

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/22/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/14/2019
NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
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E 000	Initial Comments	E 000		
F 000	An unannounced Emergency Preparedness survey was conducted 8/13/2019 through 8/14/2019. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS	F 000		
F 600 SS=D	An unannounced Medicare/Medicaid standard survey was conducted 08/13/19 through 08/14/19. No complaints were investigated during this survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.  The census in this 60 certified bed facility was 52 at the time of the survey. The survey sample consisted of 22 current Resident reviews and 3 closed record reviews.  Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;	F 600	<b>F600</b> <b>Corrective Action(s):</b> Resident #28 is no longer in the facility. C.N.A. #3 involved in the incident with resident #28 was terminated and report to the Virginia Board of Nursing. This incident was investigated and reported to the appropriate state agencies.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert Carby TITLE: Administrator (X6) DATE: 8/26/19

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.

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F 600	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, clinical record review, and facility document review, it was determined the facility staff failed to ensure one of 25 Residents in the survey sample was free from physical and verbal abuse, Resident #28. The facility staff failed to protect Resident #28 from being physically and verbally abused by CAN (certified nursing assistant) #3 On 5/15/19, when LPN (licensed practical nurse) #3 witnessed CNA, (certified nursing assistant) #3 cursing at the resident and placing his arm around Resident #28's neck in a 'choke hold' restraining the resident while applying the residents gown.</p> <p>The findings include:</p> <p>Resident #28 was admitted to the facility on 5/19/17 with the diagnoses that included but not limited to type 2 diabetes mellitus, heart failure, high blood pressure, dementia, major depressive disorder, and acquired absence of right knee. The most recent MDS (Minimum Data Set), a quarterly assessment, with an ARD (Assessment reference date) of 6/26/19, coded the resident as scoring a 3 out of 15 on the BIMS (Brief Interview for Mental Status) score, indicating the Resident had severe cognitive impairment for daily decision making. The resident required extensive assistance for dressing; was frequently incontinent of bladder and occasionally incontinent of bowel.</p> <p>On 5/15/19 at 10:20 PM, the Virginia Department</p>	F 600	<p><b>Identification of Deficient Practice(s) &amp; Corrective Action(s):</b> All residents may have potentially been affected. The last 90 days of incident reports and resident council minutes will be reviewed by the administrator to identify any residents at risk. Any/all residents identified will immediately be investigated to determine if corrective action is required to prevent and protect residents from future verbal or physical abuse. Additionally, any/all negatives findings will be reviewed for proper reporting to required State Agencies and that proper interventions were put in place and the attending physician, and the responsible party will be notified. A facility incident&amp;accident report will be completed for each negative finding.</p> <p><b>Systemic Change(s):</b> The facility Policy and Procedure for reporting and preventing resident abuse has been reviewed and no changes are warranted at this time. All staff members will be inserviced and given a copy of the policy and procedure by the administrator. The in-services will include the procedure for reporting incidents of abuse, interventions and monitoring for residents who are acting out physically and notification to responsible party and attending physician per policy.</p>		

