

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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2022
NAME OF PROVIDER OR SUPPLIER ARLEIGH BURKE PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 1739 KIRBY ROAD MC LEAN, VA 22101		
(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 8/9/22 through 8/11/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 8/9/2022 through 8/11/2022. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	F 000			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in	F 623		8/26/22	

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

TITLE

(X6) DATE
08/19/2022

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 623	<p>Continued From page 1 paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal</p>	F 623			

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F 623	Continued From page 2 hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).	F 623			

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F 623	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to evidence that the required written notification of a transfer was sent to the resident's responsible party and the Ombudsman for a hospital transfer for one of 23 residents in the survey sample; Resident #16.</p> <p>The findings include:</p> <p>For Resident #16, the facility staff failed to evidence that the required written notification was provided to the resident's responsible party and the Ombudsman when the resident was transferred to the hospital on 6/23/22.</p> <p>Resident #16 was admitted to the facility on 7/15/20 and most recently readmitted on 7/21/22. On the most recent MDS (Minimum Data Set), a significant change assessment with an ARD (Assessment Reference Date) of 7/25/22, the resident was coded as being cognitively impaired in ability to make daily life decisions. The resident was coded as requiring extensive assistance for eating and total care for all other areas of activities of daily living.</p> <p>A review of the clinical record revealed a nurse's note dated 6/23/22 that documented, "Around 10:45 (PM) assigned aid notified writer about something happening to resident left affected eye; Upon arrival at scene, what writer saw was resident with severe eye injury, eye ball popped out of socket, blood smear all over left face and right fingers; it seems like resident might have caused the trauma to self by scratching or</p>	F 623	<p>F623</p> <ol style="list-style-type: none"> 1. Provided Resident #16 responsible party written notification of transfer/discharge for emergent transfer to the hospital on 06/23/22 and notification to the Ombudsman sent. Reviewed and revised facility policy for Facility Initiated Transfer and Discharge to meet current regulatory guidelines. 2. All facility initiated transfer or discharged residents have the potential to be affected. Social Service Director completed a 100% audit of written notification and notification to ombudsman for all facility- initiated discharges and transfers during the last 30 days. 3. The facility Social Worker and Social Worker assistant were educated on the required transfer and discharge written notification to resident/responsible party and notification to the Ombudsman for all facility initiated transfer and discharges. A copy of the written notification of transfer/discharge issued to the resident/resident responsible party will be placed in the social services section of the medical record. Social Worker will fax Transfer Discharge notifications to the ombudsman monthly. 4. The DON or designee will complete audits weekly x4 and monthly x3 to ensure compliance 5. Results of the audits will be reviewed at QAPI for further recommendations Compliance date 08/26/2022 		

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F 623	<p>Continued From page 4</p> <p>poking fingers into eye. 911 activated, resident sent to (hospital) for assessment and evaluation; MD (medical doctor) notified, RP (responsible party) made aware."</p> <p>Review of the clinical record revealed a physician's progress note dated 6/29/22 that documented, "Admission to the hospital 6/23/2022 Date of Admission to the rehab-6/29/2022....was admitted on the 23rd with excess bleedings and discharge from the left eye while he was getting treatment with IV (intravenous) antibiotics and followed by oral antibiotics at the facility. Patient during the hospitalization was given IV Ancef and vancomycin (antibiotics) also received ophthalmology consult for the orbital cellulitis and the corneal defect of the left eye, advised to continue topical antibiotics and left eye shield since patient is a risky candidate for any surgical intervention...."</p> <p>A review of the Transfer Form dated 6/23/22 did not include any documentation that written notification was provided to the resident's responsible party or the Ombudsman.</p> <p>Further review failed to reveal any evidence that written notification was provided to the resident's responsible party and the Ombudsman after a hospital transfer on 6/23/22.</p> <p>On 8/10/22 at 3:25 PM, the facility was asked for evidence of what written notifications were sent.</p> <p>On 8/10.22 at 5:03 PM, ASM #1 (Administrative Staff Member) the Director of Nursing (acting administrator) stated that there was no documentation of the written notices. She stated</p>	F 623			

