

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Mount Vernon Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8111 Tiswell Drive Alexandria, VA 22306	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and document review, the facility failed to provide an opportunity for residents who were registered to vote to exercise their right to vote for three of 66 residents identified by the facility as being registered voters (Resident (R) 3, R21, and R79). On 04/21/26 a special state election was held; however, the residents were not informed of the election nor aided to vote. This failure caused the residents not to be able to exercise their right to vote. Findings include:1. Review of R2's admission Record located in the resident's electronic medical record (EMR) under the Profile tab revealed the resident was admitted to the facility on [DATE].</p> <p>Review of R2's significant change in status Minimum Data Set (MDS) with an assessment reference date (ARD) of 03/19/26 located in the resident's EMR under the MDS tab revealed the resident had a Brief Interview for Mental Status (BIMS) Score of 15 out 15 which indicated the resident was cognitively intact.</p> <p>An interview on 04/21/26 at 12:37 PM with R2 revealed the resident was aware that voting was occurring on this date and he had been waiting for his absentee ballot, but he never received it. The resident stated that the facility had not offered any information about the election prior to today. The resident stated he had voted in every election and felt his right to vote was being denied.</p> <p>2. Review of R67's admission Record located in the resident's EMR under the Profile tab revealed the resident was admitted to the facility on [DATE].</p> <p>Review of R67's significant change in status MDS with an ARD of 03/19/26 and located in the resident's EMR under the MDS tab revealed the resident had BIMS score 14 out 15 which indicated the resident was cognitively intact.</p> <p>An interview on 04/22/26 at 12:16 PM with R67 revealed the resident was a registered voter and had seen the commercials about the upcoming elections but no one had approached him about voting. The resident further stated if the staff asked him, he would have voted.</p> <p>3. Review of R79's admission Record located in the resident's EMR under the Profile tab revealed the resident was admitted to the facility on [DATE].</p> <p>Review of R79's Annual MDS with an ARD of 01/30/26, located in the resident's EMR under the MDS tab revealed the resident had BIMS score of 14 out of 15 which indicated the residents was cognitively intact.</p> <p>An interview on 04/21/26 at 9:38 AM revealed R79 was not made aware of voting occurring in Virginia (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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>today. R79 stated that she would like to have voted.</p> <p>A review of facility's list of registered voters dated 4/21/26 revealed R2, R67, and R79 were listed as registered voters.</p> <p>An interview on 04/21/26 at 9:44 AM with Activity Leader (AL) revealed she was unsure if any election was occurring today. At 9:55AM the AL returned and stated there was a Virginia election occurring today and to her knowledge no information had been given to the residents.</p> <p>An interview on 04/21/26 at 3:55 PM with the Activities Director (AD) revealed that since she did not live in Virginia, she was not sure if there was an election occurring. The AD stated that she maintained a list of residents that were registered to vote and most of the residents voted via absentee ballots. The AD stated no absentee ballots were issued to the residents or any other opportunity to vote was offered. The AD stated voting activity was the responsibility of the Social Service Director (SSD).</p> <p>During an interview on 04/22/26 at 3:50 PM with the Administrator revealed that none of the residents that were registered to vote expressed an interest in participating in the election. The Administrator acknowledged no arrangements were made to inform the residents of the upcoming election.</p> <p>During an interview on 04/23/26 at 11:30 AM, the SSD stated the AD was responsible for resident voting.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>Based on observations, record review, interviews, and review of facility policy, the facility failed to provide a program of activities to support two of three sampled residents reviewed for activities (Resident (R) 67 and R79) out of 31 sampled residents. This failure has the potential to negatively impact quality of life for the affected residents. Findings include: 1. Review of R67 admission Record located in the resident's electronic medical record (EMR) under the Profile tab revealed the resident was admitted to the facility with diagnoses that included cerebrovascular infraction with hemiplegia, and hemiparesis affecting the right side, diabetes mellitus, neuromuscular dysfunction of the bladder, and major depression.