STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495203	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alexandria Rehabilitation and Healthcare Center	900 Virginia Avenue Alexandria, VA 22302

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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review, and clinical record review, the facility staff failed to provide written notice of hospital transfer for one of 37 residents in the survey sample, Resident #100. The findings include: For Resident #100 (R100), the facility staff failed to provide written notice of transfer to the resident representative and ombudsman when the resident transferred to the hospital on [DATE]. A review of R100's clinical record revealed the resident was transferred to the hospital on [DATE] for aggressive behaviors. Further review of R100's clinical record failed to reveal evidence that the resident's representative and ombudsman was provided written notice of the transfer. On 4/3/24 at 10:02 a.m., an interview was conducted with OSM (other staff member) #5 (the director of social services). OSM #5 stated he faxes notices of resident discharges to the ombudsman every week. On 4/3/24 at 10:07 a.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 stated the admissions director prints out written notices of resident transfers and gives them to the receptionist, then the receptionist mails the notices to the resident representatives. On 4/3/24 at 11:26 a.m., ASM #2 stated she could not provide evidence that written notice of transfer was provided to R100's representative or the ombudsman. On 4/3/24 at 2:43 p.m., ASM #1 (the administrator) and ASM #2 were made aware of the above concern. The facility policy titled, Transfer or Discharge, Facility-Initiated documented, Notice of Transfer or Discharge (Emergent or Therapeutic Leave). 4. Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements).

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on staff interview, facility document review, and clinical record review, the facility staff failed to follow professional standards of care for one of 37 residents in the survey sample, Resident #102. The findings include: For Resident #102 (R102), the facility staff failed to transcribe a wound physician's recommendation into an order on 11/29/23. A review of R102's wound specialist's note dated 11/29/23 revealed, in part: Patchy erythema and excoriations of bilateral groin, bilateral buttocks, and sacrum. Scant serous draining; + odor consistent with fungal infection. Improved since last week .There are no other wound or signs of infection .Continue antifungal cream q (each) shift and prn (as needed). A review of R102's November and December 2023 MARs (medication administration records) and TARs (treatment administration records) revealed no evidence that R102 received antifungal treatment each shift between 11/29/23 and 12/6/23, when she was discharged from the wound specialist's care. A review of R102's care plan dated 11/15/23 revealed, in part: I have impaired skin integrity r/t (related to) fungal rash and excoriations .Administer treatments as ordered and monitor for effectiveness. On 4/3/24 at 10:05 a.m., LPN (licensed practical nurse) #1, a unit manager, was interviewed. She stated she frequently makes rounds with the wound specialist, and is responsible for making sure his recommendations are transcribed into accurate orders for residents' care. She stated the specialist gives the order verbally, she writes it down, and then either she or the floor nurse enters the order into the electronic medical record. After reviewing R102's record, she stated: There was a drop in the ball. I can't see that we continued the antifungal cream beyond 11/29. She stated she accidentally failed to transcribe the order from the wound specialist. On 2/3/24 at 1:35 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. A review of the facility policy, Transcribing Diagnostic and Therapeutic Orders, revealed, in part: Transcribe order accurately on appropriate form. The policy did not contain any information related to transcribing a verbal order into the electronic medical record. No further information was provided prior to exit.

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F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review, and clinical record review, the facility staff failed to provide physician oversight for one of 37 residents in the survey sample, Resident #102. The findings include: For Resident #102 (R102), the NP (nurse practitioner/physician extender) failed to accurately document R102's physical condition on multiple dates during the resident's stay in the facility. R102 was admitted to the facility on [DATE] and discharged on 1/26/24. The resident's admitting diagnoses included a history of vaginal bleeding, heart attack, and sepsis (systemic infection). A review of R102's clinical record revealed these portions of ASM (administrative staff member) #3, the nurse practitioner's notes: 11/17/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 11/21/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 11/24/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 11/30/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 12/5/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 12/11/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 12/15/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 12/18/23 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 12/26/23 .I was asked to see the patient today for vaginal bleeding .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough .Cardiovascular: +chest pain,+palpitations. 12/29/23 .I was asked to see the patient today for vaginal bleeding .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough .Cardiovascular: +chest pain,+palpitations. (continued on next page)

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F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/2/24 .I was asked to see the patient today for vaginal bleeding .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough .Cardiovascular: +chest pain,+palpitations. 1/5/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 1/8/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 1/10/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 1/12/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 1/15/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 1/17/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 1/19/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. 1/22/24 .Review of Systems .Constitutional: No fevers, +chills .Respiratory: +shortness of breath, no cough . Cardiovascular: +chest pain,+palpitations. Further review of R102's clinical record revealed no evidence of follow up for the chills, shortness of breath, chest pain, or palpitations as documented by ASM #3. On 4/3/24 at 10:34 a.m., ASM #3 was interviewed. She stated she remembered R102, and that I was on top of her the whole time; I followed her very closely. (continued on next page)

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F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When asked about her physical assessment process, she stated she asks the resident how he/she is feeling, then does a complete physical assessment. She stated her assessments include listening to both heart and lung sounds at every visit. When asked about the note she wrote on 11/17/23, in which she documented R102's having chills, chest pain, and palpitations, she stated: You had to beg her to do things. I personally checked her vital signs then. I reviewed her lab results. She stated the resident's chills did not last long, and that the resident reported to her that she was having chest pains and palpitations. When asked what steps she took to acutely address a resident with a history of a heart attack and sepsis, who was reporting chills, chest pain, and palpitations, she stated: I asked if she wanted to go to the hospital. She didn't want to go. Her vital signs were fine. When asked about the note she wrote on 11/17/23, in which she documented R102's having chills, chest pain, and palpitations, she stated: She wasn't having chills. That was a mistake. That only happened in the beginning. She stated: I believe this was something I just did not take out. When asked for clarification of this, she stated she does not copy and paste her notes, but uses a template for her documentation. She stated: I do my physical assessment. I try to modify [the template] as much as I can. She admitted her documentation throughout R102's record of chills, chest pain, and palpitations were not accurate descriptions of her assessment findings. She stated the statements on 12/26/23, 12/29/23, and 1/2/24 that she was asked to see the resident because the resident was experiencing vaginal bleeding were also inaccurate. She added: I have a lot of patients here. When asked how the staff or anyone else reviewing her notes could ever get an accurate picture of what was actually happening physically with this resident, she did not answer. On 2/3/24 at 1:35 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. A review of the facility policy, Attending Physician Responsibilities, revealed, in part: Each Attending Physician will be responsible for .providing appropriate, timely, and pertinent documentation .During visits, the attending physician will determine each resident's overall condition and the status of specific medical issues .At each visit, the attending physician will provide a progress note .in a timely manner .Over time, these progress notes should address significant active problems and risk factors. No further information was provided prior to exit.