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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495057	B. WING _	B. WING		04/05/2023	
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA			STREET ADDRESS, CITY, STATE, ZIP COI 4800 FILLMORE AVE ALEXANDRIA, VA 22311	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
F 000	survey was conducte 04/05/23. The facility compliance with 42 C Requirement for Long emergency prepared investigated during the INITIAL COMMENTS. An unannounced Me survey was conducte 04/05/23. Corrections.	was in substantial FR Part 483.73, g-Term Care Facilities. No ness complaints were ne survey. dicare/Medicaid standard d 04/03/23 through	FC	000			
F 656	Term Care requirements investigated during the Code survey/report when The census in this 80 at the time of the survey consisted of 26 resides	ents. No complaints were see survey. The Life Safety will follow. I certified bed facility was 77 yey. The survey sample	F6	256			5/10/23
SS=E	S483.21(b) (1) S483.21(b)(1) S483.21(b) Comprehe S483.21(b)(1) The faci implement a comprehe care plan for each resident rights set for S483.10(c)(3), that incobjectives and timeframedical, nursing, and needs that are identiff assessment. The condescribe the following (i) The services that a or maintain the reside	ensive Care Plans cility must develop and nensive person-centered sident, consistent with the th at §483.10(c)(2) and cludes measurable ames to meet a resident's I mental and psychosocial ied in the comprehensive nprehensive care plan must					5, 13, 20
AROBATORY	DIDECTOR'S OR BROVINERS	SUPPLIER REPRESENTATIVE'S SIGNATURE	1	TITI F			(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495057	B. WING			04/05/2023	
	ROVIDER OR SUPPLIER N HOUSE ALEXANDRIA		•	STREET ADDRESS, CITY, STATE, ZIP COE 4800 FILLMORE AVE ALEXANDRIA, VA 22311	ÞΕ	0.000=0	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
F 656	(ii) Any services that under §483.24, §483 provided due to the runder §483.10, inclu treatment under §48. (iii) Any specialized serenabilitative service provide as a result of recommendations. If findings of the PASA rationale in the reside (iv) In consultation wiresident's representa (A) The resident's godesired outcomes. (B) The resident's profuture discharge. Fact whether the resident community was assellocal contact agencie entities, for this purpo (C) Discharge plans plan, as appropriate, requirements set fort section. §483.21(b)(3) The set by the facility, as out care plan, must-(iii) Be culturally-common This REQUIREMENT by: Based on staff intervand clinical record resident set of the section o	24, §483.25 or §483.40; and would otherwise be required .25 or §483.40 but are not esident's exercise of rights ding the right to refuse 3.10(c)(6). Services or specialized is the nursing facility will a facility disagrees with the RR, it must indicate its ent's medical record. It the resident and the attive(s)-least for admission and reference and potential for cilities must document is desire to return to the research and any referrals to research and/or other appropriate research in accordance with the hin paragraph (c) of this revices provided or arranged lined by the comprehensive repetent and trauma-informed. It is not met as evidenced riew, facility document review riew.	F6	1. The Comprehensive Care implemented for Resident #5 Resident #28 for the side effer psychotropic medication in use Residents being noted on the Resident #56, the side effect Quetiapine (an antipsychotic)	6 and ects of each se for these MAR. For sof		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l l	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED	
		495057	B. WING _	····	c	4/05/2023
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA			STREET ADDRESS, CITY, STATE, ZIP COD 4800 FILLMORE AVE ALEXANDRIA, VA 22311	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 656	to implement the resplan for psychotropic R56's comprehensive documented, "Psych for side effects" A review of R56's cliphysician's order da 50 mg (milligrams) to MARs (medication a January 2023 through resident was adminitative daily 1/1/23 theorem the resident was adminitative daily 1/1/23 theorem the resident was for January 2023 through reveal the resident was for January 2023 through reveal the resident was for January 2023 through reveal the resident was for January 2023 through the reveal the resident was for January 2023 through the reveal the resident was for January 2023 through the reveal the resident with the compression of the reversion of the compression of the reversion of the rever	(R56), the facility staff failed sident's comprehensive care of drug use monitoring. The care plan dated 9/27/22 motropic Drug Useobserve on the same page	F 6	monitored by the nurse on the Resident #28 the side effects Citalopram (an antidepressal monitored by the nurse on the side effects were present, the indicate this in an Interdisciple Monitoring will occur every sland. 