</p> <p>Review of R67's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) 01/08/26, located in the resident's EMR under the MDS tab revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14 out 15 points which indicated the resident was cognitively intact.</p> <p>Review of R67's Activity Preferences Interview dated 03/19/26 located in the resident's EMR tab Assessments revealed the resident preferred to attend activities in the afternoon in his room, day/activity room. The interview indicated that the resident was interested in audio books/ reading/writing, watching television or movies, listening to the radio, computer, keeping up with the news, religious activities and bible study.</p> <p>Review of R67's Care Plan with a revision date of 04/14/26 located in the resident's EMR tab Care Plans revealed the resident was self-directed for activities in and out of his room. The care plan indicated the resident would participate in activities of choice or one-to-one.</p> <p>During an interview on 04/22/26 at 12:16 PM, R67 stated he did not attend activities outside of his room since he was bed bound. The resident stated there is an activities calendar posted on the wall, but he could not read it. The resident stated that no activity staff had ever come to his to offer one to one activities. The resident stated that he would like to have someone play chess with him or read to him; the only time staff come into the room was to provide care and no one really spent time with him.</p> <p>2. Review of R79 's admission Record located in the resident's EMR under the Profile tab revealed the resident was admitted to the facility 02/14/25 with diagnoses that include end stage renal disease with dialysis, peripheral vascular disease, right above the knee amputation and major depressive disorder.</p> <p>Review of R79's annual MDS with ARD of 01/20/26 located in the resident's EMR under the MDS tab revealed the resident had a BIMS score of 14 out of 15 points which indicated the resident was cognitively intact.</p> <p>Review of R79's Activity Preferences Interview dated 2/17/26 located in the resident's EMR tab Assessments revealed the resident preferred music, television watching and movies, radio, reading books, cooking, computers, religious studies, keeping up with the news, talking and conversing with others. Continued review revealed that the resident preferred to attend activities in the morning or afternoon.</p> <p>Review of R79's Care Plan with a revision date of 02/26/26 located in the resident's EMR under the Care Plans tab documented the resident preferred to stay in her room for activities; and the resident (continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>would engage in one-to-one activities with staff.</p> <p>An interview on 04/21/26 at 9:38 AM revealed R79 was bedbound and did not like to attend activities, especially Bingo. R79 stated that no one had ever come to her room and offered to engage her in one-to-one activities.</p> <p>Observations on 04/20/26 through 04/23/26 revealed both residents had activities calendars posted on the wall in their room. The calendars were posted across the room out of the residents' view. The following activities were posted: 04/20/26 Morning puzzles, trivia, chips and chat social and word scramble 04/21/26 Jewelry making, bingo, gaming hour, activities cart, 04/22/26 morning painting, grilled cheese social, hangman, activities cart 04/23/26 activities book club, bowling, rosary, the great outdoors, freestyle activities</p> <p>Observation on 04/20/26 at 10:43 AM revealed an activity staff member going to residents' room asking if they wanted to participate in the morning puzzle activity. However, the staff member did not ask R69 if he was interested in attending the activity.</p> <p>Observation for 04/21/26 at 10:45 AM revealed an activity staff member encouraged a few residents to attend jewelry making activity scheduled for 11:00 AM; however, the activity staff member did not invite R67 or R79.</p> <p>Observation on 04/21/26 at 3:30 PM revealed an activity in progress in the main dining room; however, R67 and R79 were not present. Continued observation revealed there was no activity being provided to either resident in their room.</p> <p>An interview on 04/23/26 11:10 AM with the Activities Director (AD) revealed that she maintained a list of residents that required one-to-one activities. Those residents would receive one-to-one visits at least twice a week. The AD stated the one-to-one visits were supposed to last at least 30 minutes. Each resident had a log sheet on which the staff documented the visit (type of activity performed) and the length of the visit. The AD was unable to provide any activity documentation for R67 and R79.