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F 623	Continued From page 5 that social services would be the one to talk to about that. At this time, the social services manager - OSM #1 (Other Staff Member) was brought into the room. He stated that he does not provide written notification to the resident's responsible party for hospital transfers and that the Ombudsman is only provided written notification of discharges that went home or to another long term care facility, but not to the hospital. The facility policy, "Transfer/Discharge Emergency was reviewed. This policy documented, "4. Should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures: a. Notify the resident's Attending Physician; b. Notify the receiving facility that the transfer is being made; c. Prepare the resident for transfer; d. Prepare a transfer form to send with the resident; e. Notify the representative (sponsor) or other family member; f. Assist in obtaining transportation; and g. Others as appropriate or as necessary..." The policy did not specify the notification to the resident's responsible party had to include a written notification. The policy did not address notifying the Ombudsman as required, and in writing. No further information was provided by the end of the survey.	F 623			
F 840 SS=D	Use of Outside Resources CFR(s): 483.70(g)(1)(2) §483.70(g) Use of outside resources. §483.70(g)(1) If the facility does not employ a	F 840		8/19/22	

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F 840	<p>Continued From page 6</p> <p>qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (g) (2) of this section.</p> <p>§483.70(g)(2) Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for-</p> <p>(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and</p> <p>(ii) The timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review, and facility document review, it was determined facility staff failed to evidence a current dialysis contract between the facility and the outpatient dialysis center providing services for one of 23 residents in the survey sample, Resident #33.</p> <p>The findings include:</p> <p>On the most recent MDS (minimum data set), a five day admission assessment with an ARD (assessment reference date) of 7/9/2022, Resident #33 (R33) scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions. Section O documented R33 received dialysis while a resident.</p>	F 840	<p>F840</p> <ol style="list-style-type: none"> 1. Dialysis contract has been sent to the dialysis vendor for review and signature. 2. An audit conducted on 08/11/2022 by the DON to ensure arrangements/contracts between the facility and services furnished by outside resources are current with no additional findings. 3. Nursing and/or social work will notify the administrator of resident needs at the facility that may require a contract between the nursing facility and an external vendor. 4. A log will be developed with all resident outside resources and current contracts. 		

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F 840	<p>Continued From page 7</p> <p>On 8/9/2022 at 2:04 p.m., an interview was conducted with R33 in their room. R33 stated that they were recently admitted to the facility after a hospitalization, for rehabilitation. R33 stated that they had been receiving dialysis services for about seven years from an outside center and went on Mondays, Wednesdays and Fridays.</p> <p>The comprehensive care plan for R33 dated 7/2/2022 documented in part, "Hemodialysis r/t (related to) ESRD (end stage renal disease)." Under "Approach" it documented in part, "Hemodialysis MWF (Monday, Wednesday, Friday) at [Name and phone number of outside dialysis center]. Leaves the facility at 10am..."</p> <p>On 8/9/2022 at approximately 11:55 a.m., during entrance conference, a request was made to ASM (administrative staff member) #1, the director of nursing and acting administrator, to review the dialysis contracts held by the facility.</p> <p>On 8/10/2022 at approximately 5:00 p.m., a second request to review the dialysis contract between the facility and [Name of outside dialysis center] where R33 received treatment.</p> <p>On 8/11/2022 at 8:09 a.m., an interview was conducted with ASM #1, the acting administrator. ASM #1 stated that they had been trying to contact [Name of outside dialysis center] where R33 received treatments and had not been able to get in touch with them. ASM #1 stated that they knew that they were supposed to have a contract with the dialysis center but they did not have one to provide at this time.</p> <p>The facility policy "End-Stage Renal Disease,</p>	F 840	<p>Administration or designee will complete monthly audits of the logs</p> <p>5. Contracts with external vendors will be reviewed annually by the administrator and reported to QAPI.</p> <p>Compliance 08/19/2022</p>		

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F 840	<p>Continued From page 8</p> <p>Care of a Resident with ESRD" documented in part, "...Agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including: a. How the care plan will be developed and implemented; b. How information will be exchanged between the facilities..."</p> <p>On 8/11/2022 at approximately 8:11 a.m., ASM #1 was made aware of the concern.</p> <p>No further information was provided prior to exit.</p>	F 840		