

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

PRINTED: 02/01/2023
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495211 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/17/2022 |
| NAME OF PROVIDER OR SUPPLIER MOUNT VERNON HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8111 TISWELL DRIVE ALEXANDRIA, VA 22306 | | |
| (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 |
| F 000 | INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 08/17/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey. VA00053501- Substantiated with deficiency The census in this 130 certified bed facility was 110 at the time of the survey. The survey sample consisted of 3 resident reviews. | F 000 | | | |
| F 584 SS=E | Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; | F 584 | | | |

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

TITLE

(X6) DATE

09/07/2022

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 584 | <p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to maintain a clean environment for one resident of a sample size of three and for two of two shower rooms.</p> <p>The findings include:</p> <p>On 08/16/22 at approximately 10:30 a.m., a tour of the facility was conducted. In general the resident rooms were noted to not be maintained in a clean state. The floors were obviously dirty. The unkempt floor concerns ranged from old dried matter on the floor surface to actual particles (paper products, napkins, tissues, toilet paper on floor in bathrooms, towels, clothes, residents personal belongings) as observed on the floor throughout the facility.</p> <p>The walls of the rooms in the facility were of concern. In particular, Resident #1's room where</p> | F 584 | | | |

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| F 584 | <p>Continued From page 2</p> <p>dried body matter was noted to wall above the residents head.</p> <p>On 08/16/22 at approximately 2 p.m. an interview was conducted with Resident #1. Resident #1 stated that the dried matter to the head of the bed was there when he/she moved to the room approximately two weeks ago. Resident #1 went on to state that her/his request to have the wall clean have been ignored.</p> <p>On 08/16/22 at approximately 2:20 p.m. an interview with the Assistant Director of Nursing (ADON) was conducted. The ADON stated that each room is cleaned prior to admitting a resident. The ADON was then shown the dried body matter to the head of the Resident #1's bed. ADON stated she would have the wall cleaned. In addition, Resident #1 pointed out that signage on the wardrobe from the last resident was present. That is, a sign denoting that family will do laundry. The ADON promptly removed the signage from the wardrobe.</p> <p>On 8/16/22 at approximately 3 p.m. the shower rooms were observed. The shower rooms were unkempt as well. The shower rooms were unoccupied. There was wet toilet tissue and wet clothing, and other personal belonging (briefs et al.) remaining in the area.</p> <p>The Facility Administrator and Director of Nursing were informed on 08/16/22 at approximately 3:30 p.m.</p> | F 584 | | | |