

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER August Healthcare at Iliff		STREET ADDRESS, CITY, STATE, ZIP CODE 8000 Iliff Drive Dunn Loring, VA 22027	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, clinical record reviews and facility documentation review, the facility staff failed to ensure the professional standards of quality regarding medication administration for one resident (Resident # 2) in survey sample of 6 residents. Findings included: Resident # 2 was a [AGE] year-old admitted to the facility on [DATE] with diagnoses including but not limited to: Parkinson's Disease, Atrial Fibrillation/Flutter, Chronic Heart Failure, Type 2 Diabetes and Hypertension. Resident # 2 was discharged from the facility on 4/20/2025. The most recent Minimum Data Set (MDS) Assessment was an admission assessment with an Assessment Reference Date (ARD) of 3/21/2025. The MDS coded Resident # 2 with a BIMS (Brief Interview for Mental Status) Score of 13 out of 15 indicating no cognitive impairment. The assessment also coded Resident # 2 as requiring assistance of one to two staff persons with ADLs (activities of daily living.) Review of the closed electronic clinical record was conducted on 2/3/2026 - 2/5/2026. Review of the March 2025 and April 2025 Medication Administration Records revealed documentation that medications were not administered as ordered by the physician. On 2/4/2026 at 12:50 p.m., nurses were observed passing medications. Interviews were conducted with Licensed Practical Nurse # 2 and Licensed Practical Nurse # 4 who both stated it was important for nurses to administer medications and follow physicians orders. Rivastigmine Patch 24 Hour 9.5 MG/24HR Apply 1 patch transdermally at bedtime for dementia and remove per schedule not being removed as ordered. The documentation on the Medication Administration Records revealed orders start date 3/15/2025 and D/C (discontinue) date 3/27/2025 -to remove the patch at 7:59 p.m. and apply the patch at 8:00 p.m. Further review of the March MAR revealed a slot for removing the patch at 1318 (1:18 p.m.), Remove 1959 (7:59 p.m.) and Apply 2000 (8:00 p.m.). The instructions for removal of the patch were not clear. There were two removal times listed. On the April 2025 MAR, the times of removal of the patch were 1433 (2:33 p.m.) and Remove 1959 (7:59 p.m.) and Apply 2000 (8:00 p.m.) There was no documentation of the sites where the patches were applied. On 2/5/2026 at 9:40 a.m., the Director of Nursing stated it was important to document the sites so the staff would know where the patches had been applied. The Director of Nursing stated the professional guidance was provided by [NAME]. According to Lippincott Nursing Procedures, Eighth Edition, Chapter 2, Standards of Care, Ethical and Legal Issues, on page 17 read, Common Departures from the Standards of Nursing Care. Claims most frequently made against professional nurses include failure to make appropriate assessments, follow physician orders, follow appropriate nursing measures, communicate information about the patient, follow facility policy and procedures, document appropriate information in the medical record . Guidance from the National Institutes of Health in the article The nurses medication day stated that Nurses serve as a barrier, protecting residents from potential hazards. Calls were also common to request 'missing meds' (medications) followed by waits until they were delivered. Waiting reflected system failures ncbi.nlm.nih.gov accessed 2/6/2026. According to healthline.com, transdermal patches must be used properly to work well. It is</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: Facility ID: 495205	If continuation sheet Page 1 of 4

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>important to rotate the sites (locations) where patches are applied. This is important because placing a patch in the same location as the old one may irritate the skin. healthline.com-accessed online 2/9/2026 During the end of day debriefing on 2/5/2026 the Administrator, [NAME] President of Operations and Director of Nursing were informed of the findings. No further information was provided.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility documentation review and clinical record review, the facility staff failed to ensure medications were available for administration for 1 Resident (Residents # 2) in a survey of 6 residents. Findings included: Resident # 2 was a [AGE] year-old admitted to the facility on [DATE] with diagnoses including but not limited to: Parkinson's Disease, Atrial Fibrillation/Flutter, Chronic Heart Failure, Type 2 Diabetes and Hypertension. Resident # 2 was discharged from the facility on 4/20/2025. The most recent Minimum Data Set (MDS) Assessment was an admission assessment with an Assessment Reference Date (ARD) of 3/21/2025. The MDS coded Resident # 2 with a BIMS (Brief Interview for Mental Status) Score of 13 out of 15 indicating no cognitive