

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

PRINTED: 12/15/2023
FORM APPROVED
OMB NO. 0938-0391

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 11/15/2023
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 11/14/23 through 11/15/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint (VA00059921 substantiated with deficiency) was investigated during the survey. The census in this 130 certified bed facility was 112 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility documentation review, the facility staff failed to provide care and services in accordance with professional standards for 1 resident, Resident #1, in a sample size of 3 residents. The findings included: For Resident #1, facility staff failed to utilize proper turning/repositioning technique while providing care. Resident #1 was discharged from the facility on 9/22/23 and therefore not available for observation and direct interview. On 11/14/23, a telephone call was placed to the last known	F 658	This plan of correction is Mount Vernon Healthcare Center's credible allegation of compliance. This plan is prepared and/or executed in compliance with applicable State and Federal Regulations. 1. Resident #1 no longer resides in facility. 2. 100% audit conducted on all residents, to identify any residents that have the potential to be affected by the alleged deficient practice. Residents identified were reassessed to ensure appropriate interventions were in place on updated on their plan of care. Kardex's were updated to ensure staff aware of turning and	12/28/23	

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

TITLE

(X6) DATE

Electronically Signed

12/11/2023

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 658	<p>Continued From page 1</p> <p>number for Resident #1 and there was no answer.</p> <p>On 11/14/23, Resident #1's clinical record was reviewed in its entirety. A progress note dated 8/19/23 at 13:30 read, "Resident is alert and verbally responsive and complained of pain in his right shoulder, he stated that the aid [certified nursing assistant-CNA] from last night pulled his right shoulder when she tried to turn him while doing the ADL [activities of daily living] care, upon assessment pain was rated 6/10, vital signs were stable...". Resident #1 received Tylenol which relieved his pain. The physician ordered a right shoulder xray which resulted as negative for dislocations and fractures.</p> <p>On 11/14/23 at approximately 3:30 PM, an interview was conducted with the Facility Administrator and Director of Nursing (DON). The Facility Administrator verbalized awareness of the occurrence and stated that re-education on proper repositioning and turning of residents was conducted for all clinical staff. The Facility Administrator provided copies of the inservice education and staff sign-in sheets for verification.</p> <p>The DON stated, "Pulling on extremities, arms or legs, is not an accepted practice for assisting with repositioning or turning, especially with the elderly, because it can cause injuries like dislocated joints or even fractures". The Facility Administrator identified CNA C as the person who was providing care to Resident #1 and additional education for CNA C was verified through the documentation provided. CNA C was not available for interview.</p> <p>According to an article located on MedlinePlus,</p>	F 658	<p>repositioning needs per plan of care.</p> <p>3. Director of Nursing/Designee in-serviced all Licensed Nurses and CNAs on the following policies and procedures related to resident falls:</p> <ul style="list-style-type: none"> - Turning and repositioning and injury Prevention Program. - Abuse protocol and Guidelines - Steps to take to identify method and staff needed to perform turning and repositioning safely to avoid injury - Ensure turning and repositioning/safety interventions are in place for residents - Appropriate turning and repositioning interventions are in place to reduce risk of injury <ul style="list-style-type: none"> - CNAs check kardex for resident turning and reposition/safety interventions - CNAs check kardex for number of staff needed for bed mobility and turning and repositioning assistance - newly hired staff members will be educated during orientation regarding ensuring turning and repositioning/safety interventions are in place for residents, appropriate technique for turning and repositioning, checking resident kardex's for method and number of staff needed for bed mobility and turning and repositioning <p>Director of Nursing has completed competencies for all staff regarding bed mobility and appropriate turning and repositioning of residents</p> <p>Director of Nursing will completed competencies for all newly hired staff regarding bed mobility and appropriate turning and repositioning of residents.</p>		

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F 658	Continued From page 2 an online health information resource provided by the National Library of Medicine (NLM) which is part of the National Institutes of Health (NIH), subtitle, "Avoiding Injury", item 1 read, "You must move or pull someone up in bed the right way to avoid injuring the patient's shoulders and skin..." and item 4 read, "Never move patients up by grabbing them under their arms and pulling. This can injure their shoulders". URL as follows: //medlineplus.gov/ency/patientinstructions/000429.htm On 11/15/23 at approximately 3:00 PM, the Facility Administrator and DON were updated on the findings. No further information was provided.	F 658	4. Director of Nursing/Designee will conduct daily audits Monday-Friday x 8weeks of all current residents turning and repositioning documentation, as well as all new admissions, to ensure turning and repositioning documentation, bed mobility and transfer, and interventions are in place and present on kardex. Designated Ambassadors within non-nursing departments will conduct regular checks of their assigned residents to ensure all respective interventions are in place, immediately in notifying a member of Nursing Management regarding any items not in place so it can be corrected in a timely manner, and immediately notifying a member of nursing management if resident verbalized concerns or pain related to inappropriate turning and repositioning. Results of these audits will be presented at both the weekly Risk Management Meeting and monthly QAPI Committee Meetings x3 months for their review and recommendations.		