

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

PRINTED: 04/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/05/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOODWIN HOUSE ALEXANDRIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4800 FILLMORE AVE ALEXANDRIA, VA 22311</b>		
(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  An unannounced Emergency Preparedness survey was conducted 04/03/23 through 04/05/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 04/03/23 through 04/05/23. 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.	F 000			
F 656 SS=E	The census in this 80 certified bed facility was 77 at the time of the survey. The survey sample consisted of 26 resident reviews. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656		5/10/23	

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

TITLE

(X6) DATE

Electronically Signed

04/13/2023

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 656	<p>Continued From page 1</p> <p>required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, the facility staff failed to implement the comprehensive care plan for two of 26 residents in the survey sample, Residents #56 and #28.</p> <p>The findings include:</p>	F 656	<p>1. The Comprehensive Care Plan will be implemented for Resident #56 and Resident #28 for the side effects of each psychotropic medication in use for these Residents being noted on the MAR. For Resident #56, the side effects of Quetiapine (an antipsychotic) would be</p>		

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F 656	<p>Continued From page 2</p> <p>1. For Resident #56 (R56), the facility staff failed to implement the resident's comprehensive care plan for psychotropic drug use monitoring.</p> <p>R56's comprehensive care plan dated 9/27/22 documented, "Psychotropic Drug Use...observe for side effects..."</p> <p>A review of R56's clinical record revealed a physician's order dated 11/3/22 for quetiapine (1) 50 mg (milligrams) twice daily. A review of R56's MARs (medication administration records) for January 2023 through April 2023 revealed the resident was administered quetiapine 50 mg twice daily 1/1/23 through 4/2/23. Further review of R56's clinical record (including the MARs, behavior sheets, assessments, and nurses' notes for January 2023 through April 2023) failed to reveal the resident was observed for side effects from the medication quetiapine.</p> <p>On 4/4/23 at 3:17 p.m., an interview was conducted with RN (registered nurse) #2, in regard to the comprehensive care plan. RN #2 stated, "It's sort of like an outline for the patient's care so everybody can be on the same page. Everybody can be on the same page for the goals and for everyone from interdisciplinary teams to see what the plan is for this resident..." RN #2 stated residents' care plans are available for nurses to review. In regard to psychotropic medication use, RN #2 stated residents should be monitored for side effects from psychotropic medications and this should be documented in the ID notes (nurses' notes).</p> <p>On 4/4/23 at 4:42 p.m., ASM (administrative staff member) #2, the interim administrator, and ASM</p>	F 656	<p>monitored by the nurse on the MAR. For Resident #28 the side effects of Citalopram (an antidepressant) would be monitored by the nurse on the MAR. If side effects were present, the nurse would indicate this in an Interdisciplinary note. Monitoring will occur every shift.</p> <p>2. For all other residents receiving psychotropic medications, the Comprehensive Care Plan will be implemented by having the side effects of the class of the psychotropic medication in use (hypnotic, antianxiety, antipsychotic, antidepressant) listed on the MAR with each shift monitoring for side effects. If side effects were noted, the nurse would indicate (Yes) for side effects and enter an interdisciplinary note. If there were no noted side effects, the entry by the nurse on the MAR would indicate (No).</p> <p>3. Training on implementation of the Comprehensive Care Plan in its entirety as well as specifically related to the use of psychotropic medications will be provided to all RNs and LPNs. The classes of psychotropic medications as well as the side effects that may be associated with these medications will be reviewed to ensure that the Comprehensive Care Plan is implemented.</p> <p>4. The results/performance will be monitored by each nurse running a report at the end of their shift and emailing this to the ADON. As the side effect monitoring will be captured on the MAR,</p>		

