain consent. The analysis of the second consent of the stated, nursing does obtain consent. The analysis of the second consent and does another as with LPN (licensed asks who conducted consent consent consent.)	visician orders dated 5/3/22, ilateral 1/4 side rails while in ility." de on 5/3/22 at approximately de rail assessment and consent were provided at the time dark. The care plan, consent and not were not updated at the time der nor prior to the survey start and revealed ecommended at this time." conducted on 5/3/22 at 1:30 PM When asked if he used the #50 stated, yes, they make me PM, an interview was N (licensed practical nurse) #5. assesses the resident and ruse of bed rails, LPN #5 es the initial assessment and Then therapy comes after that assessment. conducted on 5/4/22 at 4:44 PM practical nurse) #3. When is the bed rail assessment, LPN in the state of the state of the session of the practical nurse is the bed rail assessment, LPN in the state of the session of the practical nurse is the bed rail assessment, LPN in the state of the side of the practical nurse is the bed rail assessment, LPN	F 700			
	ROVIDER OR SUPPLIER REHABILITATION ANI SUMMARY (EACH DEFICIE REGULATORY OF Continued From parcheck" A review of the phy which revealed, "B bed to enable mob A request was mad 4:41 PM for the befor Resident #50. Bed rail assessment on 5/4/22 at 9:15 A bed rail assessment of the physician or date A review of the "Bef #50 was dated 5/3. "Bed rail(s) is/are ref An interview was of with Resident #50. side rail, Resident feel safe. On 5/4/22 at 1:35 R conducted with LP When asked who a obtains consent for stated, nursing doe obtains consent. The and does another a An interview was of with LPN (licensed asks who conducts #3 stated, we do the to see if the bed rail	ROVIDER OR SUPPLIER REHABILITATION AND NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 87 check" A review of the physician orders dated 5/3/22, which revealed, "Bilateral 1/4 side rails while in bed to enable mobility." A request was made on 5/3/22 at approximately 4:41 PM for the bed rail assessment and consent for Resident #50. Bed rail assessments and consent were provided on 5/4/22 at 9:15 AM. The care plan, consent and bed rail assessment were not updated at the time of the physician order nor prior to the survey start date A review of the "Bed Rail Evaluation" for Resident #50 was dated 5/3/22 at 7:43 PM and revealed "Bed rail(s) is/are recommended at this time." An interview was conducted on 5/3/22 at 1:30 PM with Resident #50. When asked if he used the side rail, Resident #50 stated, yes, they make me feel safe. On 5/4/22 at 1:35 PM, an interview was conducted with LPN (licensed practical nurse) #5. When asked who assesses the resident and obtains consent for use of bed rails, LPN #5 stated, nursing does the initial assessment and obtains consent. Then therapy comes after that and does another assessment. An interview was conducted on 5/4/22 at 4:44 PM with LPN (licensed practical nurse) #3. When asks who conducts the bed rail assessment, LPN #3 stated, we do the assessment on admission, to see if the bed rails benefit them or would be a	ROVIDER OR SUPPLIER REHABILITATION AND NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 87 check" A review of the physician orders dated 5/3/22, which revealed, "Bilateral 1/4 side rails while in bed to enable mobility." A request was made on 5/3/22 at approximately 4:41 PM for the bed rail assessment and consent for Resident #50. Bed rail assessments and consent were provided on 5/4/22 at 9:15 AM. The care plan, consent and bed rail assessment were not updated at the time of the physician order nor prior to the survey start date A review of the "Bed Rail Evaluation" for Resident #50 was dated 5/3/22 at 7:43 PM and revealed "Bed rail(s) is/are recommended at this time." An interview was conducted on 5/3/22 at 1:30 PM with Resident #50. When asked if he used the side rail, Resident #50 stated, yes, they make me feel safe. On 5/4/22 at 1:35 PM, an interview was conducted with LPN (licensed practical nurse) #5. When asked who assesses the resident and obtains consent for use of bed rails, LPN #5 stated, nursing does the initial assessment and obtains consent. Then therapy comes after that and does another assessment. An interview was conducted on 5/4/22 at 4:44 PM with LPN (licensed practical nurse) #3. When asks who conducts the bed rail assessment, LPN #3 stated, we do the assessment on admission,	ROWIDER OR SUPPLIER REHABILITATION AND NURSING CENTER REHABILITATION AND NURSING CENTER SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY WISE PEPECEDED by FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 87 Check" A review of the physician orders dated 5/3/22, which revealed, "Bilateral 1/4 side rails while in bed to enable mobility." A request was made on 5/3/22 at approximately 4.41 PM for the bed rail assessment were not updated at the time of the physician order nor prior to the survey start date A review of the "Bed Rail Evaluation" for Resident #50. Bed rail assessment were not updated at the time of the physician order nor prior to the survey start date A review of the "Bed Rail Evaluation" for Resident #50 was dated 5/3/22 at 7.43 PM and revealed "Bed rail(s) Is/are recommended at this time." An interview was conducted on 5/3/22 at 1:30 PM with Resident #50. When asked if he used the side rail, Resident #50 stated, yes, they make me feel safe. On 5/4/22 at 1:35 PM, an interview was conducted with LPN (licensed practical nurse) #5. When asked who assesses the resident and obtains consent for use of bed rails, LPN #5 stated, nursing does the initial assessment. An interview was conducted on 5/4/22 at 4:44 PM with LPN (licensed practical nurse) #3. When asks who conducts the bed rail assessment, LPN #3 stated, we do the assessment the more own of the properties of the pr	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 700	Therapy has the final can benefit from bed informed consent and line of defense and we make sure the edone. On 5/4/22 at 5:15 PM member) #1, the addregional vice president of #6, the assistant addregional vice president of the above concern. The facility's "Proper dated 12/16, which is benefits of side rails resident. Consent for obtained from the reafter presenting poten. No further information. 