2. For all other residents recepsychotropic medications, the Comprehensive Care Plan wimplemented by having the set the class of the psychotropic in use (hypnotic, antidepressant the MAR with each shift mone side effects. If side effects we the nurse would indicate (Yee effects and enter an interdiscolf there were no noted side entry by the nurse on the MA indicate (No). 3. Training on implementation Comprehensive Care Plan in as well as specifically related psychotropic medications will to all RNs and LPNs. The clapsychotropic medications will to all RNs and LPNs. The clapsychotropic medications as side effects that may be associated effects that may be associated effects that the Comprehens is implemented. 4. The results/performance with the end of their shift and end to the ADON. As the side effects the effects are the side effects that may be associated by each nurse run at the end of their shift and end to the ADON. As the side effects the side effects that may be associated by each nurse run at the end of their shift and end to the ADON. As the side effects that effects the side effects that end of their shift and end to the ADON. As the side effects the side effects that end of their shift and end to the ADON. As the side effects the sid	s of int) would be ile MAR. If ile nurse would linary note. hift. eiving ill be ide effects of i	
	MARs (medication a January 2023 through resident was adminitivice daily 1/1/23 the of R56's clinical recomposition behavior sheets, as for January 2023 the reveal the resident of the medication. On 4/4/23 at 3:17 p. conducted with RN (regard to the compositated, "It's sort of lilicare so everybody can be of and for everyone from the medication use, RN monitored for side emedications and this the ID notes (nurses).	dministration records) for gh April 2023 revealed the stered quetiapine 50 mg rough 4/2/23. Further review ord (including the MARs, sessments, and nurses' notes rough April 2023) failed to was observed for side effects quetiapine. m., an interview was registered nurse) #2, in chensive care plan. RN #2 are an outline for the patient's an be on the same page. In the same page for the goals m interdisciplinary teams to for this resident" RN #2 to plans are available for regard to psychotropic #2 stated residents should be effects from psychotropic should be documented in 'notes).		the class of the psychotropic in use (hypnotic, antianxiety, antipsychotic, antidepressant the MAR with each shift mon side effects. If side effects we the nurse would indicate (Yest effects and enter an interdisc of there were no noted side entry by the nurse on the MA indicate (No). 3. Training on implementation Comprehensive Care Plan in as well as specifically related psychotropic medications will to all RNs and LPNs. The clapsychotropic medications as side effects that may be associated effects that may be associated effects that the Comprehensiate is implemented. 4. The results/performance we monitored by each nurse run at the end of their shift and endications.	t) listed on altering for vere noted, s) for side siplinary note. Iffects, the AR would on of the alts entirety of the the tree of the provided asses of well as the ociated with viewed to ive Care Plan will be aning a report mailing this ect	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495057	B. WING _			04/05/2023	
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA		•	STREET ADDRESS, CITY, STATE, ZIP CODE 4800 FILLMORE AVE ALEXANDRIA, VA 22311	·		
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 656	#3, the interim director aware of the above or The facility policy titled Planning" documented provide direction to the interdisciplinary staff of and treatments identified in helping the residentiand objectives." Reference: (1) Quetiapine is used bipolar disorder and owas obtained from the https://medlineplus.gottml. 2. For Resident #28 (It to implement the reside plan for psychotropic R28's comprehensive documented, "Psychotrogic R28's comprehensive documented, "Psychotrogic R28's comprehensive documented, "Psychotrogic R28's comprehensive documented, "Psychotrogic R28's clin physician's order date 10 mg (milligrams) on MARs (medication and March 2023 and April was administered citat through 4/2/23. Furtherecord (including the I assessments, and nu and April 2023) failed	d, "Resident Centered Care d, "Care plan interventions e nursing and regarding specific actions fied as useful or necessary trachieve established goals d to treat schizophrenia, depression. This information e website: by/druginfo/meds/a698019.h R28), the facility staff failed dent's comprehensive care drug use monitoring.	F 6	the report will indicate missed of at the end of each nurses shift. ADON will receive the daily repfollow up with any missed monensure completion. These resureported at QAPI monthly for 1. 5. The corrective action will be accomplished by May 10, 2023.	The ports and itoring to alts will be 2 months.		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495057	B. WING _		04/	/05/2023