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F 656	<p>Continued From page 3</p> <p>#3, the interim director of nursing, were made aware of the above concern.</p> <p>The facility policy titled, "Resident Centered Care Planning" documented, "Care plan interventions provide direction to the nursing and interdisciplinary staff regarding specific actions and treatments identified as useful or necessary in helping the resident achieve established goals and objectives."</p> <p>Reference: (1) Quetiapine is used to treat schizophrenia, bipolar disorder and depression. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a698019.html">https://medlineplus.gov/druginfo/meds/a698019.html</a>.</p> <p>2. For Resident #28 (R28), the facility staff failed to implement the resident's comprehensive care plan for psychotropic drug use monitoring.</p> <p>R28's comprehensive care plan dated 3/12/23 documented, "Psychotropic Drug Use...monitor for side effects..."</p> <p>A review of R28's clinical record revealed a physician's order dated 3/9/23 for citalopram (1) 10 mg (milligrams) once daily. A review of R28's MARs (medication administration records) for March 2023 and April 2023 revealed the resident was administered citalopram once daily 3/10/23 through 4/2/23. Further review of R28's clinical record (including the MARs, behavior sheets, assessments, and nurses' notes for March 2023 and April 2023) failed to reveal the resident was monitored for side effects from the medication citalopram.</p>	F 656	<p>the report will indicate missed monitoring at the end of each nurses shift. The ADON will receive the daily reports and follow up with any missed monitoring to ensure completion. These results will be reported at QAPI monthly for 12 months.</p> <p>5. The corrective action will be accomplished by May 10, 2023.</p>		

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F 656	Continued From page 4  On 4/4/23 at 3:17 p.m., an interview was conducted with RN (registered nurse) #2, in regard to the comprehensive care plan. RN #2 stated, "It's sort of like an outline for the patient's care so everybody can be on the same page. Everybody can be on the same page for the goals and for everyone from interdisciplinary teams to see what the plan is for this resident..." RN #2 stated residents' care plans are available for nurses to review. In regard to psychotropic medication use, RN #2 stated residents should be monitored for side effects from psychotropic medications and this should be documented in the ID notes (nurses' notes).  On 4/4/23 at 4:42 p.m., ASM (administrative staff member) #2, the interim administrator, and ASM #3, the interim director of nursing, were made aware of the above concern.  Reference: (1) Citalopram is used to treat depression. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a699001.html">https://medlineplus.gov/druginfo/meds/a699001.html</a> .	F 656			
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §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	F 758		5/10/23	

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F 758	<p>Continued From page 5</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review</p>	F 758	1. Community staff will ensure residents		

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F 758	<p>Continued From page 6</p> <p>and clinical record review, the facility staff failed to ensure residents were free from unnecessary psychotropic medications for two of 26 residents in the survey sample, Residents #56 and #28.</p> <p>The findings include:</p> <p>1. For Resident #56 (R56), the facility staff failed to monitor the resident for side effects from the antipsychotic medication quetiapine (1).</p> <p>A review of R56's clinical record revealed a physician's order dated 11/3/22 for quetiapine 50 mg (milligrams) twice daily. A review of R56's MARs (medication administration records) for January 2023 through April 2023 revealed the resident was administered quetiapine 50 mg twice daily (1/1/23 through 4/2/23). Further review of R56's clinical record (including the MARs, behavior sheets, assessments, and nurses' notes for January 2023 through April 2023) failed to reveal the resident was monitored for side effects from the medication quetiapine.</p> <p>On 4/4/23 at 3:17 p.m., an interview was conducted with RN (registered nurse) #2. RN #2 stated residents should be monitored for side effects from psychotropic medications and this should be documented in the ID notes (nurses' notes).</p> <p>On 4/4/23 at 4:42 p.m., ASM (administrative staff member) #2, the interim administrator, and ASM #3, the interim director of nursing, were made aware of the above concern.</p> <p>The facility policy titled, "Antipsychotic Medication Use" documented, "17. Nursing staff shall monitor for and report any of the following side</p>	F 758	<p>are free from unnecessary psychotropic medications. Psychotropic medication side effect monitoring will be implemented for Resident #56 and Resident #28 for the side effects of each psychotropic medication in use for these Residents being noted on the MAR. For Resident #56 the side effects of Quetiapine (an antipsychotic) would be monitored by the nurse on the MAR. For Resident #28 the side effects of Citalopram (an antidepressant) would be monitored by the nurse on the MAR. If side effects were present the nurse would indicate this in an Interdisciplinary note. Monitoring will occur every shift.</p> <p>2. For all other residents receiving psychotropic medications monitoring for side effects will be implemented by having the side effects of the class of the psychotropic medication in use (hypnotic, antianxiety, antipsychotic, antidepressant) listed on the MAR with each shift monitoring for side effects. If side effects were noted the nurse would indicate (Yes) for side effects and enter an interdisciplinary note. If there were no noted side effects the entry by the nurse on the MAR would indicate (No).</p> <p>3. Training on monitoring for side effects of psychotropic medications will be provided to all RNs and LPNs. The classes of psychotropic medications as well as the side effects that may be associated with these will be reviewed. The monitoring process on the MAR will be reviewed as well as initialing the form. Running a missed</p>		