4. The facility staff fare Resident #132 had to for the use of side rails resident #132 was asside one quarter rail observation at 1:10 Fis/4/22 at 8:20 AM. Resident #132 was as 4/13/22. Resident #were not limited to: as an angle of the side of the	wed by the therapy do a second assessment. I say on whether the patient rails. We also obtain d educate. We are the first we educate and get consent. ducation and consent are M, ASM (administrative staff ministrator, ASM #3, the ent of operations, ASM #4, clinical services and ASM ministrator were made aware as Use of Side Rails" policy eveals, "The risks and will be considered for each or the side rail use will be sident or legal representative, ential benefits and risks." In was provided prior to exit. illed to evidence that the risks / benefits reviewed ils. bbserved in bed with right s on 5/3/22 on initial resident PM, 5/3/22 at 4:30 PM and admitted to the facility on fors diagnoses included but fortic valve insufficiency, all, left artificial hip and	F 70		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER	IURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/00/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 APPROPF DEFICIENCY)	BE COMPLETION
F 700	data set) assessment assessment, with an of 4/20/22, coded the of 15 on the BIMS (b status) score, indicat cognitively impaired. Status: coded the result assistance for bed m walking/locomotion, of hygiene/bathing; sup A review of Resident plan dated 5/4/22, do Use Bilateral 1/4 rails	at recent MDS (minimum t, a Medicare 5 day assessment reference date resident as scoring a 14 out rief interview for mental ing the resident was not MDS Section G- Functional sident as requiring extensive obility, transfers, dressing and personal ervision for eating. #132's comprehensive care ocuments in part, "FOCUS-	F 700		
	check" A review of the physi which revealed, "Bila bed to enable mobilit A request was made 4:41 PM for the bed of for Resident #50. Bed rail assessments on 5/4/22 at 9:15 AM and bed rail assessmitime of the physician start date A review of the "Bed #132 was dated 5/3/2	check side rails during safety cian orders dated 5/3/22, teral 1/4 side rails while in			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G	(X3	3) DATE SURVEY COMPLETED
		495099	B. WING _			C 05/05/2022
	ROVIDER OR SUPPLIER REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	·	33.00.2022
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 700	An interview was co with Resident #132. side rail, Resident # me feel safe. On 5/4/22 at 1:35 Pl conducted with RN asked who assesse consent for use of b nursing does the init consent. Therapy canother assessment An interview was co with LPN (licensed pasks who conducts #3 stated, we do the to see if the bed rails restraint. We provide consent, this is revied department and they Therapy has the fination can benefit from bed informed consent ar line of defense and We make sure the edone. On 5/4/22 at 5:15 Pl member) #1, the addregional vice president of #6, the assistant add of the above concert. The facility's "Proper dated 12/16, which is benefits of side rails."	My an interview was (registered nurse) #3. When asked if he used the 132 stated, yes, they make My an interview was (registered nurse) #3. When is the resident and obtains ed rails, RN #3 stated, rial assessment and obtains omes after that and does it. Inducted on 5/4/22 at 4:44 PM practical nurse) #3. When it he bed rail assessment, LPN is assessment on admission, is benefit them or would be a reinformation and get information and get ewed by the therapy of do a second assessment. It rails. We also obtain and educate. We are the first we educate and get consent. Inducation and consent are My ASM (administrative staff ministrator, ASM #3, the ent of operations, ASM #4, is clinical services and ASM ministrator were made aware	F 7			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER	URSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 00/00/2022
(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 SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETION
F 700	After presenting poter No further information 5. Facility staff failed and evaluation and of side rails for Resident #4 was adm On the most recent M quarterly assessment Reference Date) of 4 able to be interviewed moderately cognitivel decisions on the staff coded as requiring exfor all areas of activition On 5/03/22 at 2:51 Pl Resident #4 was observed and the clinical evidence of an assess consent for the use of the clinical evidence of an assess consent for the clinical evidence of an assess consent for the use of the clinical evidence of an assess consent for the clinical evidence of an assess consent for the clinical evidence of an assess c	ident or legal representative, ntial benefits and risks." In was provided prior to exit. It to conduct an assessment otain a consent for the use ent #4. In witted to the facility on 6/3/16. IDS (Minimum Data Set), a with an ARD (Assessment /30/22, Resident #4 was not d and was coded as being y impaired for making daily interview. The resident was stensive to total assistance es of daily living. M and 5/4/22 at 1:55 PM, erved in bed, with bilateral of side rails. ASM #6 (Administrative sistant Administrator, stated dence of an assessment and nt for the use of side rails.	F 70		
	side rails before imple	ementing them, they stated bleted prior to using side			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED			
		495099	B. WING _			C 05/05/2022