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA			STREET ADDRESS, CITY, STATE, ZIP CODE 4800 FILLMORE AVE ALEXANDRIA, VA 22311		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656 F 758 SS=E	On 4/4/23 at 3:17 p.m conducted with RN (regard to the compred stated, "It's sort of like care so everybody can be on and for everyone from see what the plan is for stated residents' care nurses to review. In redication use, RN # monitored for side efformedications and this the ID notes (nurses' On 4/4/23 at 4:42 p.m member) #2, the inter #3, the interim director aware of the above conformation was obtain https://medlineplus.gottml. Free from Unnec Psy CFR(s): 483.45(c)(3)(6)	egistered nurse) #2, in hensive care plan. RN #2 ean outline for the patient's in be on the same page. The same page for the goals interdisciplinary teams to for this resident" RN #2 plans are available for regard to psychotropic east atted residents should be ects from psychotropic should be documented in motes). ASM (administrative staff rim administrator, and ASM for of nursing, were made procern. In the treat depression. This med from the website: psy/druginfo/meds/a699001.h		758		5/10/23
	affects brain activities	notropic drug is any drug that associated with mental ior. These drugs include,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495057	B. WING		04/05/2023
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA			STREET ADDRESS, CITY, STATE, ZIP CODE 4800 FILLMORE AVE ALEXANDRIA, VA 22311	1 0 1100/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 758	Continued From page	e 5	F 75	58	
	Based on a compreheresident, the facility n	ensive assessment of a nust ensure that			
	psychotropic drugs a unless the medication	ents who have not used re not given these drugs n is necessary to treat a diagnosed and documented			
	drugs receive gradua behavioral intervention	ents who use psychotropic all dose reductions, and ons, unless clinically n effort to discontinue these			
	unless that medicatio	ursuant to a PRN order on is necessary to treat a ondition that is documented			
	are limited to 14 days §483.45(e)(5), if the aprescribing practition appropriate for the Pl beyond 14 days, he compared to the property of the	RN order to be extended or she should document their ent's medical record and			
	drugs are limited to 1 renewed unless the a prescribing practition the appropriateness of	rders for anti-psychotic 4 days and cannot be attending physician or er evaluates the resident for of that medication. Γ is not met as evidenced			
		riew, facility document review		Community staff will ensure re	esidents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495057	495057 B. WING		04/05/2023		
NAME OF PI	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CO	'		
				4800 FILLMORE AVE			
GOODWIN	N HOUSE ALEXANDRIA	A		ALEXANDRIA, VA 22311			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE COMPLÉTIC HE APPROPRIATE DATE	ON	
F 758	Continued From pa	ge 6	F 7	58			
F 758	and clinical record representation to ensure residents psychotropic medicing in the survey sample. The findings includes 1. For Resident #56 to monitor the resident psychotic medical antipsychotic medical A review of R56's comphysician's order damag (milligrams) twice MARs (medication and January 2023 through twice daily (1/1/23 to review of R56's cline MARs, behavior shourses' notes for Jacobas 12023) failed to reverside effects from On 4/4/23 at 3:17 pconducted with RN stated residents should be supported to the stated residents should be supported to the support of t	vereview, the facility staff failed were free from unnecessary ations for two of 26 residents e, Residents #56 and #28.	F 7	are free from unnecessary medications. Psychotropic is side effect monitoring will be for Resident #56 and Reside side effects of each psychomedication in use for these being noted on the MAR. Feffects of Quelantipsychotic) would be monurse on the MAR. For Reside effects of Citalopram (antidepressant) would be monurse on the MAR. If side present the nurse would inclinated inclination in the mass of the class psychotropic medications made effects will be implement the side effects of the class psychotropic medication in antianxiety, antipsychotic, a listed on the MAR with each monitoring for side effects. Were noted the nurse would for side effects and enter an interdisciplinary note. If the noted side effects the entry on the MAR would indicate	medication e implemented ent #28 for the tropic Residents or Resident iapine (an nitored by the sident #28 the an conitored by de effects were dicate this in an oring will occur ceiving conitoring for nted by having of the cuse (hypnotic, ntidepressant) n shift If side effects I indicate (Yes) ne were no by the nurse		
	On 4/4/23 at 4:42 p member) #2, the int #3, the interim direct aware of the above The facility policy tif Use" documented,	.m., ASM (administrative staff terim administrator, and ASM etor of nursing, were made concern. cled, "Antipsychotic Medication "17. Nursing staff shall ort any of the following side		3. Training on monitoring for of psychotropic medications to all RNs and LPNs. The creation psychotropic medications a side effects that may be asset these will be reviewed. The process on the MAR will be well initialing the form. Run	r side effects s will provided lasses of s well as the sociated with monitoring reviewed as		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495057	B. WING		04/0	5/2023
