

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

PRINTED: 09/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/24/2022
NAME OF PROVIDER OR SUPPLIER AUGUST HEALTHCARE AT LEEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 7120 BRADDOCK ROAD ANNANDALE, VA 22003		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 08/23/22 through 08/24/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS	F 000			
F 883 SS=D	A COVID-19 Focused Infection Control Survey was conducted onsite 08/24/2022. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The survey sample consisted of 5 residents. No complaints were investigated during the survey. The census in this 132 certified bed facility was 108 at the time of the survey. The survey sample consisted of 5 resident reviews and 6 employee reviews. Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been	F 883		9/16/22	

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

TITLE

(X6) DATE

Electronically Signed

09/12/2022

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 883	<p>Continued From page 1</p> <p>immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive</p>	F 883			

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F 883	<p>Continued From page 2</p> <p>the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to provide pneumococcal immunization as require or appropriate for one resident (Resident #1), and failed to provide documentation as to why the COVID-19 vaccination was not provided for one resident (Resident #2) in a sample of five residents.</p> <p>The findings included:</p> <p>On 08/23/22 at approximately 11 a.m., an electronic health record (EHR) review was conducted. Resident #1 was noted to not have refused the COVID-19 vaccination. However, there was no documentation as to the basis of not providing the vaccination.</p> <p>On 08/23/22 at approximately 11:15 a.m., an electronic health record (EHR) review was conducted. Resident #2 was noted to not have been administered a pneumococcal vaccination.</p> <p>On 08/23/22 at approximately 12:00 p.m., conducted a review August Healthcare Policy & Procedure, title: Pneumococcal Vaccination. The policy states that it is the policy of the facility that all residents be provided the opportunity and encouraged to receive pneumococcal vaccinations.</p> <p>On 08/24/22 at approximately 10 a.m. conducted an interview with the Infection Preventionist. The infection preventionist acknowledged that:</p> <p>1). Resident #1's record did not contain</p>	F 883	<p>1. Resident #1 and #2 had no adverse effect by this deficient practice. Resident #1 clinical record has been updated to include documentation as to why the resident refused COVID19 Vaccination. Resident #2 have now been administered their pneumococcal immunization on 9/12/2022.</p> <p>2. All residents in the facility who are eligible to receive the pneumococcal immunization are at risk for this deficient practice. Director of Nursing (DON)/Designee will complete a 100% audit of all residents' clinical records to identify any resident who has not been provided pneumococcal vaccine. The don/designee will complete 100% audit of all residents who are not up to date with their COVID19 vaccination series to ensure documentation for immunization refusals are in the clinical record.</p> <p>3. The DON/Designee will educate all licensed nursing Staff on the importance that all residents are provided the opportunity and encouraged to receive the pneumococcal vaccine. All licensed nursing staff will also be educated on the importance of documenting in the clinical record why residents refused the COVID19 immunization.</p> <p>4. DON/Designee will complete weekly audit x3 months on all residents' clinical</p>		

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F 883	Continued From page 3 documentation detailing why the COVID-19 immunization was not administered. 2). Resident #2's had not been offered nor receive a pneumococcal immunization. During the end of day meeting the facility Administrator and DON was made aware of the above findings and no further information was provided.	F 883	record to ensure they have been administered their pneumococcal vaccine. Weekly audits will also include ensuring residents who are not up-to-date with their COVID19 vaccination series have details for refusals. Results of these weekly audits will be submitted to QAPI Committee monthly x3 months to ensure compliance. 5. AOC: 9/16/2022		