

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Cherrydale Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3710 Lee Highway Arlington, VA 22207	
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility failed to notify the resident and the resident's legal representative of a medication change for one of twenty residents (Resident #112- R112).</p> <p>The findings included:</p> <p>On 6/24/25, during a clinical record review, it was noted that R112 was out of the facility on an extended leave of absence and was not available for interview during the survey. R112's clinical record included a power of attorney document, which appointed his wife as his legal representative. According to R112's admission record/face sheet, it noted that R112's wife was his A/R [accounts receivable] guarantor, responsible party, and POA [power of attorney]- financial. The wife alleged that the facility started the resident on a muscle relaxer that she was not aware of.</p> <p>On 6/24/25-6/25/25, during a clinical record review it was noted that on admission, R112 was ordered cyclobenzaprine, which was a muscle relaxer, to be administered every eight hours as needed for muscle spasms. Then on 3/8/25, the order was changed to only be for fourteen days. There was no documentation within the clinical record to indicate that the initial order or the revised order dated 3/8/25, was reviewed and/or discussed with the resident or his legal representative.</p> <p>On 6/25/25 at 11:01 a.m., an interview was conducted with a registered nurse, who was the unit manager (RN #3). When asked to explain the process if they receive a new order from the medical provider, RN #3 explained that the nurse transcribes the order into the electronic health record. RN #3 went on to say, You can't assume the doctor told the patient, so you make sure to tell the resident the medication is starting, what it is for, and contact the RP [responsible party] if the resident isn't their own RP. RN #3 further confirmed that R112's wife was his responsible party. RN #3 confirmed in the electronic health record of R112 that, on 3/8/25, an order for cyclobenzaprine was received and that there was no evidence that the resident or RP were made aware of the order.</p> <p>On 6/25/25 at 11:31 a.m., during an interview with the facility's Director of Nursing (DON), the above findings were discussed and reviewed.</p> <p>On 6/25/25 at 3:37 p.m., during a follow-up interview, the DON confirmed the above findings and that he had no supporting evidence that the resident and/or responsible party were made aware of the order for cyclobenzaprine. The DON stated that he would expect the nursing staff to review all orders and order changes with the resident and/or responsible party.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 495121	Facility ID: 495121 If continuation sheet Page 1 of 7

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/25, the facility policy titled, General Guidelines for Medication Administration was reviewed. This policy did not address physician orders other than indicating medications are administered in accordance with physician orders.</p> <p>On 6/25/25 at 4:30 p.m., during an end of day meeting, the facility administrator, director of nursing and corporate nurse consultant were made aware of the above findings.</p> <p>On 6/26/25, the facility staff were asked to provide the survey team with the facility policy regarding physician orders or changes in plan of care. The facility supplied a policy titled, Significant Change of Condition, which did not specifically address new orders other than in the event a resident has a status change. In which case the policy read, . 3. Responsible party will be notified of a change of condition .</p> <p>No additional information was provided.</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>Based on staff interview, clinical record review and facility documentation review, the facility staff failed to provide a resident with written notice and reason for a room change for one of twenty residents (Resident #112- R112).</p> <p>The findings included:</p> <p>On 6/24/25, during a clinical record review, it was noted that R112 was on leave of absence and was not scheduled to return prior to completion of the survey, therefore he was not able to be interviewed.</p> <p>On 6/24/25-6/25/25, during a clinical record review, according to the census tab, R112 was admitted to a room on the fifth floor. On 3/6/25, R112's room was changed to a different room on the fifth floor. On 5/22/25 R112 was moved from the fifth floor to a room on the fourth floor. Then on 6/13/25, R112 was again moved to another room on the fourth floor.</p> <p>According to the nursing progress notes there were no entries dated 3/6/25, to document the room change. There was a progress note dated 3/8/25, that read in part, . notified of room change on 03/08/2025 12:00 AM. [R112's wife's name redacted] notified on 03/08/2025. Reason for change: Medical management (i.e. isolation, acuity, treatments, symptoms mgmt, etc.). [R112's wife's name redacted] consented to room change. Nursing initiated room change. SW will continue to monitor as resident adjust to his new setting.</p> <p>According to a progress note dated 5/22/25 at 3 p.m., the note read, Resident was moved from 512A to 423A with skin intact and stable. Another note dated 6/13/25, read, Resident alert and verbally responsive. Resident is aware of the move. Resident was moved from 423A to 412B with skin intact and stable. NP notified and called place to wife but no answer. There were no details noted to indicate the reason for the room changes, nor that the room change was provided to the resident in writing.</p> <p>On 6/25/25, interviews were conducted with the nurse managers on the fourth and fifth floors and admissions director, none of which were able to explain why the room change from the fifth floor to the fourth floor was performed.</p> <p>On 6/25/25 at 3 p.m., an interview was conducted with the social worker, who explained that the room change was for bed management. The social worker stated that R112 was notified the day prior, but confirmed she had no evidence that he was provided information in writing of the room change.</p> <p>On 6/25/25 at 4:30 p.m., during an end of day meeting, the facility administrator, director of nursing and corporate nurse consultant were made aware of the above findings.</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/25, the facility policy titled, Room to Room Transfer was reviewed. The policy read, The center will complete the transfer of a patient to a different room efficiently and without incident for the patient. Procedure: 1. Nursing will notify the Social Services Department of room change requests. 2. The Social Services Department will initiate appropriate documents, notify patient(s) and/or responsible parties, and obtain signatures as indicated. 3. The Interdisciplinary Team will work collaboratively to ensure all room transfers are handled efficiently. 4. Ensure all medical records are transferred appropriately. 