

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/30/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, resident interview, staff interview, clinical record review and facility document review, it was determined that the facility staff failed to provide a clean and homelike environment for 2 of 36 residents in the survey sample, Residents #14,& 27. 1. For Resident #14 (R14), the facility staff failed to provide a clean and homelike environment. On the most recent minimum data set (MDS), an annual assessment with an assessment reference date (ARD) of 7/7/2026, the resident scored 6 on the brief interview for mental status (BIMS) assessment, indicating they were severely cognitively impaired for making daily decisions. On 7/28/26 at 7:27 AM during the environmental tour, an observation was made of R14's room. Upon entering the room, a strong urine odor was detected. When R14's closet door was opened the odor became significantly stronger and was concentrated within the closet. On 7/28/26 at 7:30 AM, an interview was conducted with the Director of Housekeeping who stated, housekeepers clean the residents' rooms every day and R14's clothing is laundered twice weekly. He further stated, we constantly check, we could wash her clothes today and tomorrow it would be full of clothes to wash. Additional observations were made on 7/30/2026 at 10:30 AM and 1:18 PM. The findings remained the same. On 7/30/2026 at 4:47 PM, the Administrator and the Director of Nursing were made aware of the concern. No further information was provided prior to exit. 2. For Resident # 27 (R # 27), the facility staff failed to ensure a clean homelike environment. R # 27's most recent MDS (minimum data set) and quarterly assessment with an ARD (assessment reference date) of 05/24/2026, coded R # 27 as scoring a 14 out of 15 on the brief interview for mental status (BIMS), indicating the resident is oriented to person, place and time and has unimpaired immediate recall. (continued on next page)		

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/29/2026 at 10:01 AM, R # 27 was interviewed regarding her stay at the facility, and she stated They have mice here. I have seen them come out of the closet at night. Observation of the closet revealed clothing hanging up, boxes on the floor, clothing items between the boxes on the floor and small black debris that appeared to be mouse droppings on the floor throughout the closet. Review of the facility's policy titled Pest Control states .Facility will maintain a report system of issues that may arise in between scheduled visits with the outside pest service and treat as indicated. All staff must report pest issues while maintaining a clean environment. The survey team requested the facility's pest control logs on 07/28/2026 and 07/29/2026 and pest control service reports were provided. Review of the facility's pest control service report dated 07/28/2026 reported finding two mice on a sticky pad trap that was placed in the employee break room, including a photograph of the findings. On 07/30/2026 at 4:45 PM, the [NAME] President of Nursing, [NAME] President of Operations, Director of Nursing, and Administrator were made aware of the above concerns. No additional information was provided prior to exit.		