</p> <p>Review of the facility's undated policy titled, Activities Program reads as follows: .The activity program is designed to encourage restoration to self-care and maintenance of normal activity that is geared to the individual resident's needs.consists of individual and small and large group activities which are designed to meet the needs and interests of each resident.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident?s preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to ensure a medication was given as ordered by the physician for one of six residents observed during medication administration out of 31 sampled residents (Resident (R) 31). Specifically, R31 was ordered by his physician to be administered a chewable aspirin tablet; however, the resident was administered an extended-release aspirin. Additionally, the aspirin was crushed prior to being administered to the resident even though the manufacturer's recommendations indicated the aspirin should not be crushed. These failures had the potential to cause the resident adverse side effects. Findings include: Review of R31's Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R31 was originally admitted to the facility on [DATE] with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, dysphagia following unspecified cerebrovascular disease, gastro-esophageal reflux disease without esophagitis.</p> <p>Review of R31's Physician Orders provided by the facility revealed an order dated 02/12/22 for aspirin table chewable 81mg, (milligram) to be given by mouth one time a day. On the bottom of the order sheet the Physician wrote order, may crush meds unless contraindicated/</p> <p>During an observation of medication administration on 04/22/26 at 8:42 AM, Licensed Practical Nurse (LPN) 1 crushed a delayed release aspirin 81 mg tablet, placed it in apple sauce, and administered it to R31.</p> <p>During an interview on 04/22/26 at 2:36 PM, the Director of Nursing (DON) was asked if a delayed release aspirin tablet should be crushed. The DON stated, No, there are meds [medications] that can be [crushed] but not that one.</p> <p>During the interview on 04/22/26 at 8:56 AM, LPN1 was asked why R31 was administered a delayed released aspirin tablet that was crushed and not the physician ordered chewable aspirin tablet, LPN1 stated, I thought the regular aspirin was better to crush than the chewable, and it's easier to get him to swallow.</p> <p>Review of the facility's policy titled, Policies and Standard Manual, References UHS Berkely. (2013), indicated, .t. crushing medications. iii. Follow manufacturer's recommendations for medications that note do not crush.</p> <p>Manufacturers recommend not crushing an enteric-coated (a delayed release coating mechanism) , aspirin 81 mg tablets. The coating is designed to protect your stomach from irritation by allowing the tablet to pass through and dissolve later. Crushing destroys this protection and may cause stomach issues, from [NAME] Enteric Coated Aspirin company.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and policy review, the facility failed to ensure the urinary catheter tubing and collection bag were not in contact with the floor for one (Resident (R)67) of three residents reviewed for catheters and urinary tract infection. This failure placed the residents at risk for transmission of infection to the urinary tract. Findings include: Review of R67 Resident (R)67's admission Record located in the resident's electronic medical records tab Profile revealed the resident was admitted to the facility on [DATE] with diagnosis that included neuromuscular dysfunction of the bladder.</p> <p>Review of R67's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date of 03/19/26 revealed the resident had an external catheter to a urinary drainage bag.</p> <p>Observation on 04/22/26 at 12:16 PM revealed R67's urinary drainage bag dragging on the floor. Certified Nursing Assistant (CNA)1 had finished providing care to the R67. Observation on 04/22/26 at 12:45PM revealed R67 urinary drainage bag continued to drag on the floor. An additional observation on 04/22/26 at 2:40PM revealed the resident urinary drainage continued to drag on the floor. The drainage bag contained approximately 300 milliliters amber colored urine</p> <p>During an interview on 04/22/26 at 2:50PM, Licensed Practical Nurse (LPN)1 was asked to inspect the resident to see if he was positioned properly. The resident's urinary drainage bag continued to drag on the floor. LPN1 felt the resident was properly positioned. LPN1 was asked about the resident's urinary drainage bag on the floor. LPN1 picked up the drainage bag and held it above the level of the resident's bladder. The urine in the tubing back up towards the resident's bladder. LPN1 then laid the drainage bag full of urine on bed with the resident and proceeded to pull the resident up in bed. As the resident was being pulled up in bed the urinary drainage fell on the floor and LPN1 was stepping on the drainage bag while positioning the resident in bed. Afterwards LPN 1 realized the drainage was on the floor and instructed the CNA to place the drainage bag in a basin so it would not touch the floor.