

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

PRINTED: 08/24/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER AUGUST HEALTHCARE AT ILIFF			STREET ADDRESS, CITY, STATE, ZIP CODE 8000 ILIFF DRIVE DUNN LORING, VA 22027		
(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 survey was conducted on 8-15-23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints were investigated during the survey. VA00059488 Substantiated with deficiency VA00059259 Substantiated with deficiency The census in this 114 certified bed facility was 97 at the time of the survey. The sample consisted of 4 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		9/15/23	

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

TITLE

(X6) DATE

Electronically Signed

08/24/2023

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 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility documentation review, the facility staff failed to maintain a clean and safe environment for all of the Resident room floors and common hallway located on the entrance hall of the facility.</p> <p>The findings included:</p> <p>On 8-15-23 at 11:00 a.m., Initial tour of the facility was conducted. Beginning at Room 102, surveyors found crusted food debris, what appeared to be cracker or cookie crumbs, a pink gelatinous substance, tan droplets, and wet patches lining the entire hallway of Resident's rooms with no wet floor signs deployed. The hallway floor was sticky under foot, and in the individual resident rooms the floors were slick and slippery with a greasy substance which caused the surveyor to slip twice.</p>	F 584	<p>1. Corrective Action On 8/15/2023, when this deficient practice was identified, the unit where the findings were observed was cleaned.</p> <p>2. Identification of similar problem On 8/15/2023 a tour was conducted to identify other areas in need of cleaning and no other areas were identified.</p> <p>3. New Measures or Systemic Change The Licensed Nursing Home Administrator, Director of Nursing/Nurse Management Team, and/or Director of Environmental Services will re-educate staff on the importance of keeping the facility as clean as possible at all times.</p> <p>4. Monitoring The Director of Environmental Services or</p>		

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F 584	Continued From page 2 House keeping carts were noted in the hallway with staff attending them, however, staff were in conversation with each other at the carts, and not engaged in employing the equipment for the purpose of cleaning. Bathrooms were observed to be dirty. Toilets were not flushed after use, and urine and toilet paper were observed in them. The hallway had an odor of urine. An interview was conducted with a staff member rendering care in room 108 (CNA A) Certified Nursing Assistant Restorative Aide. She stated that the halls "get that way, and toilets need be clean." She stated "I don't know" when asked what was slippery on the room floors, and was observed to slip herself when exiting room 108. On 8-15-23 at 12:30 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated that the hallway would be cleaned immediately, and his expectation was that staff should clean the bathrooms if they were dirty. On 8-15-23 at 3:00 p.m., the DON and Regional Vice President of Operations were notified at the end of day debriefing of the concerns regarding the unsafe and unclean front hall. They stated that cleaning was completed on the front hall at that time and they had no further information to provide.	F 584	designee will make facility rounds five times per week over the next three months to determine the cleanliness of the facility. This weekly rounding will be documented and submitted monthly to the QAPI Committee over the next three months.		
F 807 SS=D	Drinks Avail to Meet Needs/Prefs/Hydration CFR(s): 483.60(d)(6) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(6) Drinks, including water and other	F 807		9/15/23	

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F 807	<p>Continued From page 3</p> <p>liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident and staff interview, facility documentation review, clinical record review, the facility staff failed to provide fresh drinking water for two residents (Resident #3, and #4) in a survey sample of 4 residents. For Resident #3, and #4, there was no fresh drinking water in the room from 11:00 a.m., until 3:00 p.m.</p> <p>The findings included:</p> <p>On 8-15-23 during initial tour of the facility, the Resident #3's room was observed, and an attempt to interview the Resident was conducted. The Resident had garbled speech but did shake his head to signify yes and no to questioning. The Resident was not able to ask for water. There was no fresh drinking water in the room for the Resident, and when asked if he was thirsty he signified yes by nodding his head.</p> <p>The room and Resident were observed again at 12:00 p.m., 1:00 p.m., 2:00 p.m., and 3:00 p.m., no fresh drinking water was in the room at any of those times.</p> <p>The Resident's clinical record was reviewed and indicated a swallowing evaluation was conducted by Speech Therapy on 7-25-23, and denoted that the Resident would be ordered a regular diet with mechanical soft items, and that he was able to tolerate thin liquids.</p> <p>The Resident's admission Minimum Data Set (MDS) assessment documented that the</p>	F 807	<p>1. Corrective Action On 8/15/2023, when this deficient practice was identified, the two residents observed without fresh drinking water were provided with water.</p> <p>2. Identification of similar problem All other residents on the geriatric unit were also checked to ensure they had fresh drinking water this same day and there were no other noted concerns with lack of fresh drinking water at the bedside for those medically able to have it.</p> <p>3. New Measures or Systemic Change The Director of Nursing/Nurse Management Team will re-educate the direct care nursing staff in geriatrics regarding the importance of ensuring fresh drinking water is at the bedside of all residents medically able to have it.</p> <p>4. Monitoring The Director of Nursing/Nurse Management Team will visually inspect to ensure, at a minimum, ten residents per day have fresh drinking water available at the bedside if medical able to have. The findings of this visual inspection will be documented for the next three months and reviewed in the monthly QAPI meetings.</p>		

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F 807	<p>Continued From page 4</p> <p>Resident required extensive assistance with eating, but did take part in the process.</p> <p>The Resident's care plan denoted that he was at risk for dehydration, and required feeding assistance, however offered no interventions for the dehydration risk other than "Diet as ordered".</p> <p>2. On 8-15-23 during initial tour of the facility, the Resident #4's room was observed, and an attempt to interview the Resident was conducted. The Resident had clear speech and answered yes to questioning. There was no fresh drinking water in the room for the Resident, and the Resident was sitting in her wheel chair eating "veggie straws" snacks from a snack size bag. She was asked if she was thirsty and replied "yes." CNA A (Certified Nursing Assistant) was in the room and introduced herself as an "Restorative Aide". The surveyor asked her why there was no water in Resident #3, and Resident #4's room at that time and she responded, "They can ask if they want." CNA A then went out into the hallway to the ice cooler on a rolling cart and returned with a 120 milliliter clear plastic cup approximately half full with water in it. The Resident took the water and drank it all. CNA A left the room and did not return.</p> <p>The Resident's clinical record was reviewed and indicated a diet order entered 8-7-23 and denoted that the Resident would be ordered a regular diet with mechanical soft items, and that she was able to tolerate thin liquids.</p> <p>The Resident's most recent Minimum Data Set (MDS) assessment documented that the Resident could feed herself, and that was</p>	F 807			

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F 807	<p>Continued From page 5 observed on initial tour.</p> <p>The Resident's care plan denoted that she was at risk for dehydration, constipation, urinary tract infections, encourage adequate fluid intake under the urinary tract infection care plan, and to ask yes no questions due to dementia. The Resident would have to be cued to do things as she would not ask for things. The Resident would not ask for water. The care plan offered no other interventions for fluids in the dehydration risk care plan other than "Diet as ordered".</p> <p>The room and Resident were observed again at 12:00 p.m., 1:00 p.m., 2:00 p.m., and 3:00 p.m., no fresh drinking water was in the room at any of those times.</p> <p>On 8-15-23 at the end of day debrief, the Vice president of Operations, and the Director of Nursing (DON) were notified of the above findings. The DON stated his expectations were that, "Water pitchers are to be filled every shift." No further information was provided.</p>	F 807			