PRINTED: 01/13/2023 FORM APPROVED OMB NO. 0938-0391

			(X3) DATE SURVEY COMPLETED		
		495197	B. WING _		01/11/2023
NAME OF PROVIDER OR SUPPLIER BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX				STREET ADDRESS, CITY, STATE, ZIP CODE 9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060	
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
E 000	Initial Comments		ΕO	00	
F 000	survey was conducted 01/11/2023. The facil 42 CFR Part 483.73, Care Facilities. No er	ity was in compliance with Requirement for Long-Term nergency preparedness stigated during the survey.	F 0	00	
	conducted 01/10/2023 Corrections are requir CFR Part 483 Federa	mplaints were investigated le Life Safety Code			
	at the time of the survicensisted of 20 currer closed record reviews Free from Unnec Psy CFR(s): 483.45(c)(3)(chotropic Meds/PRN Use e)(1)-(5)	F 7	A. Address how correction action will be accomplished for those residents found been affected by the deficient practice:	
	affects brain activities processes and behav but are not limited to,	notropic drug is any drug that associated with mental ior. These drugs include,		Resident's Remeron was discontinued resident was discharged to home on 1/2	
	categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic			B. Address how the facility will identify or residents having the potential to be affer the same deficient practice:	
		ensive assessment of a ust ensure that		Director of Nursing and/or designee will residents with psychotropic medications make sure all psychotropic medications an appropriate diagnosis.	to
ABORATORY D	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Administrator

1/20/2023

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) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495197	B. WING		01/11/2023	
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F 758	§483.45(e)(1) Reside psychotropic drugs ar unless the medication specific condition as c in the clinical record; §483.45(e)(2) Reside drugs receive gradual behavioral interventio contraindicated, in an drugs; §483.45(e)(3) Reside psychotropic drugs puunless that medication diagnosed specific co in the clinical record; a §483.45(e)(4) PRN or	ents who have not used are not given these drugs on is necessary to treat a diagnosed and documented ents who use psychotropic of dose reductions, and ons, unless clinically on effort to discontinue these ents do not receive ursuant to a PRN order on is necessary to treat a condition that is documented	F 758	C. Address what measures will be put in or systemic changes made to ensure the deficient practice will not recur: Director of Nursing Services (DNS) and designee will provide education for prove (physicians and nurse practitioner) regarched (Physicians and nurse practitioner). Facility's DNS and Rehab Director will preducation for nursing staff and rehab staregarding CFR(s): 483.45(c)(3)(e)(1)-(5) facility's policy "Psychotropic Medication". D. Indicate how the facility plans to mon performance to make sure that solutions sustained:	at the /or 1/31/23 riders arding ty's provide aff) and n Use".	
	§483.45(e)(5), if the a prescribing practitione appropriate for the PF beyond 14 days, he orationale in the reside indicate the duration f §483.45(e)(5) PRN or drugs are limited to 14 renewed unless the apprescribing practitione the appropriateness of This REQUIREMENT by: Based on staff interviand clinical record reviacility staff failed to e	attending physician or er believes that it is RN order to be extended or she should document their ent's medical record and for the PRN order. Indeed of anti-psychotic and and for the PRN order. Indeed of anti-psychotic and and for the PRN order. Indeed of anti-psychotic and anti-psychotic anti-psychotic and anti-psychotic anti-p		DNS and/or designee will conduct audits newly prescribed psychotropic medication matching diagnosis beginning week of 1 for three months to monitor free of unnepsychotropic medications. DNS and/or designee will report results audits at the Quality Assurance and Per Improvement (QAPI) Committee for the 3 months. During and at the conclusion of the 3 months and the QAPI Committee will re-evaluate and the necessary action or extend the review.	ons for 1/16/23 cessary of the formance next onths, d initiate	

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F 758	antidepressant median appropriate diagnormal	staff failed to ensure an cation was administered for losis. MDS (minimum data set) hission assessment, with an exe date of 12/7/2022, the las having both short- and lifficulties, and being for making daily cognitive dated 12/14/2022, lapine (Remeron) Tablet lasion) (1) 7.5 MG lablet by mouth at bedtime to the case plan dated 12/2/2022 lasion (This order was written by the case	F 75	The Administrator and/or design responsible for confirming implous ongoing compliance with the cuthe Plan of Correction and addiresolving variances that may of the plan of th	ementation omponent ressing ar	s of	