</p> <p>Interview with LPN1 on 04/22/26 at 3:05PM, revealed that he could not explain the concern about the drainage bag touching the floor and being held above the resident's bladder area.</p> <p>During an interview with the Infection Preventionist (IP) on 04/23/26 at 10:45AM the scenario with R67 urinary drainage bag was discussed. The IP stated that it looked like she would have to do more training on how to position urinary drainage bags.</p> <p>Review of the facility's undated policy titled Condom Care External Catheter Application and Removal directs staff to .Collection bag should remain dependent of the bladder preventing urine flowing back to the resident</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation interview, facility policy review, the facility failed to ensure medications were maintained in accordance with expiration date requirements for one of two medication storage rooms. A total of five medication units were identified as expired and remained in active storage within the medication room refrigerator, and one Tuberculin vial that had been open and used out of and not dated, creating the potential for administration beyond pharmacy's expiration dates. This indicates a failure to ensure proper monitoring, removal, and disposal of expired medications in accordance with facility policy and regulatory standards. Findings include: During an observation on 04/22/26 at 4:03 PM with Licensed Practical Nurse (LPN) 1 of the first-floor medication storage room, revealed the medication storage refrigerator contained five bags of expired Fetroja, (an intravenous (IV) antibiotic) 2 GM, (gram)/100mg (milligram). One bag had a use by date of 04/16/26 and four bags had a use by date of 04/19/26. Continued observation of the medication storage refrigerator revealed an opened box which contained a vial of Tuberculin. The vial's top had been removed. The vial nor the box was dated to indicate the opening of the vial. LPN1 stated he did not open it and did not know when the expiration would be.</p> <p>During an interview with Licensed Practical Nurse, (LPN), 1 on 04/22/26 at 4:05 PM, revealed that he was to remove the bags when the new medication came in which was on the 16th and the 19th and he did not remove them and send them back to the pharmacy as the policy notes too. LPN1 stated, I did not do that. It should have been dated when it was opened.</p> <p>During an interview with Director of Nursing, (DON), on 04/22/26 at 4:35 PM, it was revealed, the medication should have been removed and not in the medication room. When asked about the Tuberculin vial not dated, DON stated, They are to put the date on it when it is opened, the first time it is used.</p> <p>Review of the facility's titled, policies and standard procedures dated 2013, revealed that .aa. For medications that expire, label the date open on the label) insulin, irrigation solutions etc.) . There was nothing in the policy about expired medications on replacing or sending back to the pharmacy.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and facility policy review, the facility to ensure food was labeled, dated, and discarded when beyond the use by date per the facility's policy. This failure had the potential to create an environment for food-borne illnesses which could affect 123 of 123 residents who consumed food prepared from the facility's kitchen. Findings include: During a tour of the kitchen on 04/20/26 at 10:30 AM with the Regional District Dietary Supervisor (RDDS), the main refrigerator revealed the following:</p> <p>18 uncovered cucumbers with white spots and soft to the touch were inside an uncovered and undated cardboard box.</p> <p>Cut green peppers in a one-pound plastic bag. The peppers had visible white spots and were dated 04/07/26.</p> <p>Cut red peppers in a one-pound plastic bag. The peppers had visible white spots and were dated 04/07/26.</p> <p>One half pound of butter in an open wrapper on the shelf. There was no date on the package.</p> <p>Six pork chops in a plastic bag inside a cardboard box. The cardboard box was wet in the corner with what appeared to be leaking from the pork chop bag. The date on the package was 04/12/26.</p> <p>During an interview on 04/20/26 at 11:15 AM, the RDDS confirmed the above observations and stated the dates on the food items were the dates the food was stored. The RDDS stated that butter product should have been in closed packaging and dated by staff. The RDDS confirmed that all products should have been used before they were expired. The RDDS also stated that there was no procedure or a schedule for dietary staff to check the stored foods' expiration dates.