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F 600	<p>Continued From page 2</p> <p>of Health, Office of Licensure and Certification received a Facility Reported Incident (FRI) of an allegation of abuse/mistreat involving Resident #28 and CNA (Certified Nurse Assistant) #3 on 5/15/19 at approximately 8:40 PM.</p> <p>Review of the FRI revealed the following documentation: Facility Name: (Name of CNA#3) Report Date: 5/15/19 Incident Date: 5/15/19. Resident Involved Name of Resident #28. Injuries: a box with an X for No. The box for Allegation of abuse/mistreatment contained an X. Describe incident location, and action taken: At approximately 8:40 pm on 5/15/19 nurse (Name of LPN [licensed practical nurse] #3) was alerted to a residents room and witnessed CNA (Name of CNA#3) placing the resident (Resident #28) in a choke hold and swearing at the resident. Charge nurse (name of LPN #3) LPN, immediately removed CNA #3 (last name of CNA #3) from room and off unit. Name of (Resident #28) was assessed and found to have no marks or bruising. C.N.A. (name of CNA #3) was then escorted from the building. The MD [medical doctor], RP [responsible party] and local law enforcement were notified, and investigation is underway. C.N.A. (last name of CNA #3) has been suspended during investigation and investigation is underway. Final investigation outcome to follow. If applicable, date notification provided to Responsible party 5/15/19 Physician 5/15/19 APS [adult protective services 5/15/19 Law enforcement 5/15/19 ....Facility internal investigation: Initiated 5/15/19 ....Completed [the box for] No contained an X ... Will be conducted/Report forwarded to VDH [Virginia Department of Health]/OLC [Office of Licensure and Certification] 5/22/19" The fax date and time stamp documented: May 15, 2019 10:21PM."</p>	F 600	<p><b>Monitoring:</b> The Administrator is responsible for maintaining compliance. Facility Incident/Accidents Reports will be reviewed daily by the DON and Administrator and initialed as reviewed. The Risk management committee will review all Incident &amp; Accident reports weekly for proper monitoring and investigation. All negative findings will be reported to the administrator for immediate investigation and disciplinary action as required. All findings from the risk meeting will be reported the Quality Assurance Committee for review, analysis, and recommendations for changes in policy, procedure, and/or facility practice. <b>Completion Date: 9/18/2019</b></p>		

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F 600	Continued From page 3  "Final: During the investigation, local police obtained a statement from Charge nurse (Name of LPN #3), LPN who witnessed the event and removed C.N.A. from area. The police also called C/N.A. [name of CAN #3] and obtained a statement from him. The administrator also interviewed and obtained a written statement from Charge Nurse [Name of LPN #3] and obtained a verbal statement from [Name of CNA #3] as well regarding the incident. [Name of Resident #28]'s physician ordered an ultrasound of the neck area to rule out any soft tissue damage and the ultrasound results were negative for any injury. She had light bruising noted the day after the incident in two areas of the neck that has since resolved. Based on statements from staff who witnessed the event, and the bruising noted to the residents neck, the allegation of physical abuse is substantiated and C.N.A. [Name of CNA #3] has been terminated from employment at name of facility and has been reported to the Department of Health Professionals [DHP] for physical abuse towards resident [Name of Resident #28]. The follow up report documented the final report was provided to the RP, Physician, APS, DHP, Ombudsman on 5/21/19 and Law Enforcement 5/15/19.  Resident #28, a previous resident at the facility and expired on 8/9/19. Therefore, unable to interview resident.  A review of the facility's "Incident Witness Statement" written by LPN (Licensed Practical Nurse) #3, dated 5/15/19, documented in part the following: "at approx. [sic] 8:40 PM resident was yelling "help" "stop" and could be heard at nursing	F 600			

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F 600	<p>Continued From page 4</p> <p>stations. This nurse went to room to check on resident and observed the following: Resident was in her w/c (wheelchair) very upset waving her arms around as CNA #3 [last name] was attempting to put a gown on. As resident continued to wave her arms, CNA #3 [last name] took his right arm and put around resident's neck in a choke hold (Sic.) and stated, 'Sit still you [EXPLETIVE] [EXPLETIVE] I'm tired of your [EXPLETIVE].' This nurse immediately went over to CNA #3 and pulled him off resident. At this point resident was crying and stated, 'He does this to me all the time.' CNA #3 was escorted out of the room. Resident was assessed and no injury at initial incident. ADON (Assistant Director of Nursing) was called and informed of incident and instructed nurse to have CNA #3 clock out and leave facility until further noticed. As CNA #3 [last name] was escorted out he stated, 'I'm sorry I got mad. I guess I should just quit.'</p> <p>A review of the clinical record revealed a nurse's note by LPN #3 dated 5/16/19 at 6:00 AM, documented in part the following; "Since incident from 5/15/19 at 2040 (8:40 PM) resident has been frequently assessed throughout 11-7 shift. Vital signs were obtained q (every) 30 mins (minutes)...VS (vital signs) were WNL (within normal limits) for resident...Resident has been resting in bed w/out (without) complaint. During hygiene care, at approx 0200 (2:00 AM), scattered bruising was observed to left side of resident's neck above her shoulder. Resident stated her neck was sore but didn't hurt bad enough for pain meds (medications)..."</p> <p>Further review of the clinical record revealed a nurse's note by ASM (Administrative Staff Member) #3, the ADON (assistant director of</p>	F 600		

