

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER The Boulevard Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 9229 Arlington Blvd Fairfax, VA 22031	
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, staff interview, and facility document review, the facility failed to maintain a clean room environment for one of three units (Dogwood Unit).The finding include:On 04/06/2026 at 1:35 PM an initial tour of the Dogwood Unit was conducted and the following was observed. room [ROOM NUMBER] had a heavy amount of dirt and debris accumulated on the floor. A bug was observed on the floor of room [ROOM NUMBER]. room [ROOM NUMBER] had a heavy amount of dirt and debris on the floor, including medical waste and food items. room [ROOM NUMBER] had dirt and debris on the floor. room [ROOM NUMBER] had dirt and debris on the floor of the bathroom. room [ROOM NUMBER] had a heavy amount of dirt, debris, including food items and medical waste on the floor. On 04/08/2026 at 10:20 AM, resident #28 (R#28) was interviewed regarding housekeeping services. R#28 stated housekeeping comes once a week, sometimes more depending on their staffing. Regarding the cleaning process, R#28 stated that housekeeping leaves debris on the floor and if something spills, the resident must clean it up and added They [staff] could do a better job. The minimum data set (MDS) dated [DATE] assessed R28 as cognitively intact, with a Brief Interview of Mental Status (BIMs) score of 15 out of 15. When the Environmental Services Director (Other Staff, OS #4) was interviewed on 04/08/2026 at 11:35 AM regarding cleaning of resident rooms and common areas. OS #4 stated that housekeepers start their shift at 8:00 AM and there is one housekeeper assigned to each unit. The housekeepers are to clean the shower room first, then have occupied rooms cleaned by 12:00 PM so they can clean the rooms of discharging residents. OS #4 stated that cleaning of resident rooms includes sweeping, mopping, dusting, cleaning high touch areas, and a complete cleaning of the bathroom. OS #4 advised that no additional housekeeper cleaning of resident rooms occurs after the initial cleaning and that other unit staff are responsible for lite cleaning. On 04/08/2026 at 12:30 PM OS #4 provided the housekeeping policy which included a cleaning check list by area. The checklist for daily cleaning of resident rooms was: 1. Empty trash and replace liner, 2. Disinfect high-touch surfaces (bed rails, overbed table, call bell, light switches, 3. Clean and disinfect bathroom (toilet, sink, grab bars, shower), 4. Dust horizontal surfaces, 5. Sweep and mop floor, 6. Replenish supplies (toilet paper, soap). On 04/08/26 at 5:35 PM, the above findings were reviewed with the Administrator, RDO (Regional Director of Operations), and DON (Director of Nursing). No additional information was provided.</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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