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F 758	<p>Continued From page 7</p> <p>effects and adverse consequences of antipsychotic medications to the attending physician: a. General/anticholinergic: constipation, blurred vision, dry mouth, urinary retention, sedation; b. Cardiovascular: orthostatic hypotension, arrhythmias; c. Metabolic: increase in total cholesterol/triglycerides, unstable or poorly controlled blood sugar, weight gain; or d. Neurologic: akathisia, dystonia, extrapyramidal effects, akinesia; or tardive dyskinesia, stroke or TIA (transient ischemic attack)."</p> <p>Reference: (1) Quetiapine is used to treat schizophrenia, bipolar disorder and depression. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a698019.html">https://medlineplus.gov/druginfo/meds/a698019.html</a>.</p> <p>2. For Resident #28 (R28), the facility staff failed to monitor the resident for side effects from the antidepressant medication citalopram (1).</p> <p>A review of R28's clinical record revealed a physician's order dated 3/9/23 for citalopram 10 mg (milligrams) once daily. A review of R28's MARs (medication administration records) for March 2023 and April 2023 revealed the resident was administered citalopram once daily (3/10/23 through 4/2/23). Further review of R28's clinical record (including the MARs, behavior sheets, assessments, and nurses' notes for March 2023 and April 2023) failed to reveal the resident was monitored for side effects from the medication citalopram.</p> <p>On 4/4/23 at 3:17 p.m., an interview was conducted with RN (registered nurse) #2. RN #2 stated residents should be monitored for side</p>	F 758	<p>medication report and sending the results to the ADON will be reviewed as well.</p> <p>4. The performance will be monitored by each nurse running a report at the end of their shift and emailing this to the ADON. As the side effect monitoring will be captured on the MAR the report will indicate missed monitoring. The ADON will receive the daily reports and follow up with any missed monitoring to ensure completion. The nurse will notify the MD for re-evaluation. These results will be reported at QAPI monthly.</p> <p>5. The corrective action will be accomplished by May 10, 2023.</p>		



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F 758	Continued From page 8 effects from psychotropic medications and this should be documented in the ID notes (nurses' notes).  On 4/4/23 at 4:42 p.m., ASM (administrative staff member) #2, the interim administrator, and ASM #3, the interim director of nursing, were made aware of the above concern.  Reference: (1) Citalopram is used to treat depression. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a699001.html">https://medlineplus.gov/druginfo/meds/a699001.h tml</a> .	F 758			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812		5/10/23	