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F 600	<p>Continued From page 5</p> <p>nursing), dated 5/16/19 at 8:00 AM, documented in part the following: "This nurse assessed this resident neck area and noted 3 pea size areas to L (left) side of neck red in color, no edema noted. Denied pain or discomfort. No S/S (signs or symptoms) difficulty in swallowing. Resident took sip of H2O (water) with no difficulty in swallowing. No cough or congestion noted. Resident alert/confused per her norm (normal). No increase anxiety or agitation noted. No crying or tearfulness noted. NP (Nurse Practitioner) in this am. Ordered ultrasound (US) of neck f/u (follow up) injury. US to be arranged. No S/S distress/discomfort noted. Resting quietly in bed with resp (respiration) even/nonlabored. Call bell within reach."</p> <p>The facility's FRI documentation revealed a note dated 5/16/19, that documented in part the following "During a phone conversation 5/16/19 between [Name of ASM #1, the Administrator], [name of ASM #3, the assistant director of nursing] and [name of CNA #3], [name of CNA #3] gave a verbal statement that he had not placed the resident in a choke hold, but was just restraining her arms to he [sic] side to get her dressed."</p> <p>A review of the clinical record revealed the resident was seen prior to this incident by psychological services. A psychological services progress note dated 3/12/19, documented in part the following</p> <p>"Does the patient have the capacity to participate in and benefit from treatment? Yes"</p> <p>Under the section "Mental Status Examination" documented the following:</p> <p>"Judgment: Mod. (moderate) Imp. (Improvement)</p> <p>Affect: Lethargic.</p>	F 600			

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F 600	<p>Continued From page 6</p> <p>Insight: Impaired Orientation: Person, Place Mood: Flat"</p> <p>Under the section "Long Term Therapy Goals" documented the following; "Stabilization/Reduction of affective and/or cognitive symptoms. Increase compliance with treatment plan ...Reduction of behavioral problems."</p> <p>Under the section "Short Term Therapy Goals" documented the following; "Goal: Reduce heightened sensitivity to bodily distress and reports of physical symptoms due to masked depression or anxiety. Progress made: Moderate. Goal: Adapt to new living patterns while showing acceptance of the loss. Progress made: Moderate"</p> <p>A review of the clinical record revealed a physician's orders revealed an order dated 5/15/19: "Ultrasound soft tissue neck follow up injury. Change ropinirole (3) to 0.25 mg tablet by mouth daily PRN (as needed) pain/RLS (restless leg syndrome) and 1 mg tablet by mouth every hour of sleep PRN pain/RLS. Do not give PRN doses &lt; 8 hours apart."</p> <p>A review of the clinical record revealed a physician's note dated 5/16/19, documented in part the following; "Psychiatric: Affect: appropriate Appearance: appropriate, anxious - varies Mood: appropriate...Thought process: confused Judgement: poor Skin: warm Color: WNL/Pale Assesment and Plan: Plan: 3. Finally seems well controlled with Methadone [6]...Norco...Cymbalta</p>	F 600			

