

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/23/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUGUST HEALTHCARE AT ILIFF</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8000 ILIFF DRIVE DUNN LORING, VA 22027</b>		
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F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 03/21/2023 through 03/23/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 124 licensed bed facility was 113 at the time of the survey. The survey sample consisted of 31 resident reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12VAC5-371-220(D). Please cross reference to F550.  12VAC5-371-200(B)(1)(ii). Please cross reference to F658.  12VAC5-371-220(A). Please Cross reference to F689.  12VAC5-371-200(B)(1)(ii). Please cross reference to F693.  12VAC5-371-200(B)(1)(ii). Please cross reference to F695.	F 001	F: 550  1. On 4/5/23, Resident #14 with thick growth of hair on chin and thick growth of facial hair was trimmed. Resident #160 discharged from the facility on 3/31/23, this deficient practice cannot be retroactively corrected for a discharged resident.  2. The facility will conduct a facility wide audit to identify all residents with thick facial hair growth. All residents identified will have their facial hair trimmed. Facility will conduct an audit of all residents with a urinary bag to ensure they are covered with privacy bags.  3. The facility Administrator will ensure all employees complete a Healthcare Academy course on Resident's Rights. The facility's Staff Development	4/17/23

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

Electronically Signed

TITLE

(X6) DATE

04/06/23

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F 001	Continued From page 1	F 001	<p>Coordinator/Designee will ensure all Direct Care staff are educated on resident's dignity. This education will focus on the importance of ensuring urinary catheter bags are covered with privacy bags and trimming of facial hair for residents with thick growth.</p> <p>4.The Director of Nursing (DON)/Designee will conduct a weekly audit on all residents in the facility to ensure no resident has thick growth of facial hair or urinary catheter bags which are not covered. The weekly audit will be completed weekly for three months until full compliance is achieved. The results of the audit will be reviewed in the Quality Assurance Committee meeting monthly for 3 consecutive months.</p> <p>F689</p> <p>1.On 3/23/23, the physician order of Resident #20 was changed from checking functioning of wander guard daily on night shift to day shift until ordered wander tester arrives. On 4/5/23, the facility ordered from the wander guard manufacturer a testing device which can check the functioning of a wander guard without taking residents to exit doors.</p> <p>2.All residents on wander guard have the potential to be affected by this deficient practice. All residents with wander guard orders will be changed from checking functioning on night shift to day shift until ordered wander tester arrives.</p> <p>3.All nurses will be educated on the</p>	

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F 001	Continued From page 2	F 001	<p>importance of identifying potential hazards by implementing interventions to reduce hazards which includes monitoring for proper functioning and effectiveness of a resident's wander guard bracelet.</p> <p>4.The DON/Designee will conduct a weekly visual audit of the newly ordered wander guard tester to ensure it is readily available for nurses' use and is properly functioning. The DON/Designee will also randomly interview nurses weekly to confirm that they are checking the functioning of wander guards daily to prevent potential hazards. These audits will be conducted for 3 months and results reviewed at the Quality Assurance Committee meeting for 3 consecutive months.</p> <p>F693</p> <p>1.Corrective action for residents found to be affected. On 3/22/23, when this deficient practice was identified, Residents #161 and #15 tube feeding bags were revised to be properly labeled to include name, date, time, rate of flow and initial of nurse who hung the feeding bag.</p> <p>2.A facility-wide audit will be conducted for all residents with enteral tube feedings to ensure feeding bags are properly labeled to include name, date, time, rate of flow and initial of nurse who hung the feeding bag.</p> <p>3.The DON/Designee will re-educate all nurses to ensuring they are properly</p>	

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F 001	Continued From page 3	F 001	<p>labeling enteral feeding bags to include name, date, time, rate of flow and initial of nurse hanging the feeding bag.</p> <p>4.The DON/Designee will conduct weekly visual inspection audits on all residents with enteral feeding to ensure their feeding bags are properly labelled to include name, date, time, rate of flow and initial of nurse hanging the feeding bag. The audits will be conducted weekly for 3 months and results will be reviewed at the Quality Assurance Committee meeting for 3 consecutive months.</p> <p>F-695</p> <p>1.The corrective action for Resident #104 cannot be retroactively corrected. Clinical record review indicates that the resident was discharged 3/29/23.</p> <p>2.A facility-wide audit will be conducted to identify all residents receiving respiratory care such as suctioning, oxygen therapy, tracheostomy care and vent care to ensure respiratory care has been provided is consistent with professional standards of practice.</p> <p>3.The DON/Designee will educate all nurses and respiratory therapists on the importance of providing respiratory care consistent with professional standard of practice. This includes dating of respiratory tubing and storing respiratory devices in a bag or in a sanitary manner.</p> <p>4.The DON/Designee will conduct weekly visual inspection audits on all residents to</p>	

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F 001	Continued From page 4	F 001	<p>ensure those with respiratory equipment will have its tubing dated and stored in a sanitary manner. The audits will be conducted weekly for 3 months and results will be reviewed at the Quality Assurance Committee meeting for 3 consecutive months.</p> <p>F658</p> <p>1.The corrective action for Resident #21 cannot be retroactively corrected. Clinical record review indicates that the resident was discharged from the facility on 4/1/23.</p> <p>2.The facility will review all residents' clinical records to audit physician orders and progress notes for the last 30 days. The review is to ensure that the facility staff are providing services that meet professional standards including implementation of orders and treatments in a timely manner.</p> <p>3.The facility's DON/Designee will educate all nurses and respiratory therapists on the importance of ensuring all residents are provided services that meet professional standards including implementation of treatments and orders in a timely manner.</p> <p>4.The DON/Nursing Managers/Designee will perform weekly audits on all residents' clinical records to review physician orders and progress notes to ensure they meet professional standards. The audit will include validation that all orders and treatments are carried out in a timely manner. This audit will be conducted weekly for 3 months and results will be</p>	

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F 001	Continued From page 5	F 001	reviewed at the Quality Assurance Committee meeting for 3 consecutive months.		