impairment. The assessment also coded Resident # 2 as requiring assistance of one to two staff persons with ADLs (activities of daily living.) Review of the closed electronic clinical record was conducted on 2/3/2026 - 2/5/2026. Review of the Nurses Notes revealed documentation of several medications not being available for administration on 3/15/2025, 3/16/2025 and 3/17/2025. Medications listed as not available on 3/15/2025 and 3/16/2025 were still listed as not being available on 3/17/2025. Examples of those medications included but were not limited to: Rivastigmine Patch 24 Hour 9.5 MG/24HR Apply 1 patch transdermally at bedtime for dementia and remove per schedule was documented as unavailable on 3/15/2025 at 8 p.m., 3/16/2025 at 8 p.m. and 3/17/2025 at 8 p.m. Amantadine HCl ER Oral Capsule Extended Release 24 Hour 137 MG Give 2 capsule by mouth at bedtime for Parkinsons waiting for pharmacy to deliver 3/16/2025 at 9 p.m. and 3/17/2025 at 9 p.m. 3/15/2025 23:21 DDAVP Rhinal Tube Nasal Solution 1 spray in both nostrils at bedtime for frequent urination give nightly not available 3/15/2025 23:09 Clobetasol Propionate External Foam 0.05 % Apply to irritated area of scalp topically at bedtime for itchy scalp not available 3/15/2025 23:22 Amiodarone HCl Tablet 200 MG Give 2 tablet by mouth two times a day for abnormal heart rhythm After four days, then only 1 table daily not available 3/16/2025 09:17 Amiodarone HCl Tablet 200 MG Give 2 tablet by mouth two times a day for abnormal heart rhythm for 4 Days After four days, then only 1 table daily Awaiting delivery. 3/16/2025 22:21 Amiodarone HCl Tablet 200 MG Give 2 tablet by mouth two times a day for abnormal heart rhythm for 4 Days After four days, then only 1 table daily Awaiting pharmacy delivery. 3/16/2025 21:20 Amantadine HCl ER Oral Capsule Extended Release 24 Hour 137 MG Give 2 capsule by mouth at bedtime for Parkinsons Awaiting pharmacy delivery. 3/16/2025 20:20 Rivastigmine Patch 24 Hour 9.5 MG/24HR Apply 1 patch transdermally at bedtime for dementia and remove per schedule Awaiting pharmacy delivery. 3/16/2025 20:19 Clobetasol Propionate External Foam 0.05 % Apply to irritated area of scalp topically at bedtime for itchy scalp Awaiting pharmacy delivery. 3/16/2025 20:19 DDAVP Rhinal Tube Nasal Solution 1 spray in both nostrils at bedtime for frequent urination give nightly Awaiting pharmacy delivery. 3/16/2025 19:17 Rivastigmine Patch 24 Hour 9.5 MG/24HR Apply 1 patch transdermally at bedtime for dementia and remove per schedule Awaiting pharmacy delivery. 3/17/2025 07:53 Ergocalciferol Capsule 50000 UNIT Give 1 capsule by mouth one time a day every Mon for vitamin supplement Take with a meal Awaiting pharmacy delivery 3/17/2025 22:01 Rytary Oral Capsule Extended Release 61.25-245 MG Give 1 capsule by mouth five times a day for Parkinsons Place capsule on back of his tongue. Monitor swallowing closely. May pocket medication. waiting for pharmacy to deliver 3/17/2025 21:48 Amantadine HCl ER Oral Capsule Extended Release 24 Hour 137 MG Give 2 capsule by mouth at bedtime for Parkinsons waiting for pharmacy to deliver 3/17/2025 21:42 Clobetasol Propionate External Foam 0.05 % Apply to irritated area of scalp topically at bedtime for itchy scalp waiting for pharmacy to deliver 3/17/2025 21:41 Rivastigmine Patch 24 Hour 9.5 MG/24HR Apply 1 patch transdermally at bedtime for dementia and remove per schedule</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>not applicableOn 2/4/2026 at 11:10 a.m., an interview was conducted with Licensed Practical Nurse # 3 who stated medications should be available for administration. He also stated nurses should try to obtain the medications by the next day after admission.The Director of Nursing stated that the expectation was that medications would be available for administration as ordered by the physician. He stated that the Pharmacy had two scheduled deliveries daily. He further stated that medications for new admissions would not be available on the day of admission but should be available for administration by the next day. The Director of Nursing provided a Pharmacy delivery manifest which stated the medication Rivastigmine Patch 24 Hour 9.5 MG/24HR was delivered to the facility on 3/17/2025 at 4:51 p.m. The medication Administration Record and Nurses Progress Notes stated the medication was not available. The Director of Nursing stated the nurse documented incorrectly on that date because the medication had been delivered to the facility and was available. Review of the Pixus contents revealed none of the medications were available in the inventory.Review of Physicians Orders revealed valid orders for the medications not available for administration.During the end of day debriefing on 2/6/2026, the Administrator, [NAME] President of Operations and Director of Nursing were informed of the findings. They stated medications should be available for administration.No further information was provided.</p>		