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F 812	<p>Continued From page 9</p> <p>Based on observation, staff interview and facility document review, the facility staff failed to ensure food items available for use were used or discarded prior to the "best when used by" date, in one of eight small house kitchens, the occoquan kitchen.</p> <p>The findings include:</p> <p>The facility staff failed to store mayonnaise in a safe manner. Five (12 ounce) bottles of unopened mayonnaise with a manufacturer's best when used by date of 2/12/23 were observed in the occoquan kitchen pantry.</p> <p>On 4/3/23 at 12:12 p.m., observation of the occoquan kitchen was conducted. Five (12 ounce) bottles of unopened mayonnaise with a manufacturer's best when used by date of 2/12/23 were observed available for use, on the shelf, in the pantry.</p> <p>On 4/4/23 at 9:56 a.m., an interview was conducted with OSM (other staff member) #5, the sous chef. OSM #5 stated unopened mayonnaise should be discarded after the best when used by date. OSM #5 stated, "I don't want residents to get sick, and the quality has gone down."</p> <p>On 4/4/23 at 4:35 p.m., ASM (administrative staff member) #2, the interim administrator, ASM #3, the director of nursing, and OSM (other staff member) #6, the director of dining services, were made aware of the above concern.</p> <p>The facility policy titled, "Intake and Storage of Food" documented, "4. Before use food will be checked for expiration date and discarded if</p>	F 812	<p>1. Corrective action has been accomplished by Dining Staff review of Occoquan house to determine if there were any items past their best by or expiration date.</p> <p>2. To identify other residents at risk Dining Staff conducted audits of all pantries located in the Small Houses with the intention of disposing any items past their best by or expiration date.</p> <p>3. Weekly audit created for cooks to do a thorough review of all aspects of the kitchen area with a focus on expiration dates. Inservice conducted for cooks and care partners to ensure understanding of food storage policy including discarding of items past their best by date. Daily team meetings to be conducted with cooks to review any action items necessary. Ordering process reviewed and changed to decrease risk of recurrence.</p> <p>4. Sous chef and dietitian to conduct weekly reviews of audits as well as conduct their own audits on occasion to ensure information reported is correct and that items are not being overlooked. Audit results will be reported at QAPI meetings by dietitian.</p> <p>5. Corrective action will be complete by May 10, 2023</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/05/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOODWIN HOUSE ALEXANDRIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4800 FILLMORE AVE ALEXANDRIA, VA 22311</b>		
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F 812	Continued From page 10 expired."	F 812			
F 814 SS=F	<p>Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4)</p> <p>§483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility document review, the facility staff failed to maintain the dumpster area in a clean and sanitary manner for one of one dumpster.</p> <p>The findings include:</p> <p>The facility staff failed to maintain the dumpster area in a clean and sanitary manner. Trash and debris were observed on the ground around the dumpster.</p> <p>On 4/4/23 at 9:45 a.m., observation of the dumpster was conducted with OSM (other staff member) #2, the registered dietitian, and OSM #4, a cook. Trash and debris (including four gloves that were folded inside out, saran wrap, paper debris, an empty specimen cup, a plastic drink cup and a plastic drink cup lid) were observed on the ground around the dumpster. OSM #4 stated the utility department staff goes out to the dumpster to dump trash every hour or so and they should make sure there is not all of that debris around the dumpster.</p> <p>On 4/4/23 at 4:35 p.m., ASM (administrative staff member) #2, the interim administrator, ASM #3, the director of nursing, and OSM (other staff member) #6, the director of dining services, were made aware of the above concern.</p>	F 814	<p>1. The community will maintain the dumpster area in a clean and sanitary manner. Corrective action has been accomplished by creating a set cleaning schedule for the area surrounding the dumpster. Environmental Services will clean and maintain the dumpster areas on a daily basis. Every time a floor tech delivers trash to the dumpster, they will also pick up any debris left around the area.</p> <p>2. Corrective action has been accomplished by creating a set cleaning schedule for the area surrounding the dumpster. Corrective action has been accomplished by Environmental Services. They will clean and maintain the dumpster areas daily. Every time a floor tech delivers trash to the dumpster, they will also pick up any debris left around the area.</p> <p>3. Systemic changes will occur as Environmental Services incorporated a daily written checklist for all floor techs transporting trash to the dumpsters. They will check and clean all ground areas around the dumpsters every other hour.</p>	5/10/23	

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F 814	Continued From page 11  The facility policy titled, "Disposing of Garbage and Refuse" documented, "2. Waste must be properly contained and covered in dumpsters/compactors...5. The garbage storage area must be maintained in a sanitary condition to prevent the harborage and feeding of pests..."	F 814	The Environmental Services will also assign a team lead to inspect daily.  4. The Director of Environmental Services will audit the checklist weekly to ensure it is being completed. Monthly results will be sent to the Director of Clinical Services to report at monthly QAPI meetings.  5. The corrective actions will be completed by 5/10/2023.		