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F 600	Continued From page 7 [ ]  A review of the clinical record revealed a medication administration record (MAR) dated May 2019, documented in part that the resident was prescribed and administered a blood thinner every day, [Eligul (5)]. Pain medications [Methadone (6), Norco (4) none on the date of the incident or after the incident on 5/15/19], antianxiety medication [Ativan (7) on 5/9/19 none on the day of or after the incident].  A review of the clinical record revealed an ultrasound report dated, 5/20/19, documented in part the following: "Findings: No ultrasound abnormality in patient's are of concern. A CT (computed tomography scan) with IV (intravenous) contrast could further evaluate if clinical concern persists for neck pathology."  A review of the clinical record revealed nurse's notes that revealed the resident exhibited the behaviors of crying prior to the incident on multiple dates almost daily unrelated to the 5/15/19 incident.  A review of the clinical record revealed a comprehensive care plan which documented in part the following: "(Resident #28's name) ... At risk for anxiety/depression...observe for change in mental status, dated 4/16/19; Potential for side effects related to use of antidepressant and antianxiety medications...monitor resident's mental status functioning on ongoing basis, dated 4/24/19..."  A review of CNA #3's personnel file revealed a "Corrective Action Form" dated 3/5/19. Under the section, "Level of Corrective Action" documented	F 600		

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F 600	<p>Continued From page 8</p> <p>in part the following: "Step 1-Initial Counseling." Under the section, "Nature of Infraction" documented in part the following: "Failure to follow proper nursing (CNA) protocols with resident and not using good customer service." Under the section "Corrective Action Taken" documented in part the following: "Educated, on policy and procedures on customer service and following proper nursing (CNA) protocols." Under the section, "If action is repeated or improvements is not shown" documented in part the following: "May lead up to further corrective actions which may lead to termination/suspension." Under the section, "Employee Comments" documented in part the following: "I actively demonstrated to her how to use the call bell so I'm unsure how she could fail to have it." At the bottom, CNA #3, ASM #3, and ASM #1, signed and dated the document on 3/5/19.</p> <p>On 8/14/19 at 1:03 p.m., an interview with LPN #3 was conducted via phone. LPN #3 confirmed his statement above and confirmed Resident #28 was interviewed and her statement. LPN #3 stated regarding the resident's behavior and bruising after the incident, "I don't recall finding any - (Resident #28) behavior changes... She (Resident #28) had bruising on her neck. It wasn't - I honestly can't remember if the bruising was related to the incident or from before the incident and not related."</p> <p>On 8/14/19 at approximately 3:30 PM and 3:45 PM, facility staff members LPN #1, OSM (Other Staff Member) #2, OSM #1, LPN #2, CNA #1, CNA #2, and OSM #3 were interviewed regarding suspected resident abuse and each responded by stating to immediately report the incident to the</p>	F 600		

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F 600	Continued From page 9 administrative staff immediately.  On 8/14/19 at 4:15 PM, an interview with ASM #3 was conducted. When asked about the events that took place on 5/15/19, ASM #3 stated, "I got a phone call from LPN #3, telling me that he walked in a resident's room and a CNA, CNA #3 looked like to him, had her (Resident #28) in a choke hold. I told him (LPN #3) to immediately escort him (CNA #3) from the building and I would call ASM #1. I called ASM #1 and he came to the building. ASM #1 got here approximately 10 minutes later. I asked if I needed to come in and was told no since ASM #1 was here." When asked about the events that took place the next day, 5/16/19, ASM #1 stated, "The next day I came to work at 8:00 AM and assessed Resident #28. She denied pain to me. Resident #28 sipped water without difficulty. I noticed she had three little red pea sized spots on the left side of her neck. They were non-tender to touch and no facial grimaces. No complaints of pain. Our Nurse practitioner came in and was informed of the incident, and she ordered an ultrasound of the neck. The results were no abnormalities." When asked if the ultrasound conducted in-house, ASM #3 stated, "In-house. We have a company who does ultrasounds and x-rays here." When asked about the follow up investigation by the facility, ASM #3 stated, "I know we in-serviced the staff on abuse, the proper protocol. We have the Facility Reported Incident mapping at the nurse's station and in my office. The CNA's have the types of abuse written under their nametags. CNA #3 was terminated." ASM #3 stated, "One resident loved him and asked for him. But we don't have any documentation of speaking with the residents. No other complaints from speaking with residents during that time period."	F 600			

