

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Dulles Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2978 Centreville Road Herndon, VA 20171	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident representative interview, staff interview, clinical record review and facility document review, it was determined that the facility staff failed to provide ADL (activities of daily living) care for dependent residents for five of 54 residents in the survey sample, Residents #17, # 90, #185, #10, and #132. The findings include:</p> <p>1. For Resident #17 (R17) the facility staff failed to provide incontinence care/toileting assistance on multiple dates in 1/2026, 2/2026, 3/2026.</p> <p>On the most recent minimum data set (MDS), an annual assessment with an assessment reference date (ARD) of 2/5/2026, the resident was assessed as having a BIMs (brief interview for mental status) score of 00 meaning the resident was severely impaired for making daily decisions. R17 was assessed as always being incontinent of bowel and bladder and being dependent on staff for toileting hygiene.</p> <p>On 3/34/2026 at 12:04 AM an interview was conducted by phone with the resident's representative. They stated their concern is that the facility is not taking care of the resident, for example she had been to the facility several times on the weekend, and it appeared as if the resident's brief had been wet for hours.</p> <p>Review of the ADL documentation for R17 from 1/5/2026-1/31/2026 failed to evidence incontinence care provided on day shift on 1/7/26, 1/14/26, 1/18/26, 1/19/26, 1/21/26, 1/23/26, 1/28/26, 1/30/26, on evening shift on 1/5/26, 1/12/26, 1/18/26, and on night shift on 1/25/26, 1/31/26. The date blocks were blank.</p> <p>Review of the ADL documentation for R17 from 2/4/2026-2/15/2026 and 2/23/2026-2/28/2026 failed to evidence incontinence care provided on day shift on 2/5/26, 2/7/26, 2/8/26, 2/14/26, 2/15/26, 2/24/26, 2/25/26, 2/26/26, on evening shift on, 2/4/26, and on night shift on, 2/14/26, 2/15/26, 2/25/26, 2/27/26, 2/28/26. The date blocks were blank.</p> <p>Review of ADL documentation for R17 from 3/1/2026-3/7/2026 and 3/13/2026-3/22/2026 failed to evidence incontinence care provided on day shift on 3/1/26, 3/2/26, 3/4/26, 3/5/26, 3/14/26, 3/15/26, 3/19/26, 3/20/26, on evening shift on, 3/4/26, and on night shift on, 3/1/26, 3/2/26, 3/3/26, 3/14/26, 3/17/26, 3/18/26, 3/21/26, 3/22/26. The date blocks were blank.</p> <p>The comprehensive care plan for R17 documented in part, resident has been assessed as incontinent of bowel and bladder and will have bowel and bladder continence needs met as indicates for the next 30 days. Date initiated 5/24/2021 and revised on 2/10/2026. (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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/25/2026 at 10:45 AM an interview was conducted with certified nursing assistant (CNA) #1 who stated that incontinence care was provided every two hours and is evidenced by documentation.</p> <p>On 3/25/2026 at 11:37 AM an interview was conducted with CNA #5 who stated that incontinence care was provided every two hours and anytime a resident called to say they needed to be changed. She stated she evidenced care that she provided by documentation at the end of the shift.</p> <p>The facility policy ADL Care of Patients CL. 1301 dated 2.6.2026 documented in part, .Each patient will be provided with daily personal attention and care.daily personal care provided will be documented in the patient's medical record. patients who are incontinent will receive. clean clothing and linens each time their clothing or bed linen is soiled/wet with bodily fluids (urine, feces).</p> <p>On 3/26/2026 at 4:30 p.m., the Administrator, DON (director of nursing) and the ADON (assistant director of nursing) were notified of the findings.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #90 (R90) the facility staff failed to provide showers for the resident twice a week between the dates of 2/8/2026-2/22/2026.</p> <p>On the most recent minimum data set (MDS), a Medicare - 5 day with an assessment reference date (ARD) of 1/30/2026, the resident was assessed as having a BIMS (brief interview for mental score) score of 12 meaning the resident was moderately impaired for making daily decisions. R90 was assessed as being dependent for showering and bathing.