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 10701 MAIN STREET FAIRFAX, VA 22030	jE	03/03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 700	conducted. This policassessment will be meresident's symptoms, reason for using side use will be obtained for representative, after and risks" On 5/5/22 at 12:33 P. Administrator, ASM #ASM #3 the Vice Pre #4 Vice President of #6 the Assistant Admof the findings. No further findings.	roper Use of Side Rails" was by documented, "An lade to determine the risk of entrapment and railsConsent for side rail rom the resident or legal presenting potential benefits M, ASM #1 the to the Director of Nursing, sident of Operations, ASM Clinical Services, and ASM inistrator, were made aware or ther information was to remove side rails after a sament and evaluation to rails were not sident #147. dmitted to the facility on the recent MDS (Minimum and the change assessment with the Reference Date) of the formental status, indicating the part of the pa	F7	700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ı	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495099	B. WING _			C 05/05/2022
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		03/03/2022
(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 CORRE ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 700	A review of the clinical Rail Evaluation" dated the assessment for the risk and benefits were provided. This assessuse of side rails was a However, further reviewealed the most recorded at 3/11/22 which could rails was not recorded was observed to be side rails was not recorded to the side rails was not recorded with LPN #	Il record revealed a "Bed d 6/11/21 that documented e use of side rails and that e explained and consent was sment documented that the recommended. Ew of the clinical record tent "Bed Rail Evaluation" documented that the use of the period of the	F7	700		
F 755 SS=D	revealed that side rail should the resident has side rails should not be on 5/4/22 at 5:18 PM Staff Member) the Ad Director of Nursing, A Operations, ASM #4 Services, and ASM #4 Administrator, were many No further information Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)(c) §483.45 Pharmacy Scrutter facility must providings and biologicals them under an agreeing \$483.70(g). The facility personnel to administration to side the side of the s	, ASM #1 (Administrative ministrator, ASM #2 the SM #3 the Vice President of Vice President of Vice President of Clinical So the Assistant made aware of the findings. It was provided. It was provided. It was provided. It was provided. It was provided to the findings of the findings. It was provided. It was provided. It was provided to the findings of the findings. It was provided to the findings of the findings	F 7	755		6/15/22

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495099	B. WING		C 05/05/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	1 03/03/2022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE
F 755	Continued From pag	ge 94	F 75	5	
	pharmaceutical serve that assure the accurate dispensing, and adminication biologicals) to meet §483.45(b) Service of must employ or obtain pharmacist whoseless of the provision of the facility. §483.45(b)(1) Provide aspects of the provision facility. §483.45(b)(2) Estab receipt and disposition sufficient detail to er reconciliation; and §483.45(b)(3) Determined and that an according to the accurate dispersion of the acc	res. A facility must provide ices (including procedures rate acquiring, receiving, ninistering of all drugs and the needs of each resident. Consultation. The facility in the services of a licensed des consultation on all sion of pharmacy services in lishes a system of records of on of all controlled drugs in table an accurate mines that drug records are in count of all controlled drugs eriodically reconciled.			
	This REQUIREMENt by: Based on resident if facility document review, it was determined to have medic administration to the for one of 55 resident Resident #52 (R52). have R52's schedule administration on 4/2. The findings include	T is not met as evidenced Interview, staff interview, view, and clinical record Inined that the facility staff Interview available for Iterial resident in a timely manner Into in the survey sample, Interview available for Iterial resident in a timely manner Into in the survey sample, Interview available for Iterial resident in a timely manner Iterial		 Resident #52 medications have be ordered and are available in the medication cart for administration per scheduled time. An Audit conducted by the Unit Manager on current resident semedications to verify medications are available in the medication cart and administered per scheduled times and unavailable the MD/NP notified with the request for alternative medication if appropriate and Resident/RP notified medication changes with documentation 	if e

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	•		(X3) DATE SURVEY COMPLETED	
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AND NORSING CENTER		FAIRFAX, VA 22030			
CIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
page 95	F 75	55			
of 3/14/22, R52 was coded as tive impairment for making daily was coded as receiving dialysis receiving insulin injections during eriod. 8 p.m., an interview was R52. R52 stated that during the eks, the resident did not receive atted to diabetes and to dialysis ere not in the medication cart for ninister. Is clinical record revealed the with a start date of 3/26/22: toza) (1) Solution Pen 1.8 mg (milligrams) one time a day for dm2 (diabetes 'A review of R52's MARs ninistration records) revealed the not available for administration 4/26/22. On 4/25/22 the resident and was not in the facility at the tion was due. A progress note ocumented: "4/24/2022 6:11 p.m. estration Note Text: Liraglutide ector 18 MG/3MLpending." A lated 4/26/22 documented: p.m. Orders - Administration utide Solution Pen-injector 18 placed to [name of pharmacy], of pharmacist], stated medicine this in the morning."	F 75	3. The Facility Educator or in-service the Licensed Nurse process for re-ordering mediensure residents have medicavailable for administration a scheduled times, if not availa MD/NP notified of unavailable and request for an alternative to administer if appropriate. A medication changes the reside notified with documentation 4. Audits will be conducted Manager to verify medication re-ordered and are available, unavailable the MD/RP notific request for an alternative me administer if appropriate weeks, then monthly x 2. The findings will be reviewed and	es on the ications to lation to the dible the elemedication and the medication element. If medication element with dication to electly x 4 element elemen		