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NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 10  A group interview was conducted on 08/14/19 at approximately 09:56 AM with Five cognitively intact residents, (Resident #41, GR Residents #15, #21, #24 and #23. All residents were coded with a BIMS (breif interview for mental status) score of 15 out of 0-15 on the MDS assessments, 15 meaning cognitively intact). None of the residents voiced any concerns regarding staff treatment of residents.  Review of the facility's grievance logs dated August 2018 through August 2019 failed to evidence any concerns regarding resident abuse from facility staff.  Review of the facility's "Resident Council Meeting Minutes" dated August 2018 through August 2019 failed to evidence any concerns regarding resident abuse from facility staff.  Review of the FRIs (facility reported incidents) dated August 2018 through August 2019 failed to evidence any concerns regarding resident abuse from facility staff.  A review of the facility's policy "Abuse, Neglect and Exploitation Prevention and Reporting" documented in part the following: "Policy: Each resident has the right to be free from abuse ...This includes but is not limited to freedom from corporal punishment ...any physical ...restraint not required to treat the resident's medical symptoms. Resident must not be subject to abuse by anyone, including, but not limited to; facility staff ...7. Investigation of Alleged Abuse, Neglect and Exploitation: When suspicion of abuse ...or reports of abuse ...occur, an investigation is immediately warranted. Once the	F 600		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  496301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/14/2019
NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22830	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	<p>Continued From page 11</p> <p>resident is cared for and initial reporting has occurred, an investigation should be conducted. Components of an investigation may include: a. Interview the involved resident ...b. If there is no discernible response from the resident, or if the resident's response is incongruent with that of a reasonable person, interview the resident's family, responsible parties ...c. Interview all witnesses separately. Include roommates, residents in adjoining rooms, staff members in the area, and visitors in the area. Obtain witness statements ...d. Document the entire investigation chronologically ..."</p> <p>On 8/14/19 at 4:57 PM, ASM #1 and ASM #2, the Regional Vice President of Operations, were made aware of the findings. ASM #1 was requested to provide any additional psychiatric documentation and any detailed notes for skin assessments.</p> <p>On 8/14/19 at 5:30 PM, ASM #1 stated, "There are no other psychiatric notes."</p> <p>On 8/14/19 at 5:35 PM, ASM #3 stated, "The Skin Inspection Report documents options for the nurse to choose skin is intact or not intact. The skin not intact - exsting is documenting the wound from a recent surgical incision of her right leg."</p> <p>No further information was provided by the end of the survey.</p> <p>References:</p> <p>(1) Cipro: Used to treat bacterial infections in many different parts of the body. This information was obtained from the following website:</p>	F 600		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  08/14/2019
NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630		
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F 600	Continued From page 12 <a href="https://www.mayoclinic.org/drugs-supplements/ciprofloxacin-oral-route/description/drg-20072288">https://www.mayoclinic.org/drugs-supplements/ciprofloxacin-oral-route/description/drg-20072288</a>  (2) Bactrim DS: Sulfamethoxazole and trimethoprim combination: Used to treat infections such as urinary tract infections. This information was obtained from the following website: <a href="https://www.mayoclinic.org/drugs-supplements/sulfamethoxazole-trimethoprim-oral-route/description/drg-20071899">https://www.mayoclinic.org/drugs-supplements/sulfamethoxazole-trimethoprim-oral-route/description/drg-20071899</a>  (3) Ropinirole: Used alone or with other medications to treat the symptoms of Parkinson's disease (PD; a disorder of the nervous system that causes difficulties with movement, muscle control, and balance), including shaking of parts of the body, stiffness, slowed movements, and problems with balance. Ropinirole is also used to treat restless legs syndrome (RLS or Ekbom syndrome; a condition that causes discomfort in the legs and a strong urge to move the legs, especially at night and when sitting or lying down). Ropinirole is in a class of medications called dopamine agonists. It works by acting in place of dopamine, a natural substance in the brain that is needed to control movement. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a698013.html">https://medlineplus.gov/druginfo/meds/a698013.html</a>  (4) Norco: Hydrocodone and acetaminophen combination is used to relieve pain severe enough to require opioid treatment and when other pain medicines did not work well enough or cannot be tolerated. This information was obtained from the following website: <a href="https://www.mayoclinic.org/drugs-supplements/hydrocodone-and-acetaminophen-oral-route/description/drg-20072288">https://www.mayoclinic.org/drugs-supplements/hydrocodone-and-acetaminophen-oral-route/description/drg-20072288</a>	F 600			

