

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>An unannounced Emergency Preparedness survey was conducted 01/10/2023 through 01/11/2023. The facility was in compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.</p> <p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid survey was conducted 01/10/2023 through 01/11/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The Life Safety Code survey/report will follow.</p> <p>The census in this 56 bed certified facility was 43 at the time of the survey. The survey sample consisted of 20 current resident reviews and two closed record reviews.</p>	F 000			
F 758 SS=D	<p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p>	F 758	<p>A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident's Remeron was discontinued and resident was discharged to home on 1/17/23.</p> <p>B. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>Director of Nursing and/or designee will audit all residents with psychotropic medications to make sure all psychotropic medications have an appropriate diagnosis.</p>	<p>1/17/23</p> <p>1/20/23</p>	

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

TITLE

(X6) DATE

[Signature]

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.

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F 758	<p>Continued From page 2</p> <p>The findings include:</p> <p>For R34, the facility staff failed to ensure an antidepressant medication was administered for an appropriate diagnosis.</p> <p>On the most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 12/7/2022, the resident was coded as having both short- and long-term memory difficulties, and being moderately impaired for making daily cognitive decisions.</p> <p>The physician order dated 12/14/2022, documented, "Mirtazapine (Remeron) Tablet (used to treat depression) (1) 7.5 MG (milligrams); Give 1 tablet by mouth at bedtime for appetite stimulant." This order was written by the nurse practitioner.</p> <p>The comprehensive care plan dated 12/2/2022 and revised on 12/15/2022, documented in part, "Focus: (R34) is at risk for compromised nutritional status and weight loss r/t (related to) cancer, hx (history) of weight loss, therapeutic diet, diabetes, cognitive impairment, Bell's Palsy, Parkinson's, new environment, variable po (oral) intake, malnutrition. 12/15/2022 - significant weight loss 4.3% x (within) 1 week. Dx (diagnosis) Mets CA (metastatic cancer)." The "Interventions" dated, 12/19/2022, documented in part, "Remeron started for appetite and mood. Monitor po (oral) intake, report changes in mood or po intake. Pharmacy reviews medication profile monthly."</p> <p>The review of the psychiatrist note dated</p>	F 758	The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.		

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F 758	<p>Continued From page 3</p> <p>12/7/2022, documented a diagnosis of "mild cognitive impairment." There was no documentation of a diagnosis of depression.</p> <p>The nurse practitioner was unavailable for interview.</p> <p>An interview was conducted on 1/11/2023 at 11:38 a.m. with ASM (administrative staff member) #3, the medical director. When asked what Remeron is indicated for, ASM #3 stated, depression. When asked if it is prescribed to stimulate appetite, ASM #3 stated, normally the people who have a loss of appetite are depressed, so Remeron is to treat the depression. A side effect of the drug is it increases the appetite so it's side effects benefits the person.</p> <p>The facility policy, "Psychotropic Medication Use" documented in part, "Procedure: 1. Psychotropic medication is prescribed for a diagnosed condition and not being used for convenience or discipline...5. Psychotropic medications to treat behaviors will be used appropriately to address specific underlying medical or psychiatric causes of behavioral symptoms."</p> <p>ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were made aware of the above findings on 1/11/2023 at 2:30 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a697009.html</p>	F 758			

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F 812	<p>Continued From page 5 in the kitchen, OSM #1 stated, yes.</p> <p>The facility policy, "Uniforms and Personal Hygiene for Food Service" documented in part,, "Approved Hair Restraints are hair nets, (facility name) logo baseball caps, solid black or white skull caps, or white toques...Hair is neat and clean, and worn pulled away from the face. An approved hair restraint is worn at all times while preparing or plating food."</p> <p>ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were made aware of the above findings on 1/11/2023 at 2:30 p.m.</p> <p>No further information was provided prior to ext.</p>	F 812	<p>D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Food Service Director and/or Certified Dietary Manager will conduct weekly random audit of main kitchen and satellite kitchen for the next 3 month to monitor compliance with CFR(s): 483.60(i)(1)(2), 12VAC5-371-340(A), 12VAC5-421-240 and community's policy, "Uniforms and Personal Hygiene for Food Service".</p> <p>Food Service Director and/or Certified Dietary Manager will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</p> <p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>	1/31/23	