5. Transfer all patient's belongings. 6. Orient patient to new room and location in the center. 7. Introduce patient to new roommate, if applicable.</p> <p>No additional information was provided.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, record review, and interview, the facility failed to obtain food preferences upon admission for one of one residents (R175) in the sample of 46 residents, increasing the risk for weight loss, malnutrition, and dehydration.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Dining and Food Preferences dated October 2019 revealed, .The Dining Service Director or designee will interview the resident or resident representative to complete a Food Preference Interview within 48 hours of admission. The purpose of identifying individual preferences for dining location, mealtimes, including times outside of the routine schedule, food, and beverage preferences .</p> <p>Review of the Face Sheet found in the electronic medical record (EMR) revealed R175 was admitted to the facility on [DATE] with a diagnosis of Guillian-Barre Syndrome.</p> <p>Review of the Physician Orders found under the order tab in the EMR dated 02/12/25 revealed .Regular diet, Regular texture, Thin Liquids consistency Large Portions .</p> <p>Review of the Care Plan found under the care plan tab dated 02/12/25 revealed .the resident is at risk for weight loss or malnutrition and dehydration related to chronic disease, receiving therapeutic diet to promote wt. [weight] maintenance . The care plan did not include R175's dietary/food preferences.</p> <p>Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/14/25, revealed R175 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating no cognitive impairment. Further review revealed R175 required partial to moderate assistance during meals.</p> <p>During an interview on 04/21/25 at 4:35 PM, R175 stated that he thought he had lost some weight because the food was not to his liking, and he could not eat it.</p> <p>During an interview on 04/23/25 at 11:10 AM, the Registered Dietician (RD) confirmed that dietary did not implement the goal of reviewing dietary preferences with R175 as needed. The RD confirmed that R175's Care Plan had not been developed to include resident's food preferences. The Registered Dietician (RD) stated, He [R175] does not have any preferences in place. Usually nursing reaches out to me. I haven't heard anything from them.</p> <p>No additional information was provided prior to survey exit.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, resident interview, staff interview, and facility documentation review, the facility failed to maintain an effective pest control program affecting four of four resident units.</p> <p>The findings included:</p> <p>On 6/24/25 at 12:10 p.m., while touring the facility and making observations, the surveyor entered a dually occupied resident room on the fourth floor. In the bathroom observations were made of multiple cockroaches crawling around on the floor.</p> <p>On 6/24/25 at 12:15 p.m., an interview was conducted with the maintenance assistant (Other Employee #5-OE#5). OE#5 was asked about pests within the facility and reported it is a problem. He reported a pest control contractor comes and has bait stations in the ceiling that chemicals are put in. OE #5 accompanied the surveyor to the resident room and confirmed the cockroaches crawling around the floor in the bathroom and stated they were coming from the corner and kicked the wall. When he kicked the wall approximately twenty cockroaches emerged from the wall and began crawling around. OE#5 stated he would caulk the baseboard.</p> <p>On 6/25/25 at 10:05 a.m., an interview was conducted with resident #121 (R121). R121 reported, Roaches are all over the place and mice too. The roaches are terrible, I would say this place is infested. Ever since I came here a year ago, I see them; it is getting worse. They run across the floor quite often.</p> <p>On 6/25/25 at 10:10 a.m., an interview was conducted with resident #122 (R122) who resided in the room where the cockroaches were observed on 6/24/25. R122 reported that they have been having trouble with cockroaches, and he sees them crawling on the wall.</p> <p>On 6/25/25 at 1:32 p.m., an interview was conducted with the facility's maintenance director (Other Employee #1- OE#1). OE #1 reported to the survey team that he has certificates in pest control, but they have a company that comes in to provide pest control services weekly. OE #1 reported that prior to him starting at the facility, they had a huge rodent problem. OE #1 went on to report that pest control . is more of an issue in a building like this because it is extremely hard to treat a problem like that because we can't fumigate. The best we can do is schedule a time to bring residents out of the room, so he can spray the rooms. We have bait traps in the ceiling. To effectively treat a building like this you need to fumigate, and we don't have the empty space to move residents to do that.</p> <p>On 6/25/25 at 2:15 p.m., during an interview with resident #103 (R103), he reported seeing cockroaches all the time.</p> <p>On 6/25/25 at 2:30 p.m., an interview was conducted with a licensed practical nurse (LPN #4). When asked about pest issues within the facility, LPN #4 failed to answer directly, but reported they have books on each unit where they write down when they see pests.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/25/25 a review of the pest control logs on each unit was reviewed, as well as the pest control company's service reports. This review revealed that on the 200 unit, in the past three months, four entries were made in the pest sighting/evidence log and all four noted roaches in resident rooms. The pest sighting log from the 300 unit noted nine entries in the past two months and all of which noted roaches. The 400 unit logbook had six entries from 5/28/25-6/25/25, all of which noted roaches except for one, which did not indicate what type of pest was observed. The 500 unit logbook's most recent three entries were all related to roaches.</p> <p>According to the pest control company's service reports, the facility was on a cockroach/rodent program. During the technicians' visits, the reports indicated that the technician treated for cockroache control and, in several reports, specifically 4/8/25 and 5/6/25, the report indicated cockroaches were observed in resident rooms.</p> <p>According to the facility policy titled, Pest Control with an effective date of 5/1/22, it read, The center environment will be inspected monthly and treated for pests by a corporate approved contractor. The policy referenced the pest sighting logbook, notification to the vendor of sightings, vendor provides services as per the corporate-approved agreement.</p> <p>On 6/25/25 at 4:30 p.m., during an end of day meeting, the facility administrator and director of nursing were made aware of the concern that their pest control program was not effective.</p> <p>No additional information was provided.</p>