

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2022
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NAME OF PROVIDER OR SUPPLIER THE VIRGINIAN	STREET ADDRESS, CITY, STATE, ZIP CODE 9229 ARLINGTON BLVD FAIRFAX, VA 22031
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(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 3/8/22 through 3/10/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>The census in this 81 licensed bed facility was 65 at the time of the survey. The survey sample consisted of 32 Resident reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-260 (G). Please cross reference to F-607.</p> <p>12 VAC 5-371-250 (C). Please cross reference to F-657.</p> <p>12 VAC 5-371-360 (E)(11). Please cross reference to F-661.</p> <p>12 VAC 5-371-220 (A). Please cross reference to F-689.</p> <p>12 VAC 5-371-360 (A). Please cross reference to F-842.</p> <p>12 VAC 5-371-110 (J) Please cross reference to F-883.</p>	F 001	<p>Please see POC for F-607. Please see POC for F-657. Please see POC for F-661. Please see POC for F-689. Please see POC for F-842. Please see POC for F-883.</p> <p>12VAC 5-371-260(B)(1,2,4-11)</p> <p>No resident was adversely affected by this finding.</p> <p>CNA D and LPN D were immediately made aware on their noncompliance with the required training, and began working toward compliance, on 3/10/2022.</p> <p>All residents have the potential to be affected by this practice, therefore Department Directors or designee to perform audit of all staff transcripts to identify and address any other evidence of noncompliance with</p>	4/22/22

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

TITLE

(X6) DATE

Electronically Signed

04/01/22

State of Virginia

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F 001	<p>Continued From page 1</p> <p>12VAC 5-371-260(B)(1,2,4-11)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to ensure annual in-service training for 2 employees (CNA D and LPN D) out of a survey sample of 5 employees. Specifically, CNA D did not receive any in-service training in 2021. LPN D did not receive annual in-service for 10 out of the 11 mandatory training topics.</p> <p>The findings included:</p> <p>On 03/09/2022, the facility staff provided a copy of training transcripts for Certified Nursing Assistant D (CNA D) and Licensed Practical Nurse D (LPN D). According to the training transcripts for CNA D (date of hire 11/25/2009), CNA D did not receive any in-service training in 2021. According to the training transcripts for LPN D (date of hire 10/29/2018), LPN D did not receive annual in-service training in 2021 for:</p> <ol style="list-style-type: none"> 1. Special needs of residents as determined by the nursing facility staff; 2. Prevention and control of infections; 4. Safety and accident prevention; 5. Restraint use, including alternatives to physical and chemical restraints; 6. Confidentiality of resident information; 7. Understanding the needs of the aged and disabled; 8. Resident rights; 9. Care of the cognitively impaired; 10. Basic principles of cardiopulmonary resuscitation for licensed nursing staff and 11. Prevention and treatment of pressure sores. <p>On 03/10/2022 at approximately 11:45 A.M., the administrator and Director of Nursing were notified of findings. The Director of Nursing stated</p>	F 001	<p>required training.</p> <p>Department Directors or designee will monitor compliance with training, each month, indefinitely.</p>	

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F 001	<p>Continued From page 2</p> <p>they would look into it.</p> <p>On 03/10/2022 at approximately 12:50 P.M., he Director of Nursing acknowledged the lack of annual in-service training for CNA D and LPN D. The Director of Nursing then stated, "We'll be working on that."</p> <p>On 03/10/2022 at approximately 2:00 P.M., the administrator and Director of Nursing stated they had no further documentation or information to submit.</p>	F 001		