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		495197	B. WING			01/11/2023	
	ROVIDER OR SUPPLIER WOODS HEALTH CARE	CENTER AT THE FAIRFAX		STREET ADDRESS, CITY, STATE, ZIP CO 9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060		3 <u>2020</u>	
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F 758	cognitive impairment documentation of a commentation of a commenta	ted a diagnosis of "mild" There was no diagnosis of depression. er was unavailable for Inducted on 1/11/2023 at (administrative staff dical director. When asked icated for, ASM #3 stated, sked if it is prescribed to SM #3 stated, normally the loss of appetite are erron is to treat the effect of the drug is it the so it's side effects benefits sychotropic Medication Use" "Procedure: 1. Psychotropic bed for a diagnosed and used for convenience or etropic medications to treat and appropriately to address dedical or psychiatric causes ms." staff member) #1, the SM #2, the director of aware of the above findings	F 75				
	(1) This information v following website:	n was provided prior to exit. vas obtained from the ov/druginfo/meds/a697009.h					

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NAME OF P	ROVIDER OR SUPPLIER	•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
DEI VOID	WOODS HEALTH CARE	CENTED AT THE EAIDEAY	9	160 BELVOIR WOODS PKWY		
BELVOIR	WOODS REALTH CARE	CENTER AT THE FAIRFAX	F	FORT BELVOIR, VA 22060		
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F 812 SS=D	S483.60(i)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ry requirements. The food from sources ed satisfactory by federal,	F 812	A. Address how correction action will be accomplished for those residents found been affected by the deficient practice: Upon receipt of the concern by survey to 1/10/23, initial education on CFR(s): 483.60(i)(1)(2), 12VAC5-371-340(A), 12VAC5-421-240 and community's polic "Uniforms and Personal Hygiene for Foccerties" was given to facility's Food Secretics."	eam on 1/17/23	
	and local laws or regularity (ii) This provision does facilities from using pure gardens, subject to consider a safe growing and food (iii) This provision does from consuming food: §483.60(i)(2) - Store, serve food in accordant standards for food see	s not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents is not procured by the facility. prepare, distribute and ince with professional		Service" was given to facility's Food Ser Director. B. Address how the facility will identify or residents having the potential to be affect the same deficient practice: Education regarding CFR(s): 483.60(i)(112VAC5-371-340(A), 12VAC5-421-240 community's policy, "Uniforms and Persellygiene for Food Service" will be given current food services team members.	ther cted by)(2), 1/31/23 and onal	
	Based on observation document review, it was staff failed to secure the of two kitchens in the of two kitchens in clude: Observation was made a.m. of OSM (other stand beverage director kitchen. There was a on the prep tables who did not have any type	n, staff interview, and facility has determined the facility hair in a hair restraint in one facility. de on 1/10/2023 at 10:56 haff member) #1, the food r, walking through the staff member making food here she walked by. OSM #1 of hair covering on her she had a hair restraint on,		C. Address what measures will be put in place or systemic changes made to ensithat the deficient practice will not recur: Hair nets will be available in a visible loc of all kitchens so that hair nets are reading available for any team members coming kitchens. Education on CFR(s): 483.60(i)(1)(2), 12VAC5-371-340(A), 12VAC5-421-240 community's policy, "Uniforms and Pers	eation 1/20/23 ly into 1/31/23 and onal	
	OSM #1 stated she us	sually wore a cap. When posed to have one on while		Hygiene for Food Service" will be given newly hired food service team members	I	

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F 812	in the kitchen, OSM # The facility policy, "U Hygiene for Food Sel "Approved Hair Restr name) logo baseball skull caps, or white to clean, and worn pulle approved hair restrain preparing or plating for ASM (administrative administrator, and AS nursing, were made a on 1/11/2023 at 2:30	riforms and Personal rvice" documented in part,, raints are hair nets, (facility caps, solid black or white oquesHair is neat and ed away from the face. An int is worn at all times while ood." staff member) #1, the SM #2, the director of aware of the above findings	F 812	D. Indicate how the facility plans to mon performance to make sure that solutions sustained: Food Service Director and/or Certified D. Manager will conduct weekly random as main kitchen and satellite kitchen for the 3 month to monitor compliance with CFI 483.60(i)(1)(2), 12VAC5-371-340(A), 12VAC5-421-240 and community's polic "Uniforms and Personal Hygiene for For Service". Food Service Director and/or Certified D. Manager will report results of the audits Quality Assurance and Performance Improvement (QAPI) Committee for the 3 months. During and at the conclusion of the 3 m the QAPI Committee will re-evaluate and the necessary action or extend the review period. The Administrator and/or designee is responsible for confirming implementationgoing compliance with the component the Plan of Correction and addressing a resolving variances that may occur.	Dietary udit of e next R(s): Cy, od Dietary at the next onths, d initiate ew on and ots of	1/31/23