

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2023
NAME OF PROVIDER OR SUPPLIER  Goodwin House Alexandria		STREET ADDRESS, CITY, STATE, ZIP CODE  4800 Fillmore Ave Alexandria, VA 22311	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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> <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 #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:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(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> <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 #3, the interim director of nursing, were made aware of the above concern.</p> <p>Reference:</p> <p>(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>.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>Based on staff interview, facility document review 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 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:</p> <p>(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>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 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>Reference:</p> <p>(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>.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</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 expired.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>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> <p>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 .</p>		