		A BUILDING 495099 R AND NURSING CENTER RRY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) Page 95 of 3/14/22, R52 was coded as tive impairment for making daily was coded as receiving dialysis receiving insulin injections during eriod. 8 p.m., an interview was R52. R52 stated that during the eks, the resident did not receive sted to diabetes and to dialysis ere not in the medication cart for ninister. 8 clinical record revealed the with a start date of 3/26/22: toza) (1) Solution Pen 1.8 mg (milligrams) one time a day for dm2 (diabetes " A review of R52's MARs sinistration records) revealed the not available for administration 4/26/22. On 4/25/22 the resident and was not in the facility at the tion was due. A progress note coumented: "4/24/2022 6:11 p.m. stration Note Text: Liraglutide ector 18 MG/3MLpending." A ated 4/26/22 documented: p.m. Orders - Administration lutide Solution Pen-injector 18 blaced to [name of pharmacy], of pharmacist], stated medicine this in the morning." of R52's clinical record revealed ler with a start date of 3/15/22: let 1 GM (gram) 210 mg Fe liblets by mouth three times a day	A BUILDING 495099 R A BUILDING B WING STREET ADDRESS, CITY, STATE, ZIP COI 10701 MAIN STREET FAIRFAX, VA 22030 PROVIDERS PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) page 95 of 3/14/22, R52 was coded as tive impairment for making daily was coded as receiving dialysis receiving insulin injections during viriod. 8 p.m., an interview was R52. R52 stated that during the else, the resident did not receive ated to diabetes and to dialysis ere not in the medication cart for inisiter. S clinical record revealed the with a start date of 3/26/22: toza) (1) Solution Pen 1.8 mg (milligrams) one time a day for dm2 (diabetes "A review of R52's MARs inistration records) revealed the not available for administration 4/26/22. On 4/25/22 the resident and was not in the facility at the tion was due. A progress note cournented: "4/24/20/22 6:11 p.m. stration Note Text: Liraglutide eactor 18 MG/3MLpending." A ated 4/26/22 documented: p.m. Orders - Administration utide Solution Pen-injector 18 lalaced to [name of pharmacy], of pharmacist], stated medicine this in the morning." of R52's clinical record revealed ler with a start date of 3/15/22: let 1 GM (gram) 210 mg Fe biblets by mouth three times a day	A BUILDING 495099 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030 B. WING D. PREFIX FOR UNIST BE PRECEDED BY FULL TYOR IS CIDENTIFYING INFORMATION) PAGE OF THE APPROPRIATE DEFICIENCY FOR SCI DENTIFYING INFORMATION PAGE OF THE APPROPRIATE DEFICIENCY FOR SCI DENTIFYING INFORMATION PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 755 T 757 T	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495099	B. WING _			C 05/05/2022
	ROVIDER OR SUPPLIER	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030	•	33,33,232
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 755	the blood), dialysis p MARs revealed the r for administration on 5:00 p.m. A progress documented: "4/14/2 Administration Note 210 MG (Fe)all pla spoke to [name of provide the following order w "Trulicity (3) Solution (milliliters) subcutant Tue (Tuesday) for DI and progress notes r not available for adm progress note dated documented: "Orders Trulicity Solution Per MG/0.5MLPending pharmacy], spoke to 'medicine will be deli was no progress note Trulicity was administ A review of R52's carevealed, in part: "Diordered by the doctor A review of the facility available at all times dispenser for admininone of the three meavailable on site for a R52. On 5/4/22 at 4:43 p.r	t (patient)." A review of R52's medication was not available 4/14/22 at 12:00 p.m. and a note dated 4/14/22 .022 12:11 p.m. Orders - Text: Auryxia Tablet 1 GM ced to [name of pharmacy], narmacist], stated 'medication evening." 2's clinical record revealed ith a start date of 4/26/22: Pen InjectorInject 0.5 ml eously one time a day every M2." A review of R52's MAR revealed the medication was anistration on 4/26/22. A 4/26/2022 at 11:08 a.m. as - Administration Note Text: n-injector 3 , call placed to [name of [name of pharmacist] stated en MAR entry indicating the stered at all on 4/26/22. The plan dated 3/11/22 abetes medication as r." by's list of medications	F7	755		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		05/05/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 755	she would check the dispenser to see if the there. She stated if the she would call the phimmediate delivery. Swas for a diabetic, the contacted, and new of stated: "A diabetic new processed these medium president of clinical sassistant administrate concerns. A review of the facilities the procession. This situation procession. This situation product, a shortage of an ingredipermanent because made. The facility medication processed the allNotify the attestituation and explain	mechanical medication cart, mechanical medication e medication is available ne medication is not there, narmacy and ask for an She stated if the medication e physician should be orders requested. She teds their medication. The would document the in the progress notes. The pharmacists who dication/refill requests were the survey. The SM #3, the regional vice administrator, ASM #2, the SM #3, the regional vice ervices, and ASM #6, the for, were informed of these or, were informed of these or may be due to the porarily out of stock of a drug recall, manufacturer's lient, or the situation may be the drug is no longer being ust make every effort to ons are available to meet the ntB. Nursing staff inding physician of the	F 7	55		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495099	B. WING			C 05/05/2022	