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA			STREET ADDRESS, CITY, STATE, ZIP CODE 4800 FILLMORE AVE ALEXANDRIA, VA 22311	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 758	physician: a. General constipation, blurred retention, sedation; hypotension, arrhythin total cholesterol/tr poorly controlled blo Neurologic: akathisia effects, akinesia; or TIA (transient ischeral Reference: (1) Quetiapine is use bipolar disorder and was obtained from the https://medlineplus.gtml. 2. For Resident #28 to monitor the reside antidepressant mediantidepressant mediantidepres	consequences of ations to the attending al/anticholinergic: I vision, dry mouth, urinary b. Cardiovascular: orthostatic amias; c. Metabolic: increase iglycerides, unstable or od sugar, weight gain; or d. a., dystonia, extrapyramidal tardive dyskinesia, stroke or nic attack)." ed to treat schizophrenia, depression. This information he website: gov/druginfo/meds/a698019.h (R28), the facility staff failed ent for side effects from the fication citalopram (1). nical record revealed a ted 3/9/23 for citalopram 10 e daily. A review of R28's dministration records) for citalopram once daily (3/10/23 orther review of R28's clinical e MARs, behavior sheets, urses' notes for March 2023	F 75	medication report and sending the to the ADON will be reviewed as: 4. The performance will be monite each nurse running a report at the their shift and emailing this to the As the side effect monitoring will captured on the MAR the report windicate missed monitoring. The will receive the daily reports and with any missed monitoring to encompletion. The nurse will notify for re-evaluation. These results we reported at QAPI monthly. 5. The corrective action will be accomplished by May 10, 2023.	ored by e end of ADON. be will ADON follow up sure the MD	
	monitored for side el citalopram. On 4/4/23 at 3:17 p.conducted with RN (d to reveal the resident was ffects from the medication m., an interview was (registered nurse) #2. RN #2 uld be monitored for side				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495057	B. WING			04/	05/2023
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA		•	4	TREET ADDRESS, CITY, STATE, ZIP CODE 800 FILLMORE AVE LLEXANDRIA, VA 22311		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	should be documented notes). On 4/4/23 at 4:42 p.m member) #2, the inter #3, the interim director aware of the above con Reference:	ppic medications and this d in the ID notes (nurses' a., ASM (administrative staff im administrator, and ASM or of nursing, were made oncern.	F	758			
	information was obtainttps://medlineplus.gotml. Food Procurement,St	d to treat depression. This ned from the website: by/druginfo/meds/a699001.h	F	812			5/10/23
SS=D	CFR(s): 483.60(i)(1)(2) §483.60(i) Food safet 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:						

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495057	B. WING		04/05/2023	
NAME OF P	ROVIDER OR SUPPLIER		_	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0-470	0.2020
0000	LUQUOE AL EVANDOIA			4800 FILLMORE AVE		
GOODWII	I HOUSE ALEXANDRIA			ALEXANDRIA, VA 22311		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 812	Continued From page	e 9	F 812	2		
F 012	Based on observation document review, the food items available if discarded prior to the in one of eight small loccoquan kitchen. The findings include: The facility staff failed safe manner. Five (1 unopened mayonnais when used by date of the occoquan kitchen was ounce) bottles of unomanufacturer's best was 2/12/23 were observed shelf, in the pantry. On 4/4/23 at 9:56 a.m. conducted with OSM sous chef. OSM #5 smayonnaise should be when used by date. residents to get sick, down." On 4/4/23 at 4:35 p.m. member) #2, the intended aware of the all made aware of the a	n, staff interview and facility facility staff failed to ensure for use were used or "best when used by" date, nouse kitchens, the It to store mayonnaise in a 2 ounce) bottles of se with a manufacturer's best facility 23 were observed in a pantry. m., observation of the sconducted. Five (12 pened mayonnaise with a when used by date of ed available for use, on the stated unopened se discarded after the best OSM #5 stated, "I don't want and the quality has gone n., ASM (administrative staff rim administrator, ASM #3, g, and OSM (other staff ctor of dining services, were	F 812	1. Corrective action has been accomplished by Dining Staff red Occoquan house to determine if were any items past their best be expiration date. 2. To identify other residents a Dining Staff conducted audits of pantries located in the Small Ho the intention of disposing any ite their best by or expiration date. 3. Weekly audit created for cook thorough review of all aspects of kitchen area with a focus on expediates. Inservice conducted for care partners to ensure understate food storage policy including disitems past their best by date. In meetings to be conducted with creview any action items necessary Ordering process reviewed and to decrease risk of recurrence. 4. Sous chef and dietitian to conveckly reviews of audits as well conduct their own audits on occaensure information reported is contact that items are not being overlood results will be reported at QAPI by dietician. 5. Corrective action will be company 10, 2023	at risk all uses with ems past as to do a f the biration cooks and anding of carding of baily team cooks to ary. changed aduct as asion to orrect and ked. Audit meetings	