</p> <p>On 3/24/2026 at 10:02 AM, an interview was conducted with R90's authorized representative. They stated they are concerned about the resident not getting showered regularly.</p> <p>Review of the clinical documentation from 2/8/2026-2/22/26 evidenced R90 received two showers in a two-week time frame.</p> <p>The comprehensive care plan for R90 documented in part, resident requires ADL assistance with diagnosis of right femur fracture . and will receive necessary level of ADL assistance. and resident will be provided assistance with bathing and hygiene as required. Date initiated 1/23/2026.</p> <p>On 3/25/2026 at 9:36 a.m., an interview was conducted with CNA (certified nursing assistant) #5 who stated that showers are given at least twice a week but more if the resident asked. She stated they document showers given in the care tech. She stated if a resident refused a shower, the CNA notified the resident's nurse and the nurse verified with the resident the refusal.</p> <p>The facility policy ADL Care of Patients CL. 1301 dated 2.6.2026 documented in part, .patients will receive a tub/shower bath as often as needed, but not less than twice weekly.</p> <p>On 3/26/2026 at 4:30 p.m., Administrator, DON (director of nursing) and the ADON (administrator director of nursing) were notified of the findings.</p> <p>No further information was provided prior to exit.</p> <p>3. For Resident #185 (R185), the facility staff failed to provide incontinence care/toileting assistance (continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on night shift 6/28/2024 and 6/30/2024.</p> <p>On the most recent minimum data set (MDS), an admission assessment with an assessment reference date (ARD) of 6/22/2024, the resident was assessed as being frequently incontinent of bowel and bladder and being dependent on staff for toileting.</p> <p>Review of the ADL (activities of daily living) documentation for R185 from 6/1/2024-6/30/2024 failed to evidence toileting hygiene provided on night shift on 6/28/2024 and 6/30/2024. The dates were blank.</p> <p>The comprehensive care plan for R185 documented in part, Has been assessed as incontinent of bowel and bladder. Date Initiated: 06/24/2024. Under Interventions/Tasks it documented in part, Observe for moisture and incontinence issues and provide care as indicated. Date Initiated: 06/24/2024.</p> <p>On 3/25/2026 at 9:50 AM, an interview was conducted with registered nurse (RN) #2 who stated that he did not remember R185 or any conversations with the family about any concerns. He stated that incontinence care should be provided every two hours and more often as needed.</p> <p>On 3/25/2026 at 10:39 AM, an interview was conducted with certified nursing assistant (CNA) #1 who stated that incontinence care was provided every two hours or anytime the resident called them. She stated that they evidenced the care they provided by documenting it in the medical record every shift.</p> <p>On 3/25/2026 at 11:31 AM, an interview was conducted with CNA #5 who stated that incontinence care was provided every two hours at a minimum and there were some residents who required it more often. She stated that they evidenced the care they provided by their documentation in the medical record each shift.</p> <p>On 3/25/2026 at 4:29 PM, the administrator, the director of nursing and the assistant director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>4. The facility staff failed to provide ADL (activities of daily living) specifically incontinent care for a dependent resident, Resident #10 (R10).</p> <p>R10 was admitted to the facility on [DATE] with diagnosis that included but were not limited to osteoarthritis, dementia, atrial fibrillation and chronic obstructive pulmonary disease (COPD).</p> <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 2/17/26, coded the resident as scoring a 05 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for locomotion/transfer/dressing/toileting and hygiene.</p> <p>A review of the comprehensive care plan dated 9/29/23 revealed, FOCUS: Resident has bladder & bowel incontinence related to impaired bed mobility and weakness. INTERVENTIONS: Observe for moisture and incontinence issues and provide care as indicated. (continued on next page)</p>		

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