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(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755	REFERENCES (1) "Liraglutide injectidiet and exercise profevels in adults and colder with type 2 diable body does not use inscannot control the armover the armover of the	on (Victoza) is used with a gram to control blood sugar nildren 10 years of age and etes (condition in which the sulin normally and therefore nount of sugar in the blood) and did not control levels well ation was taken from the ov/druginfo/meds/a611003.ht ryxia) is used to control high horus in people with chronic are on dialysis (medical e blood when the kidneys early)." This information is	F	755			
F 760 SS=D		f Significant Med Errors	F	760			6/15/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 760	The facility must ens §483.45(f)(2) Reside medication errors. This REQUIREMEN' by: Based on resident in facility document revereive, it was detern failed to ensure one sample Resident #52 significant medication. The facility staff faile ordered after the "hoprocedure ended. The findings include: On the most recent I admission assessmereference date) of 3/ having no cognitive indecisions. R52 was anticoagulant on all speriod. On 5/3/22 at 1:38 p.1 conducted with R52. diagnosed with atrial hospitalization. R52 Eliquis for the atrial funderwent an outpat 3/29/22. R52 stated Eliquis held the day restarted on 3/30/22 not restart the Eliquis R52 stated they repebut the nursing staff	ure that its- ents are free of any significant T is not met as evidenced Interview, staff interview, iew, and clinical record inned that the facility staff of 55 residents in the survey (R52) was free from a in error. It to administer Eliquis (1) as eld" period related to a MDS (minimum data set), an ent with an ARD (assessment 14/22, R52 was coded as impairment for making daily coded as receiving and seven days of the look back	F 760	 Resident #52 medication reconciliation was completed and is receiving his Eliquis per Physician □s order. Audit conducted by the Unit Manafor residents on anticoagulants to verif physician orders to hold anticoagulant medications are held and/or resumed administered per physician order. The Facility Educator or designed in-service the Licensed Nurses on the process for transcription of physician orders to hold medication such as anticoagulants etc. and when to resum the medication have dates on the EM/to administer the medication per physician □s order and the order is transcribed accurately. Audits will be conducted by Unit Manager or designee to verify residen with orders for Eliquis are transcribed accurately and resumed per physician order if placed on hold. The audit findi will be reviewed and/or revised in the QAPI meeting monthly for the next 3 months. The audit findings will be reviewed and/or revised in the QAPI meeting monthly for the next 3 months 	and will ne AR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
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F 760	1 tablet by mouth to bleeding, bruising, a date 3/8/22. End da physician's order fo "Eliquis Tablet 5 MC times a day for A Filbruising, and black A review of R52's p following nurse's not Tablet 5 MG. Give 1 dayMonitor for ble tarry stools. On hole procedure on 3/29/2/2 Further review of R52's procedure on 3/29/22: "Patient exfrom skin graft procestable, cont (continual A review of R52's carevealed, in part, the anticoagulant therafibrillationAdminist as ordered by physical contents of the process of th	ablet 5 MG (milligrams). Give we times a dayMonitor for and black tarry stools. Start ate 3/28/22." A second reliquis was dated 4/5/22: G. Give 1 tablet by mouth two b. Monitor for bleeding, tarry stools. Start date 4/5/22." rogress notes revealed the ate: "3/28/22 Note Text: Eliquis I tablet by mouth two times a seding, bruising, and black diprior to an upcoming 22." 52's clinical record revealed the progress note dated tamined in the hall, returning edure A fib (atrial fibrillation), are plan dated 4/28/22 to following: "Resident is on py r/t (related to) atrial ter anticoagulant medications ician." 20 p.m., ASM (administrative me director of nursing stated and of practice was a.m., LPN (licensed practical viewed. LPN #3 was the unit unit. LPN #3 stated R52 had	F 76	50		
	On 5/5/22 at 11:10 and nurse) #3 was intermanager for R52's independently sche procedure, and the	viewed. LPN #3 was the unit unit. LPN #3 stated R52 had				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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F 760	the NP (nurse practo hold the Eliquis of the procedure. She order correctly into She stated the prove Eliquis to re-start of should have started generally does a character of the unit, but she did t	in 3/28/22 in preparation for a stated she did not enter the the electronic medical record. Vider gave instructions for the in 3/30/22. She stated: "We did it right back." She stated she hart audit for all new orders on did not catch the error. p.m., ASM (administrative he administrator, ASM #2, the ASM #3, the regional vice ions, ASM #4 the vice services, and ASM #6, the ator, were informed of these ion was provided prior to exit. amentals of Nursingand Wilkins 2007 page 169, a written medication order, working document approved facilityread the order ate on copying it correctly, the finished. Be sure to look for that could cause your patient to	F 760				

AND DUAN OF CODDECTION IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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F 760	embolism (PE; a bloowho are having hip rereplacement surgery, treat DVT and PE and prevent DVT and PE the initial treatment is class of medications oworks by blocking the substance that helps information was taken https://medlineplus.gotml. (2) "Atrial fibrillation is types of arrhythmias, rhythms. Atrial fibrillation beat much faster than upper and lower chamas they should. When chambers do not fill coblood to your lungs at feel tired or dizzy, or ypalpitations or chest gyour heart, which incredots and can leads to complications. Atrial fiwithout any signs or sibrillation can lead to life-threatening complication that is the property of the pro	d clot in the lung) in people placement or knee Apixaban is also used to d may be continued to from happening again after completed. Apixaban is in a called factor Xa inhibitors. It action of a certain natural blood clots to form." This in from the website by/druginfo/meds/a613032.h so one of the most common which are irregular heart ion causes your heart to a normal. Also, your heart's inbers do not work together this happens, the lower completely or pump enough and body. This can make you you may notice heart to be an ionic also pools in eases your risk of forming to strokes or other ibrillation can also occur symptoms. Untreated serious and even ications." This information is	F 760					