	the occoquan kitchen On 4/3/23 at 12:12 p. occoquan kitchen wa ounce) bottles of uno manufacturer's best v 2/12/23 were observe shelf, in the pantry. On 4/4/23 at 9:56 a.n conducted with OSM sous chef. OSM #5 s mayonnaise should b when used by date. residents to get sick, down." On 4/4/23 at 4:35 p.n member) #2, the inte the director of nursing member) #6, the dire made aware of the al The facility policy title Food" documented, "	m., observation of the s conducted. Five (12 pened mayonnaise with a when used by date of ed available for use, on the n., an interview was (other staff member) #5, the stated unopened ed discarded after the best OSM #5 stated, "I don't want and the quality has gone n., ASM (administrative staff rim administrator, ASM #3, g, and OSM (other staff ctor of dining services, were pove concern.		thorough review of all aspects of kitchen area with a focus on exp dates. Inservice conducted for care partners to ensure understa food storage policy including dis items past their best by date. In meetings to be conducted with creview any action items necessary Ordering process reviewed and to decrease risk of recurrence. 4. Sous chef and dietitian to con weekly reviews of audits as well conduct their own audits on occar ensure information reported is contact items are not being overlood results will be reported at QAPI by dietician.	f the biration cooks and anding of carding of Daily team cooks to Cary. Changed Chart as Casion to Carect and ked. Audit meetings	

		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495057	B. WING		04/05/2023	
	ROVIDER OR SUPPLIER I HOUSE ALEXANDRIA		4	STREET ADDRESS, CITY, STATE, ZIP CODE 800 FILLMORE AVE ALEXANDRIA, VA 22311	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 812	expired."		F 812		5/40/00	
F 814 SS=F	CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispos properly. This REQUIREMENT	e of garbage and refuse is not met as evidenced	F 814		5/10/23	
	document review, the maintain the dumpste sanitary manner for on the findings include: The facility staff failed area in a clean and so	er area in a clean and		1. The community will maintain the dumpster area in a clean and sanitary manner. Corrective action has been accomplished by creating a set cleanir schedule for the area surrounding the dumpster. Environmental Services will clean and maintain the dumpster areas a daily basis. Every time a floor tech delivers trash to the dumpster, they wi also pick up any debris left around the area.	s on	
	member) #2, the regi- #4, a cook. Trash an gloves that were folded paper debris, an emp drink cup and a plasti- observed on the grout OSM #4 stated the ut- out to the dumpster to	cted with OSM (other staff stered dietitian, and OSM d debris (including four ed inside out, saran wrap, ety specimen cup, a plastic of drink cup lid) were end around the dumpster. Et cility department staff goes of dump trash every hour or eake sure there is not all of		2. Corrective action has been accomplished by creating a set cleanir schedule for the area surrounding the dumpster. Corrective action has been accomplished by Environmental Servic They will clean and maintain the dump areas daily. Every time a floor tech delivers trash to the dumpster, they wi also pick up any debris left around the area.	ces. ster	
	On 4/4/23 at 4:35 p.n member) #2, the intel the director of nursing	n., ASM (administrative staff rim administrator, ASM #3, g, and OSM (other staff ctor of dining services, were		3. Systemic changes will occur as Environmental Services incorporated a daily written checklist for all floor techs transporting trash to the dumpsters. The will check and clean all ground areas around the dumpers every other hour.	i	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495057	B. WING			04/05/2023
	ROVIDER OR SUPPLIER N HOUSE ALEXANDRIA		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 FILLMORE AVE ALEXANDRIA, VA 22311			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 814	and Refuse" documer properly contained an dumpsters/compactor area must be maintain	d, "Disposing of Garbage nted, "2. Waste must be	F 81	The Environmental Services will assign a team lead to inspect da 4. The Director of Environment Services will audit the checklist wensure it is being completed. Moresults will be sent to the Director Clinical Services to report at more QAPI meetings. 5. The corrective actions will be completed by 5/10/2023.	ily. tal veekly to nthly r of nthly	