

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2022
NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 04/26/2022 through 04/28/2022. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility if the facts alleged or conclusions set force in this statement of deficiencies.		
F 000	INITIAL COMMENTS An unannounced Medicare recertification survey was conducted 4/26/22 through 4/28/22. No complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.	F 000	The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812	1. Facility discarded penne and shell pasta identified as not labeled appropriately. 2. Facility audited kitchen for any food and nonfood supplies that may not have been clearly labeled and dated and found no other issues. The Dietary Aide identified as OSM# 2 was re-educated on the Food Labeling and Dating policy. 3. Facility will provide in service to dietary and kitchen staff on "Food labeling and dating" policy and procedure.		

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

TITLE

(X6) DATE



Administrator

05.09.2022

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.

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F 812 Continued From page 1

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:
Based on observations, staff interview, and facility document review, it was determined that the facility staff failed to maintain the kitchen in a sanitary manner. The facility staff failed to date and dispose of expired or opened food during the facility task kitchen observation on 4/26/22 at 4:17 PM in one of three kitchen areas.

The findings include:

On 4/26/22 at 4:17 PM, an observation was conducted in the main kitchen. In the dry storage room a 12 ounce box of penne pasta was loosely wrapped with saran wrap and had a green label which revealed, date opened 10/21/21 and date expired 1/21/22. The penne pasta box was approximately one half full. In addition, there was a plastic bag with shell pasta that was tied together with both ends of the bag. The shell pasta bag contained approximately one pound of shells. There was no label on bag of date opened or date expired.

An interview was conducted on 4/26/22 at 4:25 PM with OSM (other staff member) #2, the dietary aide. When asked to review the penne pasta box and the shell pasta bag, OSM #2 stated, "They should not be like that. We are to put unused pasta in a plastic container and label it." OSM #2 left room with the penne and shell pasta. Approximately five minutes later at 4:30 PM, OSM #2 was observed re-entering the dry storage room with a plastic container. The shell

F 812 Continued From Page 1

4. Dining Manager or designee will monitor weekly x 8 weeks, and will bring results to QAPI.

5. Date of the compliance 05/31/2022.

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F 812	Continued From page 2 pasta was in a plastic container and labeled with an open date of 4/26/22 and the penne pasta was left in the original box and labeled with an open date of 4/26/22. On 4/26/22 at 4:45 PM, an interview was conducted with OSM #1, the dining manager. When the findings were discussed and he was shown the shell pasta and the penne pasta both labeled opened 4/26/22, OSM #1 was asked if this was the process for unopened and or undated food. OSM #1 stated, "No, that is not the process. I will dispose of both of these pastas now." The ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing were made aware of the findings on 4/27/22 at 5:30 PM. The facility's "Food Labeling and Dating" policy dated 4/16, revealed the following, "All food and non-food supplies will be clearly labeled, and food items dated. All opened items or items not in original containers will be covered, clearly labeled and dated." No further information was provided prior to exit.	F 812	(Intentionally Left Blank)		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880	1. Unable to correct past event where facility staff failed to follow infection control practices. 2. Staff Development Coordinator provided in service education about safe sanitary medication administration to LPN #1 and licensed nurses who worked on 4/27/2022.		

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: MN2Y11 Facility ID: VA0413 If continuation sheet Page 4 of 7

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F 880	<p>Continued From page 4</p> <p>disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility staff failed to follow infection control practices for one of seven residents in the medication administration observation, Resident # 34 (R34). The facility staff placed their ungloved finger on the inside of the medication cup while administering medications to (R34).</p> <p>The findings include:</p> <p>(R34) was admitted with diagnoses that included but were not limited to: vitamin deficiency and pressure ulcer.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 03/024/2022, the resident scored 12 out of 15 on the BIMS (brief interview for mental status), indicating the resident is</p>	F 880	(Intentionally Left Blank)		

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F 880	<p>Continued From page 5</p> <p>moderately impaired of cognition for making daily decisions.</p> <p>On 04/27/2022 at approximately 8:19 a.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. LPN # 1 unlocked and opened the medication cabinet and removed several medication bubble packs and a small 30 ml (milliliter) plastic medication cup. LPN # 1 then verified (R34's) medication bubble packs with the physician's orders using a laptop computer. Observation of LPN # 1 holding the medication cup prior to pouring the physician ordered Pro Source (liquid protein nutritional supplement) revealed they used their ungloved index finger and thumb, placing their index finger inside of the cup to grasp it and rotate the cup to find the 15 ml marking. Further observation revealed LPN # 1 placed the medication cup on their cart and poured the Pro Source into the cup to the 15 ml mark then administered it to (R34). (R34) was observed to consume all of the contents from the medication cup.</p> <p>On 04/27/22 11:23 AM an interview was conducted with LPN # 1. When asked to describe the procedure for handling a medication cup during medication administration LPN # 1 stated that the cup should be held from the outside. When informed of the observation during their medication administration to (R34) LPN # 1 stated that they did not recall placing their finger inside the medication cup. When asked why it was important not to place their fingers inside a medication cup LPN # 1 stated that they could contaminate the inside of the cup.</p> <p>On 04/27/2022 at approximately 5:30 p.m., ASM</p>	F 880	(Intentionally Left Blank)		

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F 880	Continued From page 6 (administrative staff member) # 1, administrator, and ASM # 2, director of nursing, were made aware of the above findings. No further information was provided prior to exit	F 880	(Intentionally Left Blank)		