F 803 SS=D	Menus Meet Residen CFR(s): 483.60(c)(1)-	t Nds/Prep in Adv/Followed (7) d nutritional adequacy.	F 803		6/15/22			
	wichus must							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 803	residents in accordanguidelines.; §483.60(c)(2) Be presented with second anguidelines.; §483.60(c)(3) Be followed with second anguidelines.; §483.60(c)(4) Reflect reasonable efforts, the ethnic needs of their input received from anguing received from anguing second anguideline second received from anguing second review, it was staff failed to provide recommendation, and matched the publisher residents in the survice (R52). At lunch on 56 receive double portions.	ne nutritional needs of nee with established national pared in advance; owed; t, based on a facility's ne religious, cultural and esident population, as well as esidents and resident dated periodically; iewed by the facility's cally qualified nutrition tional adequacy; and g in this paragraph should be resident's right to make ces. T is not met as evidenced on, resident interview, staff ument review, and clinical determined that the facility food per the dietician's d failed to serve food that ed menu for one of 55 ey sample, Resident #52 3/22 and 5/4/22, R52 did not one per the dietician's color items did not match and meal ticket.	F 80	 Resident #52 is receiving meals t match the therapeutic diet menu, diet order, patient preference and meal tic All residents with have the potent be affected. An audit conducted by the Dietary Director on current residents t verify they are receiving meals that mathe therapeutic menu, patient preferer diet order and meal ticket. The Dietary Director will in-servic Dietary Staff on the process to ensure residents are receiving meals that mather the staff on the process to ensure residents are receiving meals that mather the staff on the process to ensure residents are receiving meals that mather the staff on the process to ensure residents are receiving meals that mather the staff on the process to ensure residents are receiving meals that mather the staff of the staff on the process to ensure residents are receiving meals that mather the staff of the	ket. ial to e o atch nce,	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 803	F 803 Continued From page 104 On the most recent MDS (minimum data set), an		F 8	the therapeutic diets, resider	nt food		
	admission assessmereference date) of 3/1 having no cognitive in decisions. R52 was contherapeutic diet, and services during the lo	nt with an ARD (assessment 4/22, R52 was coded as npairment for making daily oded as being on a as receiving dialysis ok back period.		preferences, likes and dislike and meal ticket match the traportions servings. Residents foods that not on their diet ar foods that are their dislike prinform the Dietary Manager of Nursing management regard	es, diet ord ay and dou who reque nd request eferences or Dietitian ling reques	uble est : will or	
	interviewed. R52 had food served to him. R consistently failed to recommended by the	n., Resident #52 (R52) was multiple complaints about 52 stated the dietary staff provide double portions, as dietician. R52 stated the frequently did not match the		that are not consistent to die physician order or dietitian recommendations and/or req resident⊡s dislikes preference care plan for these request the consistent to diet and prior die preferences.	quest food ces to upda hat are not	ate	
	completed. R52's dinilifted the cover. The rifollowing food: two sneach less than 1/4 indinches in length, apprividth; approximately pieces of small chopp pack of saltines, fresh. The meal ticket docur contain cranberry juic the tray. The meal tic should contain a whe	n., R52's interview was ner tray was delivered. R52 meal tray contained the nall pieces of baked fish, ch thick, approximately 3 roximately, two inches in 1/3 cup of green peas with 4 ped onion, 1 boiled egg, a n fruit salad, and a white roll. mented the tray should te, but there was none on ket documented the tray at roll and double portions.		4. Audits will be conducted Dietary Director or designee residents to verify therapeutiresident likes and dislike preforder and meal tickets match when served and accurate so double portion on meal tray weeks then monthly x 2. The findings will be reviewed and the QAPI meeting monthly formonths.	for t c diet men ferences, o n the tray erving size weekly x 4 e audit l/or revised	diet e of d in	
	wheelchair beside the on the overbed table. meal tray contained the medium chicken leg, mixed vegetables, a besquare of cornbread, approximately 1/2 cup	n., R52 was seated in the e bed. R52's lunch tray was R52 lifted the cover. The he following food: one approximately 1/3 cup of poiled egg, a four inch a bowl containing of lettuce, four slices of t pieces of diced tomatoes.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 803	Continued From page	e 105	F 8	303			
	The meal ticket state angel food cake, but	d the tray should contain there was none on the tray. cket documented: "Tossed					
	Nutritional Evaluation R52's most recent readocumented, in part: interviewResident is term care) director of [R52] has not liked the farreferred to dietary and assessment of mare preferences." Further	y department for follow up ore detailed meal review of the clinical record of further follow up of R52's					
	the following Nutrition (other staff member) dietician), dated 3/30 today with head of so resident several times strategies to address mealsGiven that refeels that [R52] does request double portion R52's clinical recorded dated 3/30/22: "DIET K [potassium] foods) Regular Thin Liquid concentrated sweets."	; DOUBLE PORTIONS."					
	revised on 3/11/22 re	e plan dated 3/1/22 and vealed, in part: "Resident m or potential nutritional rve diet as ordered."					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495099	B. WING			C
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FAIRFAX	REHABILITATION AN	D NURSING CENTER		10701 MAIN STREET		
17414700				FAIRFAX, VA 22030		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 803	Continued From p	age 106	F	303		
	member) #13, die OSM #13 stated vor a member of he room and interview resident's food pre resident's preference at ticket placed each meal. She stresident about foo admission. When making sure the formatches the meal member "calls" the serving the plates supervisor double OSM #13 stated e sure double portion ordered for the resubstitution needs	a.m., OSM (other staff tary director, was interviewed. when a resident is admitted, she er staff goes to the resident's was the resident to determine the eferences. OSM #13 states the nees are documented on the on each resident's meal tray at tated the RD also interviews the dipreferences at the time of asked who is responsible for rood on a resident's tray ticket, OSM #13 stated a staff te ticket to the staff member on the kitchen line, and a checks the tray for accuracy. Each tray is checked to make the staff as to be made due to any food lable, she or a member of her				
	staff attempts to s changes, and the each resident's manages, and the each resident's manages has spoken to R5. stated she had off a renal diet to a refused. On 5/5/22 at 10:29 interviewed. She s resident within 48 time, she interview preferences, as w She stated she coar resident's food p #13. She stated she she stated she	peak to each resident about the substitution is documented on eal ticket. OSM #13 stated she 2 "a couple of times." She fered the resident to move from egular diet, but the resident has stated she tries to go visit a hours of admission. At this we residents about strong food ell as other nutritional concerns. Immunicates information about preferences by email to OSM the follows up monthly on on dialysis. She stated R52				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED				
		495099	B. WING		C 05/05/2022			
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030				
(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 APPROFIDEFICIENCY)	D BE COMPLETION			
F 803	has "a lot of food prestandards." She stat preoccupied with foothave responsibilities served to residents of On 5/5/22 at 12:38 p staff member) #1, the director of nursing, A president of operation president of clinical sassistant administratic concerns. A review of the facilities Services," revealed, provided with a nour well-balanced diet the nutritional and special consideration the presidentThe multide nursing staff, the attendiction will assess of needs, food likes, diswell as physical, fundations that affect eat and utilizationA resulting nutrition plan will be Meals and/or nutrition provided within 45 m request or scheduled accordance with the requirementsReas accommodate reside preferencesFood a inspect food trays to is provided to each residence of the state of the	eferences, he has very high ed the resident can be d. She stated she does not for the accuracy of meals lay to day. .m., ASM (administrative e administrator, ASM #2, the ASM #3, the regional vice ens, ASM #4 the vice services, and ASM #6, the or, were informed of these ensymbole, at meets his or her daily al dietary needs, taking into eferences of each isciplinary staff, including ending physician and the each resident's nutritional slikes and eating habits, as ctional, and psychosocial ting and nutritional intake sident-centered diet and based on this assessment. In al supplements will be inutes of either resident in meal time, and in resident's medication onable efforts will be made to ent choices and and nutrition services staff will ensure that the correct meal esident, the food appears ive, and it is served at a safe	F 80					

AND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3) DATE COMF	SURVEY PLETED	
		495099	B. WING			C / 05/2022	
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 10701 MAIN STREET FAIRFAX, VA 22030		03/2022	
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	BE COMPLÉTION	
F 803	Continued From page 108		F8	03			
F 804 SS=E			F 8	04		6/15/22	
	§483.60(d) Food and Each resident receive	drink es and the facility provides-					
		repared by methods that ue, flavor, and appearance;					
	attractive, and at a sa temperature.	nd drink that is palatable, fe and appetizing is not met as evidenced					
	interview and facility of staff failed to provide temperature during divith potential to affect fourth floor receiving	nner service on 05/03/2022 t 46 of 46 residents on the		 Residents on the 4th floor receiving food at a palatable te An audit conducted by the Director to verify residents on a are receiving food at a palatab temperature. 	emperature. E Dietary the 4th floor		
	interviewed. (R52) has the temperature of for room. (R52) stated the meal times posted on is consistently "on the staff are too busy hele residents to heat the temperature. (R52) stated the temperature of the residents to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as approximately because of the staff to reheat food just is not as a staff to reheat food just is not as a st	food to a more palatable cated they did not want to the food, and that reheated		3. The Facility Educator or d in-service the Dietary and Nurs the process to maintain food temperatures when serving me trays delivered on the 4th floor begin process of passing meal maintain palatable temperature closing the door when not pass meal trays to maintain tempera. 4. Audits will be conducted be Dietary Director or designee of floor to validate the resident serving temperature is maintain.	sing Staff on eals. Meal r staff are to I trays to es with sing the atures. by the n the 4th s meal		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		495099	B. WING			C 05/05/2022		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	00/2022	