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NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL			STREET ADDRESS, CITY, STATE, ZIP CODE 408 WEST STRASBURG ROAD FRONT ROYAL, VA 22630	
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F 600	Continued From page 13 tion/drg-20074089  (5) Eliquis: Used to treat deep vein thrombus (DVT) (blood clot) or pulmonary embolism (PE), and to lower your risk of having a repeat DVT or PE. This information was obtained from the following website: <a href="https://www.rxlist.com/eliquis-drug/patient-images-side-effects.htm">https://www.rxlist.com/eliquis-drug/patient-images-side-effects.htm</a>  (6) Methadone HCL: Used to treat moderate to severe pain when around-the-clock pain relief is needed for a long period of time. This information was obtained from the following website: <a href="https://www.mayoclinic.org/drugs-supplements/methadone-oral-route/description/drg-20075806">https://www.mayoclinic.org/drugs-supplements/methadone-oral-route/description/drg-20075806</a>  (7) Ativan: Used to treat anxiety disorders. It is also used for short-term relief of the symptoms of anxiety or anxiety caused by depression. This information was obtained from the following website: <a href="https://www.mayoclinic.org/drugs-supplements/lorazepam-oral-route/description/drg-20072296">https://www.mayoclinic.org/drugs-supplements/lorazepam-oral-route/description/drg-20072296</a>	F 600		
F 812 SS=D	Food, Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent	F 812	F812 Corrective Action(s): OSM # involved with the lunch pass and handling prepared food without changing gloves between handling multiple items have received one-on-one in-service training from the Dietary Manager on proper infection control practices and the proper handling of prepared food when plating food for the residents during the meal service. A Facility Incident & Accident form has been completed for this incident.	

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NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630		
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F 812	<p>Continued From page 14</p> <p>facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(l)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility documentation review, it was determined the facility staff failed to prepare and serve food in accordance with professional standards for food service safety.</p> <p>The facility staff failed to prepare and serve meals in a sanitary manner during an observation of the lunch, meal tray line in the kitchen. OSM (other staff member #6) was observed wearing the same gloves throughout the meal tray line touching hotdog and hamburger buns placed on meal plates for residents after touching the pushcart, microwave and other items.</p> <p>The findings include:</p> <p>On 8/13/19 between 11:50 AM and 12:18 PM, an observation of the lunch, meal tray-line in the kitchen was conducted. OSM (Other Staff Member) #6, the AM Cook, was observed preparing and serving meals during the lunch, meal-tray- line. OSM #6 was observed as she prepared each plate for the dining room and trays of residents eating in their rooms. OSM #6 was observed wearing the same gloves for preparing the plates and bowls.</p>	F 812	<p><b>Identification of Deficient Practices &amp; Corrective Action(s):</b> The Dietary Manager and/or DON will monitor three separate meal passes to identify any negative findings with the plating of resident food and meal set up. All negative findings will be corrected at time of discovery and disciplinary action will be taken as indicated. A facility Incident and Accident form will be completed for each negative finding identified.</p> <p><b>Systemic Change(s):</b> Current facility policy &amp; procedure has been reviewed and no changes are warranted at this time. The Dietary Manager will in-service the dietary staff on the proper preparing, storing and distribution of food under sanitary conditions, to include proper glove usage and hand washing when preparing and plating resident food while on the meal tray line.</p> <p><b>Monitoring:</b> The Dietary Manager is responsible for maintaining compliance. The Dietary manager will complete 3 random meal tray line passes a week to monitor for compliance. Any negative findings will be corrected at time of discovery and disciplinary action will be taken as warranted. The results of these audits will be reported to the Quality Assurance Committee for review, analysis, &amp; recommendations for change in facility policy, procedure, and/or practice. Completion Date: 9/18/2019</p>		