</p> <p>Review of the facility's policy titled, Dining Services Policy and Procedure Manual specifically the section titled Food Storage: Cold Foods, dated 02/2003 revealed that all food will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>Review of the facility's policy Food Storage and Retention Guide, dated 2017 revealed that animal and plant food was to be kept up to seven days; butter dairy products could be kept for one to three months.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, interview and review of facility policy, the facility failed to ensure that staff members were donning the appropriate personal protective equipment (PPE) for two of four residents (Resident (R)2 and R67) reviewed for enhanced barrier precautions (EBP) and contact isolation from a sample of 31 residents. The facility also failed to ensure the correct signage was posted for one resident (R2) with Methicillin Resistant Staphylococcus Aureus (MRSA). These failures had the potential to promote the spread of infectious diseases. Findings include:1. Review of R2's admission Record located in the electronic medical records (EMR) under the Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses that included left hip open wound, resistance to multiple antimicrobial drugs, congestive heart failure, extended spectrum beta lactamase (ESBL) resistance, resistance to carbapenem, and cutaneous abscess of the left leg.</p> <p>Review of R2's Physician Orders for month of April 2026 located in the EMR under the Orders tab revealed the resident was on EBP related to wound and peripheral inserted central line placement (PICC).</p> <p>Observation on 04/20/26 at 10:30 AM revealed the signage indicated R2 was on contact isolation and EBP was posted on the resident's door. Also, directions for donning and doffing PPE which included wearing a face mask was posted on the resident's door. There was an isolation cart outside the resident room which contained face masks, gowns, gloves, and hand sanitizer.</p> <p>Observation on 04/20/26 at 11:27 AM, revealed Licensed Practical Nurse (LPN) 1 entered R2's room without wearing a gown or gloves. LPN1 remained in the resident's room approximately five minutes with the door closed.</p> <p>During an interview on 04/20/26 at 11:42 AM, LPN1 revealed he did not go all the way in the resident's room, and he just wanted to remind R2 about his appointment later in the afternoon. LPN1 acknowledged R2 was on contact isolation for MRSA but since he did not go completely in the room it was not necessary for him to wear PPE.</p> <p>During an interview on 04/22/26 at 1:10 PM, the Director of Nursing (DON) revealed R2 should be on contact isolation for MRSA and staff should be wearing gowns and gloves when entering the room according to the signage on the door. The DON verified the EBP signage did not apply to this resident; it was incorrect signage for this resident.</p> <p>2. Review of R67's admission Record located in the EMR Profile tab revealed the resident was admitted to the facility with diagnoses that included cerebrovascular infraction with hemiplegia, and hemiparesis affecting the right side, diabetes mellitus, neuromuscular dysfunction of the bladder, and major depression.</p> <p>Review of R67's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/08/26 located in the EMR under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 points which indicated the resident was cognitively intact.</p> <p>Review of R67's Physicians Orders for the month of April 2026 located in the EMR under the Orders tab revealed the resident was on EBP related to the use of the condom catheter. (continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 04/20/26 at 12:50 PM revealed signage was posted on R67's door for EBP that directed staff to wear gowns and gloves while providing direct care. Certified Nursing Assistant (CNA) 1 was assisting the resident with dressing. CNA1 wore only gloves and no gown while providing direct care.</p> <p>Observation and interview on 04/22/26 at 12:24 PM revealed CNA1 had finished providing peri-care to R67. CNA1 was wearing only gloves and no gown. CNA1 stated he forgot to don the gown this afternoon.</p> <p>Interview on 04/23/26 at 10:15 AM, the Infection Preventionist (IP) stated that EBP should never have been placed on R2's door since he was diagnosed with MRSA, other antimicrobial organisms and intravenous antibiotic therapy. The IP also stated it was an expectation that staff would wear gowns and gloves for those residents that are on EBP when providing direct care.</p> <p>Review of the facility undated policy for Enhanced Barrier Precautions directs staff as follows . Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multi-drug resistant organisms that employs hand hygiene, targeted gown and glove use during high contact resident care activities that include; Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, Wound care: any skin opening requiring a dressing.</p>		