				1	0701 MAIN STREET			
FAIRFAX	REHABILITATION AND N	URSING CENTER			FAIRFAX, VA 22030			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	FIX (EACH CORRECTIVE ACTION SHO		BE COMPLETION		
F 804	804 Continued From page 109		F 8	304				
1 004	Continued From page 109 holding temperatures of dinner meal, obtained from the service line in the kitchen were: Whole crab cakes - 171 degrees Fahrenheit Chopped crab cakes - 169 degrees Fahrenheit Pureed crab cakes - 181 degrees Fahrenheit Vegetables- 180 degrees Fahrenheit Pureed bread - 174 degrees Fahrenheit Pureed vegetables - 179 degrees Fahrenheit Pureed vegetables - 179 degrees Fahrenheit After the holding temperatures were obtained, plates were prepared, covered with a lid, placed in food carts and taken to the floors. On 05/03/2022 at approximately 6:20 p.m., a test tray was plated and sent to the fourth floor in the food cart with resident trays. On 05/03/2022 at 6:44 p.m. (when the final meal was served on the fourth floor), the temperatures of the food on the test tray were obtained by OSM # 13, the dietary manager. The temperatures were: Whole crab cakes - 136 degrees Fahrenheit Chopped crab cakes - 120 degrees Fahrenheit Pureed crab cakes - 120 degrees Fahrenheit Regular consistency vegetables- 125 degrees Fahrenheit Pureed bread - 113 degrees Fahrenheit Pureed vegetables - 121 degrees Fahrenheit The food on the test tray was sampled by two surveyors who determined the whole, chopped and pureed crab cakes, regular consistency and pureed vegetables and the pureed bread were not warm enough to be palatable. OSM # 13			304	palatable by performing a food temperature test on the last meal serve on the 4th floor and documented for verification. The audit findings will be reviewed and/or revised in the QAPI meeting monthly for the next 3 months			
	confirmed this and state be warmer. The facility policy, "For documented in part,"	onted these food items could pood Quality and Palatability" It is the center policy that, nethods that conserve						
		and appearance. Food is						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495099	B. WING			C 05/05/2022	
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER			•	10	TREET ADDRESS, CITY, STATE, ZIP CODE 0701 MAIN STREET AIRFAX, VA 22030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)				
F 814 SS=E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 110 palatable, attractive and served at a safe and appetizing temperature." The facility's policy "Food and Nutrition Services" documented in part, "Policy Statement. Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident." On 05/04/2022 at approximately 5:15 p.m., ASM (administrative staff member) # 1, administrator, ASM # 2, director of nursing and ASM # 3, vice president of operations, ASM# 4, vice president of clinical services and ASM # 6, assistant administrator, were made aware of the findings. No further information was presented prior to exit. Complaint deficiency. Dispose Garbage and Refuse Properly			PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI		E COMPLETION DATE 6/15/22 ters re	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF D	ROVIDER OR SUPPLIER	40000	1	27	TREET ADDRESS, CITY, STATE, ZIP CODE	05/	05/2022	
NAIVIE OF P	ROVIDER OR SUPPLIER							
FAIRFAX	REHABILITATION AND	NURSING CENTER			0701 MAIN STREET			
				F/	AIRFAX, VA 22030			
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F 814	Continued From page 111 The findings include: On 05/03/2022 at approximately 12:20 p.m., an observation of the facility's dumpsters was conducted with OSM (other staff member) # 6, director of maintenance. When asked who was responsible for maintaining the dumpsters in a clean and sanitary manner OSM # 6 stated that it was the maintenance department. The observation revealed that the facility had five trash dumpsters located toward the rear of the facility. An observation of the dumpsters revealed the sliding side doors on two of the dumpsters were fully open. Observations of the area between and behind the five dumpsters revealed a broken mop handle next to the dumpsters, approximately eight pairs of used plastic gloves, numerous pieces of trash, including several pieces of cardboard behind and in-between dumpsters mixed in and lying on top of decaying leaves and pine needles. When asked who was responsible for ensuring the dumpster were kept closed and the area was kept free of trash and debris OSM # 6 stated that it was the responsibility of the maintenance department. When asked how often the dumpster area was cleaned and checked OSM # 6 stated that is checked every morning. When			ID PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION SI TAG CROSS-REFERENCED TO THE AF		or or or og and ocess and ounder od oster bris is s The or		
	asked why it was im dumpsters closed a from debris and tras prevented contamin from from coming an The facility's policy	portant to keep the nd the area clean and free h, OSM # 6 stated that it ation and prevented animals						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
40500		495099	B. WING			С	
			5	STREET ADDRESS	S, CITY, STATE, ZIP CODE	05/	05/2022
NAME OF PROVIDER OR SUPPLIER FAIRFAX REHABILITATION AND NURSING CENTER				10701 MAIN STRI FAIRFAX, VA 2	EET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)			(X5) COMPLETION DATE
F 814	Outside dumpsters pr services will be kept of surrounding litter." On 05/04/2022 at app (administrative staff m ASM # 2, director of r president of operation of clinical services an administrator, were m	crovided by garbage pickup closed and free of croximately 5:15 p.m., ASM nember) # 1, administrator, nursing and ASM # 3, vice ns, ASM# 4, vice president	F	14			