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F 812	Continued From page 15  OSM #6 was observed to handling serving spoon handles, tongs, pushing a cart, touching the microwave, and other items potentially contaminating her gloves before handling the plates and bowls for residents' meals. OSM #6 was observed lifting each plate and bowl with her gloved hand observed touching other items, with her thumb on the food contact surface. OSM #6 was also observed to touching hotdog buns and hamburger buns when placing them onto the residents' meal plates with the same-gloved hands throughout the lunch, meal tray-line service.  OSM #6 was observed picking up a hotdog bun that contained a mechanical soft hotdog meat from one plate to another plate with the same-gloved hands.  On 8/13/19 at 12:19 PM, an interview with OSM #6 was conducted. When asked the concern of wearing the same gloves throughout the meal tray line and touching hotdog and hamburger buns with the gloved hands after touching the pushcart and microwave, OSM #6 stated, "Contamination."  On 8.13.19 at 12:21 PM, an interview with OSM #5 was conducted. When asked about that above identified concern of wearing the same gloves throughout the meal tray line touching hotdog and hamburger buns placed on meal plates for residents after touching the push cart, microwave and other items. OSM#5 stated, "Those are things that she should have changed her gloves and washed her hands. Then put on a new pair of gloves. She should have not touched the microwave and the cart handles and then	F 812			

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F 812	<p>Continued From page 16</p> <p>touched food without changing her gloves and washing her hands. It is an infection control and serving food in a sanitary manner."</p> <p>A review of the facility policy, "Safety and Sanitation - Section E" documented in part the following: "Policy: Gloves will be worn to maintain safe and sanitary food preparation and service. Procedure: 3. Proper use of gloves; a. Wash hands thoroughly before and after wearing or changing gloves. Bacteria will build up under gloves and should be washed away after wearing gloves. c. Change gloves periodically to minimize the buildup of perspiration and bacteria. d. Change gloves whenever you change an activity, the type of food being worked with, or whenever you leave the work station."</p> <p>Further review of the facility policies, "Preventing Foodborne Illness - Food Handling" documented in part the following: "Policy Statement: Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimized. Policy Interpretation and Implementation: 3. All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness."</p> <p>According to the FDA (Food and Drug Administration) 2017 Food Code: "3-304.15 Gloves, Use Limitation. (A) If used, SINGLE-USE gloves shall be used for only one task such as working with READY-TO-EAT FOOD or with raw animal FOOD, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation."</p>	F 812		

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F 812	<p>Continued From page 17</p> <p>Except when APPROVAL is obtained from the REGULATORY AUTHORITY as specified in 3-301.11(E), EMPLOYEES are preventing cross-contamination of READY-TO-EAT FOOD with bare hands by properly using suitable UTENSILS such as deli tissue, spatulas, tongs, single-use gloves,..."</p> <p>On 8/14/19 at 4:57 PM, ASM (Administrative Staff Member) #1, the Administrator, and ASM #2, the Regional Vice President of Operations, were made aware of the findings.</p> <p>No further information was provided by